



## Introduction

### Instructions

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

### Intro - Indicator Data

#### Executive Summary

Federal fiscal year 2021 continued to bring great change to Indiana. The pandemic continued to present challenges, we finalized a contract for a new service delivery method, marketing and outreach efforts brought an increase in referrals to a system struggling to attract and retain personnel, and we continued the design, development, and implementation process with our new data system.

The state continued to seek technical assistance from ECTA in addition to working with several other centers through a variety of communities of practice and workgroups. Specifically, Sharon Walsh and Thomas McGee have been of great assistance in further developing our team's understanding in the monitoring space. Previously, this technical assistance helped us to streamline how and when we collect annual performance data, and more recently how we want to monitor local programs and support their data literacy.

#### Additional information related to data collection and reporting

For FFY21, Child and Family Outcomes data were sampled and is likely to continue to be sampled through the FFY24 SPP/APR. Two challenges led Indiana to this quick decision. First, transitioning to the new data system, EIHub, in March of 2021 created barriers as the data elements being collected in the new system was far greater than that which was migrated from the legacy system meaning there was not a one for one match of data elements from the legacy system to the new system. We also encountered some migration mapping errors where data from the legacy system did not have a space to migrate to in the new system. However, we have worked with our data system vendor to successfully migrate legacy data to the new system on a couple of occasions, thus increasing the available data in EIHub. Additionally, SPOEs were unable to enter data into the new system as the system's functionality and data elements were limited at the time of release. Given these barriers, data for both child and family outcomes continue to be housed in the electronic records systems at each SPOE, independent of the state data system. The quality review team can access these files for review, however, the data in the systems created by the SPOEs are not able to be mapped and migrated directly into the state data system as the information is housed on handwritten, scanned documents or PDFs without a consistent field naming convention. There was simply no possible way for the QR team to review each of the several thousand exiting children for FFY21, so it was decided using a representative sample was the best way to collect, review, and report the data at this time. Indiana continues to work with its vendor on building out the components of the data system that will allow for outcome reporting directly into the system and thus provide the opportunity to build and run queries for reporting purposes.

In addition to the barriers with technology, the principal investigator at Indiana University retired. Upon his retirement the data being housed on his computer and the IU server was destroyed. We also lost the methodology used to calculate scores for the AEPS. As a result, IU contracted with a statistician to develop a sampling plan and provide child outcomes scores based on the representative sample collected by the quality review team. More information about this and what possible effects this had on the data can be found in further narratives within indicators 3 and 4 as well as within the sampling plan which has been uploaded with additional documents on this platform.

#### 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 FFY2021 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 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; program exit reason; child demographic data; and provider information). Data for each of the nine System Points of Entry (SPOE) 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/firststeps/program-policies-and-updates/program-evaluation-reports/>. Please note, these reports will be run through the new data system moving forward.
3. **A Statewide Quality Review-Focused Monitoring System:** The state First Steps office contracts with the ECC at IU to provide data review activities and technical assistance. Each SPOE 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 and peers from other clusters. The Quality Review plan was enhanced to review compliance measures, quality measures, and assess possible program training needs and local program improvements.
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 result focus. Once the SPOE has demonstrated the child's entitled action has been provided, although late or the child has left the jurisdiction and compliance for a reporting period has been verified by the state, the finding is verified as 'corrected' and the state issues a letter of compliance. As part of this process, SPOE quarterly data is shared with the Local Planning and Coordinating Councils (LPCC) and stakeholder input is gathered.
5. **Ongoing Research Initiative on Program Outcomes:** The ECC at IU is contracted to collect child and family outcome data. Quality Review-Focused

Monitoring (QRFM) visits for FFY2021 were conducted in November through December 2022, with findings issued by the state to the SPOE in January of 2023, within 90 days of the completion of all visits. Each SPOE received a findings table which listed all federal and state indicators including indicators requiring correction due to noncompliance. The SPOEs were directed to demonstrate 100% compliance for indicators 1, 7, and 8, along with other state identified areas of compliance (annual IFSPs completed prior to expiration; timely six month reviews; ten day prior written notice; income and insurance documentation) as soon as possible, but no later than one year from the date of the finding. 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.

**Technical Assistance System:**

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

We are participating in the conversation at the national level around how we hold entities accountable for child and family outcomes. We continue to require all new providers to take the Exit Skills Checklist training to make our outcomes data more accurate across the state. As we continue to build and enhance the new data system, we are creating more specialized reports which will allow for the identification of topics in need of more targeted TA.

In addition to a focus on outcomes, Indiana has also has a contact with Indiana University Institute on Disability and Community's Early Learning Center. IIDC is Indiana's University Center for Excellence in Developmental Disabilities (UCEDD). Through this contract, SPOEs and agencies can receive direct TA as it relates to support for Indiana's EI program at no cost to the SPOE or agency.

**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.**

Indiana has been working to enhance its robust Comprehensive System of Personnel Development since 2017. In FFY21 Indiana continued to refine the offerings in its Learning Management System (LMS), a module in the EI Hub, which provides 24/7 free online access to high quality and comprehensive in-service training for all providers. Providers are able to self-enroll and take training on a variety of topics. The LMS allows the state to create pathways to meet foundational expectations along with other courses specific to their discipline or service type. This allows for more control over who is taking what training and allows the ability to ensure evidence based high quality training available to meet the state's training requirements. The Professional Development (PD) stakeholder subcommittee of the ICC provided input on the evidence-based practice model the state is implementing, Family Guided Routines Based Intervention (FGRBI). With input from the PD Subcommittee, Indiana is utilizing the "Charting the LifeCourse Framework" with the core knowledge and skills outlined in the ITCA/DEC Joint Position Statement on Service Coordination to revise service coordinator expectations, best practices, and procedures and seamlessly embed these revised approaches into Indiana's EI system. This will result in revised service coordination onboarding trainings and supervision support. The state also offers an annual conference to all First Steps personnel and families and provides an annual national speaker series to ensure personnel are kept up to date on evidence based and promising practices throughout the year.

Please see below for more PD offering specifics for FFY21.

- 10/6/20 Strategies for Embedding Intervention in Everyday Routines in Tele-Intervention (Woods)
- 11/9/20 Expanding Your Use of Coaching Strategies in Tele-Intervention with Caregivers (Woods)

**FGRBI Professional Development Opportunity and Provider Forums:**

- 11/30/20
- 1/25/21
- 4/12/21
- 6/21/21

**Two Part Series with Dr. Seena Skelton "Critical Consciousness and Cultural Awareness in the Provision of First Steps Services"**

- 4/19/21
- 5/21/21

Family Guided Routines Based Intervention Community of Practice (length was 6 months from June - December 2021)

**First Steps Conference June 10th and 11th Breakout sessions posted on the LMS:**

- FGRBI pre-conference
- Parent Engagement
- IDEA Treatment Jar
- The Importance of a Home Environment
- Service Coordination in Early Intervention
- Literacy in the First Three Years
- Components of Inclusive Effective Practices
- Life After First Steps: Preparing for Preschool
- Sustaining an Equity-Centered Organization
- Sensory Processing
- FGRBI
- Typical Development 0-3 years
- Procedural Safeguards
- FERPA
- Fostering High Expectations
- Building Routines with Families
- Cultural and Linguistic Competence

Occupational Doctoral student capstone project: Professional Development course: Improving Family Engagement, Cultural Competence and Socioeconomic Awareness

**Broad Stakeholder Input:**

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

In FFY20, Indiana set out to rethink stakeholder engagement and work to create a more meaningful and sustainable process to be replicated for all stakeholder engagement within the First Steps system. To do this, it is first important to understand where stakeholders, particularly parents, are

currently embedded within the system and are provided an opportunity to participate. Parent representation is embedded across state implementation teams for various professional development initiatives such as the FGRBI state implementation team, the professional development, finance, and advocacy subcommittees of the ICC, and within the ICC Executive Board. The state also saves contact information of participants, with their permission, for the purpose of reaching out and soliciting participation for future stakeholder meetings. For the purpose of the SPP/APR, particular attention was paid to seeking family members who are traditionally active participants within various spaces in our system such as the Interagency Coordinating Council, Local Planning and Coordinating Councils, and those who have held roles on implementation teams such as the steering committee for Family Guided Routines Based Intervention. Additionally, Indiana sought to build new relationships with family members through their local programs by asking local programs to connect the state team with families in their programs who may not already be engaged with First Steps outside of receiving EI services, but has provided feedback about the program or has expressed interest in participating in groups to improve the system.

The foundation created in FFY20 continued to be used in FFY21 to engage stakeholders across the early intervention system in our state. It remained paramount for Indiana to present data in digestible ways ensuring stakeholder engagement convenings were informative for participants and allowed everyone to feel comfortable to engage in rich conversation.

Stakeholders continue to come from a broad set of backgrounds which included: families, Indiana's general assembly, department of education, department of health and human services, higher education, Riley Children's Health, department of child services, family advocacy centers, regional First Steps offices, and First Steps provider agencies. Participants were both male and female, of a vast age range, reside and work in diverse geographical locations, and of various racial and ethnic backgrounds.

Additionally, it was important to have a mix of individuals with strong personalities and strong belief systems. This was key to facilitating deep and meaningful conversation as it prompted stakeholders to share their experience and really dive into conversation about the balancing act between the data under review and the factors that can influence the data.

Indiana made the commitment in the FFY20 SSIP to change the SiMR, but in doing so, to convene the stakeholders who participated in these conversations on an annual basis. This activity has become part of the SSIP infrastructure improvement strategy detailed in the SSIP report. The purpose is to embed the engagement of this diverse group of stakeholders in conversation regularly to review and discuss the data collected to inform the SiMR and have conversations specific to the gaps. Using disaggregated data by location, eligibility, race, gender, and socioeconomic status Indiana is able to facilitate meaningful discussion and glean direction for activities within the SSIP and opportunities to address at the state and local levels.

ICC Stakeholders are listed below.

- Parents of children with developmental delays and disabilities
- Indiana Department of Education, Office of Special Education
- Indiana Department of Health, Maternal and Child Health Division
- Indiana Department of Insurance
- Indiana Department of Child Services
- Indiana Division of Mental Health and Addiction
- Indiana Head Start State Collaboration Office
- Indiana Office of Medicaid Policy and Planning
- Indiana Office of Early Childhood and Out of School Learning
- Higher Education Faculty
- Head Start local programs
- State Legislative Representative
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
- Service Providers
- 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.

Additional Stakeholder groups:

- Indiana Association of Rehabilitation Facilities (INARF)
- Indiana Department of Family Resources (DFR)
- ARC of Indiana
- Family Voices

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

YES

**Number of Parent Members:**

5

**Parent Members Engagement:**

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

Using the process for collecting broad stakeholder engagement, Indiana ensured all groups (parents who are members of the ICC, represent parent centers, parents from local and statewide advocacy and advisory committees, and individual parents) were represented in the analyzing of data, setting of targets, and developing and evaluating Indiana's EI system. Data was presented to all stakeholders, of which these groups were all represented, and lengthy conversation was help to ensure all who attended felt they understood the data and the collection processes so each member felt comfortable contributing to the conversation and providing input. Not only was information presented in groups, but individual meetings with parents were made available to ensure understanding and engagement.

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

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

To increase the capacity of diverse groups of parents in important conversations such as providing input on SPP/SPR targets and revisions, Indiana has chosen a variety of outreach activities to build understanding and background knowledge of family member participants. These activities included providing materials and content upfront and making a space for participants to review and ask questions. This has been a highly utilized practice, and meetings have been scheduled many times to answer content questions for parents and other participants leading to deeper knowledge and higher engagement from the participant in the larger group meetings.

Additional phone conversations have taken place as follow up as well. These opportunities have allowed parent participants time to process the group conversations then talk through them with a state team member. Other strategies used to increase capacity outside of 1:1 support include ways that Indiana has universally designed engagement to meet the needs of all participants and offer a safe space. Participants are asked if they need any accommodations to best participate, meetings are scheduled in advance allowing for arrangements to be made, if needed, and they are all virtual removing the barrier for transportation.

#### **Soliciting Public Input:**

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

All public input has been solicited through the ICC and surveys. ICC meetings were held every other month to discuss:

- State Performance Plan (SPP) and Indiana's progress in meeting the SPP targets
- Data for the FFY2021 APR along with past APR trends
- Current State Systemic Improvement Plan
- ICC subcommittees of Professional Development, Advocacy, and Fiscal meet for 30-45 minutes during every ICC meeting and provide a summary of the group's discussion.

#### **Making Results Available to the Public:**

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

All public input has been solicited through the ICC and additional stakeholder convenings. During the ICC meeting in January 2023 the state team presented data to all in attendance at the ICC meeting. Members of the ICC and the public were able to ask questions and provide additional input at this time. In addition to this meeting, the state solicited participation from attendees and sent out a letter to all past participants to convene a data meeting scheduled for March 2023. This meeting will provide a space for stakeholders to engage in SSIP conversations looking closely at disaggregated data to identify gaps and discuss creative solutions.

#### **Reporting to the Public:**

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

Indiana is happy to share the First Steps State website has been redesigned to increase access for individuals who are interested in locating Indiana's early intervention system data and reports. At this time, all information can be found at <https://www.in.gov/fssa/firststeps/program-policies-and-updates/program-evaluation-reports/>.

#### **Intro - Prior FFY Required Actions**

None

#### **Intro - OSEP Response**

The State has not publicly reported on the FFY 2020 (July 1, 2020-June 30, 2021) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by sections 616(b)(2)(C)(ii)(I) and 642 of the IDEA.

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted on its form that it prepared and elected to submit its own annual report (in lieu of the SPP/APR submitted by the State lead agency). OSEP accepts the SICC 2023 annual report.

#### **Intro - Required Actions**

# Indicator 1: Timely Provision of Services

## Instructions and Measurement

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

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

### Data Source

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

### Measurement

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

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

### Instructions

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

Targets must be 100%.

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

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

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

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

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

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	91.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	95.68%	93.56%	88.84%	88.99%	89.13%

### Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

### FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
795	1,007	89.13%	100%	83.02%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

Indiana continues to see a decrease in the number of providers in the system who are providing early intervention services. In addition, there has been a decrease in the number of new providers enrolling as compared to past years. Based on a survey conducted by the State, providers have reported they are leaving the system for several reasons. Providers reported they are leaving due to the rise in fuel costs, a desire for benefits to be offered through their employer, and with rates not having increased in many years, believe they are no longer being adequately compensated to cover the costs related to no shows/cancellations and completion of paperwork/preparation for visits.

First Steps agency directors, providers and other stakeholders expressed concerns about First Steps personnel retention and increased caseload sizes during meetings with the First Steps state team. These groups have also assisted in brainstorming ideas for how to resolve these issues. Provider rates were identified as a barrier to recruiting and retaining qualified personnel. The number of personnel leaving First Steps has been a contributing factor in the slippage for Indicator 1. First Steps shared these concerns with Family and Social Services Administration (FSSA) leadership, the State Budget Agency, and the Governor’s Office. Based upon the data provided about this critical issue, these state leaders unanimously agreed that additional funding is necessary to ensure children and families receive First Steps services.

As a result, the State Budget Agency in collaboration with the General Assembly agreed to provide First Steps with \$7.5 million from the Hoosier Family First Fund which, combined with other early intervention funding sources including Indiana’s federal Part C grant will be used to increase First Steps reimbursement rates to providers. The new rates went into effect on January 1, 2023. Agency and system point of entry (SPOE) leadership were notified in advance to allow them to plan for passing along these increased rates to providers.

Indiana is hopeful these changes in rates will profoundly reduce the number of individuals leaving the system and lead to the hiring of additional qualified personnel.

The effects of these changes are anticipated to be reflected in the FFY24 APR . From our system reasons listed below, 85 of the 171 system reasons were due to there being no provider available to serve the family.

**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.*

41

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

Reasons for Delay due to Extenuating Circumstances:

Child/Family Illness/hospitalization: 10

New baby: 1

Family requested new provider: 1

Family had/exposed to COVID: 4

Family canceled/no showed first visit: 5

Family scheduling issues/vacation: 17

Family moved/ new foster care placement: 3

**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 start 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 the delayed delivery of IFSP services due to exceptional family circumstances, weather and travel restrictions, and for services delivered less frequently, such as hearing aid maintenance which is scheduled on a quarterly basis.

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

State monitoring

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

With the help of national TA through ECTA and DaSy, Indiana continued to use a strategy to target a collection of data using a sampling process as opposed to reviewing a full data set quarterly. All nine clusters/SPOEs are monitored each year using a sample set of data and methodology consistent across each SPOE. Original data for this indicator was gathered looking at July 2021 data as a representative sample.

For a cluster that is out of compliance during the initial data pull, a random selection of files are reviewed for the quarter in which the subsequent data is being collected (up to 15 files per cluster depending on cluster size).

**Monitoring for Noncompliance:**

Quality Review team will hold initial meeting with SPOE to review preliminary findings. SPOEs are allowed a correction period where they are able to provide additional documentation for review prior to being issued a finding. Following the correction period, the Quality Review team will hold formal meeting with each individual SPOE to complete a root cause analysis for any indicator where the target was not met to help determine any need to make changes to policies and/or procedures found creating barriers to achieving timeline compliance.

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

confidence interval of +/-5% for the state. For smaller SPOEs (Clusters D, F, and H), the number of files reviewed was increased to include at least 20 files.

Sample data was derived from early intervention record reviews performed by 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.

