STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2020

Arizona

PART C DUE
February 1, 2022

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202
Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

As Lead Agency (LA) for Arizona’s Early Intervention Program (AzEIP), under the Individuals with Disabilities Education Act (IDEA), Part C, the Arizona Department of Economic Security (ADES) is required to submit a State Performance Plan/Annual Performance Report (SPP/APR) describing the State’s compliance and performance relative to federally-defined indicators. During Federal Fiscal Year (FFY) 2020, communication, coordination, and collaboration continue to be a significant focus between the LA and professionals from Team-Based Early Intervention Services (TBEIS) contractors, the Division of Developmental Disabilities (DDD) Service Coordinators, and the Arizona Schools for the Deaf and Blind (ASDB) employees and subcontractors who implement Part C services as Service Providing Agencies (SPAs).

The FFY 2020 SPP/APR is the first submission of the current SPP/APR cycle. This cycle includes the Federal Indicator 11: State Systemic Improvement Plan. The LA will report FFY 2020 data on the activities completed towards meeting the State-identified Measurable Result (SMR). Additionally, the LA will provide comprehensive details on the implementation of the SSIP improvement and evaluation plan.

The reported data in the FFY 2020 SPP/APR details the State’s performance relative to the targets and reflects the level of compliance and performance for the State’s 33 Early Intervention Programs (EIPs) that were active during the reporting period from July 1, 2019 to June 30, 2020. Each SPA is composed of one Team-Based Early Intervention Contractor, DDD District, and ASDB staff.

The LA sectioned the State into 23 geographical service areas because of Arizona’s diverse population. There are up to two TBEIS contractors in an area dependent on the size, population, and unique needs of the different regions. Each local EIP is composed of Core Team members from a TBEIS contractor, one DDD service coordination unit, and teachers of the visually impaired, teachers of the deaf and hard of hearing from the ASDB regional council.

The LA contracted with nine agencies, some of which were awarded more than one TBEIS contract, and had one Interagency Governmental Agreement (IAG) with the Navajo Nation for a total of 33 SPAs across the state during FFY 2020. FFY 2020 marks the second year in the current contract period for the 33 SPAs. Stronger and more precise language in the Scope of Work effective July 1, 2019, clearly defines the performance-based measurements for all of the IDEA Part C Federal Indicators. This firmer foundation has proven effective for AzEIP’s consistent oversight of DDD, ASDB, and the TBEIS contractors in the primary SPAs by providing a clear framework of actions addressing non-compliance issues in their programs.

Using a primary service provider approach the LA ensures all eligible children and families are provided a Core Team of professionals (developmental special instructionists, physical therapists, occupational therapists, speech and language pathologists, social workers, psychologists, and service coordinators) who use Natural Learning Opportunities, teaming, coaching, resource-based capacity building, and responsive caregiver practices when providing services. These practices are collectively employed to support primary caregivers in assisting their infants and toddlers with disabilities to grow and develop by engaging in everyday routines and activities.

The Arizona government continues to operate within a professional, results-driven management system focusing on delivering value and achieving our mission. Through the Arizona Management System (AMS), state employees reflect regularly on their performance and key metrics, while always seeking a more efficient and higher quality way to optimize and improve performance. Employees are trained to use tools for data-driven decision-making and disciplined problem solving, which afford them greater creativity and control while expanding their capacity to provide high-quality services and support.

The LA consistently utilizes AMS principles and tools for continuous improvement efforts. This has been effective in supporting SPAs through its general supervision system. AMS has allowed the LA to streamline feedback from SPAs and stakeholders to ensure more effective Technical Assistance (TA) is provided. AMS provides structure so the LA can better support SPAs allowing them to focus on their work of improving results for families in early intervention. The improvement of communication skills and channels of information among colleagues ensures their ability to make informed decisions on behalf of the children and families they are serving.

Additional information related to data collection and reporting

The COVID-19 Pandemic significantly impacted services provided during FFY 2020. The United States has been in a state of national emergency since March 1, 2020, and Arizona’s Governor declared the Public Health State of Emergency on March 11, 2020. Additionally, Tribal leaders issued emergency declarations impacting tribal lands throughout the State. The largest area of tribal lands within the State, belonging to the Navajo Nation, has continuously restricted travel to and from the area since March 13, 2020. The emergency declarations and increasing impact of the COVID-19 Pandemic began and continued into the LA’s monitoring period which occurs April 1st through June 30th of each year. Shortly after the executive orders, the LA issued guidance that providers temporarily discontinue in-person services and provide services exclusively through alternative methods. While adjusting to changing conditions during the COVID-19 Pandemic and balancing responsibilities with IDEA, Part C, the LA convened a group of stakeholders to provide recommendations on the resumption of in-person services.

Services were transitioned into a hybrid model where in-person services resumed and services conducted through an alternative means continued. The SPAs increased the amount of in-person services based on a family’s request. This hybrid approach impacted SPA program leadership in several different ways. Leadership found themselves focusing attention on supporting staff and families with safety issues while resuming in-person services, maintaining support to staff and families around the use of alternative methods, and ensuring existing contractual requirements for complex data entry were met. The LA provided additional TA to SPAs during the resumption of in-person services to assist them to navigate the collection and reporting of program and family delays as new situations around in-person safety protocols increased. The additional need to report family and provider illnesses and quarantines had not been required prior to the pandemic.

Arizona saw a sudden, sharp decline in the number of referrals made to Part C when the Governor issued Stay at Home orders as primary referral sources such as home visitors and physician’s offices temporarily stopped seeing families for routine well-child screenings. While the number of referrals has increased over the first year of the COVID-19 Pandemic, the numbers have not returned to normal and are below the last several years prior to the start of the pandemic. SPA leaders and providers worked closely with stakeholders and service providers to ensure appropriate implementation of virtual
screwing, evaluation, and service delivery before and after the Governor’s Executive Order permitting the expansion of tele-intervention regulations within the State as well as expanding in-person visits with appropriate safety protocols required for staff and families.

While the COVID-19 Pandemic impacted the State’s performance on each federal indicator a little differently, it generally impacted data collection and reporting as the attention of the SPA leaders across the state was diverted from data collection and reporting to other essential functions like ensuring the safety of staff and families, procuring new technology and supporting staff during technology implementation, transitioning to alternative service delivery methods including tele-intervention, understanding and implementing new executive orders, legislation, recommendations, and best practices related to the COVID-19 Pandemic, and human resources.

For each Federal indicator, the LA will detail the impact of the COVID-19 Pandemic on the collection and reporting of the data as well as the State's performance.

**General Supervision System**

**The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.**

There are three requirements of the General Supervision responsibilities the LA ensures are met. The first is to monitor the implementation of the statewide early intervention system. The second is to make annual determinations of each SPA using the four categories designated by the United States Department of Education (U.S. DOE), Office of Special Education. The LA collects and analyzes data about each SPA’s performance and whether they are meeting the implementation requirements of IDEA, Part C, and then makes determinations using the four categories of meets requirements, needs assistance, needs intervention, and needs substantial intervention. The determinations of all local programs are made available to the public by posting them on AzEIP’s website. The third responsibility is to enforce the requirements of IDEA, Part C using appropriate, required enforcement mechanisms, as described in Chapter Two, General Supervision of AzEIP’s Policies and Procedures manual located at [https://des.az.gov/services/disabilities/early-intervention/azeip-policies-and-procedures](https://des.az.gov/services/disabilities/early-intervention/azeip-policies-and-procedures).

The LA executes established integrated monitoring activities to ensure the regulations set forth in the IDEA, Part C is being effectively implemented statewide. The monitoring activities focus on improving early intervention results and functional outcomes for all eligible infants and toddlers and their families, to ensure that each SPA meets regulatory requirements for compliance and results from indicators established under IDEA, Part C.

The LA carries out its general supervision system through the implementation and oversight of the following: SPP/APR; annual 618 reports; AzEIP Policies and Procedures; contractual agreements; IGAs; Memorandums of Understanding; Comprehensive System of Personnel Development (CSPD); data processes and results; integrated monitoring activities; contract and subrecipient monitoring; dispute resolution; TA system; and fiscal monitoring.

Effective monitoring strategies are integrated across all components of the general supervision system to ensure data collection from the SPAs is on all SPP/APR indicators, including compliance and results indicators. The integrated monitoring activities include the collection, review, and analysis of a SPA’s data on SPP/APR-related requirements, contract management, the review of fiscal data, and other state-identified priority areas.

The LA’s integrated monitoring activities are: (a) multi-faceted, seeking to improve both compliance and program performance; and (b) coordinated with its other systems, including CSPD and TA. The integrated monitoring activities are inclusive of the following data sources: self-report activity data, when applicable (each SPA is required to participate in self-reporting activities during a three-year cycle), electronic data, outcomes data, and dispute resolution data (formal complaints). Collectively, the data reviewed and analyzed covers the indicators included in the SPP/APR as well as fiscal, dispute resolution, and other indicators chosen by the LA.

The LA’s integrated monitoring activities include annual review and analysis of data for each SPA across multiple data sources for the purposes of (a) identifying and correcting non-compliance, (b) improving performance, (c) selecting programs for on-site monitoring visits, (d) making local program determinations, (e) identifying TA and training priorities, (f) completing the SPP/APR and (g) identifying and highlighting program strengths and innovative practices.

The LA reviews and verifies each SPA’s data annually. This review and verification process may include self-report data from a specified period of time; electronic data from a specified period of time; Child and Family Outcome data; and dispute resolution data. SPAs have the responsibility to ensure their data and documentation are timely, complete, and accurate. The LA prepares a final report to identify the SPAs’ performance relative to the targets. A three-year cycle, at a minimum, is required of the SPAs participating in self-reporting. The frequency of the self-reporting cycle can be increased if the LA deems it necessary. The LA gathers and analyzes all required data and notifies programs of the files selected for verification. Upon notification, SPAs submit all documentation for verification. The files are reviewed by LA staff to verify the timeliness, completeness, and accuracy of the data submitted.

The LA issues a written notification to each SPA within 90 days of identified non-compliance, including an individualized corrective action plan and a decision as to whether the LA will conduct an onsite visit based on the results of the data. The LA uses multiple factors to determine whether an onsite visit is appropriate. The LA reviews the most recent electronic data, dispute resolution data, the extent and level of compliance and non-compliance, past correction of non-compliance or continuing non-compliance, geographical location of the SPA, program size, program practices, date of the latest onsite visit, local determinations, and other review options. A SPA can also be selected for an onsite visit outside of the monitoring cycle if determined necessary by the LA.

Each SPA receives at least one onsite visit during a three-year cycle. The focus of the onsite visit is to review existing data and gather additional data needed to determine the root cause(s) of identified non-compliance. LA staff utilize the Local Contributing Factor tool and meaningful improvement strategies with SPAs to correct non-compliance and ensure improved outcomes for infants and toddlers and their families. The LA notifies the SPA of a finding of non-compliance outside of the normal monitoring cycle if the non-compliance is identified through the dispute resolution processes. The LA issues required actions that must be completed as soon as possible depending on the extent, level, and root cause of the SPA’s non-compliance.

Corrective action must include benchmarks, implementation activities, and timelines to address all local contributing factors to ensure timely and effective correction of the non-compliance. LA staff partner closely with the SPA to ensure the actions determined will have a meaningful impact on sustainability. As outlined in the Office of Special Education Programs (OSEP) 09-02 Memo, the LA requires SPAs to submit documentation of child-specific correction and subsequent data that reflects programmatic correction for each area of non-compliance. This is to verify the correction and subsequent implementation of the regulatory requirement has been implemented and is effective in resolving the non-compliance. Further, the LA ensures that non-compliance is corrected as soon as possible, and no later than one year from the identification of the non-compliance, by providing SPAs with support offered through its TA System to augment those plans of correction.

