

# STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on  
FFY 2022

Indiana



**PART C DUE**  
**February 1, 2024**

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

FFY2022 continued to bring great efforts to increase the capacity to provide high quality services to children and families throughout Indiana. The General Assembly and Governor's Office provided the program with an additional \$7.5 million in state funds used to implement a rate increase as well as increased contract allocations for all System Points of Entry vendors. We launched a state level campaign to recruit new providers to the early intervention system. Social media platforms such as Facebook, Instagram, and LinkedIn were utilized as part of the campaign. Outreach to colleges and universities continued with these efforts expanding to include First Steps Local Planning and Coordinating Councils to increase the number of students reached. We also enrolled five new provider agencies enrolled in FFY2022 to provide early interventions in five clusters throughout the state.

The state continued to seek technical assistance from ECTA in addition to working with several other centers through a variety of communities of practice and workgroups. Specifically, Sharon Walsh and Thomas McGee have been of great assistance in further developing our team's understanding in the monitoring space. This technical assistance has helped us to streamline how and when we collect annual performance data, how we monitor local programs and support their data literacy, and prepare for our Differentiated Monitoring and Supports engagement beginning in March 2024.

Indiana was also able to hire four new team members to join the state team in FFY2022. The addition of staff will allow for more oversight of vendors including local programs, create more high quality trainings for personnel, make improvements to the data system, analyze more data inhouse, and engage with families to provide a higher level of services.

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

As reported in Indiana's FFY2021 SPP/APR the state went live with a new data system on March 8, 2021. There were significant issues with the launch of the new system, most notably around data migration and address validation functionality.

Due to issues during data migration of records from the legacy system to the current system, the address records were incorrectly end-dated which resulted in the address fields not displaying the active address for these children. To make these addresses active, users had to manually review each child's record, however, after 3/1/21 implementation of the new system, a significant issue was encountered with address validation which rendered many of those address records incomplete within the data system as well. The system captured the street address of the child but did not include the county or SPOE as the system was designed to populate this information based on the validated address. Children who entered our program after 3/1/21 implementation of the new system, a significant issue was encountered with address validation which rendered many of those address records incomplete within the data system as well. The system captured the street address of the child but did not include the county or SPOE as the system was designed to populate this information based on the validated address. These issues created a problem for Indiana in reporting SPOE level data for indicators 2, 5, and 6 in FFY2021. The State and its vendor have worked to resolve the address validation issue as well as have invested significant fiscal and human resources in a data clean up and quality assurance effort. Indiana is pleased to report that FFY2022 618 data were able to be disaggregated at the local level once again.

As reported in the FFY2021 SPP/APR, Indiana applied sampling methodology during its collection and reporting for indicators 3 and 4. The sampling plan utilized was submitted to OSEP in calendar year 2023 shortly after the submission of the FFY2021 SPP/APR. The plan was revised and further clarified in the fourth quarter of 2023. Within the sampling plan, the two challenges that led Indiana to this decision are explained. First, transitioning to the new data system, EIHub, in March of 2021 created barriers as the data elements being collected in the new system was far greater than that which was migrated from the legacy system meaning there was not a one for one match of data elements from the legacy system to the new system. We also encountered some migration mapping errors where data from the legacy system a space did not have to migrate to in the new system. However, we have worked with our data system vendor to successfully migrate legacy data to the new system on a couple of occasions, thus increasing the available data in EIHub. Additionally, SPOEs were unable to enter data into the new system as the system's functionality and data elements were limited at the time of release. Given these barriers, data for both child and family outcomes continue to be housed in the electronic records systems at each SPOE, independent of the state data system. The quality review team can access these files for review, however, the data in the systems created by the SPOEs are not able to be mapped and migrated directly into the state data system as the information is housed on handwritten, scanned documents or PDFs without a consistent field naming convention. There was simply no possible way for the QR team to review each of the several thousand exiting children for FFY22, so it was decided using a representative sample was the best way to collect, review, and report the data at this time. Indiana continues to work with its vendor on building out the components of the data system that will allow for outcome reporting directly into the system and thus provide the opportunity to build and run queries for reporting purposes.

In addition to the barriers with technology, the principal investigator at Indiana University retired in the summer of 2022. Upon his retirement the data being housed on his computer and the IU server was destroyed. We also lost the methodology used to calculate scores for the AEPS. As a result, IU contracted with a statistician to develop a sampling plan and provide child outcomes scores based on the representative sample collected by the quality review team. More information about this and what possible effects this had on the data can be found in further narratives within indicators 3 and 4 as well as within the sampling plan which has been uploaded with additional documents on this platform.

Indiana plans to continue sampling during this transition period with a goal to resume collecting and reviewing data on all eligible infants and toddlers by FFY25. During this interim period, Indiana will be using a representative sample obtained by collecting and reviewing records from a single month, July. The July records are stratified by region, providing representation from each of the nine systems points of entry (SPOEs) across the state. Indiana utilized over sampling when necessary. To support this interim process, contractors at the Early Childhood Center (ECC) at Indiana University have engaged the Indiana Statistical Consulting Center (ISCC) to ensure that Indiana's sampling procedures represent the population served and are statistically sound.

In FFY2022, Indiana First Steps continued to experience an increase in referrals and number of children with IFSPs. This coupled with service providers and service coordinators leaving the program created challenges in timely service delivery and timely IFSP development. System capacity building was a focus in FFY2022. Indiana implemented a retention and morale survey of personnel in 2022 in hopes to better understand the reason behind personnel leaving the system. The State shared the results of the survey with all its provider agencies and SPOEs as well as utilized over half its ARPA funding to support the recruitment and retention efforts of its provider agencies and SPOEs by releasing a workforce sustainability grant.

#### General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions).

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; exit with reason; child demographic data; and provider information). Data for each of the nine System Point of Entry (SPOE) clusters can be reviewed at any time by state and/or the local SPOE. This data is used by the state as a source for ongoing desk audits of the system. The data system vendor developed a data query for 618 data based upon data within the system and provided it to the Bureau of Child Development Services. The vendor also provides ad hoc reports to the State and local programs upon request so trends can be monitored and data completeness can be achieved.

2. **Statewide Quality Review-Focused Monitoring System:**

The Bureau of Child Development Service office contracts with the ECC at IU to provide quality review coordination, virtual reviews, and local technical assistance. Indiana has nine System Points of Entry (SPOE) that serve as the local entity for referrals to Part C. Each of the SPOEs receives technical assistance visits as needed and an annual virtual verification visit. The Quality Review plan was enhanced to review not only compliance measures, but several quality measures within local programs to assess possible program training needs and for local program improvement strategic planning purposes.

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

The ECC at IU is contracted to collect child and family outcome data. Quality Review-Focused Part C Monitoring (QRFM) visits for FFY2022 were conducted in November through December 2023, with findings issued by the state to the SPOE in January of 2024, within 90 days of the completion of all visits. Each SPOE received a findings table which listed all federal and state indicators including indicators requiring correction due to noncompliance. The SPOEs were directed to demonstrate 100% compliance for indicators 1, 7, and 8, along with other state identified areas of compliance (annual IFSPs completed prior to expiration; timely six-month reviews; ten-day prior written notice) as soon as possible, but no later than one year from the date of the finding.

The ECC is contracted for child and family outcome data reporting. Service providers complete a statewide collection tool/form documenting child development and outcome progress. This data is collected during reviews and then reported to ECC and used in monitoring Indicator 3. The family outcome survey data is also collected during reviews and then reported to ECC and used in monitoring Indicator 4.

**Technical Assistance System:**

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

Indiana First Steps contracted with the Early Childhood Center (ECC) at Indiana University (IU) to implement a system to provide technical assistance to its nine local System Points of Entry (SPOE) and 43 provider agencies. The ECC at IU has implemented an individualized, technical assistance approach designed to support the timely delivery of high-quality early intervention services to eligible children and families in Indiana. Depending on regional needs, technical assistance can be provided on-site or using technology. Technical assistance is provided by trained staff and focuses on assisting SPOEs in correction of non-compliance through the completion of the Local Contributing Factor Tool: Root Cause Analysis, following State issued corrective action plans, development of a quality assurance plan, and verification of correction. Technical assistance was given to service providers regarding Federal compliance indicators, IFSP development and supporting families in writing high quality outcomes, capacity building, and improving the content and quality of home visiting documentation. Additional technical assistance in the form of data analysis was provided throughout the year in response to requests from state staff and as trends and patterns emerged.

**Professional Development System:**

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

Indiana has been working to enhance its robust Comprehensive System of Personnel Development since 2017. In FFY2022, Indiana continued to refine the offerings in its Learning Management System (LMS), a module in the statewide data system, which provides 24/7 free online access to high quality and comprehensive in-service training for all providers. Providers can self-enroll and take training on a variety of topics. The LMS allows the state to create pathways to meet foundational expectations along with other courses specific to their service type. This allows for more control over who is taking what training and allows the ability to ensure evidence-based high quality training available to meet the state's training requirements. The Professional Development (PD) stakeholder subcommittee of the ICC provided input on the evidence-based practice model the state is implementing, Family Guided Routines Based Intervention (FGRBI). With input from the PD Subcommittee, Indiana is utilizing the "Charting the LifeCourse Framework" with the core knowledge and skills outlined in the ITCA/DEC Joint Position Statement on Service Coordination to revise service coordinator expectations, best practices, and procedures and seamlessly embed these revised approaches into Indiana's EI system. This will result in revised service coordination onboarding trainings and supervision support. The state also offers an annual conference to all First Steps personnel and families and provides an annual national speaker series to ensure personnel are kept up to date on evidence-based and promising practices throughout the year.

In FFY2022 the state First Steps early intervention system provided the following professional development opportunities:

- Assessment, Evaluation and Programming System 2 (AEPS2) training for new and current eligibility determination team members as well as on-going early intervention providers.

- National Webinar Series:

1. Indiana CDC Ambassador, Steve Viehweg, "Parent-engaged developmental monitoring"

2. Erin Barton, "Supporting families with young children: addressing and preventing challenging behaviors."

- FGRBI Professional Development Sequence which included learning modules, live webinars, in person Professional Learning Communities

- FGRBI Pre-Conference "Fast-track" at the 2023 Early Intervention Conference and several break-out sessions around FGRBI

- 2023 Early Intervention Conference (in-person with virtual option) with 3 keynote speakers, over 35 breakout sessions, half day preconference sessions, and over 800 early intervention participants

- Statewide Learning Management System (LMS) with 24/7 access for all personnel to engage and take over 80 courses in the statewide catalogue at their own pace throughout the calendar year

**Stakeholder Engagement:**

**The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.**

Indiana First Steps engaged a broad group of stakeholders (ICC members, FGRBI State Implementation Team, Parent Centers, family members, state agency leaders, early intervention providers, and vendors including ECC and SPOE leadership) throughout the federal fiscal year. These stakeholders were diverse in gender, race, geography, and experience. They provided input around a variety of topics and issues which included: the State's progress in meeting targets for the SPP/APR, SSIP, family engagement strategies, review of policies and procedures, federal monitoring preparation, and capacity building strategies.

The ICC held 6 hybrid (virtual and in-person) meetings every other month with their executive committee meeting monthly. The State engaged stakeholders in quarterly stakeholder meetings which were held virtually and in-person to ensure greater participation. The Bureau of Child Development Services (BCDS) office created a new position, Family Engagement Manager, and filled the position in December of 2022. This individual is working to expand how family input is gathered and increasing opportunities for parents of infants and toddlers receiving early intervention to expand their advocacy skills. BCDS collaborates with the other bureaus within the Division of Disability and Rehabilitative Services on a family focused quarterly newsletter called INVision. Division and programmatic updates are included as well as topics to expand family and caregiver knowledge.

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

YES

#### **Number of Parent Members:**

5

#### **Parent Members Engagement:**

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

In FFY20, Indiana set out to rethink stakeholder engagement and work to create a more meaningful and sustainable process to be replicated for all stakeholder engagement within the First Steps system. To do this, it is first important to understand where stakeholders, particularly parents, are currently embedded within the system and are provided an opportunity to participate. Parents are represented across state implementation teams for various professional development initiatives such as the FGRBI state implementation team, the professional development, finance, and advocacy subcommittees of the ICC, and within the ICC Executive Board. The state also saves contact information of participants, with their permission, for the purpose of reaching out and soliciting participation for future stakeholder meetings. Additionally, Indiana sought to build new relationships with family members through their local programs by asking local programs to connect the state team with families in their programs who may not already be engaged with First Steps outside of receiving early intervention services but have provided feedback about the program or has expressed interest in participating in groups to improve the system.

Indiana First Steps engaged a broad group of parent stakeholders who serve as ICC members, Family Guided Routines Based Intervention State Implementation Team members, parent organization representatives from INSOURCE, Family2Family, and Arc of Indiana, 1102 Taskforce members, and Division of Disability and Rehabilitative Services (DDRS) Advisory Board members, throughout the federal fiscal year. These stakeholders were diverse in gender, race, geography, and experience. They provided input around a variety of topics and issues which included: the State's progress in meeting targets for the SPP/APR, SSIP, family engagement strategies, review of policies and procedures, federal monitoring preparation, and programmatic capacity building strategies.

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

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

The Bureau of Child Development Services (BCDS) office created a new position, Family Engagement Manager, and filled the position in December of 2022. This individual participated in ECPC Leadership Academy and is working to execute her capstone project around expanding how family input is gathered and increase opportunities for parents of infants and toddlers receiving early intervention to expand their advocacy skills. BCDS also collaborates with the other bureaus within the Division of Disability and Rehabilitative Services on a family focused quarterly newsletter called INVision. Division and programmatic updates are included as well as topics to expand family and caregiver knowledge.

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

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

Indiana First Steps solicits public input utilizing a variety of strategies such as Gov Delivery messages sent via email and text messages, listserv distribution lists, newsletters, website, media publications as appropriate, public comment at ICC meetings, stakeholder meetings, and public comment notifications.

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

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

Indiana First Steps has posted the SPP/APR for previous years FFY2014-2021. The Annual Performance Report (APR) for FFY 2014-2021 along with OSEP determinations, results matrix, and data rubric are publicly available on the First Steps website located at [www.FirstSteps.in.gov](http://www.FirstSteps.in.gov) on the Program Evaluation Reports at <https://www.in.gov/fssa/firststeps/program-policies-and-updates/program-evaluation-reports/>. The Indiana APR for FFY22 will be posted following the APR submission on February 1, 2024.