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

State Total: 83.02% (836/1007)-171 services were late due to system reasons for FFY21. Eight (8) findings of noncompliance have been issued.

**System Reasons for Delays:**

Provider agency oversight: 8

SPOE oversight: 4

Provider oversight/scheduling issues: 54

COVID: 2

No provider available when IFSP written: 85

Late physician signature: 18 (The requirement to obtain a physician signature on an IFSP to meet licensure and insurance requirements is being reviewed by a workgroup).

**Services Start Date Range for Delayed Services (System Reasons):**

5 or less days late: 41

6-15 days late: 35

16-25 days late: 33

26-50 days late: 30

51-75 days late: 22

76-100 days late: 3

101-150 days late: 4

151-200 days late: 1

Over 200 days late: 2

In FFY2021, nine findings of noncompliance for this indicator were identified but only eight were given to Clusters B, C, D, F, G, H, I, and J. Cluster A did not receive a finding because they were able to demonstrate compliance with this indicator prior to issuing findings letters.

**Initial Data Pull 1:**

Cluster A: 92.2% (130/141)

Cluster B: 93.8% (121/129)

Cluster C: 90.1% (106/117)

Cluster D: 90.7% (88/97)

Cluster F: 79.6% (39/49)

Cluster G: 67.6% (169/250)

Cluster H: 82% (43/50)

Cluster I: 78.3% (90/115)

Cluster J: 84.7% (50/59)

**Subsequent Data Pull 2:**

Cluster A: 100% (20/20)

In FFY 21, 8 findings of noncompliance (Cluster B, C, D, F, G, H, I and J) were issued. These cluster have one year to correct this finding.

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

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
9	3	6	0

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

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

Clusters B, C, and D were able to correct findings of noncompliance for FFY 2020 within the one year timeline. Clusters A, F, G, H, I and J were also able to correct their finding of noncompliance, though outside of the one year timeline. For each of the nine findings issued, subsequent data was reviewed quarterly until the cluster was able to close their finding. To verify correction of noncompliance, a sample size of up to 15 records was reviewed. For each of the nine (9) total findings verified as corrected, every child who did not receive timely services had their record reviewed to verify that the child did receive services, though late, or the child was verified to have left the program. In all nine instances, compliance was at 100% for this indicator for the subsequent data run. This indicates the regulatory requirements are being met.

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

For each of the nine findings verified as corrected, the state reviewed data on each of the individual children. A review of data confirmed that each child received services, although late, or left the program. This indicates that each individual case of noncompliance was corrected within the required one year period for clusters B, C, and D, and all other findings of noncompliance were subsequently corrected after the one year timeline.

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

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



## 1 - Prior FFY Required Actions

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

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

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

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

For each individual instance of noncompliance, the state verified the services written on the IFSP were started, although late, or the child left the program.

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

In addition to reviewing each individual record of non-compliance to ensure the child ultimately received services or left the program, each SPOE identified as out of compliance during the initial data pull had a subsequent set of data reviewed. A random selection of files were reviewed for the quarter in which the subsequent data was being collected (up to 15 files per cluster depending on cluster size).

Cluster A: Finding corrected though outside of 1 year timeline

Cluster B: Finding closed within 1 year

Cluster C: Finding closed within 1 year

Cluster D: Finding closed within 1 year

Cluster F: Finding corrected though outside of 1 year timeline

Cluster G: Finding corrected though outside of 1 year timeline

Cluster H: Finding corrected though outside of 1 year timeline

Cluster I: Finding corrected though outside of 1 year timeline

Cluster J: Finding corrected though outside of 1 year timeline

All previous findings for this indicator have been closed for all clusters. To learn more about Indiana's specific subsequent data review process, please refer to, "Describe the method used to select EIS programs for monitoring."

## 1 - OSEP Response

### 1 - Required Actions

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

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

## Indicator 2: Services in Natural Environments

### Instructions and Measurement

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	97.60%

FFY	2016	2017	2018	2019	2020
Target>=	95.00%	95.00%	95.00%	95.00%	95.50%
Data	99.25%	95.83%	99.08%	99.19%	99.42%

### Targets

FFY	2021	2022	2023	2024	2025
Target >=	96.00%	96.00%	96.50%	96.50%	97.00%

### Targets: Description of Stakeholder Input

In FFY20, Indiana set out to rethink stakeholder engagement and work to create a more meaningful and sustainable process to be replicated for all stakeholder engagement within the First Steps system. To do this, it is first important to understand where stakeholders, particularly parents, are currently embedded within the system and are provided an opportunity to participate. Parent representation is embedded across state implementation teams for various professional development initiatives such as the FGRBI state implementation team, the professional development, finance, and advocacy subcommittees of the ICC, and within the ICC Executive Board. The state also saves contact information of participants, with their permission, for the purpose of reaching out and soliciting participation for future stakeholder meetings. For the purpose of the SPP/APR, particular attention was paid to seeking family members who are traditionally active participants within various spaces in our system such as the Interagency Coordinating Council, Local Planning and Coordinating Councils, and those who have held roles on implementation teams such as the steering committee for Family Guided Routines Based Intervention. Additionally, Indiana sought to build new relationships with family members through their local programs by asking local programs to connect the state team with families in their programs who may not already be engaged with First Steps outside of receiving EI services, but has provided feedback about the program or has expressed interest in participating in groups to improve the system.

The foundation created in FFY20 continued to be used in FFY21 to engage stakeholders across the early intervention system in our state. It remained paramount for Indiana to present data in digestible ways ensuring stakeholder engagement convenings were informative for participants and allowed everyone to feel comfortable to engage in rich conversation.

Stakeholders continue to come from a broad set of backgrounds which included: families, Indiana's general assembly, department of education, department of health and human services, higher education, Riley Children's Health, department of child services, family advocacy centers, regional First Steps offices, and First Steps provider agencies. Participants were both male and female, of a vast age range, reside and work in diverse geographical locations, and of various racial and ethnic backgrounds.

Additionally, it was important to have a mix of individuals with strong personalities and strong belief systems. This was key to facilitating deep and meaningful conversation as it prompted stakeholders to share their experience and really dive into conversation about the balancing act between the data under review and the factors that can influence the data.

Indiana made the commitment in the FFY20 SSIP to change the SiMR, but in doing so, to convene the stakeholders who participated in these conversations on an annual basis. This activity has become part of the SSIP infrastructure improvement strategy detailed in the SSIP report. The purpose is to embed the engagement of this diverse group of stakeholders in conversation regularly to review and discuss the data collected to inform the SiMR and have conversations specific to the gaps. Using disaggregated data by location, eligibility, race, gender, and socioeconomic status Indiana

is able to facilitate meaningful discussion and glean direction for activities within the SSIP and opportunities to address at the state and local levels.

ICC Stakeholders are listed below.

- Parents of children with developmental delays and disabilities
- Indiana Department of Education, Office of Special Education
- Indiana Department of Health, Maternal and Child Health Division
- Indiana Department of Insurance
- Indiana Department of Child Services
- Indiana Division of Mental Health and Addiction
- Indiana Head Start State Collaboration Office
- Indiana Office of Medicaid Policy and Planning
- Indiana Office of Early Childhood and Out of School Learning
- Higher Education Faculty
- Head Start local programs
- State Legislative Representative
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
- Service Providers
- 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.

Additional Stakeholder groups:

- Indiana Association of Rehabilitation Facilities (INARF)
- Indiana Department of Family Resources (DFR)
- ARC of Indiana
- Family Voices

**Prepopulated Data**

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	11,142
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Total number of infants and toddlers with IFSPs	11,346

**FFY 2021 SPP/APR Data**

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
11,142	11,346	99.42%	96.00%	98.20%	Met target	No Slippage

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

In Indiana, natural environment information is captured by the 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 determined to not be the best location, the IFSP 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 timeline 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.

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

**2 - Required Actions**

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

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

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

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

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

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

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

##### Measurement for Summary Statement 1:

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

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

##### Measurement for Summary Statement 2:

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

#### Instructions

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

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

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

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

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

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

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

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

### 3 - Indicator Data

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

NO

#### Targets: Description of Stakeholder Input

In FFY20, Indiana set out to rethink stakeholder engagement and work to create a more meaningful and sustainable process to be replicated for all stakeholder engagement within the First Steps system. To do this, it is first important to understand where stakeholders, particularly parents, are currently embedded within the system and are provided an opportunity to participate. Parent representation is embedded across state implementation teams for various professional development initiatives such as the FGRBI state implementation team, the professional development, finance, and advocacy subcommittees of the ICC, and within the ICC Executive Board. The state also saves contact information of participants, with their permission, for the purpose of reaching out and soliciting participation for future stakeholder meetings. For the purpose of the SPP/APR, particular attention was paid to seeking family members who are traditionally active participants within various spaces in our system such as the Interagency Coordinating Council, Local Planning and Coordinating Councils, and those who have held roles on implementation teams such as the steering committee for Family Guided Routines Based Intervention. Additionally, Indiana sought to build new relationships with family members through their local programs by asking local programs to connect the state team with families in their programs who may not already be engaged with First Steps outside of receiving EI services, but has provided feedback about the program or has expressed interest in participating in groups to improve the system.

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- State Legislative Representative
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
- Service Providers
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- 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.

Additional Stakeholder groups:

- Indiana Association of Rehabilitation Facilities (INARF)
- Indiana Department of Family Resources (DFR)
- ARC of Indiana
- Family Voices

#### Historical Data

Outcome	Baseline	FFY	2016	2017	2018	2019	2020
A1	2010	Target>=	55.00%	55.00%	55.00%	55.00%	52.00%
A1	49.00%	Data	53.56%	56.23%	56.87%	53.30%	52.37%
A2	2010	Target>=	57.00%	57.00%	57.00%	57.00%	52.00%

<b>A2</b>	47.00%	Data	61.09%	59.29%	58.93%	55.67%	55.12%
<b>B1</b>	2010	Target>=	56.00%	56.00%	57.00%	57.00%	52.00%
<b>B1</b>	59.00%	Data	55.11%	56.77%	57.64%	53.95%	52.81%
<b>B2</b>	2010	Target>=	72.00%	72.00%	72.00%	72.00%	67.00%
<b>B2</b>	68.00%	Data	74.50%	73.06%	72.85%	70.55%	69.33%
<b>C1</b>	2010	Target>=	55.00%	55.00%	55.00%	55.00%	50.00%
<b>C1</b>	52.00%	Data	50.11%	52.47%	54.21%	51.84%	50.32%
<b>C2</b>	2010	Target>=	67.00%	67.00%	67.00%	67.00%	58.00%
<b>C2</b>	58.00%	Data	66.57%	64.46%	65.16%	62.93%	61.88%

**Targets**

FFY	2021	2022	2023	2024	2025
Target A1>=	52.00%	52.00%	52.50%	52.75%	55.00%
Target A2>=	53.00%	53.00%	54.00%	55.00%	56.00%
Target B1>=	52.00%	52.00%	53.00%	54.50%	59.25%
Target B2>=	67.00%	68.50%	69.00%	69.50%	70.00%
Target C1>=	52.00%	52.00%	53.00%	54.00%	54.50%
Target C2>=	58.00%	58.50%	59.00%	59.50%	60.00%

**FFY 2021 SPP/APR Data**

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

577

**Outcome A: Positive social-emotional skills (including social relationships)**

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	245	42.46%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	33	5.72%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	27	4.68%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	181	31.37%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	91	15.77%

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	208	486	52.37%	52.00%	42.80%	Did not meet target	Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	272	577	55.12%	53.00%	47.14%	Did not meet target	Slippage

Provide reasons for A1 slippage, if applicable

Upon review of this data, Indiana was not taken aback in the report of slippage for 3ASS1. While still working through the challenges of a pandemic, fallout associated with staffing shortages, in both early intervention programs and childcare centers, families making the choice to keep their children at home rather than in childcare centers and community programs, and the overall impact on childcare centers which led to many closures throughout the state, it was clear young developing children were going to have much fewer opportunities to interact with same age peers for quite a while. As of today, in January of 2023, Indiana continues to overcome challenges related to childcare needs and lack of family access to childcare let alone high-quality care. With this understanding, the change of Indiana's SiMR, which was reported in the FFY20 SPP, to align with this specific indicator was intentional. With stakeholder input and discussion, it was decided we would anticipate a drop in this particular area statewide, and Indiana made a commitment to prepare. The SSIP provides further detail specific to infrastructure improvement strategies that Indiana has committed to so this focus can be met with action in the coming years. Please see the SSIP section titled "Additional Implementation Activities" for more information about the plans for reviewing the child outcomes tool.

In addition to the impact the pandemic continued to have on children and their families, there was also a change in statistician which prompted a change in the way the AEPS data translated to the outcomes calculations. Though it was determined the new process would be a change which produced more accurate results, it was still a change as compared to previous calculations thus opening up a possibility to affect the outcomes being reported as compared to previous years. Based on the results and having met the targets for 4 of 5 areas, it would suggest that this change did not have a significant impact, though noteworthy. The method for determining buckets for entrance and exit data using the AEPS is below.

AEPS scoring of 0, -1, -1.5 and -2, entrance and exit skills were reviewed to determine which bucket the child data went into:

**Bucket A:**

Child entered with a SD of -2 or -1.5 and exited with the same SD or below

Child entered with a SD of 0 and exited with SD of -2

Child entered with a SD of -1 and exited with SD of -2

**Bucket B:**

Child entered with a SD of -2 and exited with a SD of -1.5

Child entered with a SD of 0 and exited with a SD of -1.5

**Bucket C:**

Child entered with a SD of -2 or -1.5 and exited with a SD or -1

Child entered with a SD of -1 and exited with a SD of -1.5

**Bucket D:**

Child entered with a SD of -2, -1.5 or -1 and exited with a SD or 0

Child entered with a SD of -1 and exited with a SD -1 or 0

Child entered with a SD of 0 and exited with a SD of 0

Bucket E: Child entered with a SD of 0 and exited with a SD of -1

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

While still working through the challenges of a pandemic, fallout associated with staffing shortages, in both early intervention programs and childcare centers, families making the choice to keep their children at home rather than in childcare centers and community programs, and the overall impact on childcare centers which led to many closures throughout the state, it was clear young developing children were going to have much fewer opportunities to interact with same age peers for quite a while.

Our sample size is much smaller this year due to the new data system Indiana is implementing. It is not fully operational and reports cannot be pulled for child outcomes like they could in the past with the old data system.

In addition to the impact the pandemic continued to have on children and their families, there was also a change in statistician which prompted a change in the way the AEPS data translated to the outcomes calculations. Though it was determined the new process would be a change which produced more accurate results, it was still a change as compared to previous calculations thus opening up a possibility to affect the outcomes being reported as compared to previous years. Based on the results and having met the targets for 4 of 5 areas, it would suggest that this change did not have a significant impact, though noteworthy. The method for determining buckets for entrance and exit data using the AEPS is below.

AEPS scoring of 0, -1, -1.5 and -2, entrance and exit skills were reviewed to determine which bucket the child data went into:

**Bucket A:**

Child entered with a SD of -2 or -1.5 and exited with the same SD or below

Child entered with a SD of 0 and exited with SD of -2

Child entered with a SD of -1 and exited with SD of -2

**Bucket B:**

Child entered with a SD of -2 and exited with a SD of -1.5

Child entered with a SD of 0 and exited with a SD of -1.5

**Bucket C:**

Child entered with a SD of -2 or -1.5 and exited with a SD or -1

Child entered with a SD of -1 and exited with a SD of -1.5

**Bucket D:**

Child entered with a SD of -2, -1.5 or -1 and exited with a SD or 0

Child entered with a SD of -1 and exited with a SD -1 or 0

Child entered with a SD of 0 and exited with a SD of 0

Bucket E: Child entered with a SD of 0 and exited with a SD of -1

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	161	27.90%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	16	2.77%

Outcome B Progress Category	Number of Children	Percentage of Total
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	17	2.95%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	145	25.13%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	238	41.25%

Outcome B	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	162	339	52.81%	52.00%	47.79%	Did not meet target	Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	383	577	69.33%	67.00%	66.38%	Did not meet target	Slippage

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

While still working through the challenges of a pandemic, fallout associated with staffing shortages, in both early intervention programs and childcare centers, families making the choice to keep their children at home rather than in childcare centers and community programs, and the overall impact on childcare centers which led to many closures throughout the state, it was clear young developing children were going to have much fewer opportunities to interact with same age peers for quite a while.

Our sample size is much smaller this year due to the new data system Indiana is implementing. It is not fully operational and reports cannot be pulled for child outcomes like they could in the past with the old data system.

In addition to the impact the pandemic continued to have on children and their families, there was also a change in statistician which prompted a change in the way the AEPS data translated to the outcomes calculations. Though it was determined the new process would be a change which produced more accurate results, it was still a change as compared to previous calculations thus opening up a possibility to affect the outcomes being reported as compared to previous years. Based on the results and having met the targets for 4 of 5 areas, it would suggest that this change did not have a significant impact, though noteworthy. The method for determining buckets for entrance and exit data using the AEPS is below.