Each SPA receives a local determination on an annual basis using data from the prior fiscal year, including the most recent data from the SPP/APR, correction of non-compliance, dispute resolution data, and any other relevant information. The LA notifies the SPA in writing of its determination and
required actions, when applicable. Local SPA performance data is available to the public on the LA's website. The LA may also distribute local performance data to the ICC and other stakeholder groups.

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

The LA's TA System supports the early intervention community throughout the state and provides guidance and assistance to its SPAs to enhance service providers' knowledge and adherence to IDEA, Part C, AzEIP Policies and Procedures, and evidence-based practices. The TA System responds to multi-agency statewide initiatives and ensures the effective distribution of accurate information. TA needs are identified through general supervision, CSPD, community engagement, and partnerships regarding the work of early intervention, a newly implemented TA Needs Assessment, and related statewide initiatives. TA is provided through a variety of means to ensure that the assimilation and application of information are provided to and practiced by the broader early childhood community. The overall purpose of the TA System is to provide programs the opportunity to enhance their confidence and competence in providing early intervention supports and services using evidence-based practices in accordance with federal law, the AzEIP Policies, and Procedures, and to collaborate with other early childhood programs.

The LA’s TA System collaborates very closely with various statewide early childhood systems. These collaborations ensure we reach all important recipients of specific TA, maximize participation and coordination by all appropriate state agencies and community partners, and ensure the same high-quality information is shared across all sectors. This increased communication, collaboration, and coordination results in a multitude of successes for our TA system.

The recipients of TA activities and resources are not exclusive to early intervention providers and are provided to the broader community. Primary recipients include all key early intervention personnel, administrators, directors, and management from local SPAs, critical staff from Arizona’s five state agencies comprising the early intervention system, staff from Arizona’s IDEA Part B and D Programs, early childhood community partners, primary referral sources, Head Start Programs, staff from the Arizona Department of Child Safety (DCS), and families.

LA staff provide TA through written materials and guidance documents, in-person coaching during onsite visits, coaching or consultation in-person, by telephone, email, phone or video conferencing, in-service training, regional, statewide, and topic-specific workgroups, feedback groups, conferences, meetings, community presentations. Early Childhood Conferences, and web-based information sharing sessions. The LA sets statewide and local TA priorities based upon IDEA, Part C priorities, state initiatives, state monitoring findings, and current research findings.

The LA evaluates the TA System by administering immediate impact assessments gathered from participants, evaluating the implementation of specific TA while providing guidance as needed, evaluating the sustainable and long-term impact on the early intervention system, reviewing and comparing monitoring data against desired TA outcomes to determine the level of progress and identify any correction and adjustment that may be needed, and responding to any statewide TA requests.

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

The LA coordinates and maintains a Comprehensive System of Professional Development (CSPD) that includes in-services, pre-services, recruitment and retention strategies, personnel standards, leadership, and sustainability.

The CSPD infrastructure is based on the framework developed by the Early Childhood Personnel Center (ECPC). Arizona is participating as an intensive TA state with ECPC to continue to improve the quality of professional development activities offered by the CSPD. The focus of the CSPD activities is to improve performance results for infants and toddlers and families served by AzEIP. Over the last year, LA staff have improved agreements with other state agencies, improved communication regarding training offerings throughout the state, and collected data regarding personnel standards, recruitment and retention as well as alignment to standards in preservice programs.

The LA offers online courses, materials, resources, and in-person courses to support early intervention professionals and provide quality services that improve results for infants and toddlers. Training and resources are sent regularly to SPAs and practitioners for ongoing in-service training. The LA requires all SPAs to ensure they hire qualified personnel as outlined in the AzEIP Policy Manual.

The LA’s service-providing agencies maintain personnel files for their employees or contractors who provide early intervention services to document they meet all current professional qualifications as well as the LA’s personnel qualifications. Early intervention professionals are contractually responsible for understanding and complying with the LA’s policies related to personnel qualifications. All service-providing agencies must ensure early intervention professionals complete all training required by the ADES. Personnel records may be reviewed at any time or as part of the LA’s integrated monitoring activities.

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

The FFY 2020 SPP/APR was developed with extensive stakeholder engagement throughout the year. The information was gathered through workgroups, Inter-agency meetings, and ICC meetings. LA staff also facilitated an annual stakeholder meeting on November 29, 2021, where targets, data, and root causes for slippage or progress were discussed. Stakeholders provided virtual or telephonic feedback on targets and data. For the FFY 2020 submission, a majority of the recommendations were to adjust the trajectory of the targets for several indicators.

In advance of the annual stakeholders meeting, the LA made extensive efforts to encourage family participation through coordination with Raising Special Kids, Arizona’s IDEA Part D Parent Training and Information Center, LA staff, and providers reaching out to families directly. Additionally, where families opted-in for LA updates, mass electronic mail invitations were sent.

This year's annual stakeholders meeting included individuals representing very diverse early childhood perspectives. At this year’s meeting, the 63 participants included:

• Current and former parents, foster parents, and family members of children that received early intervention services;
• ICC members appointed by the Governor as well as committee members appointed by the ICC Chairperson;
• Early intervention statewide leaders;
• Service coordinators;
• Therapists;
• Staff from the ADES/DDD, and ASDB;
• Arizona Commission for the Deaf and Hard of Hearing;
• Other state agency partners including the ADHS;
• Representation from the State Education Agency (SEA), ADE;
• Higher education personnel preparation representatives;
• Early childhood partners including Head Start/Early Head Start; and
• State legislator from the Arizona House of Representatives.

Participants in the annual Stakeholders meeting included metropolitan, urban, suburban, rural, and tribal communities located throughout the state representing the central, northern, eastern, and western geographical areas. Statewide leaders from service-providing agencies included various roles such as executive leadership, local management, administration, supervisors, team leaders, and service coordinators.

The LA receives extensive support from national TA centers including the Early Childhood Technical Assistance (ECTA) Center, the Center for IDEA Early Childhood Data Systems (DaSy Center), and the Center for Appropriate Dispute Resolution in Special Education. LA staff have regular calls and appointments with TA providers to discuss strategies regarding analysis of each indicator and potential improvement strategies. LA staff continue to implement guidance previously provided by the DaSy Center around data linking with Arizona’s IDEA, Part B SEA at the ADE. As a result of receiving TA support, the LA implemented internal improvement strategies as well as provided additional quality TA to local SPAs for continuous improvement.

As a result of the on-site visit from OSEP in the Spring of 2019, the relationship between Part C and Part B staff was strengthened and continues to do so into this reporting period. The joint TA from the DaSy Center on linking transition data provided to the LA and Part B 619 Coordinator was expanded to include the Part B State Director and Data Manager. The LA and SEA have begun phase one of the foundation of technological improvements to link transition data strengthening each program’s ability to effectively monitor and make substantial and meaningful long-term improvements.

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

YES

Number of Parent Members:

13

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.

Input for setting the targets from parent members is accomplished in the following ways: The ICC’s Family Engagement Committee, family listening sessions, Facebook Live sessions, monthly Raising Special Kids (RSK) meetings, and discussions of findings and survey input during the Stakeholders meetings. The SCRL intentionally recruits for parent representation on each of the ICC’s committees and encourages families and advocates for families to participate in public meetings and provide feedback to the LA. Families are given opportunities to sign up for the monthly newsletter distributed by the LA in which specific events such as the annual stakeholder’s meeting and public comment periods are advertised. The State’s parent training and information center, RSK, assists with advertising the opportunities for family participation in their newsletters as well to help engage a larger audience of parents who may have missed the LA’s initial attempts.

During the annual stakeholder’s meeting, current and former parents of children receiving services were asked to identify themselves either confidentially or openly, depending on their level of comfort. Preliminary data was shared with parents and families using interactive charts and graphs alongside the IDEA Data Center Data Meeting Protocol to guide them through the group discussion process. Parents were able to provide direct input on setting targets, analyzing the data, developing improvement strategies, and evaluating progress verbally, in writing, during in-meeting surveys, and surveys after a meeting to allow for different communication styles and preferences.

During family engagement committee meetings, families were tasked with direct improvement of the family survey including setting targets, analyzing data, developing improvement strategies, and evaluating progress. Several families provided direct input into improvement strategies after reviewing and analyzing current and historical family outcomes trends including making recommendations for survey collection, response rate, and redesigning the family survey. Families also used the recommendations of service coordinators to develop a script for service coordinators when discussing the family survey. They also developed an introductory letter to families about the family survey. Data for this SPP/APR was reviewed during open, public meetings with the family engagement committee.

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 LA’s Statewide Community Relations Liaison (SCRL) provides information to Service Coordinators, service providers, members of the Interagency Coordinating Council (ICC), parents, family members, and educators. This information is dispersed to all geographical areas, all ethnicities, all cultures, community stakeholders, first responders, medical professionals, and the general public throughout Arizona about educational and engagement opportunities. Family/parents are invited to all of the educational and engagement activities as well as activities focused on providing feedback for the purposes of improving the statewide early intervention program. ICC members are encouraged and invited to attend national, state, and local educational events.

The SCRL achieves this by posting announcements on the LA’s website and in the monthly Gazette; updating the members of the ICC and the staff at ASDB and DDD through written materials they can send to interested community members, families, or parents; providing in-person or virtual representatives to interested parties; notifying local cities and community-based organizations of the opportunities and requesting the announcements be placed in their newsletters or posted on their public information boards; sending email alerts to advocacy groups; sending bulk email alerts to the LA’s contacts; and participating on a regular basis in local and regional meetings with various stakeholders and advocacy groups.

Soliciting Public Input:

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

The LA leadership and staff have been and continue to be fully committed to providing an organizational framework that advances an unrestricted dialogue with individuals receiving, providing, and interested in early intervention services. This is achieved in the following ways:

The Interagency Coordinating Council (ICC) committees meet on a quarterly basis unless committee members decide to meet more frequently. The Statewide Community Relations Liaison (SCRL) provides support to the ICC and conducts the ongoing recruitment of parents, family members, early
intervention service providers, civic leaders, and individuals. The SCRL recruits with an intentional focus on engaging diverse ethnicities and cultures for membership reflective of the demographics served by the LA and within the State. All members of the Council are Governor-appointed and meet the requirements as defined in IDEA, Part C. The organizational structure includes an Executive Committee with four committees charged with the tasks of oversight, problem-solving, and identifying evidence-based practices in their respective areas. The four committees are Development, Fiscal, Family Engagement (formerly Family Survey Committee), and Transition. Ad hoc committees may be formed and assigned tasks on an as-needed basis. Public notices, agendas, and minutes of the meetings are online and accessible to the general public. The ICC and committee chairs solicit public input and comments at every meeting. The SPP/APR were discussed and presented at the November and January meetings.

The Family Engagement Committee and Transition Committee were provided data during the year to support target setting, analyzing data, developing improvement strategies, and evaluating progress throughout the year.

The LA staff participated in two Facebook Live events held by RSK, the state’s parent training and information center, reaching a larger audience of parents and families than the family listening sessions. One of the events was done in English and one was done in Spanish. The purpose of the events was to engage with families and consider the family’s perspective on the implementation of services during the pandemic. Both of these events were very successful in the community. The English event was viewed over 800 times and the Spanish event was viewed over 275 times.