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

**How and where the State reported to the public on the FFY 2021 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 2021 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 revisions if the State has revised the targets that it submitted with its FFY 2021 APR in 2023, is available.**

Indiana First Steps has posted the SPP/APR for previous years FFY2014-2021. The Annual Performance Report (APR) for FFY 2014-2021 along with OSEP determinations, results matrix, and data rubric are publicly available on the First Steps website located at [www.FirstSteps.in.gov](http://www.FirstSteps.in.gov) on the Program Evaluation Reports at <https://www.in.gov/fssa/firststeps/program-policies-and-updates/program-evaluation-reports/>. The Indiana APR for FFY22 will be posted following the APR submission on February 1, 2024.

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

None

**Intro - OSEP Response**

**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 child-specific and regulatory/systemic noncompliance as noted in the Office of Special Education Programs' (OSEP's) response 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 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	93.56%	88.84%	88.99%	89.13%	83.02%

### Targets

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

### FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
602	968	83.02%	100%	64.98%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

Indiana continues to struggle to enroll new providers while maintaining the enrollment of current providers at a pace that allows us to meet the requirement to provide services timely to all children enrolled in the program. As reported in previous years, Indiana continued to see providers leaving the field of early intervention. We also saw fewer service coordinators and providers enrolling in First Steps to deliver early intervention services. Provider shortages have been reported in all Clusters statewide and for all IFSP disciplines and services, especially speech language pathologists, physical therapists, occupational therapists, and developmental therapists (special instruction). Based on a survey conducted by the State at the end of FFY21, personnel reported they were leaving the system for several reasons including high caseloads, a rise in fuel costs, a desire for employer paid benefits, and rates that no longer adequately compensated them to cover the costs related to providing home and community-based services, no shows/cancellations by families, and time spent completing program requirements such as preparing for visits, documentation and credentialing activities.

In May of 2022 there were 1,330 enrolled services providers in Indiana. During this same time, 56.46% of enrolled providers billed the program for less than 40 hours of services provided in the month, 32.93% of enrolled providers billed the program for less than 20 hours of services provided in the month, and 17.96% of enrolled providers billed the program for less than 10 hours of services provided in the month. This data shows that our provider workforce is predominantly providing early intervention services on a part time basis and supports what was reported in the FFY21 workforce survey about why providers are leaving early intervention or reducing their time spent working in early intervention.

**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.*

27

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

All 27 late timely start of services were due to family illness/cancelation or family scheduling conflicts.

**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 continued help of national TA through ECTA and DaSy, Indiana continued to use a strategy to target a collection of data using a sampling process as opposed to reviewing a full data set quarterly. All nine clusters/SPOEs are monitored each year using a sample set of data and methodology consistent across each SPOE. Original data for this indicator was gathered looking at July 2022 data as a representative sample.

The Lead agency works with the data system vendor to identify children who had an IFSP start date in the reporting period. From this list, A minimum sample size for the state was determined by using a sampling calculator made available by Raosoft, Inc. (<http://www.raosoft.com/samplesize.html>). The actual number sampled exceeds the required sample size for a confidence level of 99%, with a confidence interval of +/-5% for the state. For smaller SPOEs (Clusters D, F, and H), the number of files reviewed was increased to include at least 20 files.

Records identified as part of the data pull were reviewed by the Quality Review Team.

Following the completion of the record review, the Quality Review Team provided the SPOE preliminary data. The SPOEs are then given a clarification period to provide additional documentation for review by the QR Team prior to issuing final data and findings.

The QR Team meets with each SPOE to discuss the root cause of the noncompliance for any indicator where the target was not met. This allows the SPOE to determine any need to change local policies and/or procedures as well as allows the Lead Agency to review state policies and/or procedures that may be creating barriers to achieving compliance.

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

State Total: 64.98% (629/968) 339 services were late due to system reasons for FFY22.

System Reasons:

SPOE/Service Coordinator Error: 3Provider Error/scheduling issues: 77

No Provider Available: 247

Late Medical Provider Signature on IFSP: 12

Cluster A: 68.07% (81/119)

Cluster B: 71.59% (63/88)

Cluster C: 73.5% (79/108)

Cluster D: 79.75% (63/79)

Cluster F: 60.0% (27/45)

Cluster G: 59.02% (180/305)

Cluster H: 44.12% (15/34)  
 Cluster I: 65.77% (73/111)  
 Cluster J: 60.76% (48/79)

There are nine open findings for this indicator. Seven findings were newly issued for FFY2022 (Clusters A, B, C, D, H, I, and J). Two findings were originally issued in FFY2021 and the findings were sustained in FFY2022 (Clusters F and G).

As reported in the introduction of this FFY2022 SPP/APR, the Lead Agency and its local program directors, providers and other stakeholders have focused on developing strategies to address the concerns around First Steps personnel recruitment and retention. Provider rates were identified as the largest barrier to recruiting and retaining qualified personnel. These concerns were shared with the leadership of the Family and Social Services Administration (FSSA), State Budget Agency, and the Governor's Office. Based upon the data provided about this critical issue, these state leaders unanimously agreed that additional funding was necessary to ensure children and families receive First Steps services. As a result, the General Assembly and Governor's Office provided the program with an additional \$7.5 million in state funds. These funds were used to implement a rate increase as well as increased contract allocations for all System Points of Entry vendors on January 1, 2023, with the hope of attracting personnel to the early intervention system and improving timely service delivery to infants, toddlers, and their families. In May of 2023, the program received an increase of \$7.5 million through the 2024/2025 budget bill thus sustaining the rate increase implemented the first of the year. Additionally, Indiana launched a state level campaign to recruit new providers to the early intervention system. Social media platforms such as Facebook, Instagram, and LinkedIn were utilized as part of the campaign. Outreach to colleges and universities continued with these efforts being expanded to include First Steps Local Planning and Coordinating Councils to increase the number of students reached. This group also strategized around improving access to timely services to children and families which includes the use of teleintervention and reaching out to other agencies across service areas and clusters to provide coverage.

In FFY2022, five new provider agencies enrolled to provide early interventions in five clusters throughout the state. During the onboarding of these agencies the importance of bringing in new service providers as opposed to recruiting current providers to switch employment from one agency to another was stressed. All new agencies recognized the importance of this to benefit the system as a whole and have put significant resources into recruitment activities.

The effects of these changes are anticipated to be reflected in future APR data. From our system reasons listed above, 247 of the 339 records with noncompliance were due to no provider available to provide the IFSP service. The Lead Agency has been reviewing enrollment/disenrollment and billing data to evaluate the capacity building strategies that have been implemented. Recent data trends seem to indicate improvement in recruitment and retention of all personnel.

**Correction of Findings of Noncompliance Identified in FFY 2021**

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

**FFY 2021 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, D, H, I and J were able to correct the finding of noncompliance for FFY21 within one year of the issuance of their finding. Clusters F and G were not able to correct the finding. For each of the eight findings issued, subsequent data was reviewed quarterly until the cluster was able to demonstrate compliance and close their finding. To verify correction of noncompliance, a sample size of up to 20 records were reviewed. For each of the six (6) 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 six instances, compliance was at 100% for this indicator for the subsequent data run. This indicates regulatory requirements are being met.

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

For each of the six findings verified as corrected, the state reviewed data on each individual child record found to not meet compliance during the initial data review and any subsequent data pulls. 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, D, H, I and J. For the two findings that were not corrected, the state continues to review data to confirm that each child received services although late or left the program.

**FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

Clusters F and G were not able to correct the finding of noncompliance. Subsequent data continues to be reviewed for each of these clusters and the System Point of Entry for each Cluster has been working to determine the root cause of the finding and support strategies to correct this finding.

Because Cluster G's non-compliance was so significant in FFY2021, the Lead Agency took the additional step of issuing a corrective action plan to the Cluster G System Point of Entry. As a result, this Cluster has engaged their Local Planning and Coordinating Council (LPCC), provider agencies within the Cluster, families, their company board, and other stakeholders in the completing of a root cause analysis and development of a roadmap to work to correct non-compliance. Strategies within the Cluster G roadmap include provider availability and timely start of services on all LPCC provider issues committee meetings, the development of a subcommittee specific to address provider recruitment, and revision of internal policies. These efforts are ongoing and continue to be reviewed with the state's technical assistance provider monthly.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected



Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

### 1 - Prior FFY Required Actions

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

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

#### Response to actions required in FFY 2021 SPP/APR

In FFY2021 the state issued 8 findings (1 finding each to clusters B, C, D, F, G, H, I, and J) of noncompliance for timely provision of services.

Clusters B, C, D, H, I, and J were able to close their finding within the one year timeline through the review of subsequent data completed by the Quality Review Team. Subsequent data were reviewed by identifying a random selection of files (up to 20 per cluster) for the quarter in which subsequent data was being collected.

Clusters F and G were not able to close the finding within one year and have sustained their finding for FFY2022.

The Quality Review Team verified through file reviews all individual cases of noncompliance for FFY2021 found during the initial or subsequent data pulls were corrected as the child either received services although late or the child exited the program.

### 1 - OSEP Response

### 1 - Required Actions

## 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 EDFacts 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	2017	2018	2019	2020	2021
Target>=	95.00%	95.00%	95.00%	95.50%	96.00%
Data	95.83%	99.08%	99.19%	99.42%	98.20%

### Targets

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

### Targets: Description of Stakeholder Input

Indiana First Steps engaged a broad group of stakeholders (ICC members, FGRBI State Implementation Team, Parent Centers, family members, state agency leaders, early intervention providers, and vendors including ECC and SPOE leadership) throughout the federal fiscal year. These stakeholders were diverse in gender, race, geography, and experience. They provided input around a variety of topics and issues which included: the State's progress in meeting targets for the SPP/APR, SSIP, family engagement strategies, review of policies and procedures, federal monitoring preparation, and capacity building strategies.

The ICC held 6 hybrid (virtual and in-person) meetings every other month with their executive committee meeting monthly. The State engaged stakeholders in quarterly stakeholder meetings which were held virtually and in-person to ensure greater participation. The Bureau of Child Development Services (BCDS) office created a new position, Family Engagement Manager, and filled the position in December of 2022. This individual is working to expand how family input is gathered and increasing opportunities for parents of infants and toddlers receiving early intervention to expand their advocacy skills. BCDS collaborates with the other bureaus within the Division of Disability and Rehabilitative Services on a family focused quarterly newsletter called INVision. Division and programmatic updates are included as well as topics to expand family and caregiver knowledge.

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

The foundation created in FFY20 continued to be used in FFY22 to engage stakeholders across the early intervention system in our state. It remained paramount for Indiana to present data in digestible ways ensuring stakeholder engagement convenings were informative for participants and allowed everyone to feel comfortable to engage in rich conversation.

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

geographical locations, and of various racial and ethnic backgrounds.

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

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 Cluster 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 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	14,145
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Total number of infants and toddlers with IFSPs	14,167

**FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
14,145	14,167	98.20%	96.00%	99.84%	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 submitted through the service logging module 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.

In the public reporting for FFY2021 the state was unable to accurately and reliably disaggregate the data by Cluster due to issues with data migration between legacy data system and current system and issues with address validation. Please see the FFY2021 public reporting document for more details. <https://www.in.gov/fssa/firststeps/program-policies-and-updates/program-evaluation-reports/>

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

## 2 - Required Actions

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

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

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

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

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

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

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

##### Measurement for Summary Statement 1:

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

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

##### Measurement for Summary Statement 2:

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

#### Instructions

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

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

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

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

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

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

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

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

### 3 - Indicator Data

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

NO

#### Targets: Description of Stakeholder Input

Indiana First Steps engaged a broad group of stakeholders (ICC members, FGRBI State Implementation Team, Parent Centers, family members, state agency leaders, early intervention providers, and vendors including ECC and SPOE leadership) throughout the federal fiscal year. These stakeholders were diverse in gender, race, geography, and experience. They provided input around a variety of topics and issues which included: the State's progress in meeting targets for the SPP/APR, SSIP, family engagement strategies, review of policies and procedures, federal monitoring preparation, and capacity building strategies.

The ICC held 6 hybrid (virtual and in-person) meetings every other month with their executive committee meeting monthly. The State engaged stakeholders in quarterly stakeholder meetings which were held virtually and in-person to ensure greater participation. The Bureau of Child Development Services (BCDS) office created a new position, Family Engagement Manager, and filled the position in December of 2022. This individual is working to expand how family input is gathered and increasing opportunities for parents of infants and toddlers receiving early intervention to expand their advocacy skills. BCDS collaborates with the other bureaus within the Division of Disability and Rehabilitative Services on a family focused quarterly newsletter called INVision. Division and programmatic updates are included as well as topics to expand family and caregiver knowledge.

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

The foundation created in FFY20 continued to be used in FFY22 to engage stakeholders across the early intervention system in our state. It remained paramount for Indiana to present data in digestible ways ensuring stakeholder engagement convenings were informative for participants and allowed everyone to feel comfortable to engage in rich conversation.

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

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

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

ICC Stakeholders are listed below.

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

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

Additional Stakeholder groups:

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

**Historical Data**

Outcome	Baseline	FFY	2017	2018	2019	2020	2021
A1	2010	Target>=	55.00%	55.00%	55.00%	52.00%	52.00%
A1	49.00%	Data	56.23%	56.87%	53.30%	52.37%	42.80%
A2	2010	Target>=	57.00%	57.00%	57.00%	52.00%	53.00%
A2	47.00%	Data	59.29%	58.93%	55.67%	55.12%	47.14%
B1	2010	Target>=	56.00%	57.00%	57.00%	52.00%	52.00%
B1	59.00%	Data	56.77%	57.64%	53.95%	52.81%	47.79%
B2	2010	Target>=	72.00%	72.00%	72.00%	67.00%	67.00%
B2	68.00%	Data	73.06%	72.85%	70.55%	69.33%	66.38%
C1	2010	Target>=	55.00%	55.00%	55.00%	50.00%	52.00%
C1	52.00%	Data	52.47%	54.21%	51.84%	50.32%	43.77%
C2	2010	Target>=	67.00%	67.00%	67.00%	58.00%	58.00%
C2	58.00%	Data	64.46%	65.16%	62.93%	61.88%	59.45%

**Targets**

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

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

834

**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	2	0.34%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	216	36.61%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	37	6.27%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	226	38.31%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	109	18.47%

Outcome A	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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	263	481	42.80%	52.00%	54.68%	Met target	No Slippage

Outcome A	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	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	335	590	47.14%	53.00%	56.78%	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	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	138	23.27%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	23	3.88%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	78	13.15%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	354	59.70%

Outcome B	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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	101	239	47.79%	52.00%	42.26%	Did not meet target	Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	432	593	66.38%	68.50%	72.85%	Met target	No Slippage

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

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

Our sample size is smaller than prior to FFY2021 due to the transition to the new data system. Prior to FFY2021 the Quality Review contractor had a direct connection to the legacy data system and was able to identify all children within the year who exited the program and should have child outcomes information available. The contractor created a collection tool that allowed SPOE staff to enter outcomes data for children and sent reminders for children who did not yet have information entered or did not have a designation of no information available in the collection tool.

Indiana's sampling plan is attached to this report but is still awaiting approval by OSEP.

In addition to the impact the pandemic continued to have on children and their families, there was also a change in FFY2021 in the statistician used to calculate this data which prompted conversations with between staff and national technical assistance providers about a change in the way the AEPS data translated to the outcomes calculations. Changes in calculations were implemented and included in the sampling plan. Though it was determined the new process would be a change which produced more accurate results, it was still a change as compared to previous calculations thus opening up a possibility to affect the outcomes being reported as compared to years prior to FFY2021.

**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	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	179	30.13%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	29	4.88%



Outcome C Progress Category	Number of Children	Percentage of Total
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	154	25.93%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	232	39.06%

Outcome C	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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	183	362	43.77%	52.00%	50.55%	Did not meet target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	386	594	59.45%	58.50%	64.98%	Met target	No Slippage

#### FFY 2022 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	5,412
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	231
Number of infants and toddlers with IFSPs assessed	834

Sampling Question	Yes / No
Was sampling used?	YES
Has your previously approved sampling plan changed?	YES
If the plan has changed, please provide the sampling plan.	Indiana Sampling Plan Revised Final with Accessibility Report

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

Indiana's sampling plan is attached and currently under review by the Office of Special Education Programs. The sampling plan has not changed since submission but has yet to be approved.

#### SAMPLING PROCEDURES

During our annual quality review process, Indiana employed a clustered sampling method. Clustered sampling is a probability sampling method that relies on the selection of a representative subsection of the sample, which is then typically sampled in whole or in part using an additional probability sampling method. In this case, we then use stratified sampling and then random sampling within the cluster, as described below. This method was chosen as it would represent overall probabilities without the labor demands of reviewing an entire years' worth of records by hand while waiting for all SPOEs to adapt to the new data collection software.

The team first selected July as a representative month, and so July records compose our cluster sample. We then defined the subgroups (strata) as geographic location (divided into nine regions). Next, to determine a general sample size, the set of all available records is collected for each of the regions, which includes all records from the exiting population of the First Steps program across the state of Indiana. Using sampling size software from Raosoft, Inc., the ECC calculated the required sample size within each region to reach a confidence level of 99% with a margin of error rate of +/- 5%. Once sample sizes are determined, the ECC uses a random number generator to select specific records for review. The ECC then manually reviews the files of children who received services and were randomly selected for the sample, identifying those who have both exited with data and received services for at least 6 months.

We attempt to utilize oversampling in SPOEs with smaller, more rural communities, to ensure these communities are represented in the full sample. For these smaller, rural SPOEs, the number of files reviewed would be increased beyond the recommendation of Raosoft up to 20 files.

After the number of files to be sampled regionally is determined, a random number generator is used to identify the specific files from the total sample set to review. These files are reviewed manually, at which point we determine the child's eligibility for inclusion, based on whether the child has child outcomes data available or the child has exited the program after receiving services for less than six months. At this point, we can also gather race/ethnicity and gender data, which now form two additional stratifications for analysis. When reporting results at stratified levels, all results from strata with limited representation (less than 10 children) are omitted to protect the identities of the children.

#### REPRESENTATION

Information from the reviewed files was separated into the defined strata (race/ethnicity, gender, and geographic location/region) by the ECC. Utilizing state-wide data, the ECC was able to compare the data identified by geographic location to overall state data. The geographic location strata were further disaggregated by, race/ethnicity, and gender.

To determine a baseline for ethnicity and race, Indiana utilized the Easy Access to Juvenile Populations (EZAPOP) data. Disaggregated child outcomes data representing ethnicity and race in Indiana are then compared to the ethnicity and race data accessed on the EZAPOP website. These child outcomes data were reviewed for ethnicity and race representation. This allowed for observation of any variance in outcomes across ethnicity and race as compared to the actual Indiana population size and within a SPOE region.

When verifying the appropriate n-size for each SPOE, allowing for equitable representation across geographic locations, the state compares the minimum sample size from Raosoft to the 618 child count data submission provided by each SPOE to ensure equal opportunity for representation within the sample set as discussed above.

As clean-up efforts continue, Indiana is looking forward to the availability of additional data to provide more clarity when reviewing the data points below:

- Socioeconomic status
- Eligibility Category
- More specificity in Geolocation

#### ASSESSMENT TOOL

In Indiana, the AEPS-2 is used to determine eligibility. For children that have completed at least 6 consecutive months in the Part C program, data is collected in collaboration with ongoing practitioners and computed into standard deviations below the mean (0, -1, -1.5, and -2). These exit scores are compared to the standard deviations at entrance to determine what progress has been made for each child in each of the child outcomes categories.

#### LIMITATIONS OF THE DATA

As previously mentioned, Indiana is transitioning to a new data system. Though the system is up and running, there are challenges that have contributed to a variety of limitations within the data collected. Though we collect gender, eligibility status, date of birth, race/ethnicity, geolocation, socioeconomic status, referral information, and many additional data points in our system, the challenge has been transitioning the data prior to go-live (March 8, 2021) into the new system and for local programs regionally to catch up on data entry during the months the transition took place.

We acknowledge there are limitations when collecting a sample set of data such as the risk of the sample not accurately reflecting the population served. When comparing the outcomes of one month of child data to whole 12-month state data, we are confident the sample being collected is representative of the landscape in Indiana. To support this, when looking at the previous child outcomes data, Indiana sees comparable outcomes evidenced by meeting the rigorous targets for 4 out of 6 categories when using the same calculation methodology as FFY20, which was the last time Indiana reported outcomes for all exiting children. Having collected data for all children with an exit in previous years and comparing FFY21 data to FFY20, it would indicate the sample size selected yielded representative data. Moving forward, Indiana will have additional categories to disaggregate to ensure an even more robust representation of the children served in the First Steps program. Below demonstrates year over year comparison of outcomes.

#### DATA COMPLETENESS

##### SELECTION BIAS

In more rural counties, there is a lower number of children exiting the program because the overall population, and thus enrollment of the area, is lower. Though we attempt to use oversampling for strata that are identified as being smaller (and serve more rural communities), there are often simply not enough records to oversample, as we are already using all of them. To ensure this does not then introduce bias, once the sample size to be collected from each SPOE region is determined using Raosoft, and the files are selected via random number generator, a review takes place to ensure of those SPOE regions who were over sampled, what is their percent of representation across the greater sample set. It is then determined if adjustments need to be made to ensure equal representation within the sample set when data is compared to additional metrics as outlined above.

#### LOW RESPONSE RATES

Low response rates are not a concern with child outcomes data collection, as this is a process where data is being collected for all children upon exit for children who have been in the program for a minimum of 6 months. This data is compared to the total number of children who were reported to have exited the program after having been in the program for a minimum of 6 months. We do recognize that some SPOEs may not keep complete records, which essentially lowers our useful number of records. We continue to work with SPOEs to identify barriers to complete record-keeping during this transition time, as well as barriers to service for underrepresented minorities.

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

NO

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

Indiana's Part C program utilizes the Assessment, Evaluation, and Program System for Infants and Children (AEPS) to determine children's eligibility and developmental status in relation to "same-aged peers." At exit, the child's ongoing service providers compile progress data utilizing the AEPS skills checklist. This data is then provided to an Eligibility Determination Team (ED Team) member for final scoring, which is compared to the child's entrance outcomes. The ED Team uses the checklist to determine scoring of the AEPS. Only ED Team members may compute final scores in the form of standard deviations below the mean (0, -1.0, -1.5, and -2.0). If a child shows no developmental delays on the AEPS (zero or no standard deviations), then the child's status is defined as "comparable to same-aged peers."

#### **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 the Exit Skills Checklist within the child's final month of service. An ED Team member uses this checklist to determine scoring of the AEPS. They then compute final scores in the form of standard deviations below the mean (0, -1.0, -1.5, and -2.0). If a child shows no developmental delays on the AEPS (zero or no standard deviations), then the child's status is defined as "comparable to same-aged peers." This instrument and procedures are still in place for FFY21. There are three domains of the AEPS that are associated with each of the three federal outcomes:

Outcome A - Social/Emotional domain

Outcome B - Cognitive domain

Outcome C - Adaptive domain

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

Cluster Data: Outcome A: Positive social emotional skills SS1

Cluster A: 58.57%

Cluster B: 61.40%

Cluster C: 54.41%

Cluster D: 61.40%

Cluster F: 45.45%  
Cluster G: 50.45%  
Cluster H: 37.93%  
Cluster I: 63.64%  
Cluster J: 50.00%

Cluster Data: Outcome A: Positive social emotional skills SS2

Cluster A: 57.47%  
Cluster B: 56.72%  
Cluster C: 58.82%  
Cluster D: 60.61%  
Cluster F: 55.56%  
Cluster G: 57.24%  
Cluster H: 42.11%  
Cluster I: 63.89%  
Cluster J: 64.10%

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

Cluster A: 44.19%  
Cluster B: 52.94%  
Cluster C: 28.57%  
Cluster D: 48.00%  
Cluster F: 30.77%  
Cluster G: 44.07%  
Cluster H: 41.18%  
Cluster I: 40.00%  
Cluster J: 29.41%

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

Cluster A: 69.32%  
Cluster B: 70.15%  
Cluster C: 77.65%  
Cluster D: 77.61%  
Cluster F: 62.96%  
Cluster G: 73.79%  
Cluster H: 68.42%  
Cluster I: 80.56%  
Cluster J: 66.67%

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

Cluster A: 45.65%  
Cluster B: 57.14%  
Cluster C: 40.43%  
Cluster D: 67.44%  
Cluster F: 56.52%  
Cluster G: 44.44%  
Cluster H: 47.83%  
Cluster I: 57.70%  
Cluster J: 35.00%

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

Cluster A: 69.32%  
Cluster B: 63.24%  
Cluster C: 64.71%  
Cluster D: 70.15%  
Cluster F: 48.15%  
Cluster G: 63.70%  
Cluster H: 65.79%  
Cluster I: 66.67%  
Cluster J: 64.10%

State Average by Income:

Outcome A SS1:  
Family Fee: 62.50%  
Presumptive Income: 49.14%

Outcome A SS2:  
Family Fee: 61.64%  
Presumptive Income: 43.53%

Outcome B SS1:  
Family Fee: 39.13%  
Presumptive Income: 43.53%

Outcome B SS2:  
Family Fee: 78.21%  
Presumptive Income: 69.36%

Outcome C SS1:  
Family Fee: 62.90%  
Presumptive Income: 44.12%

Outcome C SS2:  
Family Fee: 73.62%  
Presumptive Income: 59.33%

Families that participate in other government programs such as SNAP, TANF, WIC, CCDF, and/or Medicaid or the child is in foster care, guardianship, or family placement the income is documented as "Presumptive Income" for family cost participation. (Participation in these programs requires families to have an income level of 250% FPL or less.)

Families that do not participate in the above programs and the child is not foster care, guardianship, or family placement provide income and are documented as "Family Fee" for family cost participation purposes.

#### Gender

State Average Female:  
Outcome A SS1: 54.48%  
Outcome A SS2: 60.52%  
Outcome B SS1: 52.00%  
Outcome B SS2: 76.72%  
Outcome C SS1: 49.12%  
Outcome C SS2: 65.97%  
State Average Male:  
Outcome A SS1: 54.93%  
Outcome A SS2: 55.00%  
Outcome B SS1: 37.80%  
Outcome B SS2: 71.03%  
Outcome C SS1: 51.21%  
Outcome C SS2: 64.52%

State Average by Race:  
Outcome A SS1:  
Asian: 26.67%  
Black/African American: 43.86%  
Hispanic: 45.24%  
2 or more Races: 53.49%  
White: 59.19%

Outcome A SS2:  
Asian: 25.00%  
Black/African American: 45.31%  
Hispanic: 48.00%  
2 or more Races: 57.90%  
White: 60.55%

Outcome B SS1:  
Asian: 0%  
Black/African American: 59.10%  
Hispanic: 48.15%  
2 or more Races: 54.55%  
White: 42.47%

Outcome B SS2:  
Asian: 41.18%  
Black/African American: 66.67%  
Hispanic: 68.63%  
2 or more Races: 78.95%  
White: 75.00%

Outcome C SS1:  
Asian: 35.71%  
Black/African American: 45.00%  
Hispanic: 52.94%  
2 or more Races: 51.72%  
White: 51.45%

Outcome C SS2:  
Asian: 35.29%  
Black/African American: 60.94%  
Hispanic: 70.00%  
2 or more Races: 73.68%  
White: 65.59%

### 3 - Prior FFY Required Actions

The State submitted a revised sampling plan for this indicator with its FFY 2021 SPP/APR. OSEP identified concerns in its evaluation of the sampling plan that indicated it may not yield valid and reliable data for this indicator. The State has not yet responded to OSEP's concerns. The State must submit

by September 1, 2023 its revised sampling plan that the State plans to use for its FFY 2022 – FFY2025 data collections and indicate how the revised plan addresses the concerns identified in OSEP's evaluation.

**Response to actions required in FFY 2021 SPP/APR**

The Lead Agency submitted a revised sampling plan as required by OSEP. The revised plan addressed the concerns outlined by OSEP in its evaluation and the rubric provided. Indiana's sampling plan is attached to this document and currently under review by OSEP. The sampling plan has not changed since submission but has yet to be approved.

**3 - OSEP Response**

**3 - Required Actions**

## Indicator 4: Family Involvement

### Instructions and Measurement

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

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

**Beginning with the FFY 2022 SPP/APR, due February 1, 2024**, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race/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	2017	2018	2019	2020	2021
A	2009	Target>=	99.00%	100.00%	100.00%	94.00%	94.00%
A	96.30%	Data	98.67%	96.93%	96.94%	99.06%	98.37%
B	2016	Target>=	99.00%	100.00%	100.00%	94.50%	94.50%
B	96.73%	Data	98.60%	96.87%	97.42%	97.53%	97.55%
C	2018	Target>=	96.00%	96.00%	96.00%	93.00%	93.00%
C	95.29%	Data	98.58%	95.29%	95.59%	96.67%	96.74%

## Targets

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

### Targets: Description of Stakeholder Input

Indiana First Steps engaged a broad group of stakeholders (ICC members, FGRBI State Implementation Team, Parent Centers, family members, state agency leaders, early intervention providers, and vendors including ECC and SPOE leadership) throughout the federal fiscal year. These stakeholders were diverse in gender, race, geography, and experience. They provided input around a variety of topics and issues which included: the State's progress in meeting targets for the SPP/APR, SSIP, family engagement strategies, review of policies and procedures, federal monitoring preparation, and capacity building strategies.

The ICC held 6 hybrid (virtual and in-person) meetings every other month with their executive committee meeting monthly. The State engaged stakeholders in quarterly stakeholder meetings which were held virtually and in-person to ensure greater participation. The Bureau of Child Development Services (BCDS) office created a new position, Family Engagement Manager, and filled the position in December of 2022. This individual is working to expand how family input is gathered and increasing opportunities for parents of infants and toddlers receiving early intervention to expand their advocacy skills. BCDS collaborates with the other bureaus within the Division of Disability and Rehabilitative Services on a family focused quarterly newsletter called INVision. Division and programmatic updates are included as well as topics to expand family and caregiver knowledge.

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

The foundation created in FFY20 continued to be used in FFY22 to engage stakeholders across the early intervention system in our state. It remained paramount for Indiana to present data in digestible ways ensuring stakeholder engagement convenings were informative for participants and allowed everyone to feel comfortable to engage in rich conversation.

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

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

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 Cluster 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 2022 SPP/APR Data**

The number of families to whom surveys were distributed	1,064
Number of respondent families participating in Part C	345
Survey Response Rate	32.42%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	332
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	345
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	331
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	345
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	327
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	345

Measure	FFY 2021 Data	FFY 2022 Target	FFY 2022 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)	98.37%	94.00%	96.23%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	97.55%	94.50%	95.94%	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)	96.74%	93.00%	94.78%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	YES
If yes, has your previously approved sampling plan changed?	YES
If the plan has changed, please provide the sampling plan.	Indiana Sampling Plan Revised Final with Accessibility Report

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

Indiana’s sampling plan is attached and currently under review by the Office of Special Education Programs. The sampling plan has not changed since submission but has yet to be approved.

**SAMPLING PROCEDURES**

During the annual quality review process, Indiana employed a clustered sampling method. Clustered sampling is a probability sampling method that relies on the selection of a representative subsection of the sample, which is then typically sampled in whole or in part using an additional probability sampling method. In this case, we then use stratified sampling and then random sampling within the cluster, as described below. This method was chosen as it would represent overall probabilities without the labor demands of reviewing an entire years’ worth of records by hand while waiting for all SPOEs to adapt to the new data collection software.

The team first selected July as a representative month, and so July records compose our cluster sample. We then defined the subgroups (strata) as geographic location (divided into nine regions). Next, to determine a general sample size, the set of all available records is collected for each of the regions, which includes all records from the exiting population of the First Steps program across the state. Using sampling size software from Raosoft, Inc., the ECC calculated the required sample size within each region to reach a confidence level of 99% with a margin of error rate of +/- 5%. Once sample sizes are determined, the ECC uses a random number generator to select specific records for review. The ECC then manually reviews the files of children who received services and were randomly selected for the sample, identifying those who have both exited with data and received services for at least 6 months.

**REPRESENTATION**

Information from the reviewed files was separated into the defined strata (race/ethnicity, gender, and geographic location/region) by the ECC. Utilizing the state-wide data, the ECC was able to compare the data identified by geographic location to overall state data. The geographic location strata were further disaggregated by race/ethnicity, and gender.

To determine a baseline for ethnicity and race, Indiana utilized the Easy Access to Juvenile Populations (EZAPOP) data. Disaggregated family outcomes data representing ethnicity and race in Indiana are then compared to the ethnicity and race data accessed on the EZAPOP website. These child outcomes data were reviewed for ethnicity and race representation. This allowed for observation of any variance in outcomes across ethnicity and race as compared to the actual Indiana population size and within a SPOE region. Because EZAPOP data lags, the ECC compared population counts from 2021 records to EZAPOP records from 2019, as well as the most recently collected Census data.



When verifying the appropriate n-size for each SPOE, allowing for equitable representation across geographic locations, the state compares the minimum sample size from Raosoft to the 618 child count data submission provided by each SPOE to ensure equal opportunity for representation within the sample set as discussed above.

As clean-up efforts continue, Indiana is looking forward to the availability of additional data to provide more clarity when reviewing the data points below:

- Socioeconomic status
- Eligibility Category
- More specificity in Geolocation

#### SURVEY TOOL

Indiana uses the original Family Outcomes Survey (FOS) created by the Early Childhood Outcomes (ECO) Center. The survey is offered to all families as they exit the program either when the child is turning three or the child has met all their goals and services are no longer needed. Service coordinators offer this survey in a variety of ways for families to complete. These methods are:

- Using a tablet or computer during an in person visit,
- Leaving a paper copy and self-addressed envelope with the family,
- by email,
- by text,
- over the phone.

If the survey was not completed at an in-person meeting or through other methods, the service coordinator will make reasonable efforts to contact the family to offer the survey again, up to four times. For each contact attempt, they record the method and the result of their contact attempts on the survey. This is used to ensure all families are offered the surveyed.

Once the Family Portal in the state data system is implemented, access to complete the survey will also be available online without the presence of First Steps personnel.

#### DATA COMPLETENESS

##### RESPONSE RATES

Indiana has clear guidelines for how family survey data should be collected, and service coordinators are trained on the importance of this data and the methods for gathering it. Our response rate in FFY20 is considered high based on consumer survey reports and those completing surveys reflected the demographics of the state census data. Though survey participation is encouraged, we acknowledge there is inconsistency in service coordination methods for gathering this data that may lead to varying rates of survey completion and family declinations throughout the state.

##### SELECTION BIAS

The family outcomes survey is not a requirement. Consequently, only a portion of participating families complete the survey. In FFY20, approximately 50% of families completed the survey. While this data does not include families who did not complete the survey, comparisons showed that those completed were representative of the Indiana population based on the three criteria discussed above, which helps to alleviate concerns. There could be other differences between completers and non-completers, but this is hard to determine. We will continue to message the importance of this data collection with service coordinators.

Language barriers to family survey completion is another consideration. Surveys are provided electronically in the documented primary language of the family, but a paper copy is not provided when English is not the primary language. This may create a barrier to completion and lower the response rate for individuals whose primary language is not English. Due to this limitation, Indiana will look at data around the method in which surveys are completed and submitted so we can adjust our practices as needed to limit the barriers to family completion due to language barriers.

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

#### Response Rate

FFY	2021	2022
Survey Response Rate	40.62%	32.42%

#### 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 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. These methods are:

- Using a tablet or computer during an in person visit,
- Leaving a paper copy and self-addressed envelope with the family,
- by email,
- by text,
- over the phone.

If the survey was not completed at an in-person meeting or through other methods, the service coordinator will make reasonable efforts to contact the family to offer the survey again, up to four times. For each contact attempt, they record the method and the result of their contact attempts on the survey. This is used to ensure all families are offered the surveyed.

Information from the reviewed files was separated into the defined strata (race/ethnicity, gender, and geographic location/region) by the ECC. Utilizing the state-wide data, the ECC was able to compare the data identified by geographic location to overall state data. The geographic location strata were further disaggregated by race/ethnicity, and gender.

To determine a baseline for ethnicity and race, Indiana utilized the Easy Access to Juvenile Populations (EZAPOP) data. Disaggregated family outcomes data representing ethnicity and race in Indiana are then compared to the ethnicity and race data accessed on the EZAPOP website. These

child outcomes data were reviewed for ethnicity and race representation. This allowed for observation of any variance in outcomes across ethnicity and race as compared to the actual Indiana population size and within a SPOE region.

When verifying the appropriate n-size for each SPOE, allowing for equitable representation across geographic locations, the state compares the minimum sample size from Raosoft to the 618 child count data submission provided by each SPOE to ensure equal opportunity for representation within the sample set as discussed above.

As clean-up efforts continue, Indiana is looking forward to the availability of additional data to provide more clarity when reviewing the data points below:

- Socioeconomic status
- Eligibility Category
- More specificity in Geolocation

**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. States must include race/ethnicity in their analysis. In addition, the State's analysis must 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 category approved through the stakeholder input process.**

Indiana has nine System Points of Entry (SPOEs) throughout the state. All nine SPOEs are represented in the data below. Indiana provides the exit survey to each family who has been in the program for 6 months or more at exit. The data indicates there is not a gap in the number of families responding to the survey based on gender or presumptive income and family fee. When considering geographic location, the data indicates some clusters are seeing significantly higher return rates than others. Indiana will continue to work with all clusters to identify barriers and ensure increased participation.

**The demographics of the parents responding are representative of the demographics of children receiving special education services. (yes/no)**

YES

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

The state has invested in training to support service coordinators in their understanding of the importance of gathering this data. Indiana will continue to use strategies offering the survey to each family upon exit from the program through a variety of platforms to promote accessibility. We believe that once the Family Portal is implemented as part of the new data system, families will have increased ease of access with the option to complete the survey online without the presence of the service coordinator.

Indiana also sees the integration of the Charting the LifeCourse framework into the family assessment tool and the overall increase in engagement, communication and relationships between families and the First Steps program as a mechanism to breaking down barriers to family participation in the survey submission.

Indiana will also review data around the method in which surveys are completed by families with a primary language other than English with the purpose to identify and remove barriers for these families.

These strategies are intended to have an impact on family engagement thus increasing the likelihood that families will feel more comfortable sharing their feedback.

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

The 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. These methods are:

- Using a tablet or computer during an in person visit,
- Leaving a paper copy and self-addressed envelope with the family,
- by email,
- by text,
- over the phone.

If the survey was not completed at an in-person meeting or through other methods, the service coordinator will make reasonable efforts to contact the family to offer the survey again, up to four times. For each contact attempt, they record the method and the result of their contact attempts on the survey. This is used to ensure all families are offered the surveyed.

Information from the reviewed files was separated into the defined strata (race/ethnicity, gender, and geographic location/region) by the ECC. Utilizing the state-wide data, the ECC was able to compare the data identified by geographic location to overall state data. The geographic location strata were further disaggregated by race/ethnicity, and gender.

To determine a baseline for ethnicity and race, Indiana utilized the Easy Access to Juvenile Populations (EZAPOP) data. Disaggregated family outcomes data representing ethnicity and race in Indiana are then compared to the ethnicity and race data accessed on the EZAPOP website. These child outcomes data were reviewed for ethnicity and race representation. This allowed for observation of any variance in outcomes across ethnicity and race as compared to the actual Indiana population size and within a SPOE region.

When verifying the appropriate n-size for each SPOE, allowing for equitable representation across geographic locations, the state compares the minimum sample size from Raosoft to the 618 child count data submission provided by each SPOE to ensure equal opportunity for representation within the sample set as discussed above.

As clean-up efforts continue, Indiana is looking forward to the availability of additional data to provide more clarity when reviewing the data points below:

- Socioeconomic status
- Eligibility Category
- More specificity in Geolocation

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

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

Family Outcomes Data by Cluster:

Cluster A:  
Sample Size: 184

Exited: 124  
Survey Completed: 53/124 = 42.7%

Cluster B:  
Sample Size: 144  
Exited: 107  
Survey Completed: 37/107 = 34.6%

Cluster C:  
Sample Size: 165  
Exited: 120  
Survey Completed: 51/120 = 42.5%

Cluster D:  
Sample Size: 129  
Exited: 92  
Survey Completed: 47/92 = 51.1%

Cluster F:  
Sample Size: 70  
Exited: 49  
Survey Completed: 22/49 = 44.9%

Cluster G:  
Sample Size: 461  
Exited: 324  
Survey Completed: 82/324 = 25.3%

Cluster H:  
Sample Size: 72  
Exited: 55  
Survey Completed: 19/55 = 34.5%

Cluster I:  
Sample Size: 168  
Exited: 100  
Survey Completed: 23/100 = 23%

Cluster J:  
Sample Size: 127  
Exited: 93  
Survey Completed: 24/93 = 25.8%

Income:

Total sample size based for all income:  
Sample Size: 1520  
Exited: 1064  
Survey Completed: 345

Family Fee:  
State Sample Size: 1520  
Exited: 1064  
Survey Completed: 142/1064 = 13.35%

Presumptive Income:  
Sample Size: 1520  
Exited: 1064  
Survey Completed: 203/1064 = 19.08%

Outcome By Family Income

Family Fee  
Outcome A: 99.58%  
Outcome B: 99.65%  
Outcome C: 99.06%  
Presumptive Income  
Outcome A: 97.93%  
Outcome B: 97.29%  
Outcome C: 96.35%

Families that participate in other government programs such as SNAP, TANF, WIC, CCDF, and/or Medicaid or the child is in foster care, guardianship, or family placement the income is documented as "Presumptive Income" for family cost participation. (Participation in these government programs requires families to have an income level of 250% FPL or less.)

Families that do not participate in the above programs and the child is not foster care, guardianship, or family placement provide income and are documented as "Family Fee" for family cost participation purposes.

Gender:

Female:  
Sample Size: 1520  
Exited: 1064  
Survey Completed: 113/1064 = 10.62%

Male  
Sample Size: 1520  
Exited: 1064  
Survey Completed: 232/1064 = 21.8%

Outcomes by Gender

Female:  
Outcome A: 98.76%  
Outcome B: 98.08%  
Outcome C: 97.47%  
Male:  
Outcome A: 98.53%  
Outcome B: 98.35%  
Outcome C: 97.47%

Cluster Data:

Cluster A  
Outcome A: 98.49%  
Outcome B: 99.06%  
Outcome C: 97.80%

Cluster B  
Outcome A: 98.92%  
Outcome B: 97.75%  
Outcome C: 97.30%

Cluster C  
Outcome A: 98.43%  
Outcome B: 98.37%  
Outcome C: 97.06%

Cluster D  
Outcome A: 99.57%  
Outcome B: 98.94%  
Outcome C: 98.55%

Cluster F  
Outcome A: 98.05%  
Outcome B: 97.56%  
Outcome C: 95.53%

Cluster G  
Outcome A: 98.54%  
Outcome B: 98.17%  
Outcome C: 98.15%

Cluster H  
Outcome A: 100%  
Outcome B: 100%  
Outcome C: 100%

Cluster I  
Outcome A: 99.13%  
Outcome B: 96.38%  
Outcome C: 95.65%

Cluster J  
Outcome A: 96.36%  
Outcome B: 100%  
Outcome C: 100%

Family Outcomes by Race/Ethnicity

Asian  
Outcome A: 100%  
Outcome B: 100%  
Outcome C: 100%  
Representation: 1.45% State:3.2%  
Black/African American  
Outcome A: 94.55%  
Outcome B: 95.45%  
Outcome C: 93.94%  
Representation: 13.47% State:14.2%

Hispanic/Latino  
Outcome A: 99.23%  
Outcome B: 99.36%  
Outcome C: 99.36%  
Representation: 10.61% State: 11.7%  
Multiracial  
Outcome A: 97.14%  
Outcome B: 96.43%  
Outcome C: 95.83%  
Representation: 11.43% State: 11.3%  
White  
Outcome A: 99.20%  
Outcome B: 98.67%  
Outcome C: 97.85%  
Representation: 72.46% State: 70.6%  
Other races are too small of percentage to report

#### 4 - Prior FFY Required Actions

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

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

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

#### Response to actions required in FFY 2021 SPP/APR

##### NONRESPONSE BIAS

Selection bias in this sample is a significant concern. Indiana wants to better understand the representation of families, particularly across socioeconomic status, and acknowledges that over sampling in more than just SPOE/Region is necessary and will occur moving forward, when possible. We are also aware that some of our data has the potential to be impacted by selection bias at the data collection level, due to the factors described below.

The family outcomes survey is not a requirement. Consequently, only a portion of participating families complete the survey. In FFY20, approximately 50% of families completed the survey. While this data does not include families who did not complete the survey, comparisons showed that those completed were representative of the Indiana population based on the three criteria discussed above, which helps to alleviate concerns. There could be other differences between completers and non-completers, but this is hard to determine. We will continue to message the importance of this data collection with service coordinators.

Language barriers to family survey completion is another consideration. Surveys are provided electronically in the documented primary language of the family, but a paper copy is not provided when English is not the primary language. This may create a barrier to completion and lower the response rate for individuals whose primary language is not English. Due to this limitation, Indiana will look at data around the method in which surveys are completed and submitted so we can adjust our practices as needed to limit the barriers to family completion due to language barriers. Post-transition, we will also review return rates for each SPOE in order to identify which SPOEs may need additional support in collecting as many family surveys as possible.

##### SAMPLING PLAN

The Lead Agency submitted a revised sampling plan as required by OSEP. The revised plan addressed the concerns outlined by OSEP in its evaluation and the rubric provided.

#### 4 - OSEP Response

#### 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	2017	2018	2019	2020	2021
Target >=	1.57%	1.57%	1.57%	1.37%	1.40%
Data	1.42%	1.63%	1.65%	1.56%	1.47%

### Targets

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

### Targets: Description of Stakeholder Input

Indiana First Steps engaged a broad group of stakeholders (ICC members, FGRBI State Implementation Team, Parent Centers, family members, state agency leaders, early intervention providers, and vendors including ECC and SPOE leadership) throughout the federal fiscal year. These stakeholders were diverse in gender, race, geography, and experience. They provided input around a variety of topics and issues which included: the State's progress in meeting targets for the SPP/APR, SSIP, family engagement strategies, review of policies and procedures, federal monitoring preparation, and capacity building strategies.

The ICC held 6 hybrid (virtual and in-person) meetings every other month with their executive committee meeting monthly. The State engaged stakeholders in quarterly stakeholder meetings which were held virtually and in-person to ensure greater participation. The Bureau of Child Development Services (BCDS) office created a new position, Family Engagement Manager, and filled the position in December of 2022. This individual is working to expand how family input is gathered and increasing opportunities for parents of infants and toddlers receiving early intervention to expand their advocacy skills. BCDS collaborates with the other bureaus within the Division of Disability and Rehabilitative Services on a family focused quarterly newsletter called INVision. Division and programmatic updates are included as well as topics to expand family and caregiver knowledge.

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

The foundation created in FFY20 continued to be used in FFY22 to engage stakeholders across the early intervention system in our state. It remained paramount for Indiana to present data in digestible ways ensuring stakeholder engagement convenings were informative for participants and allowed everyone to feel comfortable to engage in rich conversation.

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

Additionally, it was important to have a mix of individuals with strong personalities and strong belief systems. This was key to facilitating deep and

meaningful conversation as it prompted stakeholders to share their experience and really dive into conversation about the balancing act between the data under review and the factors that can influence the data.

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 Cluster 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 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 1 with IFSPs	1,238
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/20/2023	Population of infants and toddlers birth to 1	79,786

**FFY 2022 SPP/APR Data**

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,238	79,786	1.47%	1.42%	1.55%	Met target	No Slippage

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

Indiana continues to allocate a significant amount of resources to marketing efforts focused on the Birth - 1 population. Indiana continued a contract with a marketing vendor around child find efforts, with a focus on finding all children under 12 months who might be eligible for early intervention. Materials have been made available in six languages and are publicly posted for use by any entity. The full outreach toolkit can be found on Indiana’s website at <https://www.in.gov/fssa/firststeps/first-steps-child-find-and-outreach-toolkit/>.

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

In the public reporting for FFY2021 the state was unable to accurately and reliably disaggregate the data by Cluster due to issues with data migration between legacy data system and current system and issues with address validation. Please see the FFY2021 public reporting document for more details on Indiana’s website at <https://www.in.gov/fssa/firststeps/program-policies-and-updates/program-evaluation-reports/>.

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

**5 - Required Actions**

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

### Instructions and Measurement

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

## 6 - Indicator Data

Baseline Year	Baseline Data
2005	3.83%

FFY	2017	2018	2019	2020	2021
Target >=	3.84%	3.84%	3.84%	3.90%	4.20%
Data	4.09%	4.58%	4.85%	4.51%	4.73%

#### Targets

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

#### Targets: Description of Stakeholder Input

Indiana First Steps engaged a broad group of stakeholders (ICC members, FGRBI State Implementation Team, Parent Centers, family members, state agency leaders, early intervention providers, and vendors including ECC and SPOE leadership) throughout the federal fiscal year. These stakeholders were diverse in gender, race, geography, and experience. They provided input around a variety of topics and issues which included: the State's progress in meeting targets for the SPP/APR, SSIP, family engagement strategies, review of policies and procedures, federal monitoring preparation, and capacity building strategies.

The ICC held 6 hybrid (virtual and in-person) meetings every other month with their executive committee meeting monthly. The State engaged stakeholders in quarterly stakeholder meetings which were held virtually and in-person to ensure greater participation. The Bureau of Child Development Services (BCDS) office created a new position, Family Engagement Manager, and filled the position in December of 2022. This individual is working to expand how family input is gathered and increasing opportunities for parents of infants and toddlers receiving early intervention to expand their advocacy skills. BCDS collaborates with the other bureaus within the Division of Disability and Rehabilitative Services on a family focused quarterly newsletter called IN*Vision*. Division and programmatic updates are included as well as topics to expand family and caregiver knowledge.

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

The foundation created in FFY20 continued to be used in FFY22 to engage stakeholders across the early intervention system in our state. It remained paramount for Indiana to present data in digestible ways ensuring stakeholder engagement convenings were informative for participants and allowed everyone to feel comfortable to engage in rich conversation.

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

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



ICC Stakeholders are listed below.

- Parents of children with developmental delays and disabilities
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- 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 Cluster 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 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 3 with IFSPs	14,167
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/20/2023	Population of infants and toddlers birth to 3	239,028

**FFY 2022 SPP/APR Data**

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
14,167	239,028	4.73%	4.30%	5.93%	Met target	No Slippage

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

Indiana continues to allocate resources to marketing efforts of the Birth - 3 population. Indiana continued a contract with a marketing vendor around its child find efforts. Indiana is committed to finding all children who might be eligible for early intervention. The materials were developed in alignment with the CDC's "Learn the Signs. Act Early." campaign. Indiana also utilized social media, paid media, paid advertisements, and its Local Planning and Coordinating Councils in each of its nine clusters to broaden its reach and audience. These materials have been made available in six languages and are publicly posted for use by any entity. The full outreach toolkit can be found on Indiana's website at <https://www.in.gov/fssa/firststeps/first-steps-child-find-and-outreach-toolkit/>.

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

In the public reporting for FFY2021 the state was unable to accurately and reliably disaggregate the data by Cluster due to issues with data migration between legacy data system and current system and issues with address validation. Please see the FFY2021 public reporting document for more details on Indiana's website at <https://www.in.gov/fssa/firststeps/program-policies-and-updates/program-evaluation-reports/>.

**6 - Prior FFY Required Actions**

None

**6 - OSEP Response**

**6 - Required Actions**

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	98.67%	94.36%	84.32%	98.82%	79.71%

### Targets

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

### FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
410	709	79.71%	100%	66.71%	Did not meet target	Slippage

### Provide reasons for slippage, if applicable.

As reported in previous years, Indiana continues to see a decrease in the number of providers including service coordinators leaving the field of early intervention. We also saw fewer service coordinators and providers enrolling in First Steps to deliver early intervention services in the system who are providing early intervention services.

In addition, there has been a decrease in the number of new providers including service coordinators and ED Team members enrolling as compared to past years. Provider shortages have been reported in all Clusters statewide and for all ED Team disciplines (speech language pathologists, physical

therapists, occupational therapists, and developmental therapists).

Based on a survey conducted by the State late in FFY21, personnel reported they are leaving the system for several reasons. Reasons providers reported they are leaving included high caseloads, a rise in fuel costs, a desire for employer paid benefits, believing rates no longer adequately compensate them to cover the costs related to providing home and community based services, no shows/cancellations by families, and time spent completing program requirements such as preparing for visits, completing required documentation, and credentialing activities.

**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.**

63

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

All 63 late IFSPs due to delays attributed to exceptional family circumstances were due to either family scheduling or family illness.

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

State monitoring

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

With the help of national TA through ECTA and DaSy, Indiana continued to use a strategy to target a collection of data using a sampling process as opposed to reviewing all data for the year. All nine clusters/SPOEs are monitored each year using a sample set of data and methodology consistent across each SPOE. Original data for this indicator was gathered looking at July 2022 data as a representative sample.

For a cluster that is out of compliance during the initial data pull, a random selection of files are reviewed for the quarter in which the subsequent data is being collected (up to 20 files per cluster depending on cluster size).

**Monitoring for Noncompliance:**

The Lead agency works with the data system vendor to identify children who had a referral date that should have an initial IFSP developed within the time period. From this list, A minimum sample size for the state was determined by using a sampling calculator made available by Raosoft, Inc. (<http://www.raosoft.com/samplesize.html>). The actual number sampled exceeds the required sample size for a confidence level of 99%, with a confidence interval of +/-5% for the state. For smaller SPOEs (Clusters D, F, and H), the number of files reviewed was increased to include at least 20 files.

Records identified as part of the data pull were reviewed by the Quality Review Team.

Following the completion of the record review, the Quality Review Team provided the SPOE preliminary data. The SPOEs are then given a clarification period to provide additional documentation for review by the QR Team prior to issuing final data and findings.

The QR Team meets with each SPOE to discuss the root cause of the noncompliance for any indicator where the target was not met. This allows the SPOE to determine any need to change local policies and/or procedures as well as allows the Lead Agency to review state policies and/or procedures that may be creating barriers to achieving compliance.

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

State Total: 66.71% (473/709)

236 late IFSP (IFSP completed 46-159 days from referral)

System Reasons for Delay:

Eligibility Determination Team (ED Team) Schedule: 196

SC Scheduling/Error: 39

Paperwork Not Returned by Medical Provider Timely: 1

Cluster A: 96.6% (85/88)

Cluster B: 92.3% (60/65)

Cluster C: 88.1% (74/84)

Cluster D: 94.4% (51/54)

Cluster F: 82.9% (29/35)

Cluster G: 15% (35/227)

Cluster H: 95.8% (23/24)

Cluster I: 80.5% (62/77)

Cluster J: 98.2% (54/55)

Nine findings were issued for this indicator. Eight findings were newly issued for FFY2022 (Clusters A, B, C, D, F, H, I, and J). One finding was originally issued in FFY2021 and the finding was sustained in FFY2022 (Cluster G).

During FFY22 the Lead Agency and its local program directors, providers and other stakeholders have focused on developing strategies to address the concerns around First Steps personnel recruitment and retention. Provider rates were identified as the largest barrier to recruiting and retaining qualified personnel. The growing number of personnel leaving the early intervention system has been a contributing factor in the slippage for Indicator 7. These concerns were shared with the leadership of the Family and Social Services Administration (FSSA) State Budget Agency, and the Governor's Office. Based upon the data provided about this critical issue, these state leaders unanimously agreed that additional funding is necessary to ensure children and families receive First Steps services. As a result, the General Assembly and Governor's Office provided the program with an additional \$7.5 million in state funds. These funds were used to implement a rate increase as well as increased contract allocations for all System Points of Entry vendors on January 1, 2023, with the hope of attracting personnel to the early intervention system and improving timely service delivery to infants, toddlers, and their families. In May of 2023, the program received an increase of \$7.5 million though the 2024/2025 budget bill thus sustaining the rate increase implemented the first of the year.

Another strategy implemented during FFY2022 was launching a campaign to recruit new providers including service coordinators to the early intervention system. Social media platforms such as Facebook, Instagram, and LinkedIn were utilized as part of the campaign. Outreach to colleges and universities continued with these efforts being expanded to include First Steps Local Planning and Coordinating Councils which led to an increase in the number of students reached.

The Lead Agency released a Request for Proposals (RFP) for the provision of its System Points of Entry (SPOE) in 2023. This action resulted in 4 two-year contracts and increased investment in service coordination, evaluation and assessment, and Local Planning and Coordinating Councils. SPOEs increased the starting salary of service coordinators by approximately \$10K annually per coordinator and added additional coordinators to each SPOE decreasing the case load size of each. This action has decreased turnover at the service coordinator level from 22% to 4%, which will lead to improved oversight of IFSPs and the coordination of services.

The effects of these changes are anticipated to be reflected in future APR data.

**Correction of Findings of Noncompliance Identified in FFY 2021**

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	0	1

**FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

Because Cluster G’s non-compliance was so significant in FFY2021, the Lead Agency took the additional step of issuing a corrective action plan to the Cluster G System Point of Entry. As a result, this Cluster has engaged their Local Planning and Coordinating Council (LPCC), provider agencies within the Cluster, families, their company board, and other stakeholders in the completing of a root cause analysis and development of a roadmap to work to correct non-compliance.

Strategies within the Cluster G roadmap include:

Increasing the ED Team capacity to complete evaluations and assessments timely by updating the pay scale to increase retention, host additional AEPS Level 2 trainings required for ED Team members, increase the number of slots available for virtual evaluations and assessments, and partnering with other clusters and ongoing agencies to utilize available providers to complete evaluations and assessments in Cluster G.

Provide additional trainings to service coordinators on the requirements around the 45-day timeline for initial IFSP development, how to better discuss with families virtual evaluation and assessments and utilize this method with family approval, and how to properly document all scheduling activities from referral to the initial IFSP development meeting.

Providing data to staff and stakeholders about compliance with meeting the 45-day timeline,

Increasing the number of service coordinator positions to reduce caseload sizes and allow SCs to focus on timelines and providing high quality services to children and families.

These efforts are ongoing and continue to be reviewed with the state’s technical assistance provider monthly.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**7 - Prior FFY Required Actions**

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

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

**Response to actions required in FFY 2021 SPP/APR**

In FFY2021 the state issued 1 finding of noncompliance for timeliness of IFSP (Cluster G).

G were not able to close the finding within one year and have sustained their finding for FFY2022.

The Quality Review Team verified through file reviews all individual cases of noncompliance for FFY2021 found during the initial or subsequent data pulls were corrected as the child either received an IFSP although late or the child exited the program.

Cluster G will remain on a corrective action plan until compliance is met.

**7 - OSEP Response**

**7 - Required Actions**

## 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 =  $\left[ \frac{\text{\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}}{\text{\# of toddlers with disabilities exiting Part C}} \right] \times 100$ .
- 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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	99.65%	99.21%	96.43%	100.00%	98.18%

**Targets**

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

**FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
539	545	98.18%	100%	98.90%	Did not meet 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.**

Six (6) IFSPs did not have sufficient documentation of Transition Steps and Services as required by Indiana.

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

State monitoring

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

Indiana continues to seek help from national TA through ECTA and DaSy, Indiana continues to use a strategy to target a collection of data using a sampling process as opposed to reviewing a full data set quarterly. All nine clusters/SPOEs are monitored each year using a sample set of data and methodology consistent across each SPOE. Original data for this indicator was gathered looking at July 2022 data as a representative sample.

For clusters that are 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).

**Monitoring for Noncompliance:**

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

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

Sample data was derived from early intervention record reviews performed by Quality Review contractors and from state-verified, early intervention record reviews completed by the local SPOE as part of their quality review and progress monitoring system.

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

- State Total: 98.9% (539/545)
- Cluster A: 100% (65/65)
- Cluster B: 100% (56/56)
- Cluster C: 93% (53/57)
- Cluster D: 98% (49/50)
- Cluster F: 100% (25/25)
- Cluster G: 100% (155/155)
- Cluster H: 100% (38/38)
- Cluster I: 98.2% (54/55)
- Cluster J: 100% (44/44)

Three findings were issued for this indicator (Clusters C, D, and I). All three clusters have since come into compliance and the findings have been closed.

**Correction of Findings of Noncompliance Identified in FFY 2021**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

**Response to actions required in FFY 2021 SPP/APR**

All instances of noncompliance were corrected and subsequent data for quarter two was pulled prior to issuing findings for the three clusters (Cluster A, B, and F) and found to be in compliance with the requirements for indicator 8A.

**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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	95.16%



**Targets**

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

**FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
531	545	95.16%	100%	97.43%	Did not meet target	No Slippage

**Number of parents who opted out**

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

0

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

14 children did not have timely 30 month notices to the LEA. Previously, Indiana utilized a contractor who had a direct connection into the legacy data system. The contractor sent each System Point of Entry (SPOE) and the SEA a list of children who meet the requirements of this indicator. The SPOE then confirmed all children on the list and sent the list to the respective LEA based on child location and affiliated LEA. Indiana launched a new data system in March of 2021. Currently, the system is not able to send notification to the SPOEs of those identified children and the data is no longer able to be pulled by this contractor due to the child records being located at the local SPOE offices until all data has been entered into the new system; therefore, each SPOE must provide this report manually to the LEA until the system is able to complete the report electronically. During the initial data pull, it was found that there were 14 children whose notification to the LEA was delayed. With files located locally, and each SPOE having their own filing systems and electronic records housing processes, documents were occasionally loaded into the child record in the wrong or varying spaces and the Quality Review team could not locate them during the initial pull or the SPOE sent the 30 month notice to the LEA late.

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

The Lead agency works with the data system vendor to identify children who had an IFSP and were within 90 days of their 3rd birthday within the time period. From this list, A minimum sample size for the state was determined by using a sampling calculator made available by Raosoft, Inc. (<http://www.raosoft.com/samplesize.html>). The actual number sampled exceeds the required sample size for a confidence level of 99%, with a confidence interval of +/-5% for the state. For smaller SPOEs (Clusters D, F, and H), the number of files reviewed was increased to include at least 20 files.

Records identified as part of the data pull were reviewed by the Quality Review Team.

Following the completion of the record review, the Quality Review Team provided the SPOE preliminary data. The SPOEs are then given a clarification period to provide additional documentation for review by the QR Team prior to issuing final data and findings.

The QR Team meets with each SPOE to discuss the root cause of the noncompliance for any indicator where the target was not met. This allows the SPOE to determine any need to change local policies and/or procedures as well as allows the Lead Agency to review state policies and/or procedures that may be creating barriers to achieving compliance.

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

NO

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

State monitoring

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

With the continued help of national TA through ECTA and DaSy, Indiana continued to use a strategy to target a collection of data using a sampling process as opposed to reviewing a full data set quarterly. All nine clusters/SPOEs are monitored each year using a sample set of data and methodology consistent across each SPOE. Original data for this indicator was gathered looking at July 2022 data as a representative sample.

For a cluster that is out of compliance during the initial data pull, a random selection of files are reviewed for the quarter in which the subsequent data is being collected (up to 20 files per cluster depending on cluster size).

**Monitoring for Noncompliance:**

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

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

Sample data was derived from early intervention record reviews performed by Quality Review contractors and from state-verified, early intervention record reviews completed by the local SPOE as part of their quality review and progress monitoring system.

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

State Total: 97.4% (531/545)  
 Cluster A: 98.5% (64/65)  
 Cluster B: 96.4% (54/56)  
 Cluster C: 100% (57/57)  
 Cluster D: 96% (48/50)  
 Cluster F: 100% (25/25)  
 Cluster G: 97.4% (151/155)  
 Cluster H: 100% (38/38)  
 Cluster I: 90.9% (50/55)  
 Cluster J: 100% (44/44)

Five findings were open in FFY2022 for this indicator. Four of the findings were opened in FFY2022 (Clusters A, B, D, and I). One finding was sustained from FFY 2021(Cluster G).

All five findings were closed within one year of issuing the original finding, no findings remain open for FFY2022.

**Correction of Findings of Noncompliance Identified in FFY 2021**

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 2021 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 for Cluster G according to federal requirements. Cluster G was able to correct the FFY2021 finding by looking at subsequent data in FFY2022. In this instance, compliance was at 100%. This indicates the regulatory requirements are being met.

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

The State verified correction for the one finding. Clusters G came into compliance although after the one-year period. For each of the 8 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 after the one-year period for the Cluster G . This closes all findings for this indicator.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8B - Prior FFY Required Actions**

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

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

**Response to actions required in FFY 2021 SPP/APR**

One finding was issued in FFY2021 for this indicator (Cluster G).

All instances of noncompliance were corrected and subsequent data was found to be in compliance utilizing record review process outlined above.

**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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	98.01%	96.43%	96.05%	96.63%	93.87%

**Targets**

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

**FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
494	545	93.87%	100%	90.64%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

Indiana like many other states, have had service coordinator (SC) turnover during the past few years. All of the late meetings were due to errors in scheduling the Transition meeting including scheduling the meeting more than 270 before the child's third birthday, scheduling the meeting less than 90 days before the child's third birthday or waiting until the school district was back in session to hold the meeting. Training has taken place at each SPOE office to ensure all service coordinators, both new and existing, know the importance of meeting the transition meeting timelines.

**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 (51) were considered system reasons.

**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 continued help of national TA through ECTA and DaSy, Indiana continued to use a strategy to target a collection of data using a sampling process as opposed to reviewing a full data set quarterly. All nine clusters/SPOEs are monitored each year using a sample set of data and methodology consistent across each SPOE. Original data for this indicator was gathered looking at July 2022 data as a representative sample.

For a cluster that is out of compliance during the initial data pull, a random selection of files are reviewed for the quarter in which the subsequent data is being collected (up to 20 files per cluster depending on cluster size).

**Monitoring for Noncompliance:**

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

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

(<http://www.raosoft.com/samplesize.html>). The actual number sampled exceeds the required sample size for a confidence level of 99%, with a confidence interval of +/-5% for the state. All SPOEs are sampled each year.

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: 90.6% (494/545)

Cluster A: 80% (52/65)

Cluster B: 94.6% (53/56)

Cluster C: 100% (57/57)

Cluster D: 88% (44/50)

Cluster F: 100% (25/25)

Cluster G: 89.0% (138/155)  
 Cluster H: 86.8% (33/38)  
 Cluster I: 92.1% (52/55)  
 Cluster J: 90.9% (40/44)

Seven findings were issued for FFY2022. All seven findings have been corrected. No findings remain open.

**Correction of Findings of Noncompliance Identified in FFY 2021**

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

**FFY 2021 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 two clusters (Clusters A and G) according to federal requirements and within the year. Clusters A and G corrected the finding although after the one-year timeline. For each of the corrected two findings, subsequent data was reviewed. In all instances, compliance was at 100%. This indicates the regulatory requirements are being met.

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

The State verified correction for the two findings that came in after the one year timeline. For each of the 9 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 after the one-year period for the 2 clusters (Cluster A and G). This closes all findings for this indicator.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8C - Prior FFY Required Actions**

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

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

**Response to actions required in FFY 2021 SPP/APR**

Two findings were issued in FFY2021 for this indicator (Clusters A and G).

The State verified correction for the two findings that came in after the one year timeline. For each of the 9 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 albeit after the one-year period for the 2 clusters (Cluster A and G). This closes all findings for this indicator.

**8C - OSEP Response**

**8C - Required Actions**

## 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

OSEP notes that this indicator is not applicable.

#### Response to actions required in FFY 2021 SPP/APR

This indicator is not applicable because Indiana uses the Part C procedures for due process hearings.

### 9 - OSEP Response

### 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 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 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1 Mediations held	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.a.i Mediations agreements related to due process complaints	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.b.i Mediations agreements not related to due process complaints	0

#### Targets: Description of Stakeholder Input

Indiana First Steps engaged a broad group of stakeholders (ICC members, FGRBI State Implementation Team, Parent Centers, family members, state agency leaders, early intervention providers, and vendors including ECC and SPOE leadership) throughout the federal fiscal year. These stakeholders were diverse in gender, race, geography, and experience. They provided input around a variety of topics and issues which included: the State's progress in meeting targets for the SPP/APR, SSIP, family engagement strategies, review of policies and procedures, federal monitoring preparation, and capacity building strategies.

The ICC held 6 hybrid (virtual and in-person) meetings every other month with their executive committee meeting monthly. The State engaged stakeholders in quarterly stakeholder meetings which were held virtually and in-person to ensure greater participation. The Bureau of Child Development Services (BCDS) office created a new position, Family Engagement Manager, and filled the position in December of 2022. This individual is working to expand how family input is gathered and increasing opportunities for parents of infants and toddlers receiving early intervention to expand their advocacy skills. BCDS collaborates with the other bureaus within the Division of Disability and Rehabilitative Services on a family focused quarterly newsletter called IN*Vision*. Division and programmatic updates are included as well as topics to expand family and caregiver knowledge.

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

The foundation created in FFY20 continued to be used in FFY22 to engage stakeholders across the early intervention system in our state. It remained paramount for Indiana to present data in digestible ways ensuring stakeholder engagement convenings were informative for participants and allowed everyone to feel comfortable to engage in rich conversation.

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

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

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 Cluster 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	2017	2018	2019	2020	2021
Target>=					
Data					

**Targets**

FFY	2022	2023	2024	2025
Target>=				

**FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
0	0	0				N/A	N/A

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

Indiana did not set targets for this indicator as it has not met the minimum threshold of 10 mediation requests. Part C assigns a state staff member (complaint investigator) to monitor and resolve complaint and hearing requests. A complaint and hearing log is maintained at the state level and consistent procedure is followed.

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**



## 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 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., February 1, 2023). 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 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2023-June 30, 2024).

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 (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., 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 2022 APR, report on activities it intends to implement in FFY 2023, i.e., July 1, 2023-June 30, 2024) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

**11 - Indicator Data**

**Section A: Data Analysis**

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

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

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

NO

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

NO

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

NO

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

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

**Progress toward the SiMR**

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

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

NO

**Historical Data**

Baseline Year	Baseline Data
2010	49.00%

**Targets**

FFY	Current Relationship	2022	2023	2024	2025
Target	Data must be greater than or equal to the target	52.00%	52.50%	52.75%	55.00%

**FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
263	481	49.17%	52.00%	54.68%	Met target	No Slippage

**Provide the data source for the FFY 2022 data.**

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

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

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

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

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

Only ED Team members may compute final scores in the form of standard deviations below the mean (0, -1.0, -1.5, and -2.0). If a child shows no developmental delays on the AEPS (zero or no standard deviations), then the child's status is defined as "comparable to same-aged peers."

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

Bucket A: # of infants and toddlers who did not improve functioning.

Child enters and exits with the same raw score/lower raw score for the domain (lost skills) and listed as "progress not made".

Bucket B: # of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers.

- Child enters with a SD of -2 or -1.5 and exits with the same SD or lower but progress made
- Child enters with a SD of 0 and exits with a SD of -2 but progress made
- Child enters with a SD of 0 and exits with a SD of -1.5
- Child enters with a SD of -1 and exits with a SD of -2

Bucket C: # of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it.

- Child enters with a SD of -1 and exits with a SD of -1.5
- Child enters with a SD of -2 and exits with a SD of -1.5

Bucket D: # of infants and toddlers who improved functioning to reach a level comparable to same-aged peers.

- Child enters with a SD of -2 or -1.5 and exits with a SD of 0
- Child enters with a SD of -2 or -1.5 and exits with a SD of -1
- Child enters with a SD of 0 and exits with a SD of -1
- Child enters with a SD of -1 and exits with a SD of -1

Bucket E: # of infants and toddlers who maintain functioning at a level comparable to same-aged peers.

- Child enters with a SD of 0 and exits with a SD of 0
- Child enters with a SD of -1 and exits with a SD of 0

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

NO

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

NO

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

NO

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

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

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

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

NO

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

#1 Family Assessment:

Improvement to initial family assessment procedures continues to be a priority in ensuring services planned and delivered are responsive and attuned to the unique needs, priorities, and strengths of each infant or toddler with a disability and their family.

As such, the family assessment continues to be reviewed during quality review visits with each SPOE. The state reviewed the family assessment during quarter 1 FFY22. The number of family assessments reviewed totaled 711. Of those reviewed, 233 families declined to complete the assessment. Of the 478 files where the family participated in the completion of the family assessment, only 271 (56.7%) were completed entirely meaning each question was asked and an answer was documented. This data shows a 9.4% decrease of completion over last year (66.1%) and continues to suggest there is still a need to continue work with each SPOE around declination and completion rates.

Improvement strategies include:

- IIDC/ECC technical assistance
- Family Assessment webinars are housed in the Learning Management System
- Revision to provider/service coordinator onboarding training is in progress, including emphasis on the Family Assessment
- Preliminary work has begun to revise the Family Assessment tool focused on ease of use and relevance to service coordinators, providers, and families

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

Efforts to improve home visiting practices remained a key infrastructure improvement strategy. Initial implementation continued with the completion of the first two professional development cohorts and the start of two additional cohorts of providers across fourteen agencies supported by Dr. Juliann Woods and team at Florida State University with increasing leadership by the team at ECC. A half-day pre-conference session at the Indiana Early Intervention Conference was offered to encourage FGRBI cohort participation. Implementation Teams continued to meet to ensure system supports are in place. Informational agency and SPOE presentations continued. Master coach training continued with two ECC staff under the direction of Dr. Woods. Two additional ECC staff were also trained as facilitators. Pilot contracts for trainee and provider coaches have been developed.

#### #3 Service Coordination:

Indiana contracted with the ECC at IU to develop a plan for revising all onboarding trainings for Service Coordinators. This continuous quality improvement strategy is aimed at aligning the trainings with the Division for Early Childhood's Recommended Practices, Knowledge and Skills for Service Coordinators, Family Guided Routines Based Intervention, and LifeCourse principles. Content of the new training series will include general service coordinator responsibilities, federal IDEA requirements, procedural safeguards, state policy and procedures, and equitable service delivery practices. These trainings should be completed, and implementation should begin within the next reporting period.

In partnership with University of Missouri-Kansas City, Indiana held three LifeCourse Ambassador leadership cohorts. As part of this series, 48 SPOE personnel participated in learning LifeCourse principles, learned about LifeCourse Nexus tools, and engaged in conversations around how the tools and principles could be imbedded into IFSP activities by service coordinators to better assess family needs and strengths, enhance family advocacy skills, assist with conflict resolution, and transition planning.

#### #4 Data Based Decision Making:

Indiana focused on fixing issues in the new data system in FFY2022 and this continues to remain a focus for FFY2023. While the system went live in March 2021, the system issues are preventing the local programs from generating meaningful reports. The State team spent most of the reporting period testing system fixes and implemented a major case management release resulting in the identification of additional bugs and issues. Indiana will continue to work with its vendor to correct issues, implement roles, and develop reports that drive local program improvements. Indiana implemented a new provider enrollment module into its data system in June of 2022. Data provided by enrolling providers can be analyzed to monitor recruitment strategies and better understand provider demographics such as gender, race, ethnicity, full education background, provider type, location, etc.

A Data Analyst was hired in December 2022. She worked with the data system vendor and the Family and Social Service Administration data analytics team to get a copy of the data system case management, service logging, and billing and claiming modules for data reports to be run. She has started creating heat maps and data dashboards to better understand provider availability and system capacity. The Data Analyst has participated in ICC, agency, and SPOE meeting listening sessions to best understand stakeholder needs around data reports/dashboards which could be utilized to drive future system improvements.

Significant resources were utilized in the reporting period to ensure all required data elements are complete in the new data system. Due to numerous migration issues and errors, legacy data was never migrated into the new system. Data entry teams were deployed to open locally housed child records and enter all child demographics, addresses, family income, cost participation, IFSP dates, transition dates, and Exit reasons and dates for children who had exited the system between 2018 and 2020. The SPOE teams also engaged in data clean-up efforts for all other children. This project continues and should be complete by the end of FFY2023.

#### #5 Equity:

Indiana is committed to improving equitable access to early intervention for all Hoosier children and their families. Following the pandemic, Indiana expanded the use of teleintervention for children receiving early intervention services. All families have an opportunity to utilize teleconferencing for IFSP meetings, evaluations, and ongoing IFSP services. Teleintervention has been a critical strategy in expanding access to Part C services. Families have fewer scheduling conflicts, evaluation teams can assist regions on the other side of the state, and families have access to providers all over the state. This has improved family access to specialty services and experts in all geographical locations in Indiana. It is also vital that Indiana ensure equitable access to teleintervention services. The Governor of Indiana has implemented a statewide infrastructure program to expand broadband internet access for all Hoosiers. During implementation and expansion, provider agencies and SPOEs are loaning equipment and hotspots to families as needed. This ensures geography and socioeconomic status are not a barrier to accessing teleintervention. To better understand policy needs, gaps in guidance and procedure, and family needs, a diverse stakeholder group was brought together to discuss potential policy revision, training, and data analysis needed to ensure that the delivery of teleintervention services expands access to early intervention in an equitable and high-quality manner.

Indiana continued work with its marketing vendor to improve its child find system and create accessible materials for families. There is a focus on finding children in need of early intervention services earlier, specifically birth – 1 year. The team finalized a new Welcome packet for families which is available online in four languages and can be found at <https://www.in.gov/fssa/firststeps/first-steps-outreach-materials/>. Indiana also focused on provider recruitment as part of this vendor contract. These videos can be found at <https://www.in.gov/fssa/firststeps/providersagencies/provider-enrollment/>.

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

#### #1 Family Assessment (Quality Standards):

The completion of a high-quality Family Assessment is necessary to understand, engage, and better support families during planning and provision of

services. As such, the state will continue to analyze the completion rates for each SPOE and will continue to review and provide feedback on the quality of a sample of completed Family Assessments at each SPOE.

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

FGRBI is a family centered model that will allow providers to connect with all families and improve family outcomes. Professional development occurred within the initial four cohorts of providers. The first two cohorts included 61 providers successfully reaching the end of the 10-month professional development sequence. Technical assistance was provided through the provider agency implementation meetings and achievement of professional development milestones was communicated with agency leadership in these meetings. Continued trainings and informational opportunities were created and disseminated to educate providers, provider agencies, service coordinators and Eligibility Determination members about the FGRBI initiative. Provider feedback on the professional development experience was collected at the end of the sequence to measure provider satisfaction and how confident providers felt about the implementation of FGRBI. Pre and post videos were used to collect data on fidelity of implementation of the 12 FGRBI Key Indicators for those providers submitting video as part of the professional development sequence. Within the first two cohorts, 36 providers submitted both a pre and post video and all demonstrated improvement in their use of the FGRBI Key Indicators. 63 providers attended the FGRBI pre-conference session at the Indiana Early Intervention conference.

#### #3 Service Coordination Professional Development (Professional Development):

During the reporting period, the Early Childhood Center completed mapping all new service coordinator training modules to the Division for Early Childhood's Recommended Practices, Knowledge and Skills for Service Coordinators, Family Guided Routines Based Intervention, and LifeCourse principles., outlined objectives, and learning content. Module creation began at the beginning of July and is ongoing at this time. Completion of the onboarding series is due June 30, 2024.

#### #4 Data Driven Decision Making (Data and Accountability/Monitoring):

The activities around improving the statewide data system are critical to the improvement of the State's comprehensive monitoring system and improving quality standards for infants, toddlers, and their families. The new data system is complex as it combines case management, service logging, billing and claiming, provider enrollment and management, and learning management all under one login. The bugs and issues in case management and service logging are currently preventing local programs and personnel from more easily overseeing their IFSP activities, using data to track referral and eligibility data for staffing planning, and identify areas where additional training is needed. Indiana and its vendor will continue to work to resolve the issues so progress can be realized in these areas.

As previously mentioned, a massive data clean-up effort has been underway and will likely continue until the end of FFY2023. Significant progress has been made in this area and role assignment and reporting features are closer to being deployed into the new system. Once the State tests all roles and reports in its testing environment, they will be released into the production site of the data system. The Quality Assurance team for the State will monitor this deployment and provide technical assistance to end users of the system.

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

SPOEs report most families request meetings with their service coordinator be through video conferencing. We improved the data system to require providers to indicate the method of service delivery – in-person or virtual so data could be collected around teleintervention. Data is indicating there is a growing number of evaluations being conducted virtually. However, over 90% of all ongoing services are delivered to children and their families in-person. Providers and SPOEs indicate that families are unsure of what teleintervention services look like and prefer services delivered in-person. The ICC data subcommittee has discussed a need for videos, materials, and talking points for service coordinators and providers to better help families understand what teleintervention is and what it isn't. While there are videos and handouts available on the State's website, there continues to be a need to better understand how to support families in making decisions around service delivery.

**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:

Next steps to continue improvement in Family Assessment completion and quality include:

- Continued availability of technical assistance to every SPOE and their staff
- Continued annual quality review of a sample of completed Family Assessments for each SPOE
- Continued revision of the provider and service coordinator onboarding trainings
- Continued revisions of the Family Assessment tool, to include further embedding of LifeCourse principles and engagement with stakeholders
- Development of policies, procedures, and training related to revisions of the Family Assessment tool

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

The state will continue developing infrastructure to support the sustainability of Family Guided Routines Based Intervention by :

- Incorporating coaching principles, family-centered strategies and FGRBI language into professional development modules as they are developed over the next 18 months. This will ensure that professional development content from onboarding modules to more advanced modules is aligned with FGRBI, and that the language is represented so that providers see it as part of the system.
- Developing a system of payment for FGRBI coaches over the next 1-2 years as the network of coaches is developed over the next several years. This will not only allow for smooth delivery of FGRBI coaching as it expands statewide, but it will also legitimize the practice as the billing will be like billing for on-going services of other types.
- Considering alignment of any new initiatives with FGRBI and communicating that alignment to First Steps providers statewide to ensure a unified approach to working with families. This has already happened with FGRBI and the LifeCourse framework, but as new initiatives are considered, taking time to ensure consistency and consider messaging will allow providers to feel confident that the FGBRI philosophy is embedded in the EI system.
- Building requirements for FGRBI into initial and on-going credentialing processes over the next 1-2 years. This will ensure that providers have clear expectations regarding requirements and see FGRBI as an integrated part of the professional development system rather than a separate initiative.
- Incorporating FGRBI language into the face-to-face sheets completed at the end of sessions with families over the next year. This will support integration of FGRBI as well as remind providers and families of the structure and language of FGRBI.
- Maintaining a productive State Implementation Team to support the strategies above as well as identifying other infrastructure needs as issues from the local agency implementation teams are shared.

#### #3 Service Coordination:

The Early Childhood Center at Indiana University's Indiana Institute on Disability and Community are expected to have all service coordinator onboarding training completed by June 30, 2023. The onboarding training series will be uploaded into the State's Learning Management System (LMS) upon completion and service coordinators will begin to be assigned to these trainings upon enrollment. Each of the nine System Point of Entry will be

required to assign all service coordinators who have enrolled since 2020 in these trainings, however, they will be able to assign the trainings to any of their personnel. The trainings are being created as a series with chapters, so service coordinators can be assigned a specific chapter should the SPOE feel an individual needs additional support or retraining as a result of their quality assurance reviews, they can require only the training refresh that is needed.

#### #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.

The State will continue to work with its data system vendor to correct issues and bugs in the case management and service logging modules of the data system. It will remain committed to ensuring data completeness and quality within the data system and continue its investment in resources to realize this goal. Roles and reports functionality will be tested and deployed if accurate. Training and support will be provided to end users around how to utilize data dashboards and reports.

The Family and Social Services data analytics team will work to review the data system copy to develop a plan for reporting some data publicly in a dashboard on the State's website. By making data such as referrals, evaluations, and IFSPs available local programs can begin to plan and use data for system capacity building. Stakeholders will be able to have access to data reports that were previously available. State agency partners will be able to easily have data for their federal grant reporting and to inform early childhood system improvement plans.

As a result of the findings from a CDC grant to study when children come into Indiana's special education system that was awarded to Indiana Institute on Disability and Community and Riley Children's Hospital, the State will also collaborate with the Indiana Department of Education to assign EdIDs for all children referred to Part C in an effort to more easily identify children across the educational system and improve future longitudinal study opportunities.

#### #5 Equity:

Indiana will continue its work around child find, however, it will also emphasize a focus on provider recruitment. It is critical that Indiana's workforce expand to meet the growing need for early intervention providers in all disciplines across the state. As part of this effort expanding the diversity of its workforce will also be critical. An internship program is being explored as is how to bring awareness to middle school and high school students about the field of early intervention. The ICC, SSIP stakeholder groups, and state agencies are exploring strategies to expand program capacity while increasing its diversity.

The State will review all current teleintervention policies and make adjustments taking into account the feedback it received from the stakeholder focus group on this issue. The State continues to work toward development of data system reports that will also contribute to data analysis of teleintervention practices and effectiveness. Trainings for service coordinators and providers and videos and handouts for families have been identified as a need to expand the use of teleintervention and expand access for all Hoosier families. The State will continue its work with the ICC and its marketing vendor to explore ways to provide these to personnel and families.

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

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

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

##### Family Guided Routines Based Intervention:

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

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

FGRBI has four key components which are:

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

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

Family-centered practices: should be individualized, and responsive to each family's unique circumstances.

Service should provide a complete and unbiased information to make informed decisions.

Family capacity-building practices: Promote participatory opportunities to build on existing parenting knowledge and skills.

Promote the development of new parenting abilities that enhance parenting self-efficacy.

Family and professional collaboration: Build relationships between families and professionals who work together, to promote family competencies and support the development of the child.

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

## #2 Charting the LifeCourse Framework:

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

LifeCourse has 8 principles of the framework:

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

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

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

Family Guided Routines Based Intervention 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 to coach them to support their child effectively throughout the day.

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

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

Family Guided Routines Based Intervention:

Indiana will continue to use training evaluation questions for the professional development experience including a final survey that is completed at the end of each cohort. Providers will record themselves providing a full-length home visit as a pre-video at the start of the sequence and a post video at the completion of the sequence that will assess practice change using FGRBI fidelity measure established by FSU. Providers will also submit clips of home video recordings for review, feedback, and scoring throughout the professional development process. We will use a data dashboard which includes provider participant data to share with agencies. A survey of continued use of implementation practices will be shared with participants at the 3-month mark following the completion of the professional development sequence.

Charting the LifeCourse Framework:

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

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

Family Guided Routines Based Intervention:

Data from the first cohort including the final survey and the post-videos has been and will continue to be evaluated after the completion of each cohort to begin to identify trends and efficacy. Over 94% of providers in the first cohort expressed a high level of satisfaction with the online module portion of the professional development sequence. 96% of providers expressed a high level of satisfaction with their learning of the content in the Professional Learning Community portion of the professional development sequence. Average fidelity of implementation scores for participants from the first cohort that submitted both pre and post video all demonstrated an increase in fidelity of implementation scores (i.e., an increase in use of FGRBI family-centered practices). Family evaluation questions will continue to be distributed through providers that have completed the professional development



sequence to gather information about the family experience and we will continue to identify the most effective questions and strategies for improving family response rate.

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

**Family Guided Routines Based Intervention (FGRBI):**

The state will continue with installation of Family Guided Routines Based Intervention by completing the 10-month professional development sequence with two additional cohorts of providers under the guidance of Dr. Wood's team at Florida State University. An annual cohort supported primarily by the team at Indiana University with reduced support from the Florida State team will begin in August 2023. A pre-conference session will be offered again at the 2024 Indiana Early Intervention Conference. Two master coaches at Indiana University will continue to advance their progress in reaching Master Coach status to build sustainability in future years. Agencies will continue to participate in provider agency implementation teams to support sustainability. The State Implementation Team will continue to meet regularly to provide support. Anticipated outcomes include having 2 trained provider coaches during this reporting period with one Indiana University coach reaching master coach status. The team at Indiana University plans to begin the trainee coach process with one additional participant. The trainee and provider coaches will continue to support and communicate with the 61 providers that have completed the professional development sequence around maintaining the use of the FGRBI Key Indicators within their practice. Additional providers will be added to this group as additional cohorts complete the sequence. We will continue to recruit interested providers to participate in FGRBI trios setting the foundation for the trainee coach path which will also allow us to build capacity and sustainability.

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

**Charting the LifeCourse Framework:**

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

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

YES

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

Indiana is working to overcome challenges related to significant childcare infrastructure needs and lack of access for all families to high quality centers especially those of children with disabilities. Children born 2020 – present have fewer opportunities for same age peer engagement than those born prior. Indiana Part C is a partner in the State's Preschool Development Grant (PDG) work and is committed to expanding the number of childcare seats statewide, improving the childcare workforce capacity around providing high quality inclusive care, and supporting the social emotional wellbeing of all infants and toddlers. With this understanding, the change of Indiana's SiMR, which was reported in the FFY20 SPP, to align with this specific indicator was intentional. With stakeholder input, it was decided we would anticipate a drop in this particular area statewide, and Indiana made a commitment to prepare. The SSIP provides further detail specific to infrastructure improvement strategies that Indiana has committed to so this focus can be met with action in the coming years.

**Section C: Stakeholder Engagement**

**Description of Stakeholder Input**

Indiana First Steps engaged a broad group of stakeholders (ICC members, FGRBI State Implementation Team, Parent Centers, family members, state agency leaders, early intervention providers, and vendors including ECC and SPOE leadership) throughout the federal fiscal year. These stakeholders were diverse in gender, race, geography, and experience. They provided input around a variety of topics and issues which included: the State's progress in meeting targets for the SPP/APR, SSIP, family engagement strategies, review of policies and procedures, federal monitoring preparation, and capacity building strategies.

The ICC held 6 hybrid (virtual and in-person) meetings every other month with their executive committee meeting monthly. The State engaged stakeholders in quarterly stakeholder meetings which were held virtually and in-person to ensure greater participation. The Bureau of Child Development Services (BCDS) office created a new position, Family Engagement Manager, and filled the position in December of 2022. This individual is working to expand how family input is gathered and increasing opportunities for parents of infants and toddlers receiving early intervention to expand their advocacy skills. BCDS collaborates with the other bureaus within the Division of Disability and Rehabilitative Services on a family focused quarterly newsletter called INVision. Division and programmatic updates are included as well as topics to expand family and caregiver knowledge.

In FFY20, Indiana was intentional in improving and expanding its stakeholder engagement. These efforts continued in FFY22. Stakeholders were engaged in providing feedback around all improvement strategies and activities. It remained important for data to be presented in ways all could digest and understand. Stakeholders were provided opportunities to review, ask questions, and provide feedback on if data and information should be presented differently. Meetings with stakeholders were held in a variety of formats, dates, and times in the effort to expand diverse participation and spur meaningful conversations among them. Stakeholders continue to come from a broad set of backgrounds which included: families, Indiana's general assembly, Department of Education, Department of Health and Human Services, higher education, Riley Children's Health, Department of Child Services, family advocacy centers, local early intervention offices, and First Steps provider agencies. Participants were both male and female, of a vast age range, reside and work in diverse geographical locations, and of various racial and ethnic backgrounds. Meetings with stakeholders were ongoing throughout the year and attendance and participation was excellent. Some examples of engagement included ICC hybrid meetings, scheduled quarterly stakeholder calls and in-person gatherings, SPOE and agency meetings, and a teleintervention convening.

In 2022, a position was created at the State level for a Family Engagement Manager. This position was filled in December of 2022. The individual hired for this position was accepted into the Early Childhood Personnel Center's (ECPC) Leadership Academy. A capstone project is required as part of this academy. Her capstone is around enhancing opportunities in Part C for meaningful family engagement. She is developing a plan to implement a Parent

Institute of Engagement and ongoing quarterly family engagement meetings. These will create additional opportunities for the State to expand its engagement of families with children receiving Part C services and create a future cohort of families to serve on the ICC, other State boards and commissions, and provide expertise on system improvements.

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

Family guided Routines Based Intervention:

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

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

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

NO

**Additional Implementation Activities**

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

In addition to the variety of activities outlined within the improvement strategies above, the State will be investigating a new evaluation and assessment tool, AEPS 3, after receiving a recommendation from the ICC. The new version of the evaluation tool will be reviewed and all implications of this move will be analyzed. These include Indiana's definition of eligibility, review of data around potential growth in eligibility, the costs associated with purchasing the tool and training personnel, and child outcome summary alignment.

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

Indiana anticipates that the investigation of the AEPS 3 can be concluded by the end of 2024 with the assistance of the Professional Development Subcommittee of the ICC.

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

As mentioned in FFY21, Indiana's data system transition has been a substantial barrier. Correcting bugs and issues and stabilizing the system has been a focus this reporting period and due to the significance of these issues it will continue to be a priority in the coming year.

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

**11 - Prior FFY Required Actions**

None

**11 - OSEP Response**

**11 - Required Actions**

## **Certification**

### **Instructions**

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

#### **Certify**

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

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

Lead Agency Director

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

#### **Name:**

Christina Commons

#### **Title:**

Part C Coordinator

#### **Email:**

Christina.Commons@fssa.in.gov

#### **Phone:**

317-234-1142

#### **Submitted on:**

02/01/24 4:17:42 PM

## Determination Enclosures

### RDA Matrix

# 2024 Part C Results-Driven Accountability Matrix

#### Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination

#### Results and Compliance Overall Scoring

	Total Points Available	Points Earned	Score (%)
Results			
Compliance			

#### 2024 Part C Results Matrix

##### I. Data Quality

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

Number of Children Reported in Indicator C3 (i.e., outcome data)	
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	
Percentage of Children Exiting who are Included in Outcome Data (%)	
<b>Data Completeness Score</b> (please see Appendix A for a detailed description of this calculation)	

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

<b>Data Anomalies Score</b> (please see Appendix B for a detailed description of this calculation)	
----------------------------------------------------------------------------------------------------	--

##### II. Child Performance

###### (a) Data Comparison: Comparing your State's 2022 Outcomes Data to other States' 2022 Outcomes Data

<b>Data Comparison Score</b> (please see Appendix C for a detailed description of this calculation)	
-----------------------------------------------------------------------------------------------------	--

###### (b) Performance Change Over Time: Comparing your State's FFY 2022 data to your State's FFY 2021 data

<b>Performance Change Score</b> (please see Appendix D for a detailed description of this calculation)	
--------------------------------------------------------------------------------------------------------	--

Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2022						
FFY 2021						

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2024: Part B."

**2024 Part C Compliance Matrix**

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2021 (3)	Score
Indicator 1: Timely service provision			
Indicator 7: 45-day timeline			
Indicator 8A: Timely transition plan			
Indicator 8B: Transition notification			
Indicator 8C: Timely transition conference			
Timely and Accurate State-Reported Data			
Timely State Complaint Decisions			
Timely Due Process Hearing Decisions			
Longstanding Noncompliance			
Specific Conditions			
Uncorrected identified noncompliance			

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

(3) This column reflects full correction, which is factored into the scoring only when the compliance data are  $\geq 90\%$  and  $< 95\%$  for an indicator.

**Appendix A**

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

**The Percent of Children Included in your State's 2022 Outcomes Data (Indicator C3)**

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2022 Outcomes Data (C3) and the total number of children your State reported in its FFY 2022 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2022 in the State's FFY 2022 IDEA Section 618 Exit Data.

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

## Appendix B

### I. (b) Data Quality:

#### Anomalies in Your State's FFY 2022 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2022 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2018 – FFY 2021 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e (numbers are shown as rounded for display purposes, and values are based on data for States with summary statement denominator greater than 199 exiters). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2022 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

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

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

**Expected Range of Responses for Each Outcome and Category, FFY 2022**

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-1SD</b>	<b>+1SD</b>
Outcome A\Category a				
Outcome B\Category a				
Outcome C\Category a				

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-2SD</b>	<b>+2SD</b>
Outcome A\ Category b				
Outcome A\ Category c				
Outcome A\ Category d				
Outcome A\ Category e				
Outcome B\ Category b				
Outcome B\ Category c				
Outcome B\ Category d				
Outcome B\ Category e				
Outcome C\ Category b				
Outcome C\ Category c				
Outcome C\ Category d				
Outcome C\ Category e				

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



**Anomalies in Your State’s Outcomes Data FFY 2022**

<b>Number of Infants and Toddlers with IFSP’s Assessed in your State</b>	
--------------------------------------------------------------------------	--

<b>Outcome A — Positive Social Relationships</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>					
<b>Performance (%)</b>					
<b>Scores</b>					

<b>Outcome B — Knowledge and Skills</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>					
<b>Performance (%)</b>					
<b>Scores</b>					

<b>Outcome C — Actions to Meet Needs</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>					
<b>Performance (%)</b>					
<b>Scores</b>					

	<b>Total Score</b>
<b>Outcome A</b>	
<b>Outcome B</b>	
<b>Outcome C</b>	
<b>Outcomes A-C</b>	

<b>Data Anomalies Score</b>	
-----------------------------	--

**Appendix C**

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

**Comparing Your State's 2022 Outcomes Data to Other States' 2022 Outcome Data**

This score represents how your State's FFY 2022 Outcomes data compares to other States' FFY 2022 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement (values are based on data for States with a summary statement denominator greater than 199 exiters). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

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

**Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2022**

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10						
90						

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

**Your State's Summary Statement Performance FFY 2022**

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)						
Points						

<b>Total Points Across SS1 and SS2(*)</b>	
-------------------------------------------	--

<b>Your State's Data Comparison Score</b>	
-------------------------------------------	--

**Appendix D**

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

**Comparing your State's FFY 2021 data to your State's FFY 2021 data**

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2021) is compared to the current year (FFY 2022) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of  $p \leq .05$ . The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

**Test of Proportional Difference Calculation Overview**

The summary statement percentages from the previous year's reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of  $p \leq .05$ . The statistical test has several steps. All values are shown as rounded for display purposes.

Step 1: Compute the difference between the FFY 2022 and FFY 2021 summary statements.

e.g.,  $C3A_{FFY2022\%} - C3A_{FFY2021\%} = \text{Difference in proportions}$

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on

$\text{Sqrt}([(FFY2022\% * (1-FFY2022\%)) / FFY2022N] + [(FFY2023\% * (1-FFY2023\%)) / FFY2023N]) = \text{Standard Error of Difference in Proportions}$

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

$\text{Difference in proportions} / \text{standard error of the difference in proportions} = z \text{ score}$

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

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

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

- 0 = statistically significant decrease from FFY 2021 to FFY 2022
- 1 = No statistically significant change
- 2= statistically significant increase from FFY 2021 to FFY 2022

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

<b>Indicator 3 Overall Performance Change Score</b>	<b>Cut Points for Change Over Time in Summary Statements Total Score</b>
<b>0</b>	Lowest score through 3
<b>1</b>	4 through 7
<b>2</b>	8 through highest

Summary Statement/ Child Outcome	FFY 2021 N	FFY 2021 Summary Statement (%)	FFY 2022 N	FFY 2022 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships										
SS1/Outcome B: Knowledge and Skills										
SS1/Outcome C: Actions to meet needs										
SS2/Outcome A: Positive Social Relationships										
SS2/Outcome B: Knowledge and Skills										
SS2/Outcome C: Actions to meet needs										

Total Points Across SS1 and SS2	
---------------------------------	--

Your State's Performance Change Score	
---------------------------------------	--

## Data Rubric

FFY 2022 APR (1)

Part C Timely and Accurate Data -- SPP/APR Data

APR Indicator	Valid and Reliable	Total
1		
2		
3		
4		
5		
6		
7		
8A		
8B		
8C		
9		
10		
11		

### APR Score Calculation

<b>Subtotal</b>	
<b>Timely Submission Points</b> - If the FFY 2022 APR was submitted on-time, place the number 5 in the cell on the right.	
<b>Grand Total</b> - (Sum of Subtotal and Timely Submission Points) =	

(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

**618 Data (2)**

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 8/30/23				
Exiting Due Date: 2/21/24				
Dispute Resolution Due Date: 11/15/23				

**618 Score Calculation**

Subtotal	
Grand Total (Subtotal X 2) =	

**Indicator Calculation**

A. APR Grand Total	
B. 618 Grand Total	
C. APR Grand Total (A) + 618 Grand Total (B) =	
Total N/A Points in APR Data Table Subtracted from Denominator	
Total N/A Points in 618 Data Table Subtracted from Denominator	
<b>Denominator</b>	
D. Subtotal (C divided by Denominator) (3) =	
E. Indicator Score (Subtotal D x 100) =	

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

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

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

DATE: February 2024 Submission

### SPP/APR Data

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

### Part C 618 Data

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

618 Data Collection	EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	8/30/2023
Part C Exiting	Part C Exiting Collection in EMAPS	2/21/2024
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/15/2023

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

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





## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2024 will be posted in June 2024. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>