AEPS scoring of 0, -1, -1.5 and -2, entrance and exit skills were reviewed to determine which bucket the child data went into:

**Bucket A:**

Child entered with a SD of -2 or -1.5 and exited with the same SD or below

Child entered with a SD of 0 and exited with SD of -2

Child entered with a SD of -1 and exited with SD of -2

**Bucket B:**

Child entered with a SD of -2 and exited with a SD of -1.5

Child entered with a SD of 0 and exited with a SD of -1.5

**Bucket C:**

Child entered with a SD of -2 or -1.5 and exited with a SD or -1

Child entered with a SD of -1 and exited with a SD of -1.5

**Bucket D:**

Child entered with a SD of -2, -1.5 or -1 and exited with a SD or 0

Child entered with a SD of -1 and exited with a SD -1 or 0

Child entered with a SD of 0 and exited with a SD of 0

Child entered with a SD of 0 and exited with a SD of -1

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

While still working through the challenges of a pandemic, fallout associated with staffing shortages, in both early intervention programs and childcare centers, families making the choice to keep their children at home rather than in childcare centers and community programs, and the overall impact on childcare centers which led to many closures throughout the state, it was clear young developing children were going to have much fewer opportunities to interact with same age peers for quite a while.

Our sample size is much smaller this year due to the new data system Indiana is implementing. It is not fully operational and reports cannot be pulled for child outcomes like they could in the past with the old data system.

In addition to the impact the pandemic continued to have on children and their families, there was also a change in statistician which prompted a change in the way the AEPS data translated to the outcomes calculations. Though it was determined the new process would be a change which produced more accurate results, it was still a change as compared to previous calculations thus opening up a possibility to affect the outcomes being reported as compared to previous years. Based on the results and having met the targets for 4 of 5 areas, it would suggest that this change did not have a significant



impact, though noteworthy. The method for determining buckets for entrance and exit data using the AEPS is below.

AEPS scoring of 0, -1, -1.5 and -2, entrance and exit skills were reviewed to determine which bucket the child data went into:

Bucket A:

Child entered with a SD of -2 or -1.5 and exited with the same SD or below

Child entered with a SD of 0 and exited with SD of -2

Child entered with a SD of -1 and exited with SD of -2

Bucket B:

Child entered with a SD of -2 and exited with a SD of -1.5

Child entered with a SD of 0 and exited with a SD of -1.5

Bucket C:

Child entered with a SD of -2 or -1.5 and exited with a SD or -1

Child entered with a SD of -1 and exited with a SD of -1.5

Bucket D:

Child entered with a SD of -2, -1.5 or -1 and exited with a SD or 0

Child entered with a SD of -1 and exited with a SD -1 or 0

Child entered with a SD of 0 and exited with a SD of 0

Bucket E: Child entered with a SD of 0 and exited with a SD of -1

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

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	178	30.85%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	34	5.89%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	22	3.81%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	143	24.78%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	200	34.66%

Outcome C	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	165	377	50.32%	52.00%	43.77%	Did not meet target	Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	343	577	61.88%	58.00%	59.45%	Met target	No Slippage

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

While still working through the challenges of a pandemic, fallout associated with staffing shortages, in both early intervention programs and childcare centers, families making the choice to keep their children at home rather than in childcare centers and community programs, and the overall impact on childcare centers which led to many closures throughout the state, it was clear young developing children were going to have much fewer opportunities to interact with same age peers for quite a while.

Our sample size is much smaller this year due to the new data system Indiana is implementing. It is not fully operational and reports cannot be pulled for child outcomes like they could in the past with the old data system.

In addition to the impact the pandemic continued to have on children and their families, there was also a change in statistician which prompted a change in the way the AEPS data translated to the outcomes calculations. Though it was determined the new process would be a change which produced more accurate results, it was still a change as compared to previous calculations thus opening up a possibility to affect the outcomes being reported as compared to previous years. Based on the results and having met the targets for 4 of 5 areas, it would suggest that this change did not have a significant impact, though noteworthy. The method for determining buckets for entrance and exit data using the AEPS is below.

AEPS scoring of 0, -1, -1.5 and -2, entrance and exit skills were reviewed to determine which bucket the child data went into:

Bucket A:

Child entered with a SD of -2 or -1.5 and exited with the same SD or below

Child entered with a SD of 0 and exited with SD of -2

Child entered with a SD of -1 and exited with SD of -2

Bucket B:

Child entered with a SD of -2 and exited with a SD of -1.5  
 Child entered with a SD of 0 and exited with a SD of -1.5  
 Bucket C:  
 Child entered with a SD of -2 or -1.5 and exited with a SD or -1  
 Child entered with a SD of -1 and exited with a SD of -1.5  
 Bucket D:  
 Child entered with a SD of -2, -1.5 or -1 and exited with a SD or 0  
 Child entered with a SD of -1 and exited with a SD -1 or 0  
 Child entered with a SD of 0 and exited with a SD of 0  
 Bucket E: Child entered with a SD of 0 and exited with a SD of -1

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	5,412
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.	230

Sampling Question	Yes / No
Was sampling used?	YES
Has your previously approved sampling plan changed?	

**Describe the sampling methodology outlining how the design will yield valid and reliable estimates.**

Indiana Part C Sampling Plan: Indicators 3 and 4

As described in the FFY20 SPP, "significant changes were implemented in the way Indiana has traditionally conducted the data collection processes" and Indiana has "designed, developed and implemented a new data system." Due to implementation of new data collection methods and a new data system, which is a multi-year process, Indiana is currently in a transition period. The data reviewed for FFY21 was not collected in the new data system and the previous data system had already been terminated and was no longer supported by a previous contractor. All data for child and family outcomes are stored at the local offices on paper records or electronic data systems independent of the state's data system.

For this reason, Indiana chose to temporarily move to a sampling plan to monitor both child and family outcomes for FFY21. Indiana plans to continue sampling during this transition period with a goal of collecting and reviewing data from all eligible infants and toddlers by FFY25. During this interim period, Indiana proposes collecting and reviewing a representative sample for the FFY21 submission through random and over sampling. To support this interim process, our contractors at the Early Childhood Center (ECC) at Indiana University have engaged the Indiana University Statistical Consulting Center to ensure that our sampling procedures are as representative and statistically sound as possible.

**I. Sampling Procedures**

Indiana is separated into 9 system points of entry (SPOEs) across the state. Each SPOE has a territory serving a unique number of counties. The population in each SPOE varies as these counties range from rural to urban to suburban and many have a mixture of community types within their boundaries. To ensure the data collected generates a representative sample of the state of Indiana, both random and over sampling strategies were used as described in more detail below.

**A. Outcomes**

a. Based on the size of the SPOE, a minimum sample size for the state is determined by using a sampling calculator made available from the website (<http://www.raosoft.com/samplesize.html>) by Raosoft, Inc. Since data is collected for all nine SPOEs the actual number of files sampled far exceeds the required sample size for a confidence level of 99%, with a confidence interval of +/-5% for the state. Once the number of files needed for the sample is determined a random number generator is used to identify the specific files to review. Oversampling is utilized in SPOEs with smaller, more rural communities to enhance the representativeness of rural families and children in the full sample. For these smaller, rural SPOEs, the number of files reviewed is increased beyond the recommendation from the sampling calculator to include at least 20 files to ensure representativeness across the data set.

1. During the annual quality review process, all nine clusters have three types of activities reviewed: Initial IFSPs, Annual IFSPs, and Transitions. For each activity type all files expected to have the activity completed during the one-month period are identified.

2. Files are grouped by cluster and each file is given a unique identifier. Using a sampling calculator, the number of files needed for a sample with a confidence level of 99%, with a confidence interval of +/-5% for each cluster is determined.

3. Once the number of files needed for the sample is determined a random number generator is used to identify the specific files to review.

**B. Child Outcomes**

a. Indiana uses the Assessment, Evaluation, and Programming System (AEPS), 2nd Edition to establish baseline at a child's entrance into the program and again when a child exits. Only children in the program for at least six months are included in the data set.

1. The AEPS is administered by a multidisciplinary Eligibility Determination (ED) Team at entrance into Part C to determine eligibility and initial developmental status.

2. Within the child's final month of service or within two weeks of the child's exit from the program, the ongoing service provider(s) compile progress data on AEPS skills using the Exit Skills Checklist, a state developed tool for recording progress, and provide this data to an ED Team member for final scoring on the AEPS.

3. The ED Team uses the checklist to determine scoring of the AEPS. They compute the final scores in the form of standard deviations below the mean (0, -1.0, -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 FFY21.

4. There are three domains of the AEPS that are associated with each of the three federal outcomes:

- I. Outcome A – Social/Emotional domain
- II. Outcome B – Cognitive domain
- III. Outcome C – Adaptive domain

**C. Family Outcomes**

a. Indiana uses the original Family Outcomes Survey (FOS) created by the Early Childhood Outcomes (ECO) Center. The survey is offered to all families at the time their child exits the program.

1. Indiana uses the original Early Childhood Outcomes (ECO) survey
2. The survey is offered to all families as they exit the program either when the child is turning three or the child has met all their goals and services are no longer needed.
3. Service coordinators offer this survey in a variety of ways for families to complete.
  - I. Using a tablet during a face-to-face visit,
  - II. Leaving a paper copy and self-addressed envelope with the family,
  - III. Leaving a paper copy and self-addressed envelope with the family, by email,
  - IV. by text,
  - V. or over the phone.
4. Once the Family Portal in EI Hub is complete, access to complete the survey will also be available online.
  - b. If the survey was not completed at a face-to-face meeting or through other methods, the service coordinator will make reasonable efforts to contact the family to offer the survey again up to four times. For each contact attempt, they record the method and the result of their contact attempts on the survey. This is used to ensure all families are offered the surveyed.

II. Representation

- A. Records used for the sample were disaggregated by race, gender, and income by the Indiana University Statistical Consulting Center.
  - a. Indiana has three income designations for families as part of the family fee process.
    1. Presumptive Income: when a family is enrolled in other state programs due to having an income at or below the 250% federal poverty level (FPL) threshold and is receiving state sponsored benefits such as SNAP, TANF, CCDF, and/or WIC - proof of this enrollment qualifies a family to receive early intervention services at no cost to the family without the requirement to provide additional income information.
    2. Full Fee: when a family chooses not to provide income information or proof of enrollment in state sponsored benefits as listed above, they are provided an agreement stating they are responsible for services billed at the maximum rate of up to \$30 per 15 minutes of service up to \$960 monthly if the service is not covered by their insurance plan.
    3. Family Fee/Actual Income: when a family provides income documents, First Steps calculates the family's FPL to provide the amount of family cost participation based on their income level. The family is provided an agreement stating they are responsible for services billed at their family cost participation rate (\$0.25 - \$30 per 15 minutes of service) if the service is not covered by their insurance plan.

Please see reports>document category>attachments for Indiana's full sampling plan including full details outlining limitations of the data, data completeness, and selection bias.

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

NO

**Provide the criteria for defining "comparable to same-aged peers."**

Indiana's Part C program utilizes 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 utilizing the AEPS skills checklist. This data is then provided to an Eligibility Determination Team (ED Team) member for final scoring, which is compared to the child's entrance outcomes. The ED Team uses the checklist to determine scoring of the AEPS. Only ED Team members may compute final scores in the form of standard deviations below the mean (0, -1.0, -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."

AEPS scoring of 0, -1, -1.5 and -2, entrance and exit skills were reviewed to determine which bucket the child data went into:

- Bucket A: Child entered with a SD of -2 or -1.5 and exited with the same SD or below
- Bucket B: Child entered with a SD of -2 and exited with a SD or -1.5
- Bucket C: Child entered with a SD of -2 or -1.5 and exited with a SD or -1
- Bucket D: Child entered with a SD of -2, -1.5 or -1 and exited with a SD or 0
- Bucket E: Child entered with a SD of 0 and exited with a SD or 0

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

The AEPS is administered by a multidisciplinary ED Team at entrance into Part C to determine eligibility and initial developmental status; at exit, the child's ongoing service provider(s) compile progress data on AEPS skills and provide this data to an ED Team member for final scoring on the AEPS. 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 ED Team uses this checklist to determine scoring of the AEPS. They then compute final scores in the form of standard deviations below the mean (0, -1.0, -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 FFY21. There are three domains of the AEPS that are associated with each of the three federal outcomes:

- Outcome A - Social/Emotional domain
- Outcome B - Cognitive domain
- Outcome C - Adaptive domain

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

- Cluster Data: Outcome A: Positive social emotional skills SS1
- Cluster A: 37.5%
  - Cluster B: 28.6%
  - Cluster C: 35.2%
  - Cluster D: 45.6%
  - Cluster F: 53.3%
  - Cluster G: 41.7%
  - Cluster H: 43.3%
  - Cluster I: 57.6%
  - Cluster J: 40.0%

- Cluster Data: Outcome A: Positive social emotional skills SS2
- Cluster A: 41.8%
  - Cluster B: 46.9%
  - Cluster C: 37.1%

Cluster D: 42.6%  
Cluster F: 51.5%  
Cluster G: 49.3%  
Cluster H: 47.2%  
Cluster I: 59.5%  
Cluster J: 46.4%

Cluster Data: Outcome B: Acquisition/use of knowledge and skills SS1

Cluster A: 56.3%  
Cluster B: 36.4%  
Cluster C: 18.5%  
Cluster D: 25.7%  
Cluster F: 54.5%  
Cluster G: 60.7%  
Cluster H: 47.6%  
Cluster I: 58.7%  
Cluster J: 42.9%

Cluster Data: Outcome B: Acquisition/use of knowledge and skills SS2

Cluster A: 63.3%  
Cluster B: 65.6%  
Cluster C: 64.5%  
Cluster D: 57.4%  
Cluster F: 69.7%  
Cluster G: 70.7%  
Cluster H: 61.1%  
Cluster I: 70.1%  
Cluster J: 71.4%

Cluster Data: Outcome C: Use of appropriate behaviors to meet needs SS1

Cluster A: 31.9%  
Cluster B: 32.4%  
Cluster C: 38.6%  
Cluster D: 52.6%  
Cluster F: 56.0%  
Cluster G: 47.7%  
Cluster H: 26.1%  
Cluster I: 52.8%  
Cluster J: 47.4%

Cluster Data: Outcome C: Use of appropriate behaviors to meet needs SS2

Cluster A: 57.0%  
Cluster B: 64.1%  
Cluster C: 51.6%  
Cluster D: 65.6%  
Cluster F: 57.6%  
Cluster G: 61.4%  
Cluster H: 50.0%  
Cluster I: 59.2%  
Cluster J: 60.7%

State Average by Income:

Outcome A SS1:  
Family Fee: 51.4%  
Presumptive Income: 47.6%

Outcome A SS2:  
Family Fee: 55.1%  
Presumptive Income: 51.8%

Outcome B SS1:  
Family Fee: 66.7%  
Presumptive Income: 61.7%

Outcome B SS2:  
Family Fee: 81.8%  
Presumptive Income: 77.4%

Outcome C SS1:  
Family Fee: 54.6%  
Presumptive Income: 57.1%

Outcome C SS2:  
Family Fee: 76.2%  
Presumptive Income: 68.5%

Gender



## Indicator 4: Family Involvement

### Instructions and Measurement

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

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

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

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

#### Data Source

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

#### Measurement

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

#### Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2016	2017	2018	2019	2020
A	2009	Target>= =	98.00%	99.00%	100.00%	100.00%	94.00%
A	96.30 %	Data	96.84%	98.67%	96.93%	96.94%	99.06%
B	2016	Target>= =	98.00%	99.00%	100.00%	100.00%	94.50%
B	###C0 4BBA SEDA TA###	Data	96.73%	98.60%	96.87%	97.42%	97.53%
C	2018	Target>= =	96.00%	96.00%	96.00%	96.00%	93.00%







**B. Child Outcomes**

- a. Indiana uses the Assessment, Evaluation, and Programming System (AEPS), 2nd Edition to establish baseline at a child's entrance into the program and again when a child exits. Only children in the program for at least six months are included in the data set.
  - 1. The AEPS is administered by a multidisciplinary Eligibility Determination (ED) Team at entrance into Part C to determine eligibility and initial developmental status.
  - 2. Within the child's final month of service or within two weeks of the child's exit from the program, the ongoing service provider(s) compile progress data on AEPS skills using the Exit Skills Checklist, a state developed tool for recording progress, and provide this data to an ED Team member for final scoring on the AEPS.
  - 3. The ED Team uses the checklist to determine scoring of the AEPS. They compute the final scores in the form of standard deviations below the mean (0, -1.0, -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 FFY21.
  - 4. There are three domains of the AEPS that are associated with each of the three federal outcomes:
    - I. Outcome A – Social/Emotional domain
    - II. Outcome B – Cognitive domain
    - III. Outcome C – Adaptive domain

**C. Family Outcomes**

- a. Indiana uses the original Family Outcomes Survey (FOS) created by the Early Childhood Outcomes (ECO) Center. The survey is offered to all families at the time their child exits the program.
  - 1. Indiana uses the original Early Childhood Outcomes (ECO) survey
  - 2. The survey is offered to all families as they exit the program either when the child is turning three or the child has met all their goals and services are no longer needed.
  - 3. Service coordinators offer this survey in a variety of ways for families to complete.
    - I. Using a tablet during a face-to-face visit,
    - II. Leaving a paper copy and self-addressed envelope with the family,
    - III. Leaving a paper copy and self-addressed envelope with the family, by email,
    - IV. by text,
    - V. or over the phone.
  - 4. Once the Family Portal in EI Hub is complete, access to complete the survey will also be available online.
- b. If the survey was not completed at a face-to-face meeting or through other methods, the service coordinator will make reasonable efforts to contact the family to offer the survey again up to four times. For each contact attempt, they record the method and the result of their contact attempts on the survey. This is used to ensure all families are offered the surveyed.