The largest opportunity for FFY 2020 feedback was the Stakeholders Meeting in November 2021. There was a robust discussion of the data results, performance issues, evidence-based activities, identifying barriers and potential solutions, and setting targets for the next several years. The Part C Data Manager used the Data Meeting Protocol developed by the IDEA Data Center to support stakeholders with making decisions about target setting, contributing factors, potential improvement strategies, and improving compliance. For those that wished to participate in the Stakeholder’s Meeting but were unable to do so, preliminary data sets were provided along with instructions to guide their analysis and collect their target recommendations, help identify improvement strategies, and gather their evaluation feedback. As a result of this final push for feedback, 63 people participated live during the Stakeholder meeting including ten family members and 19 participants that advocate for families. Another 17 could not participate live but provided written feedback with 3 of those identifying themselves as family members of children currently or formerly in early intervention.

Making Results Available to the Public:

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

Preliminary FFY 2020 data was shared with providers beginning in July 2021 and with the broader stakeholder community in November 2021. The State reports to the public in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its FFY 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State’s SPP/APR can be found, including the revisions the State made to the targets. After submitting the FFY 2020 SPP/APR in February 2022, it will be posted on the LA’s website at [https://des.az.gov/services/disabilities/developmental-infant/azeip-publications-and-reports].

The LA notifies families, providers, stakeholders, and the general public of its location through the newsletter and bulk email notifications. Updates to targets, data analysis, improvement strategies, and the results of evaluations are presented and discussed during the public meetings held by the ICC, ICC committees, and other individual stakeholder group meetings throughout the year. The LA provides information about the availability and location of the targets and data to those making a public records request.

Reporting to the Public:

How and where the State reported to the public on the FY 2019 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its FFY 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State’s SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.

The LA posted the FY2019 public report as an interactive dashboard to go along with the posting of the SPP/APR with positive responses ensuing following the TA provided to the LA by the ECTA Center and DaSy Center on improving stakeholder engagement to drive programmatic with data visualization. The move away from flat chart graphics to a more interactive design has been positively received by the stakeholders as more engaging and easier to understand over the course of the year. The dashboards are frequently shared and the implications of the data are more frequently discussed to help brainstorm improvement strategies throughout the year with the LA’s stakeholders and early childhood partners during the virtual meetings the LA is holding on a regular basis.

The LA continues to report to the public on the performance of each local SPA relative to the targets using the interactive dashboards at [https://des.az.gov/services/disabilities/developmental-infant/azeip-publications-and-reports]. The LA sent a bulk email to stakeholders, announcing the availability of this report on the LA’s website. When appropriate, the LA directs the general public and stakeholders to the reports posted on the website during community outreach and as part of public records requests. The State’s Parent Training and Information Center, Raising Special Kids, highlighted the availability of the report in their weekly emailed newsletter. Families are directed to the results with each paper or electronic Family Survey they receive.

Intro - Prior FFY Required Actions

Response to actions required in FFY 2019 SPP/APR

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>48.00%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FFY</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Data</td>
<td>84.96%</td>
<td>86.64%</td>
<td>91.95%</td>
<td>92.47%</td>
<td>93.36%</td>
</tr>
</tbody>
</table>

Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

FFY 2020 SPP/APR Data

<table>
<thead>
<tr>
<th>Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs</th>
<th>Total number of infants and toddlers with IFSPs</th>
<th>FFY 2019 Data</th>
<th>FFY 2020 Target</th>
<th>FFY 2020 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
</table>
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.

54

Provide reasons for delay, if applicable.

There were three (3) systemic reasons for the delay in timely services for 25 children. (1) The team either did not provide documents showing a visit occurred or did not complete a visit for 14 children. (2) There was a team member delay for four children. (3) The team did not provide documentation of the reason for the delay for seven children.

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).

The LA policies include Arizona Part C’s definition of “timely” receipt of early intervention services. “An early intervention service is timely if it begins on or before the planned start date on the Individualized Family Service Plan (IFSP), but no later than 45 days from the date the family consents to the service (i.e., signs the IFSP) unless the service has a planned start date greater than 45 days from the date of the IFSP. In these instances, the service is timely if it starts on or before the planned start date.”

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

State monitoring

Describe the method used to select EIS programs for monitoring.

The LA uses a three-year monitoring cycle requiring self-reporting followed by verification. SPAs represented in this year’s cycle, Cohort Two, provide services to infants and toddlers and their families in multiple areas including urban, suburban, rural, and tribal areas. The monitoring cycle originally developed considered the following factors to ensure each area of the state and varying program sizes are included in each year of the three-year cycle for the self-reporting requirement: a most recent review of electronic data and dispute resolution data; correction of non-compliance; geographic location; and program size. Data reviewed for Cohort Two (or the second year of a three-year cycle) includes state monitoring data for 11 SPAs across eight of the 23 regions in Arizona. The 11 SPAs include 11 TBEIS contractors, five DDD regions, and ASDB personnel for a total of 17 service-providing agencies.

Provide additional information about this indicator (optional)

Stakeholders reported the COVID-19 pandemic had a major impact on timely services for FFY 2020. When the Governor issued stay-at-home orders in March 2020, at the end of FFY 2019, many families requested early intervention staff halt services assuming the orders would be temporary. The LA quickly transitioned to providing services through alternate methods for the health and safety of families and early intervention personnel. The transition to alternative methods of service delivery resulted in more parent and family involvement and participation in services even when they were busy or traveling. Providers were able to coordinate joint visits more quickly without the logistics of travel from various locations.

At the start of the COVID-19 pandemic, providers supported families adapting to new technologies and applications for service delivery methods but occasional difficulties would occur for providers and families. Another challenge occurred during the resumption of in-person services as families and providers adjusted to new safety protocols.

Some families remained hesitant to resume in-person services in favor of continuing alternative service delivery methods. Other families declined visits through alternative methods and only participated with in-person services or a combination of both. In addition to typical family delays such as traveling, illness, or forgetting an appointment, providers reported new reasons for family delay including families that declined the SPA safety protocols during an in-person visit, and COVID-19 exposure and/or quarantine.

In the Spring of 2021, the LA launched a new report made available to SPAs to support ensuring timely services. With the launch of the new report, the LA provided initial support to all programs during the Data Manager’s Meeting and one-on-one support as requested. SPAs staff with greater experience using data to drive business decisions have been able to independently use the new report as a tool for more effective self-monitoring of their timely services thus improving their services. The LA has started developing data dashboards based on the reports to increase the frequency of SPAs using their data for program improvement particularly for SPAs with less experience using data to drive business decisions.

As part of the new TBEIS contracts, effective July 1, 2019, performance-based metrics for timely services were embedded to enhance clarity and improve the LA’s ability to hold contractors accountable through contract action moving forward. The LA issues findings of non-compliance to programs that do not meet 100 percent compliance for timely services. The LA reviews corrective action plans and supports service-providing agencies in the effective and timely correction of non-compliance. All 25 instances of child-specific non-compliance are being tracked by LA staff to ensure correction and that, although late, the individual children’s services are delivered consistently with the OSEP 09-02 memo on timely corrections. Service-providing agencies are required to submit file reviews to verify the program is performing at 100 percent for timely services on subsequent review of data. For all service-providing agencies, the LA offers TA and tracking tools to support improvement on timely service delivery. Additionally, the LA supports SPAs with developing their own training plans to support their providers.

The list below shows the 17 SPAs grouped by compliance level for timely services:

- Six programs were at 100 percent compliance;
- Seven programs were between 90-99 percent compliance;
- Three programs were between 80-89 percent compliance; and
- One program was between 75-79 percent compliance.

As outlined in the OSEP 09-02 memo, the LA requires SPAs to submit documentation of child-specific correction and subsequent data that reflect correction and subsequent implementation of the regulatory requirement for the entire program. The LA ensures the SPA is implementing the regulatory requirement through on-site visits, requesting documents and notes from the file submitted through mail or email, and reviewing current data submitted in the statewide database. The LA ensures that non-compliance is corrected as soon as possible, and no later than one year from the identification of the non-compliance, by providing SPAs with support offered through its TA System.

<table>
<thead>
<tr>
<th>IFSPs in a timely manner</th>
<th>492</th>
<th>571</th>
<th>93.36%</th>
<th>100%</th>
<th>95.62%</th>
<th>Did not meet target</th>
<th>No Slippage</th>
</tr>
</thead>
</table>

Part C
Correction of Findings of Noncompliance Identified in FFY 2019

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>4</td>
<td>6</td>
<td>0</td>
</tr>
</tbody>
</table>

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

Based on findings of non-compliance, SPAs were placed on a tiered corrective action plan. SPA leaders submitted a root cause analysis for the non-compliance and detailed, individualized plans for addressing the causes of their non-compliance. The LA conducted TA webinars on federal requirements for this indicator during data manager meetings. The LA requested periodic updates from SPAs on their corrective action plans in order to monitor progress. SPA leaders were required to conduct file reviews on currently open cases and submit the records, including service coordinator progress notes, IFSP documentation, and service delivery home visit logs for verification. LA staff reviewed subsequent data and information from the file reviews for five to fifteen percent of the SPAs’ current caseloads to verify each SPA was implementing regulatory requirements at 100 percent consistent with the OSEP 09-02 memo.

Ten findings of non-compliance were issued from FFY 2018. The LA verified the ten SPAs with findings of non-compliance had demonstrated corrections of all instances of child-specific non-compliance and demonstrated they were implementing the regulatory requirements at 100 percent. Six programs were able to demonstrate timely correction of the non-compliance within one year and the remaining four subsequently demonstrated correction of the non-compliance after a year.

While most SPAs reported no impact of the COVID-19 pandemic on correcting their non-compliance, a few programs reported they were impacted by having a significant number of staff out for COVID and COVID-like illnesses off and on throughout the year. This impacted programs being able to train staff on their corrective action plan in order to timely correct their non-compliance. Some SPAs were not able to train all staff all at once and had to present multiple sessions as staff returned to work following recovery of their illness.

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

SPAs were required to submit data to verify individual cases of non-compliance had been corrected. LA staff reviewed files including the state database, IFSPs, home visit logs, and service coordinator progress notes for all 33 individual cases to determine all services on the IFSP were provided, although late, or were no longer within Part C. Of the 33 individual cases, services eventually started for 15 children, although late, and 18 children were exited from Part C before all services had started.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

<table>
<thead>
<tr>
<th>Year Findings of Noncompliance Were Identified</th>
<th>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR</th>
<th>Findings of Noncompliance Verified as Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 - Prior FFY Required Actions

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

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

**Response to actions required in FFY 2019 SPP/APR**

N/A

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

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>86.00%</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Target &gt;=</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data</td>
<td>97.96%</td>
<td>97.62%</td>
<td>98.03%</td>
<td>99.48%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Targets

<table>
<thead>
<tr>
<th>Target &gt;=</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data</td>
<td>97.00%</td>
<td>97.00%</td>
<td>97.00%</td>
<td>97.00%</td>
<td>98.00%</td>
<td>98.00%</td>
</tr>
</tbody>
</table>

Targets: Description of Stakeholder Input

The FFY 2020 SPP/APR was developed with extensive stakeholder engagement throughout the year. The information was gathered through workgroups, Inter-agency meetings, and ICC meetings. LA staff also facilitated an annual stakeholder meeting on November 29, 2021, where targets, data, and root causes for slippage or progress were discussed. Stakeholders provided virtual or telephonic feedback on targets and data. For the FFY 2020 submission, a majority of the recommendations were to adjust the trajectory of the targets for several indicators.

In advance of the annual stakeholders meeting, the LA made extensive efforts to encourage family participation through coordination with Raising Special Kids, Arizona's IDEA Part D Parent Training and Information Center, LA staff, and providers reaching out to families directly. Additionally, where families opted-in for LA updates, mass electronic mail invitations were sent.

This year’s annual stakeholders meeting included individuals representing very diverse early childhood perspectives. At this year's meeting, the 63 participants included:
- Current and former parents, foster parents, and family members of children that received early intervention services;
- ICC members appointed by the Governor as well as committee members appointed by the ICC Chairperson;
- Early intervention statewide leaders;
- Service coordinators;
- Therapists;
- Staff from the ADES/DDD, and ASDB;
- Arizona Commission for the Deaf and Hard of Hearing;
- Other state agency partners including the ADHS;
- Representation from the State Education Agency (SEA), ADE;
- Higher education personnel preparation representatives;
- Early childhood partners including Head Start/Early Head Start; and
- State legislator from the Arizona House of Representatives.

Participants in the annual Stakeholders meeting included metropolitan, urban, suburban, rural, and tribal communities located throughout the state representing the central, northern, eastern, and western geographical areas. Statewide leaders from service-providing agencies included various roles such as executive leadership, local management, administration, supervisors, team leads, and service coordinators.
The LA receives extensive support from national TA centers including the Early Childhood Technical Assistance (ECTA) Center, the Center for IDEA Early Childhood Data Systems (DaSy Center), and the Center for Appropriate Dispute Resolution in Special Education. LA staff have regular calls and appointments with TA providers to discuss strategies regarding analysis of each indicator and potential improvement strategies. LA staff continue to implement guidance previously provided by the DaSy Center around data linking with Arizona’s IDEA, Part B SEA at the ADE. As a result of receiving TA support, the LA implemented internal improvement strategies as well as provided additional quality TA to local SPAs for continuous improvement.

As a result of the on-site visit from OSEP in the Spring of 2019, the relationship between Part C and Part B staff was strengthened and continues to do so into this reporting period. The joint TA from the DaSy Center on linking transition data provided to the LA and Part B 619 Coordinator was expanded to include the Part B State Director and Data Manager. The LA and SEA have begun phase one of the foundation of technological improvements to link transition data strengthening each program’s ability to effectively monitor and make substantial and meaningful long-term improvements.

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The LA leadership and staff have been and continue to be fully committed to providing an organizational framework that advances an unrestricted dialogue with individuals receiving, providing, and interested in early intervention services. The largest collection of feedback of FFY 2020 data included the Stakeholders Meeting in November 2021 for the purposes of discussing the data results, discussing performance issues, identifying barriers and potential solutions, discussing evidence-based activities, and setting targets for the next several years. The Part C Data Manager presented the data using the Data Meeting Protocol developed by the IDEA Data Center to support stakeholders with making decisions about target setting, contributing factors, and potential improvement strategies for early intervention results as well as improving compliance. For those that wished to participate in the Stakeholder's Meeting but were unable to do so, preliminary data sets were provided along with instructions to guide their analysis and collect their target recommendations, help identify improvement strategies, and gather their evaluation feedback. As a result of this final push for feedback, 63 people participated live during the Stakeholder meeting from various early childhood partners including ten family members and 19 participants that advocate for families. Another 17 could not participate live but provided written feedback with three identifying as family members of children currently or formerly in early intervention.

Due to the frequently changing nature of the pandemic and the impact on other data, stakeholders felt it was too soon to determine if the COVID-19 pandemic impacted the data enough to warrant resetting the baseline at this time. Stakeholders felt this would also give the LA more time to assess data entry patterns to determine the impact of providing more services through alternative means compared to previous years. The stakeholder’s report the TA provided by the LA on record-setting also supported the year-to-year increase seen in the data.

The majority of stakeholders proposed raising the target for settings with a smaller minority proposing to keep it the same as the previous year. Stakeholders want to continue examining the impact of COVID-19 on the settings data to determine if there is enough information to reset the baseline. As a result, the LA has adjusted the targets over the next six year SPP/APR cycle to align with stakeholder input around increasing the settings targets.

### Prepopulated Data

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey;</td>
<td>07/07/2021</td>
<td>Number of infants and toddlers with IFSPs who primarily receive early</td>
<td>5,406</td>
</tr>
</tbody>
</table>
Part C

Section A: Child Count and Settings by Age

<table>
<thead>
<tr>
<th>Intervention services in the home or community-based settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**FFY 2020 SPP/APR Data**

<table>
<thead>
<tr>
<th>Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings</th>
<th>Total number of Infants and toddlers with IFSPs</th>
<th>FFY 2019 Data</th>
<th>FFY 2020 Target</th>
<th>FFY 2020 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,406</td>
<td>5,406</td>
<td>100.00%</td>
<td>97.00%</td>
<td>100.00%</td>
<td>Met target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>

Provide additional information about this indicator (optional).

The State's annual child count date, on which the settings of services in natural environments was considered, occurred in October 2020. Settings data for this reporting period is considered to be in the midst of the pandemic. The percentage of children receiving services in natural environments continues the above average trend seen before the COVID-19 pandemic.

Historically, children within Arizona receive services primarily at home. Some visits were planned in multiple natural environments including within the family's home, childcare, the homes of extended family members and relatives, parks, libraries, and other community locations. While the COVID-19 pandemic did not impact the data of the primary service setting, it significantly impacted the frequency of secondary service settings. Many families reduced the number of services in non-home natural environments that often supplemented the primary setting. For example, a family that received services at their home three times a month and once a month at the library would often request services exclusively at home to socially distance. A family that received services at their child care requested to receive services exclusively at home because the parent was no longer employed outside of the home.

During this reporting period, no children received Part C services exclusively in other environments, such as therapy clinics. When they did it generally supplemented services primarily received in natural environments.

Stakeholders attribute this success to the local SPAs' ability to build trust and rapport with families, so they are comfortable allowing providers into their homes. Additionally, the culture of providing services in natural environments has been developed over time through the LA's support of local SPAs through TA, training, and the structure of the TBEIS contracts so providers can maintain a focus on natural learning opportunities providing support in familiar contexts and settings. The increase in services provided as alternative delivery methods allowed many families working outside the home more flexibility to participate in visits they had previously requested be with their IFSP team and child care providers.

**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.

(C2 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 a level comparable to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level comparable to same-aged peers but did not reach it) 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 (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 exit 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 todde...
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

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• Service coordinators;
• Therapists;
• Staff from the ADES/DDD, and ASDB;
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Historical Data

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Baseline</th>
<th>FFY</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>2014</td>
<td>Target&gt;=</td>
<td>72.01%</td>
<td>72.01%</td>
<td>72.01%</td>
<td>72.74%</td>
<td>72.74%</td>
</tr>
<tr>
<td>A1</td>
<td>72.01%</td>
<td>Data</td>
<td>72.48%</td>
<td>72.31%</td>
<td>70.86%</td>
<td>70.23%</td>
<td>65.74%</td>
</tr>
<tr>
<td>A2</td>
<td>2014</td>
<td>Target&gt;=</td>
<td>53.25%</td>
<td>53.25%</td>
<td>53.25%</td>
<td>53.98%</td>
<td>53.98%</td>
</tr>
<tr>
<td>A2</td>
<td>53.25%</td>
<td>Data</td>
<td>53.71%</td>
<td>53.84%</td>
<td>56.17%</td>
<td>55.82%</td>
<td>51.07%</td>
</tr>
<tr>
<td>B1</td>
<td>2014</td>
<td>Target&gt;=</td>
<td>77.61%</td>
<td>77.61%</td>
<td>77.61%</td>
<td>78.26%</td>
<td>78.26%</td>
</tr>
<tr>
<td>B1</td>
<td>77.61%</td>
<td>Data</td>
<td>76.65%</td>
<td>77.29%</td>
<td>76.44%</td>
<td>74.47%</td>
<td>68.24%</td>
</tr>
<tr>
<td>B2</td>
<td>2014</td>
<td>Target&gt;=</td>
<td>53.75%</td>
<td>53.75%</td>
<td>53.75%</td>
<td>54.48%</td>
<td>54.48%</td>
</tr>
<tr>
<td>B2</td>
<td>53.75%</td>
<td>Data</td>
<td>53.78%</td>
<td>55.74%</td>
<td>56.56%</td>
<td>56.16%</td>
<td>46.11%</td>
</tr>
<tr>
<td>C1</td>
<td>2014</td>
<td>Target&gt;=</td>
<td>76.81%</td>
<td>76.81%</td>
<td>76.81%</td>
<td>77.45%</td>
<td>77.45%</td>
</tr>
<tr>
<td>C1</td>
<td>76.81%</td>
<td>Data</td>
<td>78.71%</td>
<td>77.15%</td>
<td>77.11%</td>
<td>76.66%</td>
<td>72.09%</td>
</tr>
<tr>
<td>C2</td>
<td>2014</td>
<td>Target&gt;=</td>
<td>47.21%</td>
<td>47.21%</td>
<td>47.21%</td>
<td>47.94%</td>
<td>47.94%</td>
</tr>
<tr>
<td>C2</td>
<td>47.21%</td>
<td>Data</td>
<td>47.64%</td>
<td>48.51%</td>
<td>48.89%</td>
<td>49.30%</td>
<td>44.97%</td>
</tr>
</tbody>
</table>

Targets
### FFY 2020 SPP/APR Data

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

3,909

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

<table>
<thead>
<tr>
<th>Outcome A Progress Category</th>
<th>Number of children</th>
<th>Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Infants and toddlers who did not improve functioning</td>
<td>23</td>
<td>0.63%</td>
</tr>
<tr>
<td>b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</td>
<td>929</td>
<td>25.49%</td>
</tr>
<tr>
<td>c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it</td>
<td>824</td>
<td>22.61%</td>
</tr>
<tr>
<td>d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers</td>
<td>1,083</td>
<td>29.71%</td>
</tr>
<tr>
<td>e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers</td>
<td>786</td>
<td>21.56%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome B Progress Category</th>
<th>Number of Children</th>
<th>Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Infants and toddlers who did not improve functioning</td>
<td>28</td>
<td>0.77%</td>
</tr>
<tr>
<td>b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</td>
<td>1,003</td>
<td>27.52%</td>
</tr>
<tr>
<td>c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it</td>
<td>1,149</td>
<td>31.52%</td>
</tr>
<tr>
<td>d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers</td>
<td>1,091</td>
<td>29.93%</td>
</tr>
<tr>
<td>e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers</td>
<td>374</td>
<td>10.26%</td>
</tr>
</tbody>
</table>
Outcome B

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Denominator</th>
<th>FFY 2019 Data</th>
<th>FFY 2020 Target</th>
<th>FFY 2020 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>2,240</td>
<td>3,271</td>
<td>68.24%</td>
<td>68.48%</td>
<td>Met target</td>
<td>No Slippage</td>
</tr>
<tr>
<td>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</td>
<td>1,465</td>
<td>3,645</td>
<td>46.11%</td>
<td>40.19%</td>
<td>Met target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>

Outcome C: Use of appropriate behaviors to meet their needs

<table>
<thead>
<tr>
<th>Outcome C Progress Category</th>
<th>Number of Children</th>
<th>Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Infants and toddlers who did not improve functioning</td>
<td>22</td>
<td>0.60%</td>
</tr>
<tr>
<td>b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</td>
<td>995</td>
<td>27.30%</td>
</tr>
<tr>
<td>c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it</td>
<td>1,007</td>
<td>27.63%</td>
</tr>
<tr>
<td>d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers</td>
<td>1,178</td>
<td>32.32%</td>
</tr>
<tr>
<td>e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers</td>
<td>443</td>
<td>12.15%</td>
</tr>
</tbody>
</table>

Outcome C

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Denominator</th>
<th>FFY 2019 Data</th>
<th>FFY 2020 Target</th>
<th>FFY 2020 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>2,185</td>
<td>3,202</td>
<td>72.09%</td>
<td>68.24%</td>
<td>Met target</td>
<td>No Slippage</td>
</tr>
<tr>
<td>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</td>
<td>1,621</td>
<td>3,645</td>
<td>44.97%</td>
<td>44.47%</td>
<td>Met target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>5,078</td>
</tr>
<tr>
<td>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.</td>
<td>831</td>
</tr>
</tbody>
</table>

Sampling Question

<table>
<thead>
<tr>
<th>Was sampling used?</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO</td>
</tr>
</tbody>
</table>

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

YES

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

The LA uses the Early Childhood Outcomes (ECO) Child Outcomes Summary (COS) process to gather data for this outcome. The COS Tool has been adapted for the LA and has been incorporated into the IFSP process. Data regarding child outcomes are, at a minimum, gathered at the initial IFSP and at the exit from the AzEIP Program by the IFSP team. The IFSP team
reviews relevant information and assesses the child’s functioning in relation to same-age peers during the initial IFSP and records the information on the COS page within the IFSP. The team utilizes a decision tree and multiple sources of information to determine the rating. After the rating is completed, the service coordinator enters the initial ratings in the data system. During the annual review or periodic reviews, as appropriate, teams may update the child’s COS rating on the IFSP. The service coordinator enters the final COS rating upon exit into the data system. The data system generates an on-demand COS report which SPA leaders use to verify data accuracy, completeness, and review for program improvement. The LA uses this data as a part of monitoring, public reporting, and SPP/APR reporting.

Provide additional information about this indicator (optional).

Stakeholders reported the pandemic had some impact on child outcomes for FFY 2020. Exactly how much impact isn’t clear because some families received a significant portion of their service prior to the pandemic, other families received services exclusively during the pandemic, and other families exited and later returned. When the Governor issued stay-at-home orders in March 2020, at the end of FFY 2019, many families requested early intervention staff halt services assuming the COVID-19 pandemic would be temporary. The LA quickly transitioned to providing services through alternative methods for the health and safety of families and early intervention personnel. Providers also reported a significant increase in families exiting prior to receiving the first service and families initially requesting to put a hold on service then providers losing contact thus having fewer services than were identified as needed. The transition to alternative methods allowed more parent and family involvement even when busy or traveling. Providers were able to coordinate joint visits more quickly without the difficulty of logistics of travel from various locations. Stakeholders identified more families being at home through social distancing, employment location, or hour changes that had positive impacts on their children’s development.

Some families remained hesitant to resume in-person services in favor of continuing alternative delivery methods. Other families declined visits through alternative methods and only participated with in-person services or a combination of both. In addition to typical family delays such as traveling, illness, or forgetting an appointment, providers reported new reasons for family delay including families that declined the SPA safety protocols during in-person visits, families having a device or technology failure, COVID-19 exposure, and quarantine.

In September 2020, the LA launched on-demand reports available to SPAs, an improvement over the previous weekly subscription services, to help support monitoring data at the child level. The Child Outcomes report was launched shortly after during the second round of reports. SPAs have used this tool to ensure child outcomes are used but have not yet effectively used it for monitoring data anomalies and program improvement. The LA is assessing the best way to implement TA for reviewing the data for anomalies in order to improve data quality and thus impact the global child outcomes.

3 - Prior FFY Required Actions

None

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 and ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

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

4 - Indicator Data

Historical Data

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline</th>
<th>FFY</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>2006</td>
<td>Target&gt; 95.00%</td>
<td>94.00%</td>
<td>94.00%</td>
<td>94.00%</td>
<td>94.50%</td>
<td>94.50%</td>
</tr>
<tr>
<td>A</td>
<td>94.00%</td>
<td>Data</td>
<td>90.74%</td>
<td>94.39%</td>
<td>94.42%</td>
<td>95.53%</td>
<td>95.49%</td>
</tr>
<tr>
<td>B</td>
<td>2006</td>
<td>Target&gt; 94.00%</td>
<td>94.00%</td>
<td>94.50%</td>
<td>95.00%</td>
<td>95.50%</td>
<td>95.50%</td>
</tr>
<tr>
<td>B</td>
<td>95.00%</td>
<td>Data</td>
<td>93.55%</td>
<td>92.41%</td>
<td>91.86%</td>
<td>94.45%</td>
<td>93.84%</td>
</tr>
<tr>
<td>C</td>
<td>2006</td>
<td>Target&gt; 94.50%</td>
<td>95.00%</td>
<td>95.50%</td>
<td>96.25%</td>
<td>96.25%</td>
<td>96.25%</td>
</tr>
</tbody>
</table>
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### FFY 2020 SPP/APR Data

<table>
<thead>
<tr>
<th>The number of families to whom surveys were distributed</th>
<th>6,949</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of respondent families participating in Part C</td>
<td>1,125</td>
</tr>
<tr>
<td>Survey Response Rate</td>
<td>16.19%</td>
</tr>
<tr>
<td>A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights</td>
<td>1,049</td>
</tr>
<tr>
<td>A2. Number of responses to the question of whether early intervention services have helped the family know their rights</td>
<td>1,123</td>
</tr>
<tr>
<td>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</td>
<td>1,028</td>
</tr>
<tr>
<td>B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs</td>
<td>1,104</td>
</tr>
</tbody>
</table>
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 | 1,073
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 1,123

<table>
<thead>
<tr>
<th>Measure</th>
<th>FFY 2019 Data</th>
<th>FFY 2020 Target</th>
<th>FFY 2020 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td>95.49%</td>
<td>93.41%</td>
<td>93.41%</td>
<td>Met target</td>
<td>No Slippage</td>
</tr>
<tr>
<td>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)</td>
<td>93.84%</td>
<td>93.12%</td>
<td>93.12%</td>
<td>Met target</td>
<td>No Slippage</td>
</tr>
<tr>
<td>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)</td>
<td>95.47%</td>
<td>95.55%</td>
<td>95.55%</td>
<td>Met target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sampling Question</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was sampling used?</td>
<td>NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was a collection tool used?</td>
<td>YES</td>
</tr>
<tr>
<td>If yes, is it a new or revised collection tool?</td>
<td>YES</td>
</tr>
<tr>
<td>If your collection tool has changed, upload it here.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>NO</td>
</tr>
</tbody>
</table>

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

This year, family surveys were over-represented by families identifying as white or more than one race while being under-represented by families identifying as African American or Black, American Indian or Alaska Native, Asian, and Native Hawaiian or Pacific Islander. As new surveys come in, the balance frequently shifts during the year between over and under-represented populations. When areas of under-representation are identified, targeted strategies of sending family surveys to those families and enlisting their service coordinators for support often shift the balance to over-representation. The LA continues to utilize multiple strategies to ensure appropriate representation across many different demographics with a continual focus on quality improvement.

The LA is reviewing the over-representation of families identifying as more than one race and correlations with under-representation of families of non-white races to determine if shifting cultural norms may be playing a role. While race data are collected at entry into Part C, the data is not frequently reviewed and families may have different views of their race over time-based on shifting cultural norms within the country generally. To address this issue, the LA has begun collecting race data from all families at the time of survey completion for FFY 2021 in order to identify the impact of a family potentially changing views on their race with regard to the representativeness of family outcomes going forward. The LA will continue to make efforts to improve the representation of families of all races by providing technical assistance to programs on accurately capturing race data and increasing the forward momentum of the LA’s overall response rate of family surveys.

With a number of bilingual English and Spanish speaking families that are Hispanic or Latino, the LA sees an over-representation of Hispanic or Latino families while simultaneously seeing an under-representation in families with a primary language of Spanish as the LA offers Spanish speaking families both English and Spanish versions of the family survey.

In order to improve representativeness with American Indian populations, the LA will leverage the relationship with Growing in Beauty, the SPA that serves the largest area of tribal lands within the State while also supporting SPAs that serve smaller tribal lands. The support of the tribal liaison and community partnerships with DES Quarterly Tribal Forums, Navajo Nation Early Childhood Collaborative, Tuba City Regional Networking, Page Resource Meeting, Grand Canyon Public Affairs Community Wellness Meeting will be enhanced. Occasionally, the wrong survey number is entered into the LA’s collection tool by accident or through a typographical error. In these cases, the LA is not able to identify key demographics of the family such as their race or ethnicity. The LA has requested race and ethnicity data be discussed more broadly at the time of survey completion to address under-representation.

The LA supports programs with multiple channels of survey distribution and collection to get data from under-represented races, ethnicities, and counties. Multiple channels of survey distribution allow the LA to target populations that are under-represented throughout the year by asking their SPA and service coordinator for assistance completing the survey with the family. The LA will continue to review data periodically with the Family Engagement Committee for advice and assistance targeting under-represented populations and general engagement with the activities of the LA and ICC.

<table>
<thead>
<tr>
<th>Survey Response Rate</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FFY 2019</td>
<td>FFY 2020</td>
</tr>
<tr>
<td>Survey Response Rate</td>
<td>4.85%</td>
</tr>
</tbody>
</table>
Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

In order to address historically low response rates and responses that were not representative of the demographics the LA serves, the ICC created a Family Survey Committee (now called the Family Engagement Committee) in 2018 to look further into the issue and provide support to the LA. The committee reviewed data, researched methods for data collection, and considered the use of other collection tools including the original and revised Early Childhood Outcomes, (ECO) Family Outcomes survey and the possibility of creating a state-developed survey. In researching methods for collecting family outcomes, it was determined that the questions selected from the original in demarcation of the National Center for Special Education Accountability Monitoring (NCSEAM) had been in continual use since 2006 without significant review or updates. Ultimately, the committee determined the best path forward is to continue using the NCSEAM but substitute more relevant questions from the item bank based on the current needs of the State. The Family Survey committee made recommendations including the use of electronic survey collection rather than paper surveys and developing a script for Service Coordinators to use when discussing the family survey. The script is based on feedback from Service Coordinators with the highest response rate in Arizona. During regular meetings with SPA contractors, the LA reviewed the program’s response rate compared to the previous year and to the expected number of families to ensure representativeness across programs and demographics.

The recommendations and assistance provided by the Family Survey Committee were critical to increasing the response rate more than three-fold between last year and this year. The LA and ICC has been targeting recruitment efforts towards individuals from under-represented communities including those who speak more than one language, identify as American Indian, African American or Black families, and families who also have or have recently had a child receiving services from the LA.

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 LA looked at potential reasons for nonresponse bias including survey that was too lengthy, outdated, distribution methods, and collection of demographics. The Family Survey Committee engaged 48 stakeholders of various groups, including ten families, to provide significant recommendations for the redesign of the survey and methodologies for distribution. The full ICC approved the redesign as the collection tool for Family Outcomes. FFY 2020 was the first year the redesigned survey was in use and available electronically, resulting in a response rate increase three times larger than FFY 2019.

The LA took steps to reduce nonresponse bias by emailing a reminder link to complete the family survey to participants who could not be identified as having returned the survey. The amount of time to complete the survey is provided as part of the introduction. Families understand it will take approximately 5-10 minutes and they will not spend an extended amount of time to complete. The Family Survey committee provided the visual format so it would appeal to more families to help complete.

Stakeholders and providers shared some families may feel they cannot be honest about their concerns while they are receiving services. Because of this, the survey is also provided at the time of exit so families can feel more comfortable sharing their opinions. The Family Survey Committee and LA reviewed several years’ worth of data and interviewed service coordinators with the highest response rates and determined completing it in person with the family results in higher response rates. During regular data manager meetings, nonresponse bias was discussed. TA was provided around using the script to help SPA leaders increase their program and staff’s response rate.

During FFY 2020, the LA shared data with service-providing agencies around their response rate. The LA created a database-wide banner during March 2021 to remind service coordinators to complete family surveys and recognize the service coordinators with the highest response rate. This led to several friendly competitions within agencies to see which team could get the highest response rate and reduce nonresponse bias.

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.

The ECTA Center tool showed that based on race, families identifying as African American or Black, American Indian or Alaska Native, Asian, and Native Hawaiian or Pacific Islander families were under-represented while families identifying as White and more than one race were over-represented. The under-representation and over-representation of race data were fairly similar to last year’s data. When looking at ethnicity, the ECTA Center tool showed that families identifying as White were over-represented and families that were not Hispanic or Latino were under-represented. While not overall representative by ethnicity, the LA’s strategies to increase response rate helped reduce the over-representation of Hispanic Families and reduce the under-representation of families identifying as not Hispanic or Latino. Additionally, when looking at a third demographic of locations, Arizona saw an increase in the number of counties in which a representative number of surveys were returned by families within nine of the State’s fifteen counties. The surveys returned by families were not representative of the race. While families that identified as White were over-represented by 33 percent, African American or Black families were under-represented by 21 percent. Smaller differences in under-representation were seen by families identifying as American Indian or Alaska Native, Asian, and Native Hawaiian or Pacific Islander. Continuing again this year, families that identified as more than one race were over-represented which has changed from years past when the population was often under-represented. Hispanic or Latino and Non-Hispanic or Latino ethnicities were under-represented by nine percent. This is a continued shift from previous years.

Unique to Arizona, there are several counties that do not have adequate access to specialized healthcare. Representativeness of counties may be affected by families who temporarily stay in a larger city and county during the time their child is receiving significant medical care or extended hospitalizations. Families may identify with and receive support from team members from SPAs in both counties. Their responses indicate this unique challenge on accurate representativeness. Analysis by county shows a representative number of surveys were received from most counties in Arizona, with three counties over-represented by six percent or less and three counties under-represented by six percent or less. With improvements made to collect better demographic information, the representation of specific SPAs becomes easier to identify in counties with more than one SPA. This has led to focused TA and support for the specific SPAs in under-represented counties.

When analyzed by county, the ECTA Center's response rate and representativeness calculator was adapted for the number of the State’s counties. Nine of fifteen of the counties had an appropriate representation of surveys returned by families, an increase from last year. Counties appropriately represented include Apache, Cochonino, Gila, Graham, Greenlee, La Paz, Mohave, Yavapai, and Yuma. Counties slightly under-represented include Pima, Pinal, and Santa Cruz. Counties slightly over-represented include Cochise, Maricopa, and Navajo. Nine surveys were returned without a family identifying their county.

The LA continues to identify that over time, families identify as different races or ethnicities between the time of referral and time of survey completion. Some families in Arizona who self-identify as Hispanic or Latino consider it to be their race rather than ethnicity and do not identify with one of the federal recognized race categories, leading to service coordinators making an assumption. This is evidenced by the difference between families that change or obscure their race on the pre-filled demographic data but not their ethnicity. Other times, families that are Hispanic identify as White leading to significant over-representation in the race category. The LA is collecting more data regarding how families report their race during their initial visit and how reporting their race, particularly for families of more than one race, over time changes with shifting cultural norms.

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).

LA staff use the ECTA Center response rate and representativeness calculator to determine the representativeness of completed surveys received in FFY 2019. This tool uses an accepted statistical formula to determine if the number of surveys received should be considered different from the number
of surveys sent, based on a confidence interval of 90 percent. If the number of surveys received is statistically representative of the number of surveys sent, it is marked as “Yes” in the “Representative Data” column. If the entire data set as a whole is representative of the target population then the Overall Representativeness will be marked as “Yes” even if one or two demographics are just a little off of the expected representativeness.

Provide additional information about this indicator (optional).
The family survey committee approached the redesign by gathering feedback via a poll to families, providers, and stakeholders requesting input on the most meaningful questions for program improvement. The poll was sent to hundreds of stakeholders. Forty-nine responses were returned including ten current or former family members, twelve community partner agencies including a health plan, Early Head Start, First Things First, Arizona Department of Health Services Office of Children with Special Health Care Needs, the state Medicaid program, a health plan, the SEA, Parent Training and Information Center under IDEA Part D, Arizona Commission for the Deaf and Hard of Hearing, AZ Association for the Deaf Education Committee, AZ Chapter of the CMV Foundation. The demographics of the stakeholders varied and included 25 programs representing the largest population center in Arizona, Maricopa County, 11 from Northern Arizona, 11 from Southern Arizona, and six representing tribal lands. Twenty-two providers shared feedback across service-providing agencies including TBEIS Contractors, the Division of Developmental Disabilities, and ASDB through all levels of the organizations including Program Directors and Administrators, Supervisors, Service Coordinators, Therapists, and subcontractors.

After polling stakeholders, the family survey committee compared questions on the survey in use for the last 14 years. They reviewed how each question was ranked in terms of meaningfulness, the location of each question calibrated for the Family-Centered Services Scale and the Family Impact Scale, and how well the question could identify fidelity to key principles within early intervention. While the NCSEAM requires a minimum of 25 questions to provide minimum reliability of at least 0.90, the Family Survey Committee felt it was critical to add one more question to address TBEIS Arizona implemented in 2013. Specifically, the Family Survey committee wanted to add a question “My child’s Team Lead is a good fit for my family”. The family survey committee recommended using both NCSEAM scales which added the Family Center Services Scale to the existing Family Impact Scale. Nine questions remained from the existing family survey while 16 new questions from the NCSEAM item bank were recommended in addition to one new pilot question unique to the State. The family survey committee made additional recommendations including updating the Likert scale used to measure the ratings of each question, formatting options to make the survey more visually appealing, and collecting data electronically rather than with a paper and pen survey.

The full ICC voted and approved the use of the new family survey which was then adopted by the LA at the start of FFY 2020. The pilot question has been behaving as expected when paired with other questions on the newly adopted family survey. There was a meaningful difference for FFY 2020 compared to FFY 2018 and FFY 2019 with regards to the question about family’s knowing their rights in early intervention. Because the estimated agreeability between the pilot question is higher than the estimated agreeability of the family’s reporting they know their rights, the pilot question does not seem to be solely responsible for the decrease as the timing of safety measures for the COVID-19 pandemic may also be playing a role. The LA and family engagement committee (formerly the family survey committee) will continue to monitor the behavior of the pilot question to determine it should be revised or eliminated from the family survey. Stakeholders, families, and providers attributed the small decrease in the percentage of families reporting they can communicate effectively primarily due to the challenges caused by the COVID-19 pandemic. The increase in services provided through alternative means likely played a role as it may be easier to hear and receive non-verbal cues in person rather than by phone, through virtual visits, wearing masks, and standing six feet or more away. The higher performance this year may correlate to more reliable data, which is approaching the historical national average for the percentage of families who know their rights, rather than potential data anomalies due to lower response rates in the past. The LA will assist the SPAs to use the existing data from dashboards to improve their staff’s performance. In addition to improving the response rate and representativeness, the LA will provide focused TA improvement strategies for SPA leaders to ensure family and staff safety. The goal is to increase comfort levels for returning to in-person visits and increase the ratio of in-person to alternative service delivery methodologies. The LA will engage with stakeholders and families to help the larger community feel more comfortable with in-person visits while allowing alternative service delivery methodologies for those families that wish to do so, in line with State and Federal regulations. Just as the COVID-19 pandemic may have created some barriers, the small increase in the percentage of families that report they can help their child learn and develop was attributed to positive aspects including parents spending more time at home with their child. In cases of two-parent families, both parents participate in early intervention visits with providers more often rather than alternating with a childcare provider or other caregiver. The higher response rate this year may also be due to more reliable data, approaching the historical national averages for the percentage of families that know their rights, rather than data anomalies that may have led to the State having an artificially high percentage rather than a sign of a decrease in performance.

4 - Prior FFY Required Actions
In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Response to actions required in FFY 2019 SPP/APR

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

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>0.59%</td>
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</table>

<table>
<thead>
<tr>
<th>FFY</th>
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<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target &gt;=</td>
<td>0.66%</td>
<td>0.67%</td>
<td>0.68%</td>
<td>0.69%</td>
<td>0.73%</td>
</tr>
<tr>
<td>Data</td>
<td>0.89%</td>
<td>0.95%</td>
<td>0.91%</td>
<td>0.92%</td>
<td>0.89%</td>
</tr>
</tbody>
</table>

Targets: Description of Stakeholder Input

The FFY 2020 SPP/APR was developed with extensive stakeholder engagement throughout the year. The information was gathered through workgroups, Inter-agency meetings, and ICC meetings. LA staff also facilitated an annual stakeholder meeting on November 29, 2021, where targets, data, and root causes for slippage or progress were discussed. Stakeholders provided virtual or telephonic feedback on targets and data. For the FFY 2020 submission, a majority of the recommendations were to adjust the trajectory of the targets for several indicators.

In advance of the annual stakeholders meeting, the LA made extensive efforts to encourage family participation through coordination with Raising Special Kids, Arizona’s IDEA Part D Parent Training and Information Center, LA staff, and providers reaching out to families directly. Additionally, where families opted-in for LA updates, mass electronic mail invitations were sent.

This year’s annual stakeholders meeting included individuals representing very diverse early childhood perspectives. At this year’s meeting, the 63 participants included:
- Current and former parents, foster parents, and family members of children that received early intervention services;
- ICC members appointed by the Governor as well as committee members appointed by the ICC Chairperson;
- Early intervention statewide leaders;
- Service coordinators;
- Therapists;
- Staff from the ADES/DDD, and ASDB;
- Arizona Commission for the Deaf and Hard of Hearing;
- Other state agency partners including the ADHS;
- Representation from the State Education Agency (SEA), ADE;
- Higher education personnel preparation representatives;
- Early childhood partners including Head Start/Early Head Start; and
- State legislator from the Arizona House of Representatives.

Participants in the annual Stakeholders meeting included metropolitan, urban, suburban, rural, and tribal communities located throughout the state representing the central, northern, eastern, and western geographical areas. Statewide leaders from service-providing agencies included various roles such as executive leadership, local management, administration, supervisors, team leads, and service coordinators.

The LA receives extensive support from national TA centers including the Early Childhood Technical Assistance (ECTA) Center, the Center for IDEA Early Childhood Data Systems (DaSy Center), and the Center for Appropriate Dispute Resolution in Special Education. LA staff have regular calls and appointments with TA providers to discuss strategies regarding analysis of each indicator and potential improvement strategies. LA staff continue to implement guidance previously provided by the DaSy Center around data linking with Arizona’s IDEA, Part B SEA at the ADE. As a result of receiving
TA support, the LA implemented internal improvement strategies as well as provided additional quality TA to local SPAs for continuous improvement.

As a result of the on-site visit from OSEP in the Spring of 2019, the relationship between Part C and Part B staff was strengthened and continues to do so into this reporting period. The joint TA from the DaSy Center on linking transition data provided to the LA and Part B 619 Coordinator was expanded to include the Part B State Director and Data Manager. The LA and SEA have begun phase one of the foundation of technological improvements to link transition data strengthening each program’s ability to effectively monitor and make substantial and meaningful long-term improvements.

Prepopulated Data

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age</td>
<td>07/07/2021</td>
<td>Number of infants and toddlers birth to 1 with IFSPs</td>
<td>714</td>
</tr>
<tr>
<td>Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020</td>
<td>07/01/2020</td>
<td>Population of infants and toddlers birth to 1</td>
<td>81,409</td>
</tr>
</tbody>
</table>

FFY 2020 SPP/APR Data

<table>
<thead>
<tr>
<th>Number of infants and toddlers birth to 1 with IFSPs</th>
<th>Population of infants and toddlers birth to 1</th>
<th>FFY 2019 Data</th>
<th>FFY 2020 Target</th>
<th>FFY 2020 Data</th>
<th>Status</th>
<th>Slippage</th>
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<tbody>
<tr>
<td>714</td>
<td>81,409</td>
<td>0.89%</td>
<td>0.73%</td>
<td>0.88%</td>
<td>Met target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>

Provide additional information about this indicator (optional)

The State’s annual child count occurred in October 2020 and is considered by stakeholders to reflect pandemic levels with a decrease in the number of infants (birth to age one) made eligible for IDEA, Part C.

The number of children referred to Part C is a leading measurement correlating with Child Find activities. When referrals increase, the number of children found eligible also goes up proportionally. When referrals decrease, the number of children found eligible goes down proportionally. With the fluctuation in referral trends, stakeholders are uncertain how the pandemic will continue to impact Child Find activities over the long term. Stakeholders also pointed out that there could be impacts to the social-emotional development of infants and toddlers due to difficulties with social distancing and reading facial expressions when adults are wearing masks. Fewer opportunities for new activities and an increase in adult caregivers with new medical and mental health issues may ultimately impact the development of the children. These impacts could see an increase in Child Find activities later as families adjust to the ongoing impacts of the COVID-19 pandemic in their everyday life.

The LA will continue to observe fluctuations in referrals to target appropriate referral sources or referral sources that have decreased since the start of the pandemic. The LA will continue to work with the AZ State Demographer’s office to understand how the 2020 Census Data and birth rate impact the total population of children birth to age one in the State.

The Infant and Toddler Coordinators Association collects information on each state’s eligibility criteria and groups states with similar eligibility criteria in the Child Count Data Charts found at <https://www.idealnfanttoddler.org/association-reports.php>. Category A includes states with the broadest eligibility definitions; Category C includes the strictest definitions, and Category B falls in between the two. Category C includes eligibility criteria ranging from a 33 percent delay in two or more areas to a 40 or 50 percent delay in one or more areas. Arizona’s eligibility criteria of a 50 percent delay in one or more areas of development fit within Category C and is among the three states with the strictest eligibility categories.

This year, the State moved to 33rd of the 56 states, territories, and outlying areas including ten other states in Categories A and B and eight other Category C states. This represents a move above last year when the State was 39th of the 56 states and territories in terms of the percentage of children from birth to age one with IFSPs.

While the number of infants (birth to age one) decreased this year, this matches the trend across the country as the national average dropped this year, likely due to regional impacts of the COVID-19 pandemic and population updates due to the 2020 Census. The national average dropped by 0.23 percent while Arizona dropped by 0.01 percent. This ultimately resulted in the State reducing the difference between the State’s Child Find and the national average.

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

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Data</th>
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<tbody>
<tr>
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<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
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<tbody>
<tr>
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<td>1.88%</td>
<td>1.89%</td>
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<td>1.95%</td>
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<td>2.09%</td>
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<td>2.22%</td>
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**Targets**

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<th>2022</th>
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<tr>
<td>Target &gt;=</td>
<td>1.95%</td>
<td>1.95%</td>
<td>1.95%</td>
<td>1.95%</td>
<td>1.95%</td>
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- Representation from the State Education Agency (SEA), ADE;
- Higher education personnel preparation representatives;
- Early childhood partners including Head Start/Early Head Start; and
- State legislator from the Arizona House of Representatives.

Participants in the annual Stakeholders meeting included metropolitan, urban, suburban, rural, and tribal communities located throughout the state representing the central, northern, eastern, and western geographical areas. Statewide leaders from service-providing agencies included various roles such as executive leadership, local management, administration, supervisors, team leads, and service coordinators.

The LA receives extensive support from national TA centers including the Early Childhood Technical Assistance (ECTA) Center, the Center for IDEA Early Childhood Data Systems (DaSy Center), and the Center for Appropriate Dispute Resolution in Special Education. LA staff have regular calls and appointments with TA providers to discuss strategies regarding analysis of each indicator and potential improvement strategies. LA staff continue to implement guidance previously provided by the DaSy Center around data linking with Arizona’s IDEA, Part B SEA at the ADE. As a result of receiving TA support, the LA implemented internal improvement strategies as well as provided additional quality TA to local SPAs for continuous improvement.
As a result of the on-site visit from OSEP in the Spring of 2019, the relationship between Part C and Part B staff was strengthened and continues to do so into this reporting period. The joint TA from the DaSy Center on linking transition data provided to the LA and Part B 619 Coordinator was expanded to include the Part B State Director and Data Manager. The LA and SEA have begun phase one of the foundation of technological improvements to link transition data strengthening each program’s ability to effectively monitor and make substantial and meaningful long-term improvements.

Prepopulated Data

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age</td>
<td>07/07/2021</td>
<td>Number of infants and toddlers birth to 3 with IFSPs</td>
<td>5,406</td>
</tr>
<tr>
<td>Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020</td>
<td>07/01/2020</td>
<td>Population of infants and toddlers birth to 3</td>
<td>248,377</td>
</tr>
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</table>

FFY 2020 SPP/APR Data

<table>
<thead>
<tr>
<th>Number of infants and toddlers birth to 3 with IFSPs</th>
<th>Population of infants and toddlers birth to 3</th>
<th>FFY 2019 Data</th>
<th>FFY 2020 Target</th>
<th>FFY 2020 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,406</td>
<td>248,377</td>
<td>2.33%</td>
<td>1.95%</td>
<td>2.18%</td>
<td>Met target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>

Provide additional information about this indicator (optional).

The State’s annual child count occurred in October 2020 and is considered by stakeholders to reflect pandemic levels with a decrease in the number of infants and toddlers (birth to age three) made eligible for IDEA Part C. The number of children referred to Part C is a leading measurement correlating with Child Find activities. When referrals increase, the number of children found eligible goes up proportionally. When referrals decrease, the number of children found eligible goes down proportionally. With the fluctuation in referral trends, stakeholders are uncertain how the pandemic will continue to impact Child Find activities over the long term. Stakeholders also noted there could be impacts to the social-emotional development of infants and toddlers due to difficulties with social distancing and reading facial expressions when adults are wearing masks. Fewer opportunities for new activities with social distancing and an increase in adult caregivers with new medical and mental health issues may ultimately impact the development of the children. These impacts could see an increase in Child Find activities later as families adjust to the ongoing impacts of the COVID-19 pandemic in their everyday life.

The LA will continue to monitor fluctuations in referrals to target appropriate referral sources or referral sources that have decreased since the start of the pandemic. The LA will continue to work with the AZ State Demographer’s office to understand how the 2020 Census Data and birth rate continues to impact the total population of children from birth to age one in the State.

The Infant and Toddler Coordinators Association collects information on each state’s eligibility criteria and groups states with similar eligibility criteria in the Child Count Data Charts found at <https://www.ideainfanttoddler.org/association-reports.php>. Category A includes states with the broadest eligibility definitions; Category C includes the strictest definitions of eligibility. Both fall in between the two. Category C includes eligibility criteria ranging from a 33 percent delay in two or more areas to a 40 or 50 percent delay in one or more areas. Arizona’s eligibility criteria of a 50 percent delay in one or more areas of development fit within ITCA’s Category C and among the three states with the strictest eligibility categories.

This year, the State moved up to 44th of the 56 states, territories, and outlying areas including five other states in Categories A and B and two other Category C states. This is above last year when the State was 45th of the 56 states, territories, and outlying areas in terms of the percentage of infants and toddlers (birth to age three) with IFSPs.

While the number of infants and toddlers (birth to age three) decreased this year this matches the trend across the country as the national average dropped, likely due to regional impacts of the COVID-19 pandemic and population updates due to the 2020 Census. The national average dropped by 0.5 percent while Arizona only dropped by 0.15 percent.

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions
Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

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<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Data</th>
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</thead>
<tbody>
<tr>
<td>2005</td>
<td>39.00%</td>
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<table>
<thead>
<tr>
<th>FFY</th>
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<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
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<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Data</td>
<td>91.21%</td>
<td>95.34%</td>
<td>97.58%</td>
<td>98.41%</td>
<td>98.26%</td>
</tr>
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</table>

Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
<th>2025</th>
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<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

FFY 2020 SPP/APR Data

<table>
<thead>
<tr>
<th>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</th>
<th>Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted</th>
<th>FFY 2019 Data</th>
<th>FFY 2020 Target</th>
<th>FFY 2020 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,030</td>
<td>1,376</td>
<td>98.26%</td>
<td>100%</td>
<td>99.27%</td>
<td>Did not meet target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>

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.
Provide reasons for delay, if applicable.

Only ten (10) children did not receive a timely IFSP. Non-compliant eligibility delays accounted for four (4) of the ten (10) children that did not have timely IFSPs within the 45-Day IFSP Timeline. The list below accounts for the reasons for the delay in eligibility and initial IFSPs:

Team member reasons accounted for one delayed eligibility decision and one delayed IFSPs with timely eligibility decisions. A delay in obtaining records accounts for three delayed eligibility decisions and the associated IFSPs, and the service coordinator did not record the delay reason for five IFSPs with a timely eligibility decision.

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

State database

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

This indicator represents data for all children and families with initial IFSP between April 1, 2021, and June 30, 2021.

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

The data reflect all children with initial IFSPs completed between April 1, 2021, through June 30, 2021. The data represents more than 25 percent of all children with initial IFSPs completed during the year. The data are considered statistically representative of the full population of children served throughout the entire year for several reasons. Including every SPA in the state participates in monitoring for this indicator, regardless of their monitoring cycle, providing an insight into statewide practice and compliance. The IFSPs occurred during the transition of safety measures put in place for the COVID-19 pandemic to provide screenings, evaluations, and IFSPs through limited in-person services and alternative methods. The monitoring period with these safety measures provided more information about the impact of a hybrid approach to services in adjusting to long-term pandemic business operations for local programs.

Provide additional information about this indicator (optional).

The data represent 1,376 individual children, all with initial IFSP meetings from the 33 TBEIS contractors responsible for the 45-day timeline from April 1, 2021, through June 30, 2021. DDD and ASDB are not responsible for completing initial evaluations, initial assessments, and initial IFSPs as this is completed by the 33 TBEIS contractors. As a result, neither DDD nor ASDB contributed to non-compliance for this indicator. Data for children in the monitoring period are representative of state demographics, including those children served by both small and large TBEIS contractors as well as urban, suburban, and rural, and tribal populations.

Although the State did not meet the 100 percent compliance requirement, FFY 2020 data represent an improvement over last year and a consistently high level of compliance across years without slippage. Additionally, during the FFY 2020 reporting period, all SPAs maintained or achieved a higher level of compliance. Most infants and toddlers referred for early intervention services had their initial evaluations, initial assessments, and initial IFSPs within the 45-day time frame. A total of 1,030 of 1,376 children and families received their IFSPs on time. An additional 336 children had a delay due to exceptional family circumstances.

This year, findings of non-compliance were issued to several local SPAs. As part of the TBEIS contracts, performance-based metrics for the 45-day timeline were embedded to enhance clarity and to improve the LA’s ability to hold local SPAs accountable through contract action moving forward. The LA issues findings of non-compliance to programs that do not meet 100 percent compliance for timely eligibility determination and initial IFSP. The LA reviews corrective action plans and supports SPAs in the effective and timely correction of non-compliance. All ten instances of child-specific non-compliance were tracked by LA staff to ensure correction and that, although late, all of the individual children’s IFSPs were developed consistent with the regulatory requirements through on-site visits, requesting documents and notes from the file submitted through mail or e-mail, and reviewing subsequent data submitted in the statewide database. The LA ensures non-compliance is corrected as soon as possible, and no later than one year from the identification of the non-compliance, by providing SPAs with support offered through its TA System.

Stakeholders reported that the COVID-19 pandemic impacted the 45-day timeline for FFY 2020. The transition to alternative methods supported more parent and family involvement by being able to participate in early intervention services even when busy or traveling. Providers were able to coordinate evaluations and IFSPs more quickly without the logistics of travel from various locations. Stakeholders identified more families being at home through social distancing, employment hours or location changes had positive impacts on scheduling initial visits, evaluations, assessments, and initial IFSPs. Some families remained hesitant to resume in-person services in favor of continuing alternative service delivery methods. Other families declined visits through alternative methods and only participated in-person evaluations. In addition to typical family delays such as traveling, illness, or forgetting an appointment, providers reported new reasons for family delay including families declining the SPA safety protocols during an in-person visit, and COVID-19 exposure and/or quarantine.

In September 2020, the LA launched on-demand reports available to SPAs, an improvement over the previous weekly subscription services, to help support monitoring at the child level with two different reports. SPAs have used this tool to ensure high compliance with the 45-day timeline requirement.

Correction of Findings of Noncompliance Identified in FFY 2019

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

FFY 2019 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.
Based on findings of non-compliance, SPAs were placed on a corrective action plan. SPA leaders were required to submit root cause analysis and plans for addressing the causes of their non-compliance. The LA provided TA on federal requirements for this indicator. The LA requested periodic updates from SPAs on their progress with the corrective action plans. SPA leaders were required to conduct file reviews on currently open cases and submit the records, including service coordinator progress notes as well eligibility and IFSP documentation, for verification. Depending on the level and extent of the non-compliance, five to fifteen percent of a SPA's subsequent caseload was reviewed by LA staff to verify that the program was correctly implementing regulatory requirements, consistent with the OSEP 09-02 memo.

Five findings of non-compliance were issued in FFY 2019. The LA verified the SPAs with findings of non-compliance had demonstrated correction of all instances of child-specific non-compliance and they were implementing the regulatory requirements at 100 percent according to subsequent data review. All SPAs were able to demonstrate timely correction of the non-compliance within one year.

While most SPAs reported no impact of the COVID-19 pandemic on correcting their non-compliance, a few programs reported they were impacted by having a significant number of staff out for COVID and COVID-like illnesses off and on throughout the year. This impacted programs being able to train staff on their corrective action plan in order to timely correct their non-compliance. Some SPAs were not able to train all staff at one time on their corrective action plans as they had in the past and had to have multiple sessions as staff returned to work following recovery of their illness. Some programs had delays in demonstrating implementation of the requirements at 100 percent as they waited for the staff to return to work following their illnesses that needed SPA leadership to ensure the corrective action steps they identified were being carried out effectively.

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

SPAs were required to submit data to verify individual cases of non-compliance had been corrected. LA staff reviewed data submitted by SPAs in the statewide database and information from child records, including service coordinator progress notes as well as eligibility and IFSP documentation, for all 25 individual cases to determine that each child's eligibility decision and IFSP occurred, although late, consistent with the OSEP 09-02 memo.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

<table>
<thead>
<tr>
<th>Year Findings of Noncompliance Were Identified</th>
<th>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR</th>
<th>Findings of Noncompliance Verified as Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**7 - Prior FFY Required Actions**

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

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

**Response to actions required in FFY 2019 SPP/APR**

**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 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 = \[\frac{(#\text{ of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday})}{(#\text{ of toddlers with disabilities exiting Part C})}\] times 100.

B. Percent = \[\frac{(#\text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services})}{(#\text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})}\] times 100.

C. Percent = \[\frac{(#\text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B})}{(#\text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})}\] 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)(iii)(I) and 34 CFR §§303.209(b) and 303.401(d).

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

**8A - Indicator Data**

**Historical Data**

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Data</th>
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</thead>
<tbody>
<tr>
<td>2005</td>
<td>80.00%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>FFY</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
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<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Developed an improved their level of compliance. The list below accounts for the performance of the TBEIS contracts, performance program. ASDB does not provide service coordination and there were no instances of ASDB contributing to non-compliant, DDD was although the State did not meet the 100 percent compliance requirement, FFY 2020 data represents an improvement over last year.

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

State database

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

The data reflect all children, statewide, exiting within 90 days of their third birthday, between April 1, 2021, through June 30, 2021.

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

The data reflect all children exiting within 90 days of the toddler's third birthday. The data represent more than 25 percent of all children exiting during the year who are potentially eligible for Part B. The data are considered statistically representative of the full population of children served throughout the entire year. Every service coordination agency in the state participates in monitoring for this indicator, regardless of their monitoring cycle, including TBEIS contractors and DDD.

Provide additional information about this indicator (optional)

The families of 1,192 children exited Part C between April 1, 2021, and June 30, 2021. Of those children, 985 were of transition age, between two years, three months, and three years of age. Of those children of transition age, only 806 exited within 90 days of their third birthday, requiring a timely developed IFSP with transition steps and services. Of those 806 children, 51 children had their initial IFSP meeting within 90 days of age three. This leaves 755 children for whom there should have been an IFSP with documented 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 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.

2

Provide reasons for delay, if applicable.

Most children of transition-age received their IFSP developed with transition steps and services in a timely manner. Only eight (8) children did not receive them, a significant improvement over last year. The list below accounts for the reasons for a delay in non-compliance transition plans:

- Service coordinator delays account for two delayed IFSPs developed with transition steps and services;
- Service coordinator did not document occurrence of the IFSP developed with transition steps and services for four children; and
- Timely IFSP meeting but transition steps and services not documented account for four children.

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

State database

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

The data reflect all children, statewide, exiting within 90 days of their third birthday, between April 1, 2021, through June 30, 2021.

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

The data reflect all children exiting within 90 days of the toddler’s third birthday. The data represent more than 25 percent of all children exiting during the year who are potentially eligible for Part B. The data are considered statistically representative of the full population of children served throughout the entire year. Every service coordination agency in the state participates in monitoring for this indicator, regardless of their monitoring cycle, including TBEIS contractors and DDD.

Provide additional information about this indicator (optional)

The families of 1,192 children exited Part C between April 1, 2021, and June 30, 2021. Of those children, 985 were of transition age, between two years, three months, and three years of age. Of those children of transition age, only 806 exited within 90 days of their third birthday, requiring a timely developed IFSP with transition steps and services. Of those 806 children, 51 children had their initial IFSP meeting within 90 days of age three. This leaves 755 children for whom there should have been an IFSP with documented 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 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.

2

Provide reasons for delay, if applicable.

Most children of transition-age received their IFSP developed with transition steps and services in a timely manner. Only eight (8) children did not receive them, a significant improvement over last year. The list below accounts for the reasons for a delay in non-compliance transition plans:

- Service coordinator delays account for two delayed IFSPs developed with transition steps and services;
- Service coordinator did not document occurrence of the IFSP developed with transition steps and services for four children; and
- Timely IFSP meeting but transition steps and services not documented account for four children.

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

State database

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

The data reflect all children, statewide, exiting within 90 days of their third birthday, between April 1, 2021, through June 30, 2021.

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

The data reflect all children exiting within 90 days of the toddler’s third birthday. The data represent more than 25 percent of all children exiting during the year who are potentially eligible for Part B. The data are considered statistically representative of the full population of children served throughout the entire year. Every service coordination agency in the state participates in monitoring for this indicator, regardless of their monitoring cycle, including TBEIS contractors and DDD.

Provide additional information about this indicator (optional)

The families of 1,192 children exited Part C between April 1, 2021, and June 30, 2021. Of those children, 985 were of transition age, between two years, three months, and three years of age. Of those children of transition age, only 806 exited within 90 days of their third birthday, requiring a timely developed IFSP with transition steps and services. Of those 806 children, 51 children had their initial IFSP meeting within 90 days of age three. This leaves 755 children for whom there should have been an IFSP with documented 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 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.

2

Provide reasons for delay, if applicable.

Most children of transition-age received their IFSP developed with transition steps and services in a timely manner. Only eight (8) children did not receive them, a significant improvement over last year. The list below accounts for the reasons for a delay in non-compliance transition plans:

- Service coordinator delays account for two delayed IFSPs developed with transition steps and services;
- Service coordinator did not document occurrence of the IFSP developed with transition steps and services for four children; and
- Timely IFSP meeting but transition steps and services not documented account for four children.

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

State database

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

The data reflect all children, statewide, exiting within 90 days of their third birthday, between April 1, 2021, through June 30, 2021.

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

The data reflect all children exiting within 90 days of the toddler’s third birthday. The data represent more than 25 percent of all children exiting during the year who are potentially eligible for Part B. The data are considered statistically representative of the full population of children served throughout the entire year. Every service coordination agency in the state participates in monitoring for this indicator, regardless of their monitoring cycle, including TBEIS contractors and DDD.

Provide additional information about this indicator (optional)

The families of 1,192 children exited Part C between April 1, 2021, and June 30, 2021. Of those children, 985 were of transition age, between two years, three months, and three years of age. Of those children of transition age, only 806 exited within 90 days of their third birthday, requiring a timely developed IFSP with transition steps and services. Of those 806 children, 51 children had their initial IFSP meeting within 90 days of age three. This leaves 755 children for whom there should have been an IFSP with documented transition steps and services at least 90 days before their third birthday.

The LA issues findings of non-compliance to local SPAs that do not meet 100 percent compliance for a timely developed IFSP with transition steps and services. The LA reviews corrective action plans and supports the effective and timely correction of non-compliance. All instances of child-specific non-compliance have been tracked by LA staff to ensure correction and that, although late, each individual child's IFSP developed with transition steps and services occurred or is no longer in Part C, consistent with the OSEP 09-02 memo on timely corrections. For all SPAs, the LA offers TA and tracking tools to support improvement on transition activities. Additionally, the LA supports SPAs in developing their own training plans to support their providers.

Although the State did not meet the 100 percent compliance requirement, FFY 2020 data represents an improvement over last year's results. When non-compliant, DDD was cited separately from the TBEIS contractor in order to better address the root causes and local contributing factors within the program. ASDB does not provide service coordination and there were no instances of ASDB contributing to non-compliance with the transition. As part of the TBEIS contracts, performance-based metrics on transition compliance were embedded to enhance clarity and improve the LA's ability to hold local SPAs accountable through contract action moving forward. Additionally, the LA is currently updating a formal agreement with DