

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2020

Indiana



PART C DUE
February 1, 2022

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

Federal fiscal year 2020 brought great change to Indiana. In the midst of a pandemic, significant changes were implemented in the way Indiana has traditionally conducted the data collection processes, service delivery method, marketing and outreach efforts, how we engage stakeholders, and designed, developed, and implemented a new data system.

The state has received intensive technical assistance from DaSy and ECTA in addition to working with several other centers through a variety of communities of practice and workgroups. Specifically, Sharon Walsh has been of great assistance in looking at how we collect data and review subsequent data. This technical assistance helped us to streamline how and when we collect annual performance data. This TA has also helped to inform the development of our new data system. With their help, we are able to think critically about how we will support local programs through comprehensive monitoring moving forward.

In FFY 2020, Indiana had several initiatives which required broad conversations that allowed for new ways to engage stakeholders in the decision-making process. Through the process of changing the Indiana First Steps branding a third-party vendor had conversations with stakeholders to gather the essence of First Steps and to better understand what Indiana's early intervention program means to individuals throughout the state. This new branding has revitalized the public image of the First Steps program and made the program more appealing to new graduates as a career path. Moving forward, this new branding and marketing outreach is intended to enhance child find efforts and accessibility to the system.

Through the challenges posed by the pandemic, we have seen positive additions to our service delivery method. Previously, due to provider shortages coupled with the influx of children and the diversity of geographical location around the state, it was difficult to meet timelines associated with IFSP development and service delivery. Providing families the option to connect virtually allowed for greater flexibility in scheduling which struck a balance between family and provider needs while limiting exposure to COVID-19.

Lastly, we are excited to share with you the data and methods to closing long standing noncompliance for indicators 1 and 7. For additional details please see the section "Provide additional information about this indicator (optional)" in indicators 1 and 7.

Additional information related to data collection and reporting

The state, with the help of Federal technical assistance centers, has changed the way Indiana collects and uses data. Indiana collects data from each of the nine System Points of Entry (SPOES), or clusters, one time a year using the formula listed in each indicator. If a cluster does not meet the target for an indicator, a finding is issued. In the event a cluster does not meet the target set for a compliance indicator, the state then uses subsequent data to verify the cluster meets the target before closing the finding.

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 FFY2020 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, 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 Council (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 FFY2020 were conducted in October through December 2020, with findings issued by the state to the SPOE in January of 2021, 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 written prior 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, evidenced based technical assistance and support to early intervention service (EIS) programs.

Given the constant challenges associated with delivering services during a pandemic, it was essential to provide a higher frequency of technical assistance to Indiana's early intervention programs. The state team offered meetings from 1-4 times each month to support the needs due to these frequent changes.

Through the ECC, we have provided one-on-one assistance outside of the agency and SPOE reviews and offered High Quality Outcomes training to SPOE staff. We plan to partner with the Indiana Association of Rehabilitation Facilities (INARF), a professional organization to which many of our provider agencies belong, to provide training on basic business practices to be successful. We are participating in the conversation at the national level around how we hold entities accountable for 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.

Professional Development System:

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

The new Learning Management System (LMS) has free online training for all providers. Providers are able to self-enroll and take training on a variety of topics. The LMS will allow 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 integrating the "Charting the LifeCourse Framework" with the ITCA/DEC Joint Position Statement into the role of service coordinators to seamlessly embed these revised practices into Indiana's EI system.

The state also offers an annual conference to all First Steps personnel and families in June.

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).

Indiana set out to rethink stakeholder engagement and work to create a more meaningful and sustainable process that can be replicated for all stakeholder engagement within the First Steps system. In doing so, it was important to seek support to help the team understand our data more deeply which enabled us to create stakeholder engagement convenings that were informative for the participants and allowed everyone to feel comfortable and engage in rich conversation. Technical assistance was provided through the ECTA and DaSy. Once we had the content broken down and digestible, it was time to elicit participation from stakeholders. Stakeholders came 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, a vast age range, and various racial and ethnic backgrounds. Additionally, it was important to have a mix of individuals who had strong personalities and strong belief systems. This was key to facilitating deep and meaningful conversation. It prompted stakeholders to share their experience and really dive into a conversation about the balancing act between the qualitative data in front of us and the factors that can influence the data. Target setting groups were broken down into indicators 2, 5, and 6 as group 1, indicator 4 as group 2 and indicator 3 as group 3. Each group attended two 90 minute meetings and provided feedback which was recorded and reviewed by the state team. Recommendations from these groups were then share to the ICC who then recommended targets to the state team.

in addition to those listed above, Indiana First Steps solicited feedback from ICC members to assist in setting and recommending targets for the FFY20 - FFY25 SPP/APR. 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:

8

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 the conversation and providing input.

Additionally, we include parent stories at the beginning of many LPCC meetings and all of our ICC meetings that happen 6 times a year.

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.

Indiana recognizes the continuous need to ensure all stakeholders have the capacity to participate in stakeholder engagement sessions. To ensure a diverse group of parents were included and able to participate in these conversations in meaningful ways despite having in-depth knowledge of Indiana's EI program, Indiana took additional steps when preparing for the engagement groups to account for these needs. Specifically, it was noted family participants came from diverse racial, ethnic, SES, educational backgrounds, and geographic locations to ensure a representative sample of the families we serve in EI across the state of Indiana.

Each topic was broken in to two meeting sessions to help support understanding of the EI system activities that have taken place and allow time for participants to ask questions and feel prepared to make recommendations. Each first meeting consisted of in-depth discussion and artifact sharing to help lay the foundation for the data conversation at the next meeting. To ensure all family participants had the capacity to participate, additional meetings were scheduled to address family questions - these were offered at each session and several participants chose to utilize them. It was noted that the participation of these individuals increased in the following group meetings. These additional meetings assisted family members' understanding of the content and context of the information presented.

All stakeholder meetings were held virtually and materials we provided in advance to ensure all who participated had equitable access to attend as well as review materials. Because both space and time were provided for participants, they were about to prepare and ask questions, which supported meaningful participation.

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 in 2020/2021 every other month to discuss:

- State Performance Plan (SPP) and Indiana's progress in meeting the SPP targets
- Data for the FFY2020 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 surveys.

During the ICC meeting in November 2021, a representative from each target setting group recapped the conversations and thought process for the recommended targets. Members of the ICC and the public were able to ask questions and provide additional input at this time.

ICC meetings were held in 2020/2021 every other month to discuss:

- State Performance Plan (SPP) and Indiana's progress in meeting the SPP targets
- Data for the FFY2020 APR along with past APR trend data presented at the January 2022 meeting.
- Current State Systemic Improvement Plan
- ICC subcommittees of Professional Development, Advocacy, and Fiscal that meet for 30-45 minutes during every ICC meeting and provide a summary of the group's discussion.

Reporting to the Public:

How and where the State reported to the public on the FFY 2019 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 2019 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 2019 APR in 2021, is available.

Indiana First Steps State website is currently being redesigned to increase each of 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

While the State has publicly reported on the FFY 2018 (July 1, 2018-June 30, 2019) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by sections 616(b)(2)(C)(ii)(I) and 642 of IDEA, those reports did not, as specified in the OSEP Response, contain all of the required information. Specifically, the reports for Indicators 2 and 4 include charts with headers that partially show the FFY for each column of data. With its FFY 2020 SPP/APR, the State must provide a Web link demonstrating that the State has fully reported to the public on the performance of each early intervention service program or provider located in the State in the SPP/APR for FFY 2018. In addition, the State must report with its FFY 2020 SPP/APR, how and where the State reported to the public on the FFY 2019 performance of each early intervention service program or provider located in the State on the targets in the SPP/APR.

The State's IDEA Part C determination for both 2020 and 2021 is Needs Assistance. In the State's 2021 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2020 SPP/APR submission, due February 1, 2022, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Response to actions required in FFY 2019 SPP/APR

Indiana has made the correction to Indicator 2 and 4 so the years are now visible on the "Public Reporting of FFY2019 APR Indicators" chart. This can be found on the state website at <https://www.in.gov/fssa/firststeps/program-policies-and-updates/program-evaluation-reports/>.

Intro - OSEP Response

The State's determinations for both 2020 and 2021 were Needs Assistance. Pursuant to sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 22, 2021 determination letter informed the State that it must report with its FFY 2020 SPP/APR submission, due February 1, 2022, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted 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 2022 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 2020 SPP/APR, the data for FFY 2019), 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	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	97.87%	95.68%	93.56%	88.84%	88.99%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
673	828	88.99%	100%	89.13%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

65

Provide reasons for delay, if applicable.

Reasons for Delay due to Extenuating Circumstances:

- New baby: 3
- Child illness/surgery/hospitalized: 3
- Family requested new provider: 4
- Family had to quarantine for Covid-19: 6
- Family canceled/no showed first visit: 13
- Family scheduling issues to meet timely start: 16
- Family unresponsive to multiple contacts from provider to schedule: 20

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 developed a new strategy targeting 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. Original data for this indicator is gathered as a representative sample in quarter one (July 1, 2020 - September 30, 2020).

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).

Indiana has shifted its practice to sustain findings from year to year until closed rather than issuing new findings each year a cluster remains out of compliance.

To see the review of data for each cluster and how Indiana came into compliance in FFY2020 by closing all previously sustained noncompliance please see section "Provide additional information about this indicator (optional)."

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. 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, and review policies and procedures.

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

Indiana offered tele-health services starting the end of March 2020 to families during the Covid-19 outbreak. Our state was and continues to be under a public health emergency.

Provide additional information about this indicator (optional)

State Total: 89.13% (738/828) - 90 services were late due to system reasons translating into eight (8) findings for FFY20.

System Reasons for Delays:

- Provider agency oversight: 4
- SPOE oversight: 3
- Provider oversight/Scheduling conflict: 13
- No provider available: 51 (two providers got Covid after being assigned past 30 days)
- Physician Signature: 19 (The requirement to obtain a physician signature on an IFSP to meet licensure and insurance requirements is being reviewed by a workgroup.)

While only two system reasons for late start were specifically identified as COVID-19 related, the state believes reasons for late starts were coded inconsistently. Additional training will happen to address how to code late starts in the future.

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

- 5 or less days late: 10
- 6-15 days late: 21
- 16-25 days late: 12
- 26-50 days late: 28
- 51-75 days late: 13
- 76-100 days late: 4
- Over 101 days late: 2

In FFY2020, eight findings of noncompliance for this indicator were given to Cluster A, B, D, F, G, H, I, and J. Cluster C did not receive a finding because they were 100% compliant during the initial data pull for quarter 1.

Initial Data Pull Q1:

- Cluster A: 95.3% (82/86)
- Cluster B: 95% (76/80)
- Cluster C: 100% (85/85)
- Cluster D: 93.5% (72/77)
- Cluster F: 76.6% (49/64)
- Cluster G: 89.3% 108/121)
- Cluster H: 76.6% (59/77)
- Cluster I: 69.2% (63/91)
- Cluster J: 96.1% (74/77)

Subsequent Data Pull Q2:

- Cluster B: 100% (10/10)
- Cluster D: 100% (5/5)
- Cluster F: 100% (5/5)
- Cluster G: 100% (15/15)
- Cluster J : 100% (10/10)

Subsequent Data Pull Q3:

- Cluster A: 100% (10/10)
- Cluster H: 100% (5/5)
- Cluster I: 100% (10/10)

All findings for this indicator have been closed.

Correction of Findings of Noncompliance Identified in FFY 2019

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 2019 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 2019 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 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2018	3	3	0
FFY 2017	3	3	0
FFY 2016	3	3	0

FFY 2018

Findings of Noncompliance Verified as Corrected

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

In FFY18, the three clusters with sustained findings were Clusters F, G and I. Each of these clusters were able to correct the finding in FFY20. The State verified correction for the three findings made according to federal requirements, albeit outside the one year timeline. For each of the three findings, subsequent data were run for each of the clusters that received the finding. Cluster F and G came into compliance for this indicator for the during the subsequent data pull for Q2 of FFY20 and cluster I came into compliance during the subsequent data pull in Q3 of FFY2020. This indicates the regulatory requirements are being met.

Initial Data Pull Q1:

Cluster F: 76.6% (49/64)

Cluster G: 89.3% (108/121)

Cluster I: 69.2% (63/91)

Subsequent Data Pull Q2:

Cluster F: 100% (5/5)

Cluster G: 100% (15/15)

Subsequent Data Pull Q3:

Cluster I: 100% (10/10)

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

The State verified correction for the three findings by reviewing data on each of the individual children included in the three findings. For each of the children, 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.

FFY 2017

Findings of Noncompliance Verified as Corrected

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

In FFY17, the three clusters with sustained findings were Clusters F, G and I. Each of these clusters were able to correct the finding in FFY20. The State verified correction for the three findings made according to federal requirements, albeit outside the one year timeline. For each of the three findings, subsequent data were run for each of the clusters that received the finding. Cluster F and G came into compliance for this indicator for the during the subsequent data pull for Q2 of FFY20 and cluster I came into compliance during the subsequent data pull in Q3 of FFY2020. This indicates the regulatory requirements are being met.

Initial Data Pull Q1:

Cluster F: 76.6% (49/64)

Cluster G: 89.3% (108/121)

Cluster I: 69.2% (63/91)

Subsequent Data Pull Q2:

Cluster F: 100% (5/5)

Cluster G: 100% (15/15)

Subsequent Data Pull Q3:

Cluster I: 100% (10/10)

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

The State verified correction for the three findings by reviewing data on each of the individual children included in the three findings. For each of the children, 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.

FFY 2016

Findings of Noncompliance Verified as Corrected

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

In FFY16, the three clusters with sustained findings were Clusters F, G and I. Each of these clusters were able to correct the finding in FFY20. The State verified correction for the three findings made according to federal requirements, albeit outside the one year timeline. For each of the three findings, subsequent data were run for each of the clusters that received the finding. Cluster F and G came into compliance for this indicator for the during the subsequent data pull for Q2 of FFY20 and cluster I came into compliance during the subsequent data pull in Q3 of FFY2020. This indicates the regulatory requirements are being met.

Initial Data Pull Q1:

Cluster F: 76.6% (49/64)

Cluster G: 89.3% (108/121)

Cluster I: 69.2% (63/91)

Subsequent Data Pull Q2:

Cluster F: 100% (5/5)

Cluster G: 100% (15/15)

Subsequent Data Pull Q3:

Cluster I: 100% 10/10 Q3 reviewed and verified on 6/29/2021

FFY15:

In FFY15, the one cluster with a finding was cluster G. This cluster was able to correct the finding in FFY20. The State verified correction for this finding was made according to federal requirements, albeit outside the one year timeline. For this finding, subsequent data were run for this cluster that received the finding. Cluster G came into compliance for this indicator during the subsequent data pull for Q2 of FFY20. This indicates the regulatory requirements are being met.

Initial Data Pull Q1:

Cluster G: 89.3% (108/121)

Subsequent Data Pull Q2:
Cluster G: 100% (15/15)

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

FFY16:

The State verified correction for the three findings by reviewing data on each of the individual children included in the three findings. For each of the children, 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.

FFY15:

The State verified correction for the finding by reviewing data on the individual child included in the finding. For each of the children, 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.

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining three uncorrected findings of noncompliance identified in FFY 2018, three uncorrected findings from FFY 2017, three uncorrected findings from 2016, and one uncorrected finding from 2015 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and each EIS program or provider with remaining noncompliance identified in FFY 2018, 2017, 2016, and 2015: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

Response to actions required in FFY 2019 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 created, although late, or the child left the program.

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

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).

Cluster A: Finding closed for FFY20. Sustained finding closed for FFY18, FFY19.

Cluster B: Finding closed for FFY20. No sustained findings from previous FFYs.

Cluster C: No finding issued for FFY20 or sustained from previous FFYs.

Cluster D: Finding closed for FFY20. No sustained findings from previous FFYs.

Cluster F: Finding closed for FFY20. Long standing finding closed for FFY16, FFY17, FFY18, FFY19.

Cluster G: Finding closed for FFY20. Long standing finding closed for FFY15, FFY16, FFY17, FFY18, FFY19.

Cluster H: Finding closed for FFY20. No sustained findings from previous FFYs.

Cluster I: Finding closed for FFY20. Long standing finding closed for FFY16, FFY17, FFY18, FFY19.

Cluster J: Finding closed for FFY20. Sustained finding closed for FFY19.

All 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 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.

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	2015	2016	2017	2018	2019
Target>=	95.00%	95.00%	95.00%	95.00%	95.00%
Data	99.16%	99.25%	95.83%	99.08%	99.19%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	95.50%	96.00%	96.00%	96.50%	96.50%	97.00%

Targets: Description of Stakeholder Input

Indiana set out to rethink stakeholder engagement and work to create a more meaningful and sustainable process that can be replicated for all stakeholder engagement within the First Steps system. In doing so, it was important to seek support to help the team understand our data more deeply which enabled us to create stakeholder engagement convenings that were informative for the participants and allowed everyone to feel comfortable and engage in rich conversation. Technical assistance was provided through the ECTA and DaSy. Once we had the content broken down and digestible, it was time to elicit participation from stakeholders. Stakeholders came 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, a vast age range, and various racial and ethnic backgrounds. Additionally, it was important to have a mix of individuals who had strong personalities and strong belief systems. This was key to facilitating deep and meaningful conversation. It prompted stakeholders to share their experience and really dive into a conversation about the balancing act between the qualitative data in front of us and the factors that can influence the data. Target setting groups were broken down into indicators 2, 5, and 6 as group 1, indicator 4 as group 2 and indicator 3 as group 3. Each group attended two 90 minute meetings and provided feedback which was recorded and reviewed by the state team. Recommendations from these groups were then share to the ICC who then recommended targets to the state team.

in addition to those listed above, Indiana First Steps solicited feedback from ICC members to assist in setting and recommending targets for the FFY20 - FFY25 SPP/APR. 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 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	11,027
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Total number of infants and toddlers with IFSPs	11,091

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
11,027	11,091	99.19%	95.50%	99.42%	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

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

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

Indiana set out to rethink stakeholder engagement and work to create a more meaningful and sustainable process that can be replicated for all stakeholder engagement within the First Steps system. In doing so, it was important to seek support to help the team understand our data more deeply which enabled us to create stakeholder engagement convenings that were informative for the participants and allowed everyone to feel comfortable and engage in rich conversation. Technical assistance was provided through the ECTA and DaSy. Once we had the content broken down and digestible, it was time to elicit participation from stakeholders. Stakeholders came 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, a vast age range, and various racial and ethnic backgrounds. Additionally, it was important to have a mix of individuals who had strong personalities and strong belief systems. This was key to facilitating deep and meaningful conversation. It prompted stakeholders to share their experience and really dive into a conversation about the balancing act between the qualitative data in front of us and the factors that can influence the data. Target setting groups were broken down into indicators 2, 5, and 6 as group 1, indicator 4 as group 2 and indicator 3 as group 3. Each group attended two 90 minute meetings and provided feedback which was recorded and reviewed by the state team. Recommendations from these groups were then share to the ICC who then recommended targets to the state team.

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- 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

Reason for baseline revision: During stakeholder engagement convenings to discuss target setting for FFY 2020-2025, several stakeholders expressed their concern with Indiana having not revised the baseline for this indicator in many years. This conversation prompted several additional conversations about the purpose of a baseline and what it would take to choose results for a year that was more current, if possible, and remain ambitious yet realistic. The year stakeholders selected as a new baseline for this indicator was determined through extensive conversation at stakeholder engagement convenings. Stakeholders reviewed historical data and utilized target forecasting tools in conjunction with the baseline conversations to choose the most appropriate baseline year for this indicator.

Historical Data

Outcome	Baseline	FFY	2015	2016	2017	2018	2019
A1	2010	Target>=	55.00%	55.00%	55.00%	55.00%	55.00%
A1	49.00%	Data	55.88%	53.56%	56.23%	56.87%	53.30%
A2	2010	Target>=	57.00%	57.00%	57.00%	57.00%	57.00%
A2	47.00%	Data	62.67%	61.09%	59.29%	58.93%	55.67%
B1	2010	Target>=	56.00%	56.00%	56.00%	57.00%	57.00%
B1	59.00%	Data	58.10%	55.11%	56.77%	57.64%	53.95%
B2	2010	Target>=	72.00%	72.00%	72.00%	72.00%	72.00%
B2	68.00%	Data	76.20%	74.50%	73.06%	72.85%	70.55%
C1	2010	Target>=	55.00%	55.00%	55.00%	55.00%	55.00%
C1	52.00%	Data	49.94%	50.11%	52.47%	54.21%	51.84%

C2	2010	Target>=	67.00%	67.00%	67.00%	67.00%	67.00%
C2	58.00%	Data	68.16%	66.57%	64.46%	65.16%	62.93%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A1>=	52.00%	52.00%	52.00%	52.50%	52.75%	55.00%
Target A2>=	52.00%	53.00%	53.00%	54.00%	55.00%	56.00%
Target B1>=	52.00%	52.00%	52.00%	53.00%	54.50%	59.25%
Target B2>=	67.00%	67.00%	68.50%	69.00%	69.50%	70.00%
Target C1>=	50.00%	52.00%	52.00%	53.00%	54.00%	54.50%
Target C2>=	58.00%	58.00%	58.50%	59.00%	59.50%	60.00%

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

4,989

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	78	1.56%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,828	36.64%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	333	6.67%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,763	35.34%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	987	19.78%

Outcome A	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,096	4,002	53.30%	52.00%	52.37%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	2,750	4,989	55.67%	52.00%	55.12%	Met target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	56	1.12%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,151	23.07%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	323	6.47%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,028	20.61%

Outcome B Progress Category	Number of Children	Percentage of Total
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	2,431	48.73%

Outcome B	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 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	1,351	2,558	53.95%	52.00%	52.81%	Met target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	3,459	4,989	70.55%	67.00%	69.33%	Met target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	63	1.26%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,481	29.69%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	358	7.18%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,206	24.17%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,881	37.70%

Outcome C	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 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	1,564	3,108	51.84%	50.00%	50.32%	Met target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	3,087	4,989	62.93%	58.00%	61.88%	Met target	No Slippage

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	7,093
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.	1,277

Sampling Question	Yes / No
Was sampling used?	NO

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

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 on the AEPS skills using a checklist and provides this data to an Eligibility Determination Team (ED Team) member for final scoring as 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.”

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 FFY20. Three domains of the AEPS are associated with each of the three federal outcomes:

Outcome 1 - Social/Emotional domain

Outcome 2 - Cognitive domain

Outcome 3 - Adaptive domain

Provide additional information about this indicator (optional).

Reason for Baseline Revision: During stakeholder engagement convenings to discuss target setting for FFY 2020-2025, several stakeholders expressed their concern with Indiana having not revised the baseline for this indicator in many years. This conversation prompted several additional conversations about the purpose of a baseline and what it would take to choose results for a year that was more current, if possible, and remain ambitious yet realistic. The year stakeholders selected as a new baseline for this indicator was determined through extensive conversation at stakeholder engagement convenings. Stakeholders reviewed historical data and utilized target forecasting tools in conjunction with the baseline conversations to choose the most appropriate baseline year for this indicator.

3 - Prior FFY Required Actions

None

3 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2010, and OSEP accepts that revision.

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

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2015	2016	2017	2018	2019
A	2009	Target>=	97.00%	98.00%	99.00%	100.00%	100.00%
A	96.30%	Data	96.62%	96.84%	98.67%	96.93%	96.94%
B	2016	Target>=	97.00%	98.00%	99.00%	100.00%	100.00%
B	96.73%	Data	95.96%	96.73%	98.60%	96.87%	97.42%
C	2018	Target>=	96.00%	96.00%	96.00%	96.00%	96.00%
C	95.29%	Data	94.57%	94.80%	98.58%	95.29%	95.59%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A>=	94.00%	94.00%	94.00%	94.00%	95.00%	96.50%
Target B>=	94.50%	94.50%	94.50%	95.00%	96.00%	97.00%
Target C>=	93.00%	93.00%	93.00%	94.00%	95.00%	96.00%

Targets: Description of Stakeholder Input

Indiana set out to rethink stakeholder engagement and work to create a more meaningful and sustainable process that can be replicated for all stakeholder engagement within the First Steps system. In doing so, it was important to seek support to help the team understand our data more deeply which enabled us to create stakeholder engagement convenings that were informative for the participants and allowed everyone to feel comfortable and engage in rich conversation. Technical assistance was provided through the ECTA and DaSy. Once we had the content broken down and digestible, it was time to elicit participation from stakeholders. Stakeholders came 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, a vast age range, and various racial and ethnic backgrounds. Additionally, it was important to have a mix of individuals who had strong personalities and strong belief systems. This was key to facilitating deep and meaningful conversation. It prompted stakeholders to share their experience and really dive into a conversation about the balancing act between the qualitative data in front of us and the factors that can influence the data. Target setting groups were broken down into indicators 2, 5, and 6 as group 1, indicator 4 as group 2 and indicator 3 as group 3. Each group attended two 90 minute meetings and provided feedback which was recorded and reviewed by the state team. Recommendations from these groups were then share to the ICC who then recommended targets to the state team.

in addition to those listed above, Indiana First Steps solicited feedback from ICC members to assist in setting and recommending targets for the FFY20 - FFY25 SPP/APR. 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

FFY 2020 SPP/APR Data

The number of families to whom surveys were distributed	12,296
Number of respondent families participating in Part C	6,399
Survey Response Rate	52.04%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	3,693
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	3,728
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	3,632
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	3,724
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	3,600

C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	3,724
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Measure	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	96.94%	94.00%	99.06%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	97.42%	94.50%	97.53%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	95.59%	93.00%	96.67%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO
The demographics of the 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	2019	2020
Survey Response Rate	66.32%	52.04%

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 survey is offered to every family as the child leaves the system. Although our response rate has dropped over the past few years, we are still above 50% return rate. Because it is offered to all families and the below data indicates a representative sample, the state believes all groups are represented that live in Indiana. Please see below in the section, "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."

The service coordinators know the importance of gathering this data and the state will continue to use the same strategies that are currently being used by continuing to offer the survey to all families upon exit from the program using a variety of platforms so it is convenient for all families to complete. The state believes that once the new data system is up and running completely, families will have the option of going online to complete the survey through the parent portal.

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 their goals and services are no longer needed. Service coordinators offer this survey in a variety of ways for families to complete. It can be done on an iPad during a face-to-face visit, a paper copy left with the family with a self-addressed envelope, by email, text or over the phone. Families have utilized all these options. The service coordinator will contact the family more than once to try to receive the completed survey from families. The state believes that once the new data system is up and running completely, families will have the option of going online to complete the survey through the parent portal.

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.

Families completing the survey for FFY20 were as follows:

- Asian: 2.4%
- Black/African American: 9.8%
- Hispanic/Latinx: 8.6%
- White: 70%
- 2 or more races: 9.1%

According to out 618 data that was submitted, these are the demographics of Indiana:

- Asian: 2.2%
- Black/African American: 9.9%
- Hispanic/Latinx: 9.4%
- White: 70%
- 2 or more races: 7.9%

Indiana has nine System Points of Entry (SPOES) in the state. All nine SPOEs are represented in the data below representing all areas of the state.

Family Outcomes Data by Cluster:

Cluster Outcome A Outcome B Outcome C

A 99.3% 98.9% 98.4%
 B 96.3% 96.3% 94.4%
 C 97.3% 97.3% 96.1%
 D 99.5% 98.6% 98.1%
 F 96.9% 96.9% 95.7%
 G 98.4% 98.4% 98.5%
 H 94.9% 96.2% 95.5%
 I 97.3% 96.0% 96.6%
 J 97.9% 96.2% 92.9%

Race/Ethnicity: Outcome A Outcome B Outcome C

Asian: 95.8% 91.7% 91.7%
 Black/African American: 97.7% 98.6% 96.3%
 Hispanic/Latino: 98.4% 98.0% 97.6%
 White: 97.6% 97.1% 96.7%
 Two or More Races: 99.2% 98.8% 97.6%

Exit Age in Years: Outcome A Outcome B Outcome C

1	95.4%	97.4%	96.4%
2	97.6%	97.6%	97.4%
3	98.0%	97.3%	96.6%

Based on the information above, Indiana believes this data is representative of the children and families we serve.

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

The state uses the 618 data (race/ethnicity demographics) to determine representativeness when compared to the percentage of race/ethnicity demographics of families receiving services through Part C. We only collect the family survey data when the child exits the program. According to our data analysis, most of the counties in the state are represented in the data. Due to low n-size, it is difficult to collect data in more rural counties.

Provide additional information about this indicator (optional).

Reason for Baseline Revision: During stakeholder engagement convenings to discuss target setting for FFY 2020-2025, several stakeholders expressed their concern with Indiana having not revised the baselines for this indicator in many years. This conversation prompted several additional conversations about the purpose of a baseline and what it would take to choose results for a year that was more current, if possible, and remain ambitious yet realistic. The years stakeholders selected as a new baselines for this indicator were determined through extensive conversation at stakeholder engagement convenings. All baseline years and frequency of making improvement over those baseline years was provided via chart and discussed extensively. Their strategy for determining these baseline years was similar to other indicators as once the topic of baselines was brought up, it became a consistent agenda item for the other stakeholder engagement groups. The process was to find the medial outcome for a bucket then identifying the baseline year that was nearest to that number. This was repeated for the other two buckets. Stakeholders also reviewed historical data and utilized target forecasting tools in conjunction with the baseline conversations which ultimately led them to choosing the years presented above.

4 - Prior FFY Required Actions

None

4 - OSEP Response

The State has revised the baselines for this indicator, using data from FFY 2009 for 4A, FFY 2016 for 4B and FFY 2018 for 4C, and OSEP accepts those revisions.

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

4 - Required Actions

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	2015	2016	2017	2018	2019
Target >=	1.56%	1.57%	1.57%	1.57%	1.57%
Data	1.36%	1.33%	1.42%	1.63%	1.65%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	1.37%	1.40%	1.42%	1.43%	1.44%	1.45%

Targets: Description of Stakeholder Input

Indiana set out to rethink stakeholder engagement and work to create a more meaningful and sustainable process that can be replicated for all stakeholder engagement within the First Steps system. In doing so, it was important to seek support to help the team understand our data more deeply which enabled us to create stakeholder engagement convenings that were informative for the participants and allowed everyone to feel comfortable and engage in rich conversation. Technical assistance was provided through the ECTA and DaSy. Once we had the content broken down and digestible, it was time to elicit participation from stakeholders. Stakeholders came 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, a vast age range, and various racial and ethnic backgrounds. Additionally, it was important to have a mix of individuals who had strong personalities and strong belief systems. This was key to facilitating deep and meaningful conversation. It prompted stakeholders to share their experience and really dive into a conversation about the balancing act between the qualitative data in front of us and the factors that can influence the data. Target setting groups were broken down into indicators 2, 5, and 6 as group 1, indicator 4 as group 2 and indicator 3 as group 3. Each group attended two 90 minute meetings and provided feedback which was recorded and reviewed by the state team. Recommendations from these groups were then share to the ICC who then recommended targets to the state team.

in addition to those listed above, Indiana First Steps solicited feedback from ICC members to assist in setting and recommending targets for the FFY20 - FFY25 SPP/APR. 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 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 1 with IFSPs	1,255
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, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 1	80,450

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,255	80,450	1.65%	1.37%	1.56%	Met target	No Slippage

Provide additional information about this indicator (optional)

Due to Covid -19 our referrals dropped significantly. During FFY21, Indiana allocated a significant amount of resources to marketing efforts focused on the B-1 population.

5 - Prior FFY Required Actions

None

5 - OSEP Response

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

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	2015	2016	2017	2018	2019
Target >=	3.83%	3.84%	3.84%	3.84%	3.84%
Data	3.89%	4.09%	4.09%	4.58%	4.85%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	3.90%	4.20%	4.30%	4.60%	4.86%	4.88%

Targets: Description of Stakeholder Input

Indiana set out to rethink stakeholder engagement and work to create a more meaningful and sustainable process that can be replicated for all stakeholder engagement within the First Steps system. In doing so, it was important to seek support to help the team understand our data more deeply which enabled us to create stakeholder engagement convenings that were informative for the participants and allowed everyone to feel comfortable and engage in rich conversation. Technical assistance was provided through the ECTA and DaSy. Once we had the content broken down and digestible, it was time to elicit participation from stakeholders. Stakeholders came 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, a vast age range, and various racial and ethnic backgrounds. Additionally, it was important to have a mix of individuals who had strong personalities and strong belief systems. This was key to facilitating deep and meaningful conversation. It prompted stakeholders to share their experience and really dive into a conversation about the balancing act between the qualitative data in front of us and the factors that can influence the data. Target setting groups were broken down into indicators 2, 5, and 6 as group 1, indicator 4 as group 2 and indicator 3 as group 3. Each group attended two 90 minute meetings and provided feedback which was recorded and reviewed by the state team. Recommendations from these groups were then share to the ICC who then recommended targets to the state team.

in addition to those listed above, Indiana First Steps solicited feedback from ICC members to assist in setting and recommending targets for the FFY20 - FFY25 SPP/APR. 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 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 3 with IFSPs	11,091
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, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 3	245,727

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
11,091	245,727	4.85%	3.90%	4.51%	Met target	No Slippage

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

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

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 2020 SPP/APR, the data for FFY 2019), 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	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	96.64%	99.07%	98.67%	94.36%	84.32%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
329	340	84.32%	100%	98.82%	Did not meet target	No Slippage

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.

7

Provide reasons for delay, if applicable.

Family member canceled several meetings due to having surgery: 1
 Difficulty getting in contact with family after several attempts: 1
 Family cancelation due to Covid-19: 1
 Family canceled evaluation/assessment appointment and IFSP had to be pushed past 45 day timeline: 4

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 developed a new strategy targeting 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. Original data for this indicator is gathered as a representative sample in quarter one (July 1, 2020 - September 30, 2020).

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).

Indiana has shifted its practice to sustain findings from year to year until closed rather than issuing new findings each year a cluster remains out of compliance.

To see the review of data for each cluster and how Indiana came into compliance in FFY2020 by closing all previously sustained noncompliance please see section "Provide additional information about this indicator (optional)."

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. 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, and review policies and procedures.

A minimum sample size for the state was determined by using a sampling calculator made available from the website (<http://www.raosoft.com/samplesize.html>) by Raosoft, Inc. The actual number sampled far exceeds the required sample size for a confidence level of 99%, with a confidence interval of +/-5%. All SPOEs are sampled each year. 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: 340 98.8% (336/340) - 4 late IFSPs (IFSP completed 46-74 days from referral) translating into three (3) findings for FFY20.

System Reasons for Delay:

Service Coordinator miscalculated 45th day: 2
 SC moved prior to the completion of the IFSP and new service coordinator had to be assigned: 1
 Paperwork not returned from the physician prior to writing the IFSP: 1
 All four children now have an IFSP although the IFSP was completed after the 45th day.

In FFY2020, three (3) findings of noncompliance for this indicator were given to Clusters A, C, and G (one finding to each cluster). Clusters B, D, F, H, I and J did not receive a finding because they were 100% compliant during the initial data pull for quarter 1.

Initial Data Pull Q1:

Cluster A: 95.6% (43/45) IFSPs completed 46-74 days after referral
 Cluster B: 100% (26/26)
 Cluster C: 97.3% (36/37) IFSP completed 46 days after referral
 Cluster D: 100% (22/22)
 Cluster F: 100% (20/20)
 Cluster G: 99.1% (107/108) IFSP completed 57 days after referral
 Cluster H: 100% (20/20)
 Cluster I: 100% (33/33)
 Cluster J: 100% (29/29)

Subsequent Data Pull Q3:

Cluster A: 100% (10/10)
 Cluster C: 100% (10/10)
 Cluster G: 100% (15/15)

All findings for this indicator have been closed.

Correction of Findings of Noncompliance Identified in FFY 2019

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	1	8	0

FFY 2019 Findings of Noncompliance Verified as Corrected

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

Cluster H was able to correct the finding of noncompliance for FFY 2019 within the one year timeline. Clusters A, B, C, D, F, G, I and J were also able to correct their finding of noncompliance, though outside of the one year timeline.

For each of the nine (9) findings issued in FFY19, 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 total findings 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 the IFSP, 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 (9) findings verified as corrected for FFY19, 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 cluster H and all other findings of noncompliance were subsequently corrected after the one year timeline.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2018	2	2	0
FFY 2017	2	2	0
FFY 2016	2	2	0

FFY 2018

Findings of Noncompliance Verified as Corrected

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

In FFY18, the two clusters with sustained findings were Clusters G and I. Both of these clusters were able to correct the finding in FFY20. The State verified correction for the two findings made according to federal requirements, although outside of the one year timeline. For each of the two findings, subsequent data were run for each of the clusters that received the finding. Cluster I came into compliance for this indicator during the initial data pull for Q1 of FFY20 and cluster G came into compliance during the subsequent data pull in Q3 of FFY2020. This indicates the regulatory requirements are being met.

FFY20 Q1 Initial Data pull:

Cluster G: 99.1% (107/108) IFSP completed 57 days after referral

Cluster I: 100% (33/33)

Subsequent Data Pull FFY20 Q3:

Cluster G: 100% (15/15)

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

The State verified correction for the two findings by reviewing data on each of the individual children included in the two findings. 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.

FFY 2017

Findings of Noncompliance Verified as Corrected

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

In FFY17, the two clusters with sustained findings were Clusters G and I. Both of these clusters were able to correct the finding in FFY20. The State verified correction for the two findings made according to federal requirements, although outside of the one year timeline. For each of the two findings, subsequent data were run for each of the clusters that received the finding. Cluster I came into compliance for this indicator during the initial data pull for Q1 of FFY20 and cluster G came into compliance during the subsequent data pull in Q3 of FFY2020. This indicates the regulatory requirements are being met.

FFY20 Q1 Initial Data pull:

Cluster G: 99.1% (107/108) IFSP completed 57 days after referral

Cluster I: 100% (33/33)

Subsequent Data Pull FFY20 Q3:

Cluster G: 100% (15/15)

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

The State verified correction for the two findings by reviewing data on each of the individual children included in the two findings. 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.

FFY 2016

Findings of Noncompliance Verified as Corrected

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

FFY16:

In FFY16, the two clusters with sustained findings were Clusters G and I. Both of these clusters were able to correct the finding in FFY20. The State verified correction for the two findings made according to federal requirements, albeit outside the one year timeline. For each of the two findings, subsequent data were run for each of the clusters that received the finding. Cluster I came into compliance for this indicator during the initial data pull for Q1 of FFY20 and cluster G came into compliance during the subsequent data pull in Q3 of FFY2020. This indicates the regulatory requirements are being met.

FFY20 Q1 Initial Data pull:

Cluster G: 99.1% (107/108) IFSP completed 57 days after referral

Cluster I: 100% (33/33)

Subsequent Data Pull FFY20 Q3:

Cluster G: 100% (15/15)

FFY15:

In FFY15, the two clusters with sustained findings were Clusters G and I. Both of these clusters were able to correct the finding in FFY20. The State verified correction for the two findings made according to federal requirements, albeit outside the one year timeline. For each of the two findings, subsequent data were run for each of the clusters that received the finding. Cluster I came into compliance for this indicator during the initial data pull for Q1 of FFY20 and cluster G came into compliance during the subsequent data pull in Q3 of FFY2020. This indicates the regulatory requirements are being met.

FFY20 Q1 Initial Data pull:

Cluster G: 99.1% (107/108) IFSP completed 57 days after referral

Cluster I: 100% (33/33)

Subsequent Data Pull FFY20 Q3:

Cluster G: 100% (15/15)

FFY14:

In FFY14, the one cluster with a sustained finding was Clusters G. This cluster was able to correct the finding in FFY20. The State verified correction for this finding according to federal requirements, albeit outside the one year timeline. For this finding, subsequent data were run and cluster G came into compliance during the subsequent data pull in Q3 of FFY2020. This indicates the regulatory requirements are being met.

Subsequent Data Pull FFY20 Q3:

Cluster G: 100% (15/15)

FFY13:

In FFY13, the one cluster with a sustained finding was Clusters G. This cluster was able to correct the finding in FFY20. The State verified correction for this finding according to federal requirements, albeit outside the one year timeline. For this finding, subsequent data were run and cluster G came into compliance during the subsequent data pull in Q3 of FFY2020. This indicates the regulatory requirements are being met.

Subsequent Data Pull FFY20 Q3:

Cluster G: 100% (15/15)

FFY12:

In FFY12, the one cluster with a sustained finding was Clusters G. This cluster was able to correct the finding in FFY20. The State verified correction for this finding according to federal requirements, albeit outside the one year timeline. For this finding, subsequent data were run and cluster G came into compliance during the subsequent data pull in Q3 of FFY2020. This indicates the regulatory requirements are being met.

Subsequent Data Pull FFY20 Q3:

Cluster G: 100% (15/15)

All findings have been closed for this indicator.

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

FFY16:

The State verified correction for the two findings by reviewing data on each of the individual children included in the two findings. For each of the children, review of data confirmed that each child received and IFSP, although late, or the child left the program.

FFY15:

The State verified correction for the two findings by reviewing data on each of the individual children included in the two findings. For each of the children, review of data confirmed that each child received and IFSP, although late, or the child left the program.

FFY14:

The State verified correction for the one finding by reviewing data on each of the individual children included in the finding. For each of the children, review of data confirmed that each child received and IFSP, although late, or the child left the program.

FFY13:

The State verified correction for the one finding by reviewing data on each of the individual children included in the finding. For each of the children, review of data confirmed that each child received and IFSP, although late, or the child left the program.

FFY12:

The State verified correction for the one finding by reviewing data on each of the individual children included in the finding. For each of the children, review of data confirmed that each child received and IFSP, although late, or the child left the program.

All findings have been closed for this indicator. For specific cluster findings closures please refer to, "Response to actions required in FFY 2019 SPP/APR"

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in 2018, two uncorrected findings for 2017, two uncorrected findings for 2016, two uncorrected findings for 2015, one uncorrected finding for 2014, one uncorrected finding for 2013, and one uncorrected finding for 2012 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and each EIS program or provider with remaining noncompliance identified in FFY 2018, FFY 2017, FFY 2016, FFY 2015, FFY 2014, FFY 2013, and FFY 2012: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

Response to actions required in FFY 2019 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 created, although late, or the child left the program.

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

In FFY2020, three (3) findings of noncompliance for this indicator were given to Clusters A, C, and G (one finding to each cluster). Clusters B, D, F, H, I and J did not receive a finding because they were 100% compliant during the initial data pull for quarter 1.

Initial Data Pull FFY20 Q1:

Cluster A: 95.6% (43/45) IFSPs completed 46-74 days after referral
Cluster B: 100% (26/26)
Cluster C: 97.3% (36/37) IFSP completed 46 days after referral
Cluster D: 100% (22/22)
Cluster F: 100% (20/20)
Cluster G: 99.1% (107/108) IFSP completed 57 days after referral
Cluster H: 100% (20/20)
Cluster I: 100% (33/33)
Cluster J: 100% (29/29)

Subsequent Data Pull FFY20 Q3:

Cluster A: 100% (10/10)
Cluster C: 100% (10/10)
Cluster G: 100% (15/15)

All findings for this indicator have been closed.

All findings have been closed for all clusters:

Cluster A: Finding closed for FFY20 and no sustained findings from previous FFYs.
Cluster B: No finding issued in FFY20 or sustained from previous FFYs.
Cluster C: Finding closed for FFY20 and no sustained findings from previous FFYs.
Cluster D: No finding issued for FFY20. Sustained finding closed for FFY19. No outstanding findings.
Cluster F: No finding issued for FFY20. Sustained finding closed for FFY19. No outstanding findings.
Cluster G: Finding closed for FFY20. Long standing finding closed for FFY12, FFY13, FFY14, FFY15, FFY16, FFY17, FFY18, FFY19.
Cluster H: No finding issued in FFY20 or sustained from previous FFYs.
Cluster I: No finding issued for FFY20. Long standing finding closed for FFY15, FFY16, FFY17, FFY18, and FFY19.
Cluster J: No finding issued in FFY20 or sustained from previous FFYs.

All 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 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.

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 2020 SPP/APR, the data for FFY 2019), 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	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	99.22%	99.06%	99.65%	99.21%	96.43%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
496	496	96.43%	100%	100.00%	Met target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

0

Provide reasons for delay, if applicable.

N/A

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 developed a new strategy targeting 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. Original data for this indicator is gathered as a representative sample in quarter one (July 1, 2020 - September 30, 2020).

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.

Indiana has shifted its practice to sustain findings from year to year until closed rather than issuing new findings each year a cluster remains out of compliance.

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. 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, and review policies and procedures.

A minimum sample size for the state was determined by using a sampling calculator made available from the website (<http://www.raosoft.com/samplesize.html>) by Raosoft, Inc. The actual number sampled far exceeds the required sample size for a confidence level of 99%, with a confidence interval of +/-5%. All SPOEs are sampled each year. 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 the Quality Review contractors and from state-verified, early intervention record reviews completed by the local SPOE as part of their quality review and progress monitoring system.

Provide additional information about this indicator (optional)

of IFSPs Reviewed % of IFSPs with Transition Steps and Services

State 100% (496/496)

The state reviewed a sample of 496 IFSPs during FFY20. It was found that all of the 496 IFSPs had adequate documentation of transition steps and services. No findings were issued for this indicator.

FFY20 Initial Data Pull:

Cluster A 64/64

Cluster B 47/47

Cluster C 60/60

Cluster D 49/49

Cluster F 37/37

Cluster G 80/80

Cluster H 48/48

Cluster I 59/59

Cluster J 52/52

Correction of Findings of Noncompliance Identified in FFY 2019

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

FFY 2019 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 finding made according to federal requirements, though outside of one year. For the one finding, subsequent data were run for Cluster I. Compliance was at 100% for this indicator for the subsequent data run. This indicates the regulatory requirements are being met.

FFY 19 Q1 Initial Data pull:
Cluster I 46/47 97.9%

FFY19 Q2 Subsequent Data Pull
Cluster I 20/23 87%

FFY19 Q3 Subsequent Data Pull
Cluster I 43/45 95.6%

FFY19 Q4 Subsequent Data Pull
Cluster I 32/43 74.4%

FFY20 Q1 Initial data pull:
Cluster I 59/59 100%

All findings for this indicator have been closed for this cluster.

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

The State verified correction for the one finding by reviewing subsequent data on each of the 17 individual children included in the one findings. For each of the 17 children, review of subsequent data confirmed that each child received steps and services for transition, although late. This indicates that each individual case of non-compliance was corrected within the required one year period meeting in accordance with regulatory requirements.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY Required Actions

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

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

Response to actions required in FFY 2019 SPP/APR

The State verified correction for the finding made according to federal requirements, though outside of one year. For the one finding, subsequent data were run for Cluster I. Compliance was at 100% for this indicator for the subsequent data run. This indicates the regulatory requirements are being met.

FFY 19 Q1 Initial Data pull:
Cluster I 46/47 97.9%

FFY19 Q2 Subsequent Data Pull
Cluster I 20/23 87%

FFY19 Q3 Subsequent Data Pull
Cluster I 43/45 95.6%

FFY19 Q4 Subsequent Data Pull
Cluster I 32/43 74.4%

FFY20 Q1 Initial data pull:
Cluster I 59/59 100%

The State verified correction for the one finding by reviewing subsequent data on each of the 17 individual children included in the one findings. For each of the 17 children, review of subsequent data confirmed that each child received steps and services for transition, although late. This indicates that each individual case of non-compliance was corrected within the required one year period meeting in accordance with regulatory requirements.

All findings for this indicator have been closed for this cluster.

8A - OSEP Response

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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 2020 SPP/APR, the data for FFY 2019), 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	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
5,781	5,781	100.00%	100%	100.00%	Met target	No Slippage

Number of parents who opted out

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

Provide reasons for delay, if applicable.

N/A

Describe the method used to collect these data.

Each month all children who turned 30 months of age during the previous month are identified. This list of children is sent to the SEA and the LEA as well as the SPOEs electronically. In addition to the children who turned 30 months, late referrals are also identified and are included in the list sent to the SEA and the LEA. The data was transmitted during the reporting period of July 1, 2020 to June 30, 2021.

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

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

NO

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

State database

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

Data was collected between July 1, 2020 through June 30, 2021.

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

Indiana provides child name, date of birth, and parent contact information to the appropriate school district (SEA and LEA) based on the address of the child's residence. This has enabled Indiana to provide accurate, on-going notification to the SEA and LEA of children potentially eligible for Part B services each month during the reporting period for FFY20.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2019

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

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 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

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

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 2020 SPP/APR, the data for FFY 2019), 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	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	99.00%	99.09%	98.01%	96.43%	96.05%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
574	594	96.05%	100%	96.63%	Did not meet target	No Slippage

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

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

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 (20) 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 developed a new strategy targeting 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. Original data for this indicator is gathered as a representative sample in quarter one (July 1, 2020 - September 30, 2020).

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

Indiana does not review the records of all children exiting the Part C system. The number listed represents a sample of the children exiting the Part C system who was supposed to have a transition meeting 90 days-9 months prior the the child's third birthday. Sample data was derived from early intervention record reviews performed by the Quality Review contractors and from state-verified, early intervention record reviews completed by the local SPOE as part of their quality review and progress monitoring system. The data includes samples from each of the nine clusters to ensure adequate representation of all children receiving First Steps services in Indiana.

Provide additional information about this indicator (optional).

of IFSPs Reviewed % of IFSPs with Timely Transition Meetings
State: 96.63% (574/594)

FFY20 Q1 Initial Data Pull:

- Cluster A: 92% (57/62)
- Cluster B: 98.1% (53/54)
- Cluster C: 96.7% (58/60)
- Cluster D: 96.2% (50/52)
- Cluster F: 95.2% (40/42)
- Cluster G: 93.9% (77/82)
- Cluster H: 100% (48/48)
- Cluster I: 98.4% (61/62)
- Cluster J: 96.5% (55/57)

The state reviewed a total of 594 Transition meeting documents during FFY20 to verify the transition meeting happened timely. It was found that 20 of the 594 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 with in the 1 year timeline when subsequent data was reviewed.

FFY20 Q2 Subsequent Data:

- Cluster A: 100% 10/10 Q2 reviewed and verified on 3/3/2021
- Cluster B: 100% 10/10 Q2 reviewed and verified on 3/3/2021
- Cluster C: 100% 10/10 Q2 reviewed and verified on 3/3/2021
- Cluster D: 100% 5/5 Q2 reviewed and verified on 3/3/2021
- Cluster F: 100% 5/5 Q2 reviewed and verified on 3/3/2021
- Cluster G: 100% 15/15 Q2 reviewed and verified on 3/3/2021 This closes the finding for FFY2018 and FFY2019
- Cluster I: 100% 10/10 Q2 reviewed and verified on 3/3/2021 This closes the finding for FFY2019
- Cluster J: 100% 10/10 Q2 reviewed and verified on 3/3/2021

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

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
6	4	2	0

FFY 2019 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 four clusters (A, B, F, and H) according to federal requirements and within the year. For each of the corrected four findings, subsequent data was reviewed. In all instances, compliance was at 100%. This indicates the regulatory requirements are being met. Cluster G and I were able to correct their finding albeit after the one year timeline in Quarter 2 of FFY20.

FFY19 Q1 Initial Data Pull:

- Cluster A: 96.7% (58/60)
- Cluster B: 95.1% (39/41)
- Cluster C: 100% (47/47)
- Cluster D: 100% (32/32)
- Cluster F: 95.5% (21/22)
- Cluster G: 95.3% (142/149)
- Cluster H: 92.9% (26/28)
- Cluster I: 96.3% (52/54)
- Cluster J: 100% (41/41)

FFY19 Q2 Subsequent data:

- Cluster B: 100% 20/20
- Cluster F: 100% 20/20
- Cluster H: 100% 20/20

FFY19 Q3 Subsequent data:

- Cluster A: 100% 21/21

FFY20 Q2 Subsequent Data:

- Cluster G: 100% 15/15
- Cluster I: 100% 10/10

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

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

The State verified correction for the four findings that came in within the year, by reviewing data on each of the individual children included in the four findings. For each of the 18 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 four clusters (B, F, H, and A).

The State verified correction for the two findings that came in outside of one year by reviewing data on each of the individual children included in the two findings. For each of the 14 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 although outside of one year (G and I).

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2018	1	1	0

FFY 2018

Findings of Noncompliance Verified as Corrected

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

In FFY18, 6 clusters (A, F, G, H, I, and J) received a finding in 8C. All but one finding (Cluster G) was verified as corrected within one year through the review of subsequent data at 100% compliance for each cluster.

In FFY20, the State verified correction for the final finding (cluster G) according to federal requirements, though outside of one year. For the corrected

finding, subsequent data was reviewed. Compliance was at 100%. This indicates the regulatory requirements are being met. Cluster G was able to correct their finding albeit after the one year timeline in Quarter 2 of FFY20.

All 6 findings for this indicator have been closed for all clusters (A, F, G, H, I, and J).

FFY18 Q1 Initial Data Pull:

Cluster A: 94.4% (51/54)
Cluster B: 100% (36/36)
Cluster C: 100% (42/42)
Cluster D: 100% (34/34)
Cluster F: 95% (19/20)
Cluster G: 97.7% (130/133)
Cluster H: 87.5% (21/24)
Cluster I: 97.9% (47/48)
Cluster J: 97.4% (38/39)

FFY18 Q2 Subsequent data:

Cluster A: 100% (20/20)
Cluster F: 100% (20/20)
Cluster G: 96.4% (27/28)
Cluster H: 100% (20/20)
Cluster I: 100% (20/20)
Cluster J: 90% (18/20)

FFY18 Q3 Subsequent data:

Cluster G: 96.8% (30/31)
Cluster J: 90% (18/20)

FFY18 Q4 Subsequent data:

Cluster G: 88.4% (38/43)
Cluster J: 95% (19/20)

FFY19 Q1 Initial Pull:

Cluster J: 100% (41/41)

FFY20 Q2 Subsequent Data:

Cluster G: 100% (15/15)

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

In FFY18, 6 clusters (A, F, G, H, I, and J) received a finding in 8C. All but one finding (Cluster G) was verified as corrected within one year by verifying each of the individual children had their transition conference, although late.

In FFY20, the State verified correction for the final finding (cluster G) according to federal requirements, though outside of one year. For the corrected finding (Cluster G), the state verified all individual instances of noncompliance were corrected and each child received a transition conference, although late.

All 6 findings made in FFY18 for this indicator have been verified as corrected and closed for all 6 clusters (A, F, G, H, I, and J).

8C - Prior FFY Required Actions

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

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

Response to actions required in FFY 2019 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:

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 20 files per cluster depending on cluster size).

FFY20 Initial Data Pull:

of IFSPs Reviewed % of IFSPs with Timely Transition Meetings
State: 97% (649/669)

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 closed for FFY20. No previously sustained findings.

Cluster B: Finding closed for FFY20. No previously sustained findings.

Cluster C: Finding closed for FFY20. No previously sustained findings.

Cluster D: Finding closed for FFY20. No previously sustained findings.

Cluster F: Finding closed for FFY20. No previously sustained findings.

Cluster G: Finding closed for FFY20. Sustained findings closed for FFY18 and FFY19. No additional outstanding findings.

Cluster H: No finding issued in FFY20. No previously sustained findings.

Cluster I: Finding closed for FFY20. Sustained finding closed for FFY19. No additional outstanding findings.

Cluster J: Finding closed for FFY20. Sustained finding closed for FFY18. No additional outstanding findings.

All 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 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.

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.

9 - Prior FFY Required Actions

None

9 - OSEP Response

OSEP notes that this indicator is not applicable.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the 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 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1 Mediations held	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.a.i Mediations agreements related to due process complaints	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

Indiana set out to rethink stakeholder engagement and work to create a more meaningful and sustainable process that can be replicated for all stakeholder engagement within the First Steps system. In doing so, it was important to seek support to help the team understand our data more deeply which enabled us to create stakeholder engagement convenings that were informative for the participants and allowed everyone to feel comfortable and engage in rich conversation. Technical assistance was provided through the ECTA and DaSy. Once we had the content broken down and digestible, it was time to elicit participation from stakeholders. Stakeholders came 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, a vast age range, and various racial and ethnic backgrounds. Additionally, it was important to have a mix of individuals who had strong personalities and strong belief systems. This was key to facilitating deep and meaningful conversation. It prompted stakeholders to share their experience and really dive into a conversation about the balancing act between the qualitative data in front of us and the factors that can influence the data. Target setting groups were broken down into indicators 2, 5, and 6 as group 1, indicator 4 as group 2 and indicator 3 as group 3. Each group attended two 90 minute meetings and provided feedback which was recorded and reviewed by the state team. Recommendations from these groups were then share to the ICC who then recommended targets to the state team.

in addition to those listed above, Indiana First Steps solicited feedback from ICC members to assist in setting and recommending targets for the FFY20 - FFY25 SPP/APR. 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	2015	2016	2017	2018	2019
Target>=					
Data	0.00%				

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=						

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 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.

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2020. 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 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 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 2020 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 2020 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., April 1, 2021). 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 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

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 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) 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)

YES

Provide a description of the system analysis activities conducted to support changing the SiMR.

Indiana reviewed census data, SiMR data from previous submissions, and child outcomes data disaggregated by county and race and ethnicity. Conversations were brought to stakeholder groups to discuss this data and potential capacity within the system to address these concerns.

Please list the data source(s) used to support the change of the SiMR.

The previous SSIP evaluation plan indicated the collection was focused on two subgroups (low socioeconomic status and African American and Black children) when the data collected by the state allows for the flexibility of identification of subgroups using up to 6 Race Groups (5 Race Alone Groups and Two or More Races), Age, Sex, and Hispanic Origin, socioeconomic status, and geographic location. With the use of Indiana's new data system, a larger amount of data can be collected and disaggregated moving forward, and it is important to utilize this resource to make the greatest impact for the state as a whole. This is imperative as we review Census data from 2020. Indiana has seen a 241.5% increase in individuals identifying with two or more races from 2010, and now making up 6.4% of the total population in Indiana. In addition, the Asian population has increased by 63.9%, the American Indian and Alaska Native population has increased by 41.3%, and Native Hawaiian and other Pacific Islander population has increased by 33.6%. As we see changes in population in Indiana, we must have flexibility to address need.

Provide a description of how the State analyzed data to reach the decision to change the SiMR.

Through conversations with stakeholders around disparate populations and census data representing fluctuations in race and ethnicity data, the state team along with stakeholders have come to the conclusion that having a SiMR focusing on a specific group is not in the best interest of the state, and having a broader SiMR allows for the flexibility of identification of subgroups using up to date data. Additionally, with the possible elimination of Family Cost Participation at the federal level, collecting income information for families will be more difficult as it would solely be for the purpose of providing the state with demographic information.

Please describe the role of stakeholders in the decision to change the SiMR.

Indiana set out to rethink the stakeholder engagement and work to create a more meaningful and sustainable process that can be replicated for all stakeholder engagement within the First Steps system. In doing so, it was important to seek support to help the team understand our data more deeply which enabled us to create stakeholder engagement convenings that were informative for the participants and allowed everyone to feel comfortable and engage in rich conversation. Technical assistance was provided through the ECTA and DaSy. Once we had the content broken down and digestible, it was time to begin choosing stakeholders. Stakeholders came from a broad set of backgrounds which included: 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, First Steps provider agencies, and families. Participants were both male and female, a vast age range, and various racial and ethnic backgrounds. Additionally, it was important to choose individuals who felt comfortable participating in these robust conversations and expressing their beliefs and principles based on their individual expertise. This was key to facilitating deep and meaningful conversation. It prompted stakeholders to share their experience and really dive into a conversation about the balancing act between the qualitative data in front of us and the factors that can influence the data. Stakeholders attended two 90-minute meetings and provided feedback which was recorded and reviewed by the state team. Recommendations from these groups were then shared with the ICC who then recommended the new SiMR to the state team.

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)

YES

Please provide a description of the changes and updates to the theory of action.

Indiana's Theory of Action has been updated to reflect data-driven changes. First, the removal of Exit Assessment as an infrastructure improvement strategy due to data indicating the activities over the previous years have accomplished the desired outcomes. Second, there has been an addition of a focus on equity. More about these plans can be found within the body of this report.

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	2020	2021	2022	2023	2024	2025
Target>=	52.00%	52.00%	52.00%	52.50%	52.75%	55.00%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
2,096	4,002	53.30%	52.00%	52.37%	Met target	No Slippage

Provide the data source for the FFY 2020 data.

Indiana's Child Outcomes data of 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 receives services for more 6 months and compares it to the exit data that is collected when the child exits the program using a state developed Exit Skills Checklist, which is derived from the AEPS.

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

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

YES

If yes, please provide the following information: a description of the changes and updates to the evaluation plan; a rationale or justification for the changes; and, a link to the State's current evaluation plan.

In addition to Equitable Access under "inputs," the evaluation plan has also been updated to include the evaluation of disaggregated child outcomes data under strategies with the intent to identify any subgroups who are not achieving the set state target. Then the outputs are to identify what evidence-based practices would meet the needs of the identified subgroups so they are able to achieve the target outcomes. The rationale for these changes is to ensure Indiana is able to identify which subgroups are not meeting target outcomes throughout the state. If we have pockets of underserved/underperforming populations where we are continuously seeing lower outcomes, this is pulling the average down. If we focus on these groups, then the outcomes for the subgroups will increase, and if they increase, overall outcomes will increase.

https://www.in.gov/fssa/firststeps/files/Evaluation-Plan_jt.pdf

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, 2, and 3 of FFY20. The total number of family assessments reviewed was 960. Of those reviewed, 299 families declined to complete the assessment. Of the 661 files where the family participated in the completion of the family assessment, only 348 (52.6%) were completed entirely meaning each question was asked and an answer was documented. This data suggests 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 such as the expansion of the State Implementation Team to include agency administrators, providers, and family members; informational agency presentations; and webinars. Initiated key elements of the Installation Stage in the Summer of 2021, including working with Dr. Woods to establish initial professional development supports and fidelity assessments; working with Indiana University to execute professional development supports and; identification of 15 providers, as part of exploration, across multiple provider agencies who were willing to pilot the FGRBI professional development that we will be implemented statewide over the next several years.

#3 Data Based Decision Making:

The state has been in the process of building a new data system where all Part C information will be housed. This will allow for all enrolled personnel to see their caseloads, complete required tasks timely and run more specific reports to help everyone manage caseloads. The state does not collect data quarterly. The state collects data for one quarter using a sample. Subsequent data is used to see if any SPOE has met compliance for any indicator for which they received a finding. This new method has helped to shift the focus to include quality indicators the state wants to focus on during any given time period. The state was not able to devote as many efforts as hoped due to challenges with building and implementing a new data system. The state continues to implement the use of data dashboards that are utilized at ICC meetings, all SPOE offices, and all provider agencies to assist in data driven decision making.

#4 Equity:

Through the Racial Justice study, being conducted by Indiana University, data continues to be collected and analyzed. This information will further guide First Steps in the development of action and activities to address inequities within Indiana's early intervention system.

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:

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):

Agencies are aware of the FGRBI initiative and are expressing interest in participating. Policies and procedures are being developed to better integrate FGRBI into the First Steps system. This is tied to professional development and technical assistance. The idea is that the FGRBI is a family centered model that will allow providers to connect with all families and improve outcomes.

#3 Data Based Decision Making:

- Implement the use of data dashboards to the state that are utilized at ICC meetings to assist in making decisions.
- Implement the use of data dashboards at all SPOE offices.
- Implement the use of data dashboards at all provider agencies

Because the state uses data dashboards, the ICC, SPOES, and agencies are able to make better data-driven programmatic decisions. This is tied to the systems framework of data. This effort will allow the state to look at sustainability of the system improvement efforts.

#4: Equity:

- State staff have been accepted as members of FSSA's Office of Healthy Opportunities ADA Committee and Equity team for Capacity Building. Work with these groups are just beginning and will continue to inform future professional and leadership development of state staff.
- Local programs have found ways 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.

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 this with families. By reviewing the policies, procedures and protocols for each of these activities will foster better family engagement and higher child and family outcomes. Both of these efforts are happening over the next two years (2022-2024).

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

The state will move into installation for Family Guided Routines Based Intervention by recruiting a first cohort of provider agencies (100 providers) to participate in professional development and coaching from Dr. Woods's team at Florida State University beginning in January 2022. Three master coaches are being trained at Indiana University to build sustainability in future years. A second cohort of 100 will begin in June 2022. Agencies are being asked to form implementation teams to support sustainability. A State Implementation Team was formed in September 2021 and is meeting regularly to provide support. Anticipated outcomes include having 3 trained master coaches during this reporting period as well as 100 fully trained providers and another 100 in process. 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 and sustainability.

Indiana is in the process of crafting an evaluation plan 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. To support awareness, state team members

will plan presentations for provider agencies. These presentations will outline the expectations of participation, readiness assessment, and the process for participation in each cohort. In addition to the work on FGRBI installation, materials will 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. Focus groups will be conducted with Service Coordinators in all 9 System Points of Entries (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. A select group of 15 Service Coordinators and 15 SPOE leaders (30 individuals in total) will go through a LifeCourse Ambassador Series conducted by the University of Missouri-Kansas City. Feedback from this experience will also inform our decisions about what strategies to implement and how to move forward. Anticipated outcomes from this reporting period include exploration data gathered from multiple focus groups and a LifeCourse summit (following the Ambassador Series) that will inform professional development for service coordinators and SPOE personnel in the following year.

#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 in which adoption of the FGRBI model can occur across Indiana's service agencies. In addition to FGRBI, the state is also using focus groups and current research in evidence-based practices in service coordination, in addition to the Division For Early Childhood and Infant Toddler Coordinating Council's joint position statement of service coordination and the LifeCourse framework, to remove barriers within the system and bring service coordination back to a focus on families rather than tasks.

#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 111 white and Black families enrolled in Indiana's Early Intervention system, including families who have dropped out. The research team is also interviewing Part C providers from around the state of Indiana to see what they say about their work with Black families. To learn more about this research and follow its progress. Please follow this link: <https://research.impact.iu.edu/our-strengths/race-ethnicity/first-steps-programs.html>

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

Indiana is moving into the installation phase of implementing Family Guided Routines Based Intervention (FGRBI) in Indiana.

Provide a summary of each evidence-based practice.

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/>

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.

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.

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

As we move into installation, we will be conducting training evaluations as well as fidelity assessments as providers progress through the process. Providers will record themselves providing home visits and then submit the recordings for review, feedback, and scoring. As we prepare for Cohort 2 (beginning in June 2022) we will use a data dashboard based on data including provider survey data and a leadership readiness assessment to make decisions about which agencies will be accepted.

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.

To understand how FGRBI could work in our state, a pilot cohort of 15 providers was selected. This cohort was given the opportunity to go through the newly developed three FGRBI modules (had to pass with 80%) and had monthly webinars with Dr. Juliann Woods to discuss what they learned and how to apply the strategies during a home visit. At this time, many visits were still happening virtually so that was a strategy component that was added during the discussions. The participants were able to apply their knowledge and bring back successes and challenges that were a point of discussion during the webinars. The state is looking to create its first cohort in the first quarter of 2022 to continue learning of FGRBI. The state hopes to have the first cohort contain around 100 providers.

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

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

The state will move into installation for Family Guided Routines Based Intervention by recruiting a first cohort of provider agencies (100 providers) to participate in professional development and coaching from Dr. Woods' team at Florida State University beginning in January 2022. Three master coaches are being trained at Indiana University to build sustainability in future years. A second cohort of 100 will begin in June 2022. Agencies are being asked to form implementation teams to support sustainability. A State Implementation Team was formed in September 2021 and is meeting regularly to provide support. Anticipated outcomes include having 3 trained master coaches during this reporting period as well as 100 fully trained providers and another 100 in process. 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.

#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 Entries (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. A select group of 15 Service Coordinators and 15 SPOE leaders (30 individuals in total) will go through a LifeCourse Ambassador Series conducted by the University of Missouri-Kansas City. Feedback from this experience will also inform our decisions about what strategies to implement and how to move forward. Anticipated outcomes from this reporting period include exploration data gathered from multiple focus groups and a LifeCourse summit (following the Ambassador Series) that will inform professional development in the following year.

Describe any changes to the activities, strategies, or timelines described in the previous submission 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.

Section C: Stakeholder Engagement

Description of Stakeholder Input

Indiana set out to rethink stakeholder engagement and work to create a more meaningful and sustainable process that can be replicated for all stakeholder engagement within the First Steps system. In doing so, it was important to seek support to help the team understand our data more deeply which enabled us to create stakeholder engagement convenings that were informative for the participants and allowed everyone to feel comfortable and engage in rich conversation. Technical assistance was provided through the ECTA and DaSy. Once we had the content broken down and digestible, it was time to elicit participation from stakeholders. Stakeholders came 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, a vast age range, and various racial and ethnic backgrounds. Additionally, it was important to have a mix of individuals who had strong personalities and strong belief systems. This was key to facilitating deep and meaningful conversation. It prompted stakeholders to share their experience and really dive into a conversation about the balancing act between the qualitative data in front of us and the factors that can influence the data. Target setting groups were broken down into indicators 2, 5, and 6 as group 1, indicator 4 as group 2 and indicator 3 as group 3. Each group attended two 90 minute meetings and provided feedback which was recorded and reviewed by the state team. Recommendations from these groups were then share to the ICC who then recommended targets to the state team.

in addition to those listed above, Indiana First Steps solicited feedback from ICC members to assist in setting and recommending targets for the FFY20 - FFY25 SPP/APR. 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

Indiana recognizes the continuous need to ensure all stakeholders have the capacity to participate in stakeholder engagement sessions. To ensure a diverse group of parents were included and able to participate in these conversations in meaningful ways despite having in-depth knowledge of Indiana's EI program, Indiana took additional steps when preparing for the engagement groups to account for these needs. Specifically, it was noted family participants came from diverse racial, ethnic, SES, educational backgrounds, and geographic locations to ensure a representative sample of the families we serve in EI across the state of Indiana.

Each topic was broken in to two meeting sessions to help support understanding of the EI system activities that have taken place and allow time for participants to ask questions and feel prepared to make recommendations. Each first meeting consisted of in-depth discussion and artifact sharing to help lay the foundation for the data conversation at the next meeting. To ensure all family participants had the capacity to participate, additional meetings were scheduled to address family questions - these were offered at each session and several participants chose to utilize them. It was noted that the participation of these individuals increased in the following group meetings. These additional meetings assisted family members' understanding of the content and context of the information presented.

All stakeholder meetings were held virtually and materials we provided in advance to ensure all who participated had equitable access to attend as well as review materials. Because both space and time were provided for participants, they were about to prepare and ask questions, which supported meaningful participation.

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

This year has been focused on stakeholder engagement from sending regular email/text communications to offering webinars and forums to continue the discussion around FGRBI concepts to offering a cohort learning opportunity. The exploration stage of implementation science is focused on stakeholder engagement. In particular, the learning community that is happening currently, and the agency visits we plan for the spring/summer of 2021, will focus on gathering feedback from providers about how FGRBI will work in Indiana and the perceived barriers to implementation.

ICC Sub-Committee: The Professional Development sub-committee has met on a regular basis during all scheduled ICC meetings to receive updated information around FGRBI and the sub-committee is encouraged to provide feedback. One activity in particular was the state team and ECC reaching out to collect data and implementation strategies from other states who have already begun the implementation phase of FGRBI. After gathering this information, a presentation was created and brought to the PD subcommittee for review and feedback. The subcommittee supported the state team by providing additional questions and concerns to address before the state team brought this presentation to agencies around the state.

Annual First Steps Conference: Our First Steps 2021 Annual Conference was held virtually due to Covid-19. We were able to offer a ½ day virtual session with Dr. Juliann Woods to continue the understanding of FGRBI. She also hosted a breakout session which was open to providers and families in attendance. This provided an opportunity for gaining knowledge around this improvement strategy and to ask questions. The Conference sessions were also uploaded to First Steps' Learning Management System allowing providers access to these training opportunities as needed. Agencies have also used these sessions to provide training to providers who are new to the First Steps system.

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

Agency Visits: A plan was developed by the state to offer all agencies the opportunity to share information with their staff around FGRBI, get feedback and address questions from ongoing providers working with families. A readiness assessment will be developed and utilized to determine if the agency leadership and providers are ready to implement FGRBI on a small scale.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

While conducting various stakeholder engagement convenings for the purpose of target setting for 2020-2025, stakeholders in both the family outcomes and child outcomes groups expressed their concerns with regard to data collection and the capacity of families and providers at this time. More specifically, in the family outcomes meeting stakeholders expressed deep concerns with survey fatigue, families getting their basic needs met, concern for jobs, housing, food, etc. Stakeholders felt these things would take precedent over completing the survey at exit. Additionally, stakeholders in the child outcomes and family out comes groups also noted they feel there is added stress on the providers due to learning a new data system.

To each ICC, Indiana invites a family to share their experiences with First Steps. On several occurrences, families have mentioned wishing early intervention services would have lasted longer and their desire to have been enrolled in the system when their child was younger. First Steps is working toward addressing the need to increase participation of families in the B-1 population through targeted marketing efforts. Indiana has begun working with a marketing company to work on collateral pieces to support these efforts. Families have also noted feeling lost when transitioning to Part B. Indiana has taken these concerns and believes the various infrastructure improvement plans (FGRBI and Focusing on the role of SCs) will allow out state to support families in the ways they are expressing need. We see these improvement strategies supporting smooth transition from Part C to Part B.

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: Moving forward, Indiana will review disaggregated data with the intention to identify gaps in outcomes by subgroup. Indiana will review this data annually to ensure all children are meeting the SiMR target and focus resources where they are most needed.

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

This data will be collected with Child Outcomes data for FFY 2021 and analyzed at that time to determine which subgroups did not meet the SiMR target, so we can identify opportunities within our system to support these groups.

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

Indiana has 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 workflow is cumbersome, so collecting high quality data to determine outcomes will take time, specifically, to buildout a more user-friendly interface and train personnel.

Provide additional information about this indicator (optional).

During stakeholder engagement convenings to discuss target setting for FFY 2020-2025, several stakeholders expressed their concern with Indiana having not revised the baseline for this indicator in many years. Additionally, due to changing the SiMR to align with indicator 3A, the baseline set for indicator 3 was applied to indicator 11 as discussed and agreed upon by the stakeholder group.

When updating the baseline for 3A: The year stakeholders selected as a new baseline for this indicator was determined through extensive conversation at stakeholder engagement convenings. Stakeholders reviewed historical data and utilized target forecasting tools in conjunction with the baseline conversations to choose the most appropriate baseline year for this indicator.

11 - Prior FFY Required Actions

None

11 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2010, and OSEP accepts that revision.

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

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.

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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.

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