**II. Representation**

- A. Records used for the sample were disaggregated by race, gender, and income by the Indiana University Statistical Consulting Center.
  - a. Indiana has three income designations for families as part of the family fee process.
    - 1. Presumptive Income: when a family is enrolled in other state programs due to having an income at or below the 250% federal poverty level (FPL) threshold and is receiving state sponsored benefits such as SNAP, TANF, CCDF, and/or WIC - proof of this enrollment qualifies a family to receive early intervention services at no cost to the family without the requirement to provide additional income information.
    - 2. Full Fee: when a family chooses not to provide income information or proof of enrollment in state sponsored benefits as listed above, they are provided an agreement stating they are responsible for services billed at the maximum rate of up to \$30 per 15 minutes of service up to \$960 monthly if the service is not covered by their insurance plan.
    - 3. Family Fee/Actual Income: when a family provides income documents, First Steps calculates the family's FPL to provide the amount of family cost participation based on their income level. The family is provided an agreement stating they are responsible for services billed at their family cost participation rate (\$0.25 - \$30 per 15 minutes of service) if the service is not covered by their insurance plan.

Please see reports>document category>attachments for Indiana's full sampling plan including full details outlining limitations of the data, data completeness, and selection bias.

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

**Survey Response Rate**

FFY	2020	2021
Survey Response Rate	52.04%	40.62%

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

The state has invested in training to support service coordinators in their understanding of the importance of gathering this data. Indiana will continue to use strategies offering the survey to each and every family upon exit from the program through a variety of platforms to promote accessibility. The state believes that once the new data system is up and running completely, families will have increased ease of access with the option to complete the survey through the parent portal in the online system. Indiana also sees the integration of the Charting the LifeCourse framework into the family assessment tool and the overall increase in engagement, communication and relationships between families and the First Steps program as a mechanism to breaking down some barriers to family participation in the survey submission. This data will be reviewed as part of SSIP activities, particularly addressing underrepresented populations. These strategies are intended to have an impact on family engagement thus increasing the likelihood that families who have previously no participated in the survey will feel more comfortable sharing their feedback.

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

The family survey is offered to all families as they exit the program either when the child is turning three or the child has met all of their goals and services are no longer needed. Service coordinators offer this survey in a variety of ways for families to complete to ensure greater accessibility and response rates. To address nonresponse bias, the survey can be completed on an iPad during a face-to-face visit, a paper copy can be left with the family with a self-addressed envelope, it can be completed by email, text or over the phone with the family's service coordinator. Indiana's data indicates families have utilized each of these options. The service coordinator will contact the family more than once and document each attempt at a reasonable effort to receive the completed survey from families. The state believes that once the family portal of the new data system is complete, families will have the option of going online to complete the survey which is anticipated to yield more accurate outcomes and higher response rates from families who have not felt compelled to participate in the survey previously.

In addition to the ways Indiana has worked to break down barriers to nonresponse bias, there are clusters who place high value on the survey and because of this prioritize additional training for their staff around the conversations with families regarding the importance of participating in the survey. These clusters are C, D, F and I. It can be noted the presentation of information to families can impact a family's likelihood to place importance on completing a survey, so seeing higher participation in clusters who have administrators frequently reflecting on the survey data indicated this could be impacting nonresponse bias of the clusters with the lowest return rates, among other factors.

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

Indiana has nine System Points of Entry (SPOEs) throughout the state. All nine SPOEs are represented in the data below. Indiana provides the exit survey to each family who has been in the program for 6 months or more at exit. The data indicates there is not a gap in the number of families responding to the survey based on gender or presumptive income and family fee. However, we do see a large gap in the likelihood of families who are full fee to participate. When considering geographic location, the data indicates some clusters are seeing significantly higher return rates than others. The lower return rates in clusters A and B are of particular interest as there does not appear to be any statistical significance in the disparity between these response rates and the remaining clusters. Indiana will work with all clusters and these two in particular to identify barriers and ensure increased participation.

Family Outcomes Data by Cluster:

Cluster A:

Sample Size: 172

Exited: 128

Survey Completed:  $35/128 = 27\%$

Cluster B:

Sample Size: 151

Exited: 90

Survey Completed:  $26/90 = 29\%$

Cluster C:

Sample Size: 139

Exited: 97

Survey Completed:  $61/97 = 63\%$

Cluster D:

Sample Size: 118

Exited: 80

Survey Completed:  $39/80 = 49\%$

Cluster F:

Sample Size: 60

Exited: 44

Survey Completed: 23/44 = 52%

Cluster G:

Sample Size: 410

Exited: 234

Survey Completed: 84/234 = 36%

Cluster H:

Sample Size: 80

Exited: 61

Survey Completed: 29/61 = 48%

Cluster I:

Sample Size: 164

Exited: 118

Survey Completed: 55/118 = 47%

Cluster J:

Sample Size: 86

Exited: 39

Survey Completed: 15/39 = 38%

Income:

Total sample size based for all income:

Sample Size: 1316

Exited: 904

Survey Completed: 366

Family Fee:

State Sample Size: 432

Exited: 320

Survey Completed: 136/320 = 42.5%

Representation: 37%

Presumptive Income:

Sample Size: 861

Exited: 570

Survey Completed: 227/570 = 40%

Representation: 62%

Full Fee:

Sample Size: 23

Exited: 14

27

Survey Completed: 3/14 = 21%

Representation: 8%

Gender:

Female:

Sampe Size: 456

Exited: 294

Survey Completed: 121/294 = 41%

Representation: 33%

Male

Sample Size: 859

Exited:609

Survey Completed: 244/609 = 40%

Representation: 67%

Unknown: 1

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

As outlined in the sampling plan, and observed above, Indiana used geolocation, gender, and family income metrics to determine representation of response rates. The data demonstrates the percent of families who fall in each category as compared to total exit data by cluster and state. As Indiana's new data system is optimized and reporting capabilities improve, race, ethnicity, eligibility type and detailed geolocation will be utilized to provide additional data regarding representation in survey participation.

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

When scoring the tool, we only used extremely helpful and very helpful as the family being satisfied with the program. We continue to have a very high percentage of satisfied families with our early intervention program. Here is further breakdown of data disaggregated by outcome area.

Family Outcomes Data by Cluster:

Cluster: 4A: 4B: 4C:

Cluster A: 98.9% 99.5% 99.1%

Cluster B: 95.4% 93.0% 98.1%

Cluster C: 98.4% 97.5% 98.1%

Cluster D: 100% 100% 98.3%

Cluster F: 99.1% 97.1% 97.8%

Cluster G: 98.4% 98.3% 97.3%

Cluster H: 100% 96.6% 96.6%

Cluster I: 97.6% 98.5% 96.7%

Cluster J: 100% 100% 100%

Race/Ethnicity:	Outcome A	Outcome B	Outcome C
Asian:	100%	100%	100%
Black/African American:	98.8%	98.5%	97.6%
Hispanic/Latino:	100%	100%	100%
Native Hawaiian/Pacific Islander:	100%	100%	100%
White:	98.2%	97.6%	97.7%
Two or More Races:	99.0%	98.3%	96.3%

Child data breakdown for this Indicator:

Asian: 1.4%

Black/African American: 9.8%

Hispanic: 6.8%

2 or more Races: 10.4%

White: 70.1%

Other Races are too small of a percentage to report.

Income: Outcome A Outcome B Outcome C

Family Fee: 99.2% 98.0% 97.1%

Presumptive Income: 98.1% 98.0% 98.2%

Gender:  
State Average Female:  
Outcome A: 98.0%  
Outcome B: 97.1%  
Outcome C: 96.0%

State Average Male:  
Outcome A: 98.7%  
Outcome B: 98.4%  
Outcome C: 98.6%

#### **4 - Prior FFY Required Actions**

None

#### **4 - OSEP Response**

The State did not analyze the response rate to identify potential nonresponse bias and identify steps taken to reduce any identified bias to promote response from families participating in early intervention services, as required by the Measurement Table.

The State did not describe the metric used to determine representativeness, as required by the Measurement Table.

#### **4 - Required Actions**

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

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

The State submitted a revised sampling plan for this indicator with its FFY 2021 SPP/APR. OSEP identified concerns in its evaluation of the sampling plan that indicated it may not yield valid and reliable data for this indicator. The State has not yet responded to OSEP's concerns. The State must submit by September 1, 2023 its revised sampling plan that the State plans to use for its FFY 2022 – FFY2025 data collection and indicate how the revised plan addresses the concerns identified in OSEP's evaluation.

## Indicator 5: Child Find (Birth to One)

### Instructions and Measurement

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	1.40%

FFY	2016	2017	2018	2019	2020
Target >=	1.57%	1.57%	1.57%	1.57%	1.37%
Data	1.33%	1.42%	1.63%	1.65%	1.56%

### Targets

FFY	2021	2022	2023	2024	2025
Target >=	1.40%	1.42%	1.43%	1.44%	1.45%

### Targets: Description of Stakeholder Input

In FFY20, Indiana set out to rethink stakeholder engagement and work to create a more meaningful and sustainable process to be replicated for all stakeholder engagement within the First Steps system. To do this, it is first important to understand where stakeholders, particularly parents, are currently embedded within the system and are provided an opportunity to participate. Parent representation is embedded across state implementation teams for various professional development initiatives such as the FGRBI state implementation team, the professional development, finance, and advocacy subcommittees of the ICC, and within the ICC Executive Board. The state also saves contact information of participants, with their permission, for the purpose of reaching out and soliciting participation for future stakeholder meetings. For the purpose of the SPP/APR, particular attention was paid to seeking family members who are traditionally active participants within various spaces in our system such as the Interagency Coordinating Council, Local Planning and Coordinating Councils, and those who have held roles on implementation teams such as the steering committee for Family Guided Routines Based Intervention. Additionally, Indiana sought to build new relationships with family members through their local programs by asking local programs to connect the state team with families in their programs who may not already be engaged with First Steps outside of receiving EI services, but has provided feedback about the program or has expressed interest in participating in groups to improve the system.

The foundation created in FFY20 continued to be used in FFY21 to engage stakeholders across the early intervention system in our state. It remained paramount for Indiana to present data in digestible ways ensuring stakeholder engagement convenings were informative for participants and allowed everyone to feel comfortable to engage in rich conversation.

Stakeholders continue to come from a broad set of backgrounds which included: families, Indiana's general assembly, department of education, department of health and human services, higher education, Riley Children's Health, department of child services, family advocacy centers, regional First Steps offices, and First Steps provider agencies. Participants were both male and female, of a vast age range, reside and work in diverse geographical locations, and of various racial and ethnic backgrounds.

Additionally, it was important to have a mix of individuals with strong personalities and strong belief systems. This was key to facilitating deep and meaningful conversation as it prompted stakeholders to share their experience and really dive into conversation about the balancing act between the data under review and the factors that can influence the data.

Indiana made the commitment in the FFY20 SSIP to change the SiMR, but in doing so, to convene the stakeholders who participated in these conversations on an annual basis. This activity has become part of the SSIP infrastructure improvement strategy detailed in the SSIP report. The purpose is to embed the engagement of this diverse group of stakeholders in conversation regularly to review and discuss the data collected to inform the SiMR and have conversations specific to the gaps. Using disaggregated data by location, eligibility, race, gender, and socioeconomic status Indiana is able to facilitate meaningful discussion and glean direction for activities within the SSIP and opportunities to address at the state and local levels.

ICC Stakeholders are listed below.

- Parents of children with developmental delays and disabilities
- Indiana Department of Education, Office of Special Education
- Indiana Department of Health, Maternal and Child Health Division
- Indiana Department of Insurance
- Indiana Department of Child Services
- Indiana Division of Mental Health and Addiction
- Indiana Head Start State Collaboration Office
- Indiana Office of Medicaid Policy and Planning
- Indiana Office of Early Childhood and Out of School Learning
- Higher Education Faculty
- Head Start local programs
- State Legislative Representative
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
- Service Providers
- 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.

**Additional Stakeholder groups:**

- Indiana Association of Rehabilitation Facilities (INARF)
- Indiana Department of Family Resources (DFR)
- ARC of Indiana
- Family Voices

**Prepopulated Data**

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 1 with IFSPs	1,130
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 1	77,027

**FFY 2021 SPP/APR Data**

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
1,130	77,027	1.56%	1.40%	1.47%	Met target	No Slippage

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

During FFY21, Indiana allocated a significant amount of resources to marketing efforts focused on the Birth-1 population. Indiana entered into a contract with a marketing vendor around its child find efforts and specifically focusing on finding all children under 12 months who might be eligible for early intervention. Many stakeholders including families, providers, and referral sources were interviewed prior to the development of the materials and campaign. These same stakeholders were asked to review and provide input to prototypes of the materials prior to their finalization. The materials were developed in alignment with the CDC's "Learn the Signs. Act Early." campaign and a targeted outreach campaign launched via social media, news media, and paid advertisements. We continued outreach efforts utilizing the Local Planning and Coordinating Councils in each of the nine clusters. Previously these councils made their own outreach materials resulting in many different messages and materials being shared with referral sources statewide. In order to improve consistency in messaging and branding materials were created at the state level and shared with the councils for use statewide. These materials have been made available in five languages and are publicly posted for use by any entity. The full outreach toolkit can be found at <https://www.in.gov/fssa/firststeps/first-steps-child-find-and-outreach-toolkit/>

Indiana seeks to educate families on the importance of developmental surveillance and developmental screening and knowing where to go for help when they are concerned about their child's development. In addition to the printed materials, videos were created. Featured in these four videos are two parents of children who are First Steps graduates, a developmental pediatrician, and First Steps providers. Indiana's marketing vendor has been tracking data around social media views, website traffic, and google searches.

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

**5 - Required Actions**

## Indicator 6: Child Find (Birth to Three)

### Instructions and Measurement

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

## 6 - Indicator Data

Baseline Year	Baseline Data
2005	3.83%

FFY	2016	2017	2018	2019	2020
Target >=	3.84%	3.84%	3.84%	3.84%	3.90%
Data	4.09%	4.09%	4.58%	4.85%	4.51%

#### Targets

FFY	2021	2022	2023	2024	2025
Target >=	4.20%	4.30%	4.60%	4.86%	4.88%

#### Targets: Description of Stakeholder Input

In FFY20, Indiana set out to rethink stakeholder engagement and work to create a more meaningful and sustainable process to be replicated for all stakeholder engagement within the First Steps system. To do this, it is first important to understand where stakeholders, particularly parents, are currently embedded within the system and are provided an opportunity to participate. Parent representation is embedded across state implementation teams for various professional development initiatives such as the FGRBI state implementation team, the professional development, finance, and advocacy subcommittees of the ICC, and within the ICC Executive Board. The state also saves contact information of participants, with their permission, for the purpose of reaching out and soliciting participation for future stakeholder meetings. For the purpose of the SPP/APR, particular attention was paid to seeking family members who are traditionally active participants within various spaces in our system such as the Interagency Coordinating Council, Local Planning and Coordinating Councils, and those who have held roles on implementation teams such as the steering committee for Family Guided Routines Based Intervention. Additionally, Indiana sought to build new relationships with family members through their local programs by asking local programs to connect the state team with families in their programs who may not already be engaged with First Steps outside of receiving EI services, but has provided feedback about the program or has expressed interest in participating in groups to improve the system.

The foundation created in FFY20 continued to be used in FFY21 to engage stakeholders across the early intervention system in our state. It remained paramount for Indiana to present data in digestible ways ensuring stakeholder engagement convenings were informative for participants and allowed everyone to feel comfortable to engage in rich conversation.

Stakeholders continue to come from a broad set of backgrounds which included: families, Indiana's general assembly, department of education, department of health and human services, higher education, Riley Children's Health, department of child services, family advocacy centers, regional First Steps offices, and First Steps provider agencies. Participants were both male and female, of a vast age range, reside and work in diverse geographical locations, and of various racial and ethnic backgrounds.

Additionally, it was important to have a mix of individuals with strong personalities and strong belief systems. This was key to facilitating deep and meaningful conversation as it prompted stakeholders to share their experience and really dive into conversation about the balancing act between the data under review and the factors that can influence the data.

Indiana made the commitment in the FFY20 SSIP to change the SiMR, but in doing so, to convene the stakeholders who participated in these conversations on an annual basis. This activity has become part of the SSIP infrastructure improvement strategy detailed in the SSIP report. The purpose is to embed the engagement of this diverse group of stakeholders in conversation regularly to review and discuss the data collected to inform the SiMR and have conversations specific to the gaps. Using disaggregated data by location, eligibility, race, gender, and socioeconomic status Indiana is able to facilitate meaningful discussion and glean direction for activities within the SSIP and opportunities to address at the state and local levels.

ICC Stakeholders are listed below.

- Parents of children with developmental delays and disabilities
- Indiana Department of Education, Office of Special Education
- Indiana Department of Health, Maternal and Child Health Division



- Indiana Department of Insurance
- Indiana Department of Child Services
- Indiana Division of Mental Health and Addiction
- Indiana Head Start State Collaboration Office
- Indiana Office of Medicaid Policy and Planning
- Indiana Office of Early Childhood and Out of School Learning
- Higher Education Faculty
- Head Start local programs
- State Legislative Representative
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
- Service Providers
- 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.

**Additional Stakeholder groups:**

- Indiana Association of Rehabilitation Facilities (INARF)
- Indiana Department of Family Resources (DFR)
- ARC of Indiana
- Family Voices

**Prepopulated Data**

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 3 with IFSPs	11,346
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 3	239,636

**FFY 2021 SPP/APR Data**

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
11,346	239,636	4.51%	4.20%	4.73%	Met target	No Slippage

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

During FFY21, Indiana allocated a significant amount of resources to marketing efforts focused on the Birth-1 population. Indiana entered into a contract with a marketing vendor around its child find efforts and specifically focusing on finding all children under 12 months who might be eligible for early intervention. Many stakeholders including families, providers, and referral sources were interviewed prior to the development of the materials and campaign. These same stakeholders were asked to review and provide input to prototypes of the materials prior to their finalization. The materials were developed in alignment with the CDC's "Learn The Signs. Act Early." campaign and a targeted outreach campaign launched via social media, news media, and paid advertisements. We continued outreach efforts utilizing the Local Planning and Coordinating Councils in each of the nine clusters. Previously these councils made their own outreach materials resulting in many different messages and materials being shared with referral sources statewide. In order to improve consistency in messaging and branding materials were created at the state level and shared with the councils for use statewide. These materials have been made available in five languages and are publicly posted for use by any entity. The full outreach toolkit can be found at <https://www.in.gov/fssa/firststeps/first-steps-child-find-and-outreach-toolkit/>

Indiana seeks to educate all families on the importance of developmental surveillance and developmental screening and knowing where to go for help when they are concerned about their child's development. In addition to the printed materials, videos were created. Featured in these four videos are two parents of children who are First Steps graduates, a developmental pediatrician, and First Steps providers. Indiana's marketing vendor has been tracking data around social media views, website traffic, and google searches.

Indiana continues to see an increase in referrals into the program nearing the projected trend based on pre-covid data.

**6 - Prior FFY Required Actions**

None

**6 - OSEP Response**

**6 - Required Actions**

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

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

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	99.62%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.07%	98.67%	94.36%	84.32%	98.82%

### Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

### FFY 2021 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
501	680	98.82%	100%	79.71%	Did not meet target	Slippage

### Provide reasons for slippage, if applicable.

Indiana saw a significant drop in meeting compliance for Indicator 7 in FFY21. While there were initial compliance concerns for multiple clusters within this indicator upon our initial data pull, all but one cluster was able to subsequently correct within one year or during the pre-finding correction period. For the one cluster with a finding not corrected, the State found through file reviews that the majority of the late timelines were a direct result of Eligibility Determination Team (EDT) scheduling meaning the evaluation for eligibility was scheduled past the 45 day timeline, or so close to the 45 days the service coordinator and family could not get the IFSP scheduled and completed prior to the 45 day requirement. This cluster is the only one addressed in

the slippage section due to 130 of the 138 individual cases of noncompliance having been identified in this one cluster. Removing this cluster's data from the calculation would change the compliance percentage for FFY21 from 79.71 to 98.8% and thus also removing the slippage.

As a result of the information found in its file reviews, Indiana began looking into both referral and personnel data available to the state. It was determined there was not a significant increase in referrals in the area this cluster serves nor was there a significant difference in Eligibility Determination team personnel leaving the system without replacement. Indiana has met with this cluster and their governing board leadership. They have been provided the Root Cause Analysis – Contributing Factors Tool (National Resource provided to Indiana during monthly technical assistance meetings via ECTA state contacts) and have contracted with an independent consultant to conduct this analysis as well as work through the corrective action plan and report findings, procedural changes, and review and revise any processes found to be contributing to this noncompliance. They will also be required to work with the state contracted TA provider around CAP activities and additional data reviews.

This data was presented to the State ICC on January 11. The council has drafted its agenda for March and plans to request this cluster to report on its Root Cause Analysis which will be utilized to assist the council in identifying areas in which it can advise and assist moving forward. The information from this cluster will provide valuable lessons that can be shared across the state preemptively allowing other clusters to think about their policies and procedures before it is too late. The council is committed to ensuring all families receive timely IFSPs and IFSP services.

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

**This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.**

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

Delays due to exceptional family circumstances:

Family canceled/no showed intake/eval/IFSP meeting: 20

Family scheduling: 21

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

State monitoring

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

With the help of national TA through ECTA and DaSy, Indiana continued to use a strategy to target a collection of data using a sampling process as opposed to reviewing a full data set quarterly. All nine clusters/SPOEs are monitored each year using a sample set of data and methodology consistent across each SPOE. Original data for this indicator was gathered looking at July 2021 data as a representative sample.

For a cluster that is out of compliance during the initial data pull, a random selection of files are reviewed for the quarter in which the subsequent data is being collected (up to 15 files per cluster depending on cluster size).

**Monitoring for Noncompliance:**

Quality Review team will hold initial meeting with SPOE to review preliminary findings. SPOEs are allowed a correction period where they are able to provide additional documentation for review prior to being issued a finding. Following the correction period, the Quality Review team will hold formal meeting with each individual SPOE to complete a root cause analysis for any indicator where the target was not met to help determine any need to make changes to policies and/or procedures found creating barriers to achieving timeline compliance.

A minimum sample size for the state was determined by using a sampling calculator made available by Raosoft, Inc.

(<http://www.raosoft.com/samplesize.html>). The actual number sampled exceeds the required sample size for a confidence level of 99%, with a confidence interval of +/-5% for the state. All SPOEs are sampled each year. For smaller SPOEs (Clusters D, F, and H), the number of files reviewed was increased to include at least 20 files.

Sample data was derived from early intervention record reviews performed by 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.

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

State total: 79.7% (542-680) 138 late IFSP (IFSP completed 46-180 days from referral) translating into 1 finding for FFY21 in Cluster G.

**System reasons for Delay:**

Eligibility Determination Team (EDT) Schedule: 119

Delay in paperwork to SC from EDT: 2

SC Scheduling/oversight: 16

Paperwork not returned from physician in a timely manner: 1

In FFY2021, one (1) finding of noncompliance for this indicator was given to Cluster G. Clusters F, I, and J were found to have 100% compliance in the initial data pull and were not included in the subsequent data pull. Clusters A, B, C, D, and H did not receive a finding because they were able to demonstrate 100% compliance during the correction period, following a subsequent data pull, prior to issuing findings letters.

**Initial Data Pull:**

Cluster A: 99% (99/100)

Cluster B: 99.1% (106/107)

Cluster C: 97.5% (77/79)

Cluster D: 97.2% (70/72)

Cluster F: 100% (26/26)

Cluster G: 23.1% (39/169)

Cluster H: 86.7% (13/15)

Cluster I: 100% (74/74)

Cluster J: 100% (38/38)

**Subsequent Data Pull:**

Cluster A: 100% (10/10)

Cluster B: 100% (10/10)

Cluster C: 100% (10/10)

Cluster D: 100% (5/5)  
 Cluster F: No subsequent data pulled  
 Cluster G: Did not come in to compliance  
 Cluster H: 100% (5/5)  
 Cluster I: No subsequent data pulled  
 Cluster J: No subsequent data pulled

One finding will be issued for this indicator for FFY21 to Cluster G. Cluster G will be required to correct this finding within one year.

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

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
3	2	1	0

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

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

All three clusters were able to correct noncompliance. Two clusters (A and C) were able to correct noncompliance within one year from the issued finding. Cluster G was able to correct their finding of noncompliance, albeit after the one year timeline.

For each of the three (3) findings of noncompliance issued in FFY20, subsequent data was reviewed quarterly until the cluster was able to close their finding. To verify correction of noncompliance, a sample size of up to 15 records was reviewed. For each of the nine individual cases of noncompliance verified as corrected, every child who did not receive an initial IFSP within 45 days of the referral had their record reviewed to verify that the child did receive their IFSP, though late, or the child was verified to have left the program.

In all three clusters compliance was at 100% for this indicator following the subsequent data runs. This indicates the regulatory requirements are being met.

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

For each of the three (3) findings verified as corrected for FFY20, the state reviewed data on each of the individual children. A review of data confirmed that each child received an IFSP, although late, or left the program. This indicates that each individual case of noncompliance was corrected within the required one year period for clusters A, C, and G.

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

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

**7 - Prior FFY Required Actions**

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

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

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

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements:  
 For each individual instance of noncompliance, the state verified the IFSP was written, although late, or the child left the program.

Describe how the State verified that each individual case of noncompliance was corrected:  
 In addition to reviewing each individual record of non compliance to ensure the child ultimately had an IFSP written or left the program, each SPOE identified as out of compliance during the initial data pull had a subsequent set of data reviewed. A random selection of files were reviewed for the quarter in which the subsequent data was being collected (up to 15 files per cluster depending on cluster size).

- Cluster A: Finding closed within 1 year
- Cluster B: No finding issued in FFY20
- Cluster C: Finding closed within 1 year
- Cluster D: No finding issued FFY20
- Cluster F: No finding issued FFY20
- Cluster G: Finding corrected though outside of 1 year timeline
- Cluster H: No finding issued FFY20
- Cluster I: No finding issued FFY20
- Cluster J: No finding issued FFY20

All FFY20 findings for this indicator have been closed for all clusters. To learn more about Indiana's specific subsequent data review process, please refer to, "Describe the method used to select EIS programs for monitoring."

## 7 - OSEP Response

### 7 - Required Actions

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

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

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

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

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.06%	99.65%	99.21%	96.43%	100.00%

**Targets**

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

**FFY 2021 SPP/APR Data**

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
323	329	100.00%	100%	98.18%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

All children had transition steps and services listed on the IFSP. Cluster A (4) and F (2) did not have adequate documentation upon first review. However, when looking at subsequent data prior to the cluster receiving their findings letter for FFY21, it was found that Cluster A and F did meet compliance for this indicator. During the formal data meeting with each cluster, they were able to demonstrate the files with transition steps and services were in the child's IFSP, but had been placed in another folder within the electronic record. With this information and the review of subsequent data, no finding was issued.

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

This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

0

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

All children had transition steps and services listed on the IFSP and it was found that in each cluster these files were present and timely, there was no delay.

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

State monitoring

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

With the help of national TA through ECTA and DaSy, Indiana continued to use a strategy to target a collection of data using a sampling process as opposed to reviewing a full data set quarterly. All nine clusters/SPOEs are monitored each year using a sample set of data and methodology consistent across each SPOE. Original data for this indicator was gathered looking at July 2021 data as a representative sample.

For a cluster that is out of compliance during the initial data pull, a random selection of files are reviewed for the quarter in which the subsequent data is being collected (up to 15 files per cluster depending on cluster size).

**Monitoring for Noncompliance:**

Quality Review team will hold initial meeting with SPOE to review preliminary findings. SPOEs are allowed a correction period where they are able to provide additional documentation for review prior to being issued a finding. Following the correction period, the Quality Review team will hold formal meeting with each individual SPOE to complete a root cause analysis for any indicator where the target was not met to help determine any need to make changes to policies and/or procedures found creating barriers to achieving timeline compliance.

A minimum sample size for the state was determined by using a sampling calculator made available by Raosoft, Inc. (<http://www.raosoft.com/samplesize.html>). The actual number sampled exceeds the required sample size for a confidence level of 99%, with a confidence interval of +/-5% for the state. All SPOEs are sampled each year. For smaller SPOEs (Clusters D, F, and H), the number of files reviewed was increased to include at least 20 files.

Sample data was derived from early intervention record reviews performed by 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.

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

State total: 97.6% (321/329)

Cluster A: 90.2% (37/41)

Cluster B: 100% (22/22)

Cluster C: 100% (38/38)

Cluster D: 100% (25/25)

Cluster F: 91.3% (21/23)

Cluster G: 100% (81/81)

Cluster H: 100% (35/35)

Cluster I: 100% (41/41)

Cluster J: 100% 21/21)

**Subsequent Data Pull:**

Cluster A: 100% (10/10)

Cluster B: No subsequent data pulled

Cluster C: No subsequent data pulled

Cluster D: No subsequent data pulled

Cluster F: 100% (5/5)

Cluster G: No subsequent data pulled  
 Cluster H: No subsequent data pulled  
 Cluster I: No subsequent data pulled  
 Cluster J: No subsequent data pulled

No findings were issued for this indicator due to Cluster A and F correcting this noncompliance with a subsequent data pull before the findings letters were issued.

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

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

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

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

**8A - Prior FFY Required Actions**

None

**8A - OSEP Response**

**8A - Required Actions**

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

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



## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

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

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

**Targets**

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

**FFY 2021 SPP/APR Data**

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
295	310	100.00%	100%	95.16%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

Previously, Indiana utilized a contractor who sent each System Points of Entry (SPOE) and the SEA a list of children who meet the requirements of this indicator. The SPOE then confirmed all children on the list and sent the list to the respective LEA based on child location and affiliated LEA. Indiana launched a new data system in March of 2021. Currently, the system is not able to send notification to the SPOEs of those identified children and the data is no longer able to be pulled by this contractor due to the child records being located at the local SPOE offices until all data has been entered into the new system; therefore, each SPOE must provide this report manually to the LEA until the system is able to complete the report electronically. During the initial data pull, it was found that there were 15 children whose notification to the LEA was delayed. With files located locally, and each SPOE having their own filing systems and electronic records housing processes, documents were occasionally loaded into the child record in the wrong or varying spaces and the Quality Review team could not locate them during the initial pull leading to the 15 initial findings and ultimately slippage. Upon review of subsequent data and formal meetings with each cluster, it was determined that all clusters except cluster G had met 100% compliance for this indicator.

**Number of parents who opted out**

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

0

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

Previously, Indiana utilized a contractor who sent each System Point of Entry (SPOE) and the SEA a list of children who meet the requirements of this indicator. The SPOE then confirmed all children on the list and sent the list to the respective LEA based on child location and affiliated LEA. Indiana launched a new data system in March of 2021. Currently, the system is not able to send notification to the SPOEs of those identified children and the data is no longer able to be pulled by this contractor due to the child records being located at the local SPOE offices until all data has been entered into the new system; therefore, each SPOE must provide this report manually to the LEA until the system is able to complete the report electronically. This process change contributed to the delay for some children.

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

Each month all children who turned 30 months of age during the previous month are identified by the SPOE. Service coordinators then reach out to the families to obtain signed consent to send information to the LEA where that child is in district. In addition to the children who turned 30 months, late referrals are also identified and are included in the list sent to the SEA and the LEA. The data reviewed for FFY21 was collected between July 1, 2021 and July 31, 2021.

Indiana provides child name, date of birth, and parent contact information to the appropriate school district (LEA) based on the address of the child's residence. This procedure has enabled Indiana to provide accurate notification the 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.

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

NO

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

State monitoring

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

With the help of national TA through ECTA and DaSy, Indiana continued to use a strategy to target a collection of data using a sampling process as opposed to reviewing a full data set quarterly. All nine clusters/SPOEs are monitored each year using a sample set of data and methodology consistent across each SPOE. Original data for this indicator was gathered looking at July 2021 data as a representative sample.

For a cluster that is out of compliance during the initial data pull, a random selection of files are reviewed for the quarter in which the subsequent data is being collected (up to 15 files per cluster depending on cluster size).

**Monitoring for Noncompliance:**

Quality Review team will hold initial meeting with SPOE to review preliminary findings. SPOEs are allowed a correction period where they are able to provide additional documentation for review prior to being issued a finding. Following the correction period, the Quality Review team will hold formal meeting with each individual SPOE to complete a root cause analysis for any indicator where the target was not met to help determine any need to make changes to policies and/or procedures found creating barriers to achieving timeline compliance.

A minimum sample size for the state was determined by using a sampling calculator made available by Raosoft, Inc.

(<http://www.raosoft.com/samplesize.html>). The actual number sampled exceeds the required sample size for a confidence level of 99%, with a confidence interval of +/-5% for the state. All SPOEs are sampled each year. For smaller SPOEs (Clusters D, F, and H), the number of files reviewed was increased to include at least 20 files.

Sample data was derived from early intervention record reviews performed by 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.

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

Initial Data pull for state: 95.2% (295/310)

- Cluster A: 93.5% (29/31)
- Cluster B: 100% (22/22)
- Cluster C: 100% (23/23)
- Cluster D: 95.2% (20/21)
- Cluster F: 91.0% (10/11)
- Cluster G: 92.1% (93/101)
- Cluster H: 100% (25/25)
- Cluster I: 93.9% (46/49)
- Cluster J: 100% (27/27)

Correction Period/Subsequent Data Pull prior to issuing findings letters 97.4% (302/310):

- Cluster A: 100% (10/10)
- Cluster B: No subsequent data pulled
- Cluster C: No subsequent data pulled
- Cluster D: 100% (5/5)
- Cluster F: 100% (4/4)
- Cluster G: Remains out of compliance.
- Cluster H: No subsequent data pulled
- Cluster I: 100% (10/10)
- Cluster J: No subsequent data pulled

Cluster G received a finding for this indicator. Cluster G will have one year to correct this finding of noncompliance for this indicator.

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

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

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

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

**8B - Prior FFY Required Actions**

None

**8B - OSEP Response**

**8B - Required Actions**

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

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

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

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

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	96.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.09%	98.01%	96.43%	96.05%	96.63%

**Targets**

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

**FFY 2021 SPP/APR Data**

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
291	310	96.63%	100%	93.87%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

Indiana saw a drop in compliance for this indicator in FFY21. This drop was isolated to two clusters though the underlying issue is believed to be systemic. Indiana began looking into referral and personnel data available to the state and found there was a significant difference in service coordinators leaving the system without replacement leading to increased caseload sizes. Indiana has taken this information into consideration and has secured substantial funding increases for the program allowing SPOEs to raise compensation for service coordinators effective 1/1/23. The funding increase is anticipated to have a positive impact on service coordinator recruitment and retention thereby increasing the availability of service coordinators in our system and lowering caseload sizes to allow for more accurate and effective service coordination services for children and their families. The effects of these changes are anticipated to be reflected in the FFY24 APR.

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

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

0

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

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

0

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

Indiana does not accept exceptional family circumstances due to service coordinators having 6 months to hold the meeting. All reasons for delay were systems reasons. These included: meeting conducted earlier than 9 months from the child's third birthday; meeting conducted fewer than 90 days from the child's third birthday; and missing documentation of the meeting and the child has subsequently exited from the program. All reasons for delay (19) were system.

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

State monitoring

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

With the help of national TA through ECTA and DaSy, Indiana continued to use a strategy to target a collection of data using a sampling process as opposed to reviewing a full data set quarterly. All nine clusters/SPOEs are monitored each year using a sample set of data and methodology consistent across each SPOE. Original data for this indicator was gathered looking at July 2021 data as a representative sample.

For a cluster that is out of compliance during the initial data pull, a random selection of files are reviewed for the quarter in which the subsequent data is being collected (up to 15 files per cluster depending on cluster size).

**Monitoring for Noncompliance:**

Quality Review team will hold initial meeting with SPOE to review preliminary findings. SPOEs are allowed a correction period where they are able to provide additional documentation for review prior to being issued a finding. Following the correction period, the Quality Review team will hold formal meeting with each individual SPOE to complete a root cause analysis for any indicator where the target was not met to help determine any need to make changes to policies and/or procedures found creating barriers to achieving timeline compliance.

A minimum sample size for the state was determined by using a sampling calculator made available by Raosoft, Inc. (<http://www.raosoft.com/samplesize.html>). The actual number sampled exceeds the required sample size for a confidence level of 99%, with a confidence interval of +/-5% for the state. All SPOEs are sampled each year. For smaller SPOEs (Clusters D, F, and H), the number of files reviewed was increased to include at least 20 files.

Sample data was derived from early intervention record reviews performed by 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.

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

State total: 93.9% (291/310)

Cluster A: 96.8% (30/31)  
 Cluster B: 95.5% (21/22)  
 Cluster C: 87% (20/23)  
 Cluster D: 95.2% (20/21)  
 Cluster F: 91.0% (10/11)  
 Cluster G: 91.1% (92/101)  
 Cluster H: 100% (25/25)  
 Cluster I: 93.9% (46/49)  
 Cluster J: 100% (27/27)

**Subsequent Data Pull:**

Cluster A: Did not meet compliance in this pull  
 Cluster B: 100% (10/10)  
 Cluster C: 100% (10/10)  
 Cluster D: 100% (5/5)  
 Cluster F: 100% (4/4)  
 Cluster G: Did not meet compliance in this pull  
 Cluster H: No subsequent data pulled  
 Cluster I: 100% (10/10)  
 Cluster J: No subsequent data pulled

Clusters A and G received a finding for this indicator and have one year to correct this noncompliance.

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

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
8	6	2	0

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

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

The State verified correction for the findings made for the six clusters (A, B, C, D, F, and J) according to federal requirements and within the year. Clusters G and I corrected the finding although after the one-year timeline. For each of the corrected eight findings, subsequent data was reviewed. In all instances, compliance was at 100%. This indicates the regulatory requirements are being met.

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

The State verified correction for the six findings that came in within the year, by reviewing data on each of the individual children included in the six findings. Clusters G and I came into compliance although after the one-year timeline. For each of the 20 children, review of the data confirmed that each child received a transition meeting although outside of the specific timeline. This indicates that each individual case of noncompliance was corrected within the required one year period for the six clusters (A, B, C, D, F, and J). And this indicates that each individual case of noncompliance was corrected albeit after the one-year period for the 2 clusters (Cluster G and I). This closes all findings for this indicator.

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

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

**8C - Prior FFY Required Actions**

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

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

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

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

For each individual instance of noncompliance, the state reviewed the data and confirmed that each child received a transition meeting, although outside of the specific timeline.

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

In addition to reviewing each individual record of non compliance to ensure the child ultimately received a transition meeting or left the program, each SPOE identified as out of compliance during the initial data pull had a subsequent set of data reviewed. A random selection of files were reviewed for the quarter in which the subsequent data was being collected (up to 15 files per cluster depending on cluster size).

The state reviewed a total of 669 Transition meeting documents during FFY20 to verify the transition meeting happened timely. It was found that 20 of

the 669 files reviewed did not have a timely transition meeting. Eight findings were issued for this indicator (Cluster A, B, C, D, F, G, I and J). All eight clusters with findings were able to correct the finding.

Additional sustained findings were verified as corrected for Clusters G, I and J, though outside of one year.

Cluster A: Finding corrected within 1 year for FFY20.

Cluster B: Finding corrected within 1 year for FFY20.

Cluster C: Finding corrected within 1 year for FFY20.

Cluster D: Finding corrected within 1 year for FFY20.

Cluster F: Finding corrected within 1 year for FFY20.

Cluster G: Finding corrected for FFY20, though outside of the 1 year timeline.

Cluster H: No finding issued in FFY20.

Cluster I: Finding corrected for FFY20, though outside of the 1 year timeline.

Cluster J: Finding corrected within 1 year for FFY20.

All FFY20 findings have been closed for this indicator for all clusters.

## **8C - OSEP Response**

### **8C - Required Actions**

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

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

## Indicator 9: Resolution Sessions

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

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

### 9 - Indicator Data

#### Not Applicable

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

YES

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

This indicator is not applicable because Indiana uses the Part C procedures for due process hearings. In addition, Indiana received fewer than 10 complaints for FFY2021.

### 9 - Prior FFY Required Actions

None

### 9 - OSEP Response

### 9 - Required Actions

OSEP notes that this indicator is not applicable.

## Indicator 10: Mediation

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

### 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

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

NO



## Prepopulated Data

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

## Targets: Description of Stakeholder Input

In FFY20, Indiana set out to rethink stakeholder engagement and work to create a more meaningful and sustainable process to be replicated for all stakeholder engagement within the First Steps system. To do this, it is first important to understand where stakeholders, particularly parents, are currently embedded within the system and are provided an opportunity to participate. Parent representation is embedded across state implementation teams for various professional development initiatives such as the FGRBI state implementation team, the professional development, finance, and advocacy subcommittees of the ICC, and within the ICC Executive Board. The state also saves contact information of participants, with their permission, for the purpose of reaching out and soliciting participation for future stakeholder meetings. For the purpose of the SPP/APR, particular attention was paid to seeking family members who are traditionally active participants within various spaces in our system such as the Interagency Coordinating Council, Local Planning and Coordinating Councils, and those who have held roles on implementation teams such as the steering committee for Family Guided Routines Based Intervention. Additionally, Indiana sought to build new relationships with family members through their local programs by asking local programs to connect the state team with families in their programs who may not already be engaged with First Steps outside of receiving EI services, but has provided feedback about the program or has expressed interest in participating in groups to improve the system.

The foundation created in FFY20 continued to be used in FFY21 to engage stakeholders across the early intervention system in our state. It remained paramount for Indiana to present data in digestible ways ensuring stakeholder engagement convenings were informative for participants and allowed everyone to feel comfortable to engage in rich conversation.

Stakeholders continue to come from a broad set of backgrounds which included: families, Indiana's general assembly, department of education, department of health and human services, higher education, Riley Children's Health, department of child services, family advocacy centers, regional First Steps offices, and First Steps provider agencies. Participants were both male and female, of a vast age range, reside and work in diverse geographical locations, and of various racial and ethnic backgrounds.

Additionally, it was important to have a mix of individuals with strong personalities and strong belief systems. This was key to facilitating deep and meaningful conversation as it prompted stakeholders to share their experience and really dive into conversation about the balancing act between the data under review and the factors that can influence the data.

Indiana made the commitment in the FFY20 SSIP to change the SiMR, but in doing so, to convene the stakeholders who participated in these conversations on an annual basis. This activity has become part of the SSIP infrastructure improvement strategy detailed in the SSIP report. The purpose is to embed the engagement of this diverse group of stakeholders in conversation regularly to review and discuss the data collected to inform the SiMR and have conversations specific to the gaps. Using disaggregated data by location, eligibility, race, gender, and socioeconomic status Indiana is able to facilitate meaningful discussion and glean direction for activities within the SSIP and opportunities to address at the state and local levels.

ICC Stakeholders are listed below.

- Parents of children with developmental delays and disabilities
- Indiana Department of Education, Office of Special Education
- Indiana Department of Health, Maternal and Child Health Division
- Indiana Department of Insurance
- Indiana Department of Child Services
- Indiana Division of Mental Health and Addiction
- Indiana Head Start State Collaboration Office
- Indiana Office of Medicaid Policy and Planning
- Indiana Office of Early Childhood and Out of School Learning
- Higher Education Faculty
- Head Start local programs
- State Legislative Representative
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
- Service Providers
- 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.

Additional Stakeholder groups:

- Indiana Association of Rehabilitation Facilities (INARF)
- Indiana Department of Family Resources (DFR)
- ARC of Indiana
- Family Voices

## Historical Data

Baseline Year	Baseline Data
2005	

FFY	2016	2017	2018	2019	2020
Target>=					
Data					

**Targets**

FFY	2021	2022	2023	2024	2025
Target>=					

**FFY 2021 SPP/APR Data**

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

**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 and consistent procedure is followed.

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

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

**10 - Required Actions**

# Indicator 11: State Systemic Improvement Plan

## Instructions and Measurement

**Monitoring Priority:** General Supervision

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

### Measurement

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

### Instructions

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

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

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

### Overview of the Three Phases of the SSIP

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

#### Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

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

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

### Specific Content of Each Phase of the SSIP

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

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

#### Phase III: Implementation and Evaluation

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

##### A. Data Analysis

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

##### B. Phase III Implementation, Analysis and Evaluation

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

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

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

**C. Stakeholder Engagement**

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

**Additional Implementation Activities**

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

**11 - Indicator Data**

**Section A: Data Analysis**

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

Increase the percentage of infants and toddlers with IFSPs who enter the system below age expectations and demonstrate substantial growth in the area of positive social emotional skills by the time they exit the program.

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

NO

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

NO

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

NO

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

<https://www.in.gov/fssa/firststeps/files/ToA.pdf>

**Progress toward the SiMR**

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

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

NO

**Historical Data**

Baseline Year	Baseline Data
2010	49.00%

**Targets**

FFY	2021	2022	2023	2024	2025
Target>=	52.00%	52.00%	52.50%	52.75%	55.00%

**FFY 2021 SPP/APR Data**

Number of young children who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	Number of young children who entered early intervention below age expectation	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
208	423	52.37%	52.00%	49.17%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

Upon review of this data, Indiana was not taken aback in the report of slippage in SiMR data, which is also indicator 3A, SS1. While still working through the challenges of a pandemic, fallout associated with staffing shortages in both early intervention programs and childcare centers, families making the choice to keep their children at home rather than in childcare centers and community programs, and the overall impact on childcare centers which led to many closures throughout the state, it was clear young developing children were going to have much fewer opportunities to interact with same age peers for quite a while. As of today, in January of 2023, Indiana continues to overcome challenges related to childcare needs and lack of family access to childcare let alone high-quality care. With this understanding, the change of Indiana's SiMR, which was reported in the FFY20 SPP, to align with this specific indicator was intentional. With stakeholder input and discussion, it was decided we would anticipate a drop in this particular area statewide, and Indiana made a commitment to prepare. The SSIP provides further detail specific to infrastructure improvement strategies to which Indiana has committed in order to meet this focus in the coming years. Please see the SSIP section titled "Additional Implementation Activities" for more information about the plans for reviewing the child outcomes tool.

In addition to the impact the pandemic continued to have on children and their families, there was also a change in statistician which prompted a change in the way the AEPS data translated to the outcomes calculations. Though it was determined the new process would be a change which produced more accurate results, it was still a change as compared to previous calculations thus opening up a possibility to affect the outcomes being reported as compared to previous years. Based on the results and having met the targets for 4 of 5 areas, it would suggest that this change did not have a significant impact, though noteworthy. The method for determining buckets for entrance and exit data using the AEPS is below.

AEPS scoring of 0, -1, -1.5 and -2, entrance and exit skills were reviewed to determine which bucket the child data went into:

- Bucket A: Child entered with a SD of -2 or -1.5 and exited with the same SD or below
- Bucket B: Child entered with a SD of -2 and exited with a SD or -1.5
- Bucket C: Child entered with a SD of -2 or -1.5 and exited with a SD or -1
- Bucket D: Child entered with a SD of -2, -1.5 or -1 and exited with a SD or 0
- Bucket E: Child entered with a SD of 0 and exited with a SD or 0

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

Indiana's Child Outcome Data reported in indicator 3A, SS1.

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

The state uses its child outcomes data, specifically Outcome A; Positive Social -Emotional Skills, Summary Statement 1; Of those infants and toddlers who entered early intervention below age expectations in each outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program for this analysis. The state looks at the initial data collected from the AEPS (Assessment, Evaluation and Programing System for Infants and Toddlers-Second Edition) for children who enter the Part C program and receive services for 6 months or more. Those initial scores are then compared to exit data that is collected when the child exits the program using a state developed Exit Skills Checklist, which is derived from the AEPS.

At exit, the child's ongoing service providers compile progress data utilizing the checklist. This data is then provided to an Eligibility Determination Team (ED Team) member for final scoring, which is compared to the child's entrance scores. The ED Team uses the checklist to determine scoring of the AEPS. There are three domains of the AEPS that are associated with each of the three federal outcomes:

- Outcome A - Social/Emotional domain
- Outcome B - Cognitive domain
- Outcome C - Adaptive domain

Only ED Team members may compute final scores in the form of standard deviations below the mean (0, -1.0, -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."

AEPS scoring of 0, -1, -1.5 and -2, entrance and exit skills were reviewed to determine which bucket the child data went into:

- Bucket A: Child entered with a SD of -2 or -1.5 and exited with the same SD or below.
- Bucket B: Child entered with a SD of -2 and exited with a SD or -1.5
- Bucket C: Child entered with a SD of -2 or -1.5 and exited with a SD or -1
- Bucket D: Child entered with a SD of -2, -1.5 or -1 and exited with a SD or 0
- Bucket E: Child entered with a SD of 0 and exited with a SD or 0

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

NO

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

NO

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

NO

**Section B: Implementation, Analysis and Evaluation**

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

[https://www.in.gov/fssa/firststeps/files/Evaluation-Plan\\_jt.pdf](https://www.in.gov/fssa/firststeps/files/Evaluation-Plan_jt.pdf)

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

NO

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

**#1 Family Assessment:**

The family assessment continues to be reviewed during quality review visits with each SPOE. The state reviewed the family assessment during quarter 1 FFY21. The number of family assessments reviewed totaled 680. Of those reviewed, 220 families declined to complete the assessment. Of the 460 files where the family participated in the completion of the family assessment, only 304 (66.1%) were completed entirely meaning each question was asked and an answer was documented. This data shows a 13.5% increase of completion over last year (52.6%) but continues to suggest there is still a need to continue work with each SPOE around declination and completion rates. Staff were available to provide professional development related to the family assessment upon request, however, no requests were received. Previously recorded webinars on the family assessment are available in the new Learning Management System (LMS).

## #2 Evidence Based Practice-Family Guided Routines Based Intervention (FGRBI):

Continued exploration activities occurred as needed including the continued expansion of the State Implementation Team to include System Point of Entry representation and increased family representation; ongoing use of provider agency implementation team meetings; informational agency presentations continued; and an introductory webinar for service coordinators was provided to spread the understanding of this new model across the system. Initial implementation occurred with the start of two professional development cohorts of providers across thirteen agencies supported by Dr. Woods and her team at FSU with increasing support by the Indiana University team. The master coach training sequence was initiated by three Indiana University staff under the direction of Dr. Woods.

## #3 Service Coordination:

The state will be partnering with the Institute for Human Development at the University of Missouri-Kansas City as well as the Indiana Institute on Disability and Community at Indiana University to examine best practices around Service Coordination. During the next reporting period best practices will be integrated from the ICTA/DEC Joint Statement on Service Coordination as well as from the LifeCourse Framework and related research. Focus groups will be conducted with Service Coordinators in all 9 System Points of Entry (SPOEs) to assess the current landscape and determine what practices are realistic to implement at this time and what practices would require systemic and policy changes.

## #4 Data Based Decision Making:

The new data system was completed and went live March 8, 2021! Though the system is live and fully functioning, enhancements remain a priority to ensure Indiana is able to utilize the system to generate meaningful reports for the state team as well as local SPOEs and agencies. This will allow for all enrolled personnel to see their caseloads, complete required tasks timely and run more specific reports to with the intent to look at our data in new ways. In addition to the Service Logging, Billing and Claiming, and Case Management systems, ElHub also has a Provider Enrollment and Management System that went live allowing for the state to gather several data points about the provider landscape across the state such as gender, race, ethnicity, full education background, provider type, location, and many more. In addition to the data system, the state was approved for a new position on the Quality Assurance team, a Data Analyst. This role coupled with reporting enhancements; we are hopeful that within the next reporting period the state is able to:

- Implement the use of data visualization tools to provide meaningful information to attendees of ICC meetings to assist in making decisions.
- Implement the use of data visualization tools at all SPOE offices including data specific to child find, supporting efforts of Local Planning and Coordinating Councils (LPCCs).
- Implement the use of data visualization tools at all provider agencies

These initiatives and training for better data literacy will promote programmatic decisions at all levels of the system and across the state of Indiana. By tying these efforts to the systems framework of data, the state is better positioned to look at sustainability of system improvement efforts.

## #5 Equity:

The state team continues to participate in several Office of Healthy Opportunity committees to expand learning and translate conversations to actionable efforts within the First Steps program.

In FFY20, State staff was accepted as members of FSSA's Office of Healthy Opportunities ADA Committee and Equity team for Capacity Building. Work with these groups has created a space to learn from peers and think about ways to engage stakeholders and meet the needs of children and families using an equitable lens. Considerations having to do with cultural and religious differences are just a few spaces where we as a system can broaden our understanding of family needs as we work to meet families where they are and increase access to services. Additionally, working on the ADA committee has sparked considerable conversation about how we are providing access to family members whose children receive early intervention services, how we identify barriers and ask ourselves what else needs to be considered in the spirit of ensuring access to EI services across Indiana. Across the state we are pleased to report efforts taking place at the local level and at the research level which together have a positive impact of the system as a whole and are outlined in the next section (short-term and intermediate outcomes achieved).

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

## #1 Family Assessment (Quality Standards):

By continuing to review the family assessments for each SPOE, the Quality Review team was able to provide feedback to SPOE leadership. This relates to quality standards, professional development, and technical assistance. By getting to know the family better through the family assessment we will understand how to better support the family and have increased family engagement during scheduled visits. Monitoring the assessment for completion and quality allow this to be a meaningful process for all families.

## #2 Evidence Based Practice-Family Guided Routines Based Intervention (FGRBI) (Professional Development):

Agencies expressed interest in early participation in the FGRBI professional development initiative. Agency readiness assessments (27) were conducted to determine which agencies would support providers in the early stages of initial implementation. Professional development occurred within the initial two cohorts of providers and technical assistance was provided through the provider agency implementation meetings. Continued trainings and informational opportunities were created and disseminated to educate service coordinators about the FGRBI initiative. FGRBI is a family centered model that will allow providers to connect with all families and improve outcomes.

## #3 Service Coordination (Professional Development):

The state is partnering with the Institute for Human Development at the University of Missouri-Kansas City as well as the Indiana Institute on Disability and Community at Indiana University to examine best practices around Service Coordination. During the reporting period, focus groups were conducted with Service Coordinators in all 9 System Points of Entry (SPOEs) to assess the current landscape, to determine what practices are realistic to implement at this time, and what practices would require systemic and policy changes. In addition to these focus groups, space was created at the Indiana Early Intervention conference for service coordinators to hold additional conversations on this topic and was facilitated by IIDC staff. This information was synthesized, and reports were generated to inform decisions for future activities as they relate to this strategy.

State staff met with SPOE leadership to provide a presentation on the Charting the LifeCourse framework. This presentation provided SPOE leadership with information about the framework, how it would benefit children and families in Indiana's early intervention system, a discussion about where the tools developed by Nexus (the company who developed the framework) could be integrated seamlessly into the work of service coordinators, and to ask for participation in an ambassador series to further develop their understanding of LifeCourse so they are able to champion this philosophical change throughout Indiana's early intervention system.

The final activity related to this strategy was to convene a state implementation team to carry out this work. At this point, the team consists of members from the state staff, IIDC, and UMKC. In the future, it is important to the team to include additional members to represent providers and families.

#### #4 Data Based Decision Making data):

We are pleased to share on March 8, 2021, Indiana went live with the state's new data system, EIHub! EIHub is a system that encompasses 5 modules under a single sign on platform and an additional space for families: case management, service logging, a learning management system, provider enrollment and management system, billing and claiming system, and family portal. Upon going live, Billing and Claiming and Service Logging have been utilized the most. Data we are able to capture from these systems allows Indiana to query reports to better understand types of services rendered as compared to what is being written and authorized in an IFSP, which providers are providing these services, and how we as a state can address provider shortages in meaningful ways. The Provider Enrollment and Management system has also gone live and allows for providers and agencies to enroll into the system and keep track of requirements more easily. It also allows the state to capture a variety of data to support the understanding of where providers serve, how many in each discipline, where they came from (education), and a variety of other demographics when enrollees are open to sharing them. Though Case Management is also live, through the FFY21 period, many enhancements have taken place. SPOEs have been reluctant to utilize this module consistently as bugs within the system have presented challenges with functionality. By tying these efforts to the systems framework of data, the state is better positioned to look at sustainability of system improvement efforts.

#### #5 Equity (Accountability/Monitoring):

In FFY20, State staff was accepted as members of FSSA's Office of Healthy Opportunities ADA Committee and Equity team for Capacity Building. Work with these groups has created a space to learn from peers and think about ways to engage stakeholders and meet the needs of children and families using an equitable lens. Considerations having to do with cultural and religious differences are just a few spaces where we as a system can broaden our understanding of family needs as we work to meet families where they are and increase access to services. Additionally, working on the ADA committee has sparked considerable conversation about how we are providing access to family members whose children receive early intervention services, how we identify barriers and ask ourselves what else needs to be considered in the spirit of ensuring access to EI services across Indiana.

Across the state we are pleased to report efforts taking place at the local level and at the research level which together have a positive impact of the system as a whole.

- Local programs continue to provide families access to virtual services via lending libraries. Families are able to check out technology as needed to attend early intervention services virtually.
- Through a racial justice grant through Indiana University, a team of IU researchers are exploring the inequities in early childhood intervention.

Preliminary findings indicate race impacts the following areas:

- Referrals: Black families are more likely to be referred by social service agencies, while white families are more likely to be referred by pediatricians.
- Time of program entry: White families enter First Steps earlier than Black families.
- Outcomes: Progress is significantly less for Black families; they experience fewer successful outcomes across all categories.
- Length of time in program: Black families are more likely to discontinue First Steps participation by passively withdrawing from the program.

The research conducted provides Indiana the chance to initiate conversations based on the findings to stakeholders and discuss potential solutions, and the provision of technology continues to provide families more accessible opportunities to receive services.

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

NO

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

#### #1 Family Assessment:

The state will be examining best practices around the family assessment to gain a better understanding on what is happening around the state and what challenges Eligibility Determination team members and service coordinators are facing when completing them with families. Reviewing policies, procedures and protocols for each activity will foster better family engagement and higher child and family outcomes. In addition, reviewing data related to high declines and incomplete surveys will be used to inform training to decrease these instances.

#### #2 Evidence Based Practice-Family Guided Routines Based Intervention (FGRBI):

The state will continue with installation for Family Guided Routines Based Intervention by initiating professional development with two additional cohorts of providers to participate in professional development and coaching from Dr. Woods's team at Florida State University with all initial cohorts completing a sequence by July of 2023. Three master coaches at Indiana University will continue to advance their progress in reaching Master Coach status to build sustainability in future years. Agencies will continue to participate in provider agency implementation teams to support sustainability. A State Implementation Team was formed in September 2021 and will continue to meet regularly to provide support. Anticipated outcomes include having 3 trained master coaches during this reporting period as well as more than 100 fully trained providers that are receiving continued supports and communication around maintaining the use of the FGRBI Key Indicators within their practice. We will continue to track interest of providers in the early cohorts who are interested in becoming regional coaches which will also allow us to build capacity and sustainability. Contracts for trainee and provider coaches will be developed.

Indiana will evaluate data that results from post PD surveys in cooperation with Dr. Woods' team at Florida State University (FSU) as well as Indiana University. The plan will include fidelity measures related to model practices (provided by FSU) as well as implementation science practices and outcome measures, both short-term measures as well as long-term child and family outcome measures. In addition to the work on FGRBI installation, materials will be disseminated, and new materials will continue to be created to support service coordinators, eligibility determination team members, and providers who are and are not going through the training so they are better able to help families understand what their services will look like as Indiana transitions to this model.

#### #3 Service Coordination:

The state will be partnering with the Institute for Human Development at the University of Missouri-Kansas City as well as the Indiana Institute on Disability and Community at Indiana University to examine best practices around Service Coordination. During the next reporting period best practices will be integrated from the ICTA/DEC Joint Statement on Service Coordination as well as from the LifeCourse Framework and related research. A select group of Service Coordinators, SPOE leaders, and state and contracted staff will go through a LifeCourse Ambassador Series conducted by the University of Missouri-Kansas City. Feedback from this experience will also inform decisions about what strategies to implement and how to move forward. Anticipated outcomes during the next reporting period include utilizing the information gathered in the above-mentioned focus groups to inform direction for Charting the Lifecourse tools and will begin work on the tool integration into Indiana's early intervention system. Indiana will also continue to address additional training needs for service coordinators as they relate to this strategy.

#### #4 Data Based Decision Making:

The state will continue the adoption of continuous quality improvement practices in supporting the use of evaluation data in making data-informed decisions at the State and local levels; and to support a culture and context for which adoption of the FGRBI model can occur across Indiana's service agencies. Additionally, a focus on getting users into the data system and a data clean up initiative will allow for better reporting ultimately leading to overall data cleanliness. EIHub provides tremendous opportunity for Indiana to consider ways to raise provider rates (utilizing billing and claiming/recoupment of funds), which would attract and retain providers in early intervention. It will ready First Steps to move forward with Indiana's Department of Education in the creation of a common identifier, which would allow for overall better data-based decisions through the process of looking at longitudinal data from the time a child enters into the early intervention system and moves through k-12. With the approval of another position on the state team, Indiana First Steps will be able to hire a Data Analyst who will support local programs in their data literacy, identify reporting needs, provide data visualizations for stakeholder meetings and gap analysis, and support continued enhancements to the EIHub data system.

#### #5 Equity:

Indiana is awaiting data from the Racial Justice research completed by Indiana University to indicate areas where data suggests the work should begin. Once more data is collected and analyzed. After review of preliminary data (found above in Intermediate Outcomes) the study is now focused on determining the factors behind those found differences. The research team has interviewed 113 white and Black families enrolled in Indiana's Early Intervention system, including families who have dropped out. Sixty-six White families and 45 Black families. Of the White families interviewed, 55 had stayed in the program as long as the child was eligible and 11 had exited early. Of the Black families, 33 of the families had stayed in as long as the child was eligible and 12 had exited early. The response rate overall was 13%. The response rate for families who stayed in was 19%. The response rate for families who exited early was 11%.

In addition to family interviews, we conducted 15 provider interviews: 10 with agency directors, 10 with White providers and 2 with Black providers (we were unable to recruit additional Black providers).

Overall, the First Steps system under-serves Black families compared to what we would expect based on census data. This does vary by cluster, with Cluster A over-serving and Clusters F, H, I, and J underserving.

Physicians (the largest referral source for First Steps other than families) are less likely to refer\* Black children than White children. Social service agencies are more likely to refer Black children than White children. This finding is present regardless of cluster or income level. First Steps enrolls Black children approximately half a month older than White children which leads to less time in the system.

The state will share this data with SPOEs and LPCCs. Be sure that race is a consideration when planning child find strategies. Consider centering Black families in materials, images and examples while implementing child find strategies at physician's offices. Also, focus on strategies for raising awareness with Black families directly (e.g., hiring Black families who have gone through First Steps to be community/neighborhood ambassadors, visiting predominantly Black churches).

First Steps is more likely to complete an IFSP with White families than Black families. This finding is true whether the referral comes from Division of Child Services (DCS) or not. Since Black children are not exiting due to lack of eligibility more than White children, more research is needed to determine why IFSPs are being written at a lower rate for Black families than White families.

To learn more about this research and follow its progress. Please follow this link: <https://www.iidc.indiana.edu/ecc/our-work/exploring-racial-equity.html>

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

Indiana is moving into the initial implementation phase of implementing Family Guided Routines Based Intervention (FGRBI) in Indiana and is working with University of Kansas City – Missouri to develop tools to implement the Charting the LifeCourse framework that are specific to early intervention.

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

##### #1: Family Guided Routines Based Intervention:

Based upon the extensive work of Dr. Juliann Woods and her team at Florida State University, Family Guided Routines Based Intervention (FGRBI) is an approach that incorporates the Part C of IDEA legal mandates and guidelines to promote child directed learning in functional everyday routines and activities with families and caregivers. Early Intervention providers can best influence developmental outcomes for young children by utilizing family-centered and evidence-based practices that increase parent/caregiver confidence and competence and are provided through a collaborative, cross disciplinary service delivery process.

Key principles and evidence-based practices of early intervention for professionals across disciplines are utilized in FGRBI and caregiver coaching. FGRBI provides systematic implementation within a flexible framework that also provides a plan for family participation and leadership. The flexible framework facilitates individualization based on the interests and needs of young children at risk for or with disabilities and the priorities of their family. As families identify their priorities for their child and work as partners with the provider, outcomes are developed and supported by curricula most appropriate to address the child's IFSP. The FGRBI framework supports the triadic relationship between the parent, child and provider to embed learning targets into the meaningful and functional activities the family identifies.

FGRBI is the cluster of evidenced based and recommended practices that providers will teach (or coach) the caregiver to use with their child.

FGRBI has four key components which are:

- 1) Family Guided, Individualized, Culturally Responsive Services and Supports.
- 2) Everyday Routines, Activities, and Places
- 3) Functional Participation-Based Outcomes
- 4) Embedded Instruction

Caregiver coaching supports each of these four components by informing and engaging families as decision-makers and teachers in their child's life. Families learn about FGRBI through coaching by the provider. Just as FGRBI is individualized for each child and family, caregiver coaching engages parents in participatory experiences and opportunities designed for them to build and strengthen their confidence and competence. FGRBI is also aligned to DEC (Division early childhood) recommended practices for Early intervention services as outlined below:

Family-centered practices: should be individualized, and responsive to each family's unique circumstances. Service should provide a complete and unbiased information to make informed decisions.



Family capacity-building practices: Promote participatory opportunities to build on existing parenting knowledge and skills.  
Promote the development of new parenting abilities that enhance parenting self-efficacy.  
Family and professional collaboration: Build relationships between families and professionals who work together, to promote family competencies and support the development of the child.

Additional information about FGRBI can be found at this link: <http://fgrbi.com/>

## #2 Charting the LifeCourse Framework:

The Charting the LifeCourse framework is an authentic grassroots activity, driven by the core belief that “all people have the right to live, love, work, play and pursue their life aspirations.” The Nexus team set out to answer the question, “what do families need to know to support their family member with a disability across the lifespan,” and that question evolved into a transformative human-centric movement impacting policies and practices across the country. Through a collaborative process led by the Institute for Human Development at the University of Missouri –Kansas City, a University Center for Excellence (UCEDD) in partnership with many different national and statewide stakeholders- the framework evolved. At its core, LifeCourse was developed by families to help individuals with disabilities and families at any age or stage of life develop a vision for a good life, think about what they need to know and do, identify how to find or develop supports, and discover what it takes to live the lives they want to live.

LifeCourse has 8 principles of the framework:

1. A focus on all people
2. Recognizing the person within the context of their family
3. Trajectory of life experiences across the lifespan
4. Achieving life outcomes
5. Holistic focus across life domains
6. Supporting the three buckets of needs
  - a. Discovery and Navigation
  - b. Connecting and Networking
  - c. Goods and Services
7. Integrated services and supports across the life course
8. Transformational policy and systems change

The framework, though more than just tools, supports users through a variety of tools created to fulfil its purpose. Tools Indiana has found of particular interest in the integration into early intervention are the trajectory and the star. To learn more about each of these tools, please visit their website. <https://www.lifecoursetools.com/>

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

#1: FGRBI will impact the SiMR by changing provider practices that will, in turn, increase parent/caregiver confidence and competence. Our goal is to work more effectively with all families, particularly under-served families, and this approach ensures that providers are listening, connecting with families where they are, and within their everyday routines and cultural context. By building on child and family interests and priorities, the FGRBI model for service delivery will help our providers connect effectively with families in order to coach them to support their child effectively throughout the day.

#2: The Charting the LifeCourse Framework is anticipated to impact the SiMR by providing tools to service coordinators that will create a process for keeping the vision of a good life for the family the focus of the services they receive. By embedding these tools within the family survey at the entrance into the program, service coordinators are better able to identify outcomes directly related to the child’s developmental needs and align to the family’s everyday routines. Through the use of these tools there is a process of identifying environmental supports. Having this information allows service coordinators to have conversations with families more specific to a hierarchy of needs which could impede participation in services such as housing, food, childcare needs, and safety. Using these tools to then collect a baseline for what the parents understand to be their rights, how to advocate for their child, and how to meet their child’s needs is another way these tools will inform initiatives for service coordinators to support family members and will be evaluated using the family assessment and translated into family outcomes data. Each of these moving parts address the SiMR because we know children are developing socially and emotionally through their experiences and engagement within the environments they are exposed to. Through better collection of information, deeper conversation, establishing trust, supporting the all-around needs of a family, and measuring progress along the way to ensure we are meeting needs and education - we are better able to support a family to thrive and these factors will have an impact on the social-emotional growth rate of the child.

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

Specific to FGRBI, Indiana will continue to use training evaluation questions for the professional development experience including a final survey that is completed at the end of each cohort. Providers will record themselves providing a full-length home visit as a pre-video at the start of the sequence and a post video at the completion of the sequence that will be evaluated using a fidelity measure established by FSU. Providers will also submit clips of home video recordings for review, feedback, and scoring throughout the professional development process. We will use a data dashboard which includes provider survey data.

As it pertains to Lifecourse, Indiana will continue to monitor the deliverables and progress toward the creation of these tools and foundational understanding of the framework across the system.

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

Data from the final survey and the post-videos will be evaluated after the completion of each cohort to begin to identify trends and efficacy. Family evaluation questions will be distributed through providers that have completed the professional development sequence in an attempt to gather information about the family experience.

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

#### #1 Evidence-Based Practice Family Guided Routines Based Intervention (FGRBI):

The state has moved into the installation for Family Guided Routines Based Intervention by recruiting the first two cohorts of provider agencies to participate in professional development and coaching from Dr. Woods’ team at Florida State University. The state will continue with two additional

cohorts under the support of Florida State University through October 2023 with the intention of beginning a professional cohort with minimal FSU support in the Fall of 2023. Three individuals will continue to be trained as FGRBI master coaches at Indiana University to build sustainability in future years. Provider Agency Implementation Teams will continue to meet to support sustainability. The State Implementation Team will continue to meet regularly to provide support. Anticipated outcomes include having 3 trained master coaches during this reporting period as well as 100 fully trained providers under the direct training of the Florida State University. We also anticipate having identified providers in the first cohort who are interested in becoming regional coaches which will also allow us to build capacity in future. The state will develop infra-structure supports including a trainee and provider coach agreement to assist with the recruitment of potential FGRBI coaches. We are looking to engage a small group of providers (20) in a pre-conference intensive session on FGRBI to accommodate those providers who are unable to commit to the full 10-month professional development sequence in an effort to reach more providers.

#### #2 Charting the LifeCourse Framework:

Indiana is working with the University of Missouri – Kansas City to develop new tools utilizing the Charting the LifeCourse framework. As a division, the Division of Disability and Rehabilitative Services (DDRS) where Indiana's Part C program sits, has committed to embedding the LifeCourse framework within its many bureaus. Though the Charting the LifeCourse Framework has yet to be tailored specifically to early intervention programs, Indiana is excited to be partnering with UMKC on this very task. Utilizing data and stakeholder input around collection of family outcomes and having the understanding that child outcomes must be tied to family needs, desires, and routines, we will be working to create tools that will provide service coordinators with the information needed to support children and their families in more meaningful ways, specifically related to their vision of a good life for their child and family.

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

YES

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

Due to the significant challenges brought forward by the pandemic, fallout associated with staffing shortages, families making the choice to keep their children at home rather than in childcare centers, and the overall impact on childcare centers which led to many closures throughout the state, it was clear young developing children were going to have much less access to same age peers for quite a while. Still today, in January of 2023, Indiana is working to overcome challenges related to childcare needs and lack of access to high quality centers. With this understanding, the change of Indiana's SiMR, which was reported in the FFY20 SPP, to align with this specific indicator was intentional. With stakeholder input, it was decided we would anticipate a drop in this particular area statewide, and Indiana made a commitment to prepare. The SSIP provides further detail specific to infrastructure improvement strategies that Indiana has committed to so this focus can be met with action in the coming years.

### **Section C: Stakeholder Engagement**

#### **Description of Stakeholder Input**

In FFY20, Indiana set out to rethink stakeholder engagement and work to create a more meaningful and sustainable process to be replicated for all stakeholder engagement within the First Steps system. To do this, it is first important to understand where stakeholders, particularly parents, are currently embedded within the system and are provided an opportunity to participate. Parent representation is embedded across state implementation teams for various professional development initiatives such as the FGRBI state implementation team, the professional development, finance, and advocacy subcommittees of the ICC, and within the ICC Executive Board. The state also saves contact information of participants, with their permission, for the purpose of reaching out and soliciting participation for future stakeholder meetings. For the purpose of the SPP/APR, particular attention was paid to seeking family members who are traditionally active participants within various spaces in our system such as the Interagency Coordinating Council, Local Planning and Coordinating Councils, and those who have held roles on implementation teams such as the steering committee for Family Guided Routines Based Intervention. Additionally, Indiana sought to build new relationships with family members through their local programs by asking local programs to connect the state team with families in their programs who may not already be engaged with First Steps outside of receiving EI services, but has provided feedback about the program or has expressed interest in participating in groups to improve the system.

The foundation created in FFY20 continued to be used in FFY21 to engage stakeholders across the early intervention system in our state. It remained paramount for Indiana to present data in digestible ways ensuring stakeholder engagement convenings were informative for participants and allowed everyone to feel comfortable to engage in rich conversation.

Stakeholders continue to come from a broad set of backgrounds which included: families, Indiana's general assembly, department of education, department of health and human services, higher education, Riley Children's Health, department of child services, family advocacy centers, regional First Steps offices, and First Steps provider agencies. Participants were both male and female, of a vast age range, reside and work in diverse geographical locations, and of various racial and ethnic backgrounds.

Additionally, it was important to have a mix of individuals with strong personalities and strong belief systems. This was key to facilitating deep and meaningful conversation as it prompted stakeholders to share their experience and really dive into conversation about the balancing act between the data under review and the factors that can influence the data.

Indiana made the commitment in the FFY20 SSIP to change the SiMR, but in doing so, to convene the stakeholders who participated in these conversations on an annual basis. This activity has become part of the SSIP infrastructure improvement strategy detailed in the SSIP report. The purpose is to embed the engagement of this diverse group of stakeholders in conversation regularly to review and discuss the data collected to inform the SiMR and have conversations specific to the gaps. Using disaggregated data by location, eligibility, race, gender, and socioeconomic status Indiana is able to facilitate meaningful discussion and glean direction for activities within the SSIP and opportunities to address at the state and local levels.

ICC Stakeholders are listed below.

- Parents of children with developmental delays and disabilities
- Indiana Department of Education, Office of Special Education
- Indiana Department of Health, Maternal and Child Health Division
- Indiana Department of Insurance
- Indiana Department of Child Services
- Indiana Division of Mental Health and Addiction
- Indiana Head Start State Collaboration Office
- Indiana Office of Medicaid Policy and Planning
- Indiana Office of Early Childhood and Out of School Learning

- Higher Education Faculty
- Head Start local programs
- State Legislative Representative
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)
- Service Providers
- 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.

Additional Stakeholder groups:

- Indiana Association of Rehabilitation Facilities (INARF)
- Indiana Department of Family Resources (DFR)
- ARC of Indiana
- Family Voices

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

State Implementation Team: This team is made up of 9 individuals who are a mix of families, providers, agency and SPOE administrators, state and ECC staff and Florida State University representation. This group has been meeting regularly via Zoom every other month and will continue to meet to discuss FGRBI implementation, data, and ongoing activities.

Provider Agency Implementation Teams: Each agency with providers participating in the FGRBI Professional Development Sequence has been asked to form a Provider Agency Implementation Team. These teams meet every other month with ECC staff throughout during the 10-month professional development sequence. Feedback from these agency meetings is then discussed at the State Implementation Team meeting.

Provider Agency Leader meetings: ECC staff have made themselves available for a monthly optional drop-in meeting for agency leaders to ask questions, share feedback and/or collaborate with other agency leaders around the implementation of FGRBI within their agency.

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

NO

**Additional Implementation Activities**

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

Child Outcome Data Dive: As mentioned in the FFY20 SSIP, Indiana is committed to the review of disaggregated data with the intention to identify gaps in outcomes by subgroup. Indiana is committed to reviewing this data annually to ensure all children are meeting the SiMR target and focus resources where they are most needed. This data has been disaggregated and stakeholders will be meeting in March to review and provide feedback.

In addition to this data dive, Indiana has also sought input and investigation into the tool used to collect child outcomes data. The ICC professional development subcommittee has begun reviewing assessment tools for the purpose of determining if Indiana should continue to use the current tool (AEPS), consider the adoption of a new tool, and/or consider the use of a child outcomes summary process to obtain child outcomes. The state team will continue to support this effort and looks forward to the recommendation of the PD subcommittee in the coming months.

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

This data was collected with Child Outcomes data for FFY 2021 and has been disaggregated. Data visualizations are being prepared and stakeholder engagement groups have been contacted. The data will be analyzed at this convening to determine which subgroups did not meet the SiMR target, so we can identify opportunities within our system to address these needs.

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

As mentioned, in FFY21 Indiana rolled out a new data system. With any new system there are growing pains, resistance to change and identified development, and enhancements as processes are implemented. The migration of data from the previous system to the new system presented some challenges. Data fields from the previous system did not exist as a 1:1 in the new system, so there was data not able to be migrated leading to the need for a large data entry project. Indiana met this challenge with immediate action. A process for fixing bugs keeping SPOEs out of the system began immediately and all users were able to be in the system within months, entering data. As of October 2022, Indiana contracted with a staffing agency for a large data entry project to support SPOEs in the data entry of records dating back to 2018. In addition, Indiana has hired new state staff, a data analyst, who is effectively working through data clean up efforts. This, though an identified barrier, is being addressed and Indiana is confident the system will produce the reports as desired.

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

**11 - Prior FFY Required Actions**

None

**11 - OSEP Response**

## 11 - Required Actions

## **Certification**

### **Instructions**

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

### **Certify**

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

### **Select the certifier's role**

Lead Agency Director

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

#### **Name:**

Christina Commons

#### **Title:**

Part C Coordinator

#### **Email:**

Christina.Commons@fssa.in.gov

#### **Phone:**

317-234-1142

#### **Submitted on:**

04/25/23 5:54:44 PM

## Determination Enclosures

### RDA Matrix

# 2023 Part C Results-Driven Accountability Matrix

#### Results-Driven Accountability Percentage and Determination<sup>1</sup>

Percentage (%)	Determination
51.79%	Needs Intervention

#### Results and Compliance Overall Scoring

	Total Points Available	Points Earned	Score (%)
<b>Results</b>	8	2	25.00%
<b>Compliance</b>	14	11	78.57%

#### 2023 Part C Results Matrix

##### I. Data Quality

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

Number of Children Reported in Indicator C3 (i.e., outcome data)	577
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	7,162
Percentage of Children Exiting who are Included in Outcome Data (%)	N/A
<b>Data Completeness Score<sup>2</sup></b>	2

###### (b) Data Anomalies: Anomalies in your State's FFY 2021 Outcomes Data

<b>Data Anomalies Score<sup>3</sup></b>	0
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##### II. Child Performance

###### (a) Data Comparison: Comparing your State's 2021 Outcomes Data to other States' 2021 Outcomes Data

<b>Data Comparison Score<sup>4</sup></b>	0
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###### (b) Performance Change Over Time: Comparing your State's FFY 2021 data to your State's FFY 2020 data

<b>Performance Change Score<sup>5</sup></b>	0
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
<b>FFY 2021</b>	42.80%	47.14%	47.79%	66.38%	43.77%	59.45%
<b>FFY 2020</b>	52.37%	55.12%	52.81%	69.33%	50.32%	61.88%

<sup>1</sup> For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part C."

<sup>2</sup> Please see Appendix A for a detailed description of this calculation.

<sup>3</sup> Please see Appendix B for a detailed description of this calculation.

<sup>4</sup> Please see Appendix C for a detailed description of this calculation.

<sup>5</sup> Please see Appendix D for a detailed description of this calculation.

2023 Part C Compliance Matrix

Part C Compliance Indicator <sup>6</sup>	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2020	Score
Indicator 1: Timely service provision	83.02%	YES	1
Indicator 7: 45-day timeline	79.71%	YES	1
Indicator 8A: Timely transition plan	98.18%	N/A	2
Indicator 8B: Transition notification	95.16%	N/A	2
Indicator 8C: Timely transition conference	93.87%	YES	2
Timely and Accurate State-Reported Data	94.29%		1
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Specific Conditions	None		
Uncorrected identified noncompliance	None		

<sup>6</sup> The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: [https://sites.ed.gov/idea/files/2023\\_Part-C\\_SPP-APR\\_Measurement\\_Table.pdf](https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_Measurement_Table.pdf)

**Appendix A**

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

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

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

<b>Data Completeness Score</b>	<b>Percent of Part C Children included in Outcomes Data (C3) and 618 Data</b>
<b>0</b>	<b>Lower than 34%</b>
<b>1</b>	<b>34% through 64%</b>
<b>2</b>	<b>65% and above</b>



**Appendix B**

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

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

This score represents a summary of the data anomalies in the FFY 2021 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2017 – FFY 2020 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e<sup>78</sup>. In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

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

<b>Outcome A</b>	<b>Positive Social Relationships</b>
<b>Outcome B</b>	<b>Knowledge and Skills</b>
<b>Outcome C</b>	<b>Actions to Meet Needs</b>

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

<sup>7</sup> Numbers shown as rounded for display purposes.

<sup>8</sup> Values based on data for States with summary statement denominator greater than 199 exits.

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

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

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

<b>Data Anomalies Score</b>	<b>Total Points Received in All Progress Areas</b>
0	0 through 9 points
1	10 through 12 points
2	13 through 15 points

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

<b>Number of Infants and Toddlers with IFSP's Assessed in your State</b>	<b>577</b>
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<b>Outcome A — Positive Social Relationships</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	245	33	27	181	91
<b>Performance (%)</b>	42.46%	5.72%	4.68%	31.37%	15.77%
<b>Scores</b>	0	0	1	1	1

<b>Outcome B — Knowledge and Skills</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	161	16	17	145	238
<b>Performance (%)</b>	27.90%	2.77%	2.95%	25.13%	41.25%
<b>Scores</b>	0	0	0	1	0

<b>Outcome C — Actions to Meet Needs</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	178	34	22	143	200
<b>Performance (%)</b>	30.85%	5.89%	3.81%	24.78%	34.66%
<b>Scores</b>	0	1	1	1	1

	<b>Total Score</b>
<b>Outcome A</b>	3
<b>Outcome B</b>	1
<b>Outcome C</b>	4
<b>Outcomes A-C</b>	8

<b>Data Anomalies Score</b>	0
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Appendix C

II. (a) Data Comparison:

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

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

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

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

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

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

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

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

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	42.80%	47.14%	47.79%	66.38%	43.77%	59.45%
Points	0	1	0	2	0	1

<b>Total Points Across SS1 and SS2(*)</b>	4
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<b>Your State's Data Comparison Score</b>	0
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<sup>9</sup> Values based on data for States with summary statement denominator greater than 199 exiters.

## Appendix D

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

#### Comparing your State's FFY 2021 data to your State's FFY 2020 data

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

#### Test of Proportional Difference Calculation Overview

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

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

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

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on<sup>10</sup>

$\text{Sqrt}[(\text{FFY}2021\% * (1-\text{FFY}2021\%)) / \text{FFY}2021\text{N}] + ((\text{FFY}2022\% * (1-\text{FFY}2022\%)) / \text{FFY}2022\text{N})] = \text{Standard Error of Difference in Proportions}$

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

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

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

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

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

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

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

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

<sup>10</sup>Numbers shown as rounded for display purposes.

Summary Statement/ Child Outcome	FFY 2020 N	FFY 2020 Summary Statement (%)	FFY 2021 N	FFY 2021 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	4,002	52.37%	486	42.80%	-9.58	0.0238	-4.0247	0.0001	YES	0
SS1/Outcome B: Knowledge and Skills	2,558	52.81%	339	47.79%	-5.03	0.0289	-1.7413	0.0816	NO	1
SS1/Outcome C: Actions to meet needs	3,108	50.32%	377	43.77%	-6.56	0.0271	-2.4208	0.0155	YES	0
SS2/Outcome A: Positive Social Relationships	4,989	55.12%	577	47.14%	-7.98	0.0219	-3.6373	0.0003	YES	0
SS2/Outcome B: Knowledge and Skills	4,989	69.33%	577	66.38%	-2.95	0.0207	-1.4259	0.1539	NO	1
SS2/Outcome C: Actions to meet needs	4,989	61.88%	577	59.45%	-2.43	0.0216	-1.1271	0.2597	NO	1

<b>Total Points Across SS1 and SS2</b>	<b>3</b>
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<b>Your State's Performance Change Score</b>	<b>0</b>
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**Data Rubric**

FFY 2021 APR<sup>11</sup>

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

<sup>11</sup> In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

	618 Data <sup>12</sup>			
Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 4/6/22	1	1	0	2
Exiting Due Date: 11/2/22	1	1	1	3
Dispute Resolution Due Date: 11/2/22	1	1	1	3
			<b>Subtotal</b>	8
<b>618 Score Calculation</b>			<b>Grand Total</b> (Subtotal X 2) =	16.00

Indicator Calculation	
A. APR Grand Total	17
B. 618 Grand Total	16.00
C. APR Grand Total (A) + 618 Grand Total (B) =	33.00
Total N/A Points in APR Data Table Subtracted from Denominator	1
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
<b>Denominator</b>	35.00
D. Subtotal (C divided by Denominator*) =	0.9429
E. Indicator Score (Subtotal D x 100) =	94.29

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

<sup>12</sup> In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.



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

DATE: February 2023 Submission

### SPP/APR Data

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

### Part C 618 Data

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

618 Data Collection	EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	1 <sup>st</sup> Wednesday in April
Part C Exiting	Part C Exiting Collection in EMAPS	1 <sup>st</sup> Wednesday in November
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	1 <sup>st</sup> Wednesday in November

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

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



## How the Department Made Determinations

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

<https://sites.ed.gov/idea/how-the-department-made-determinations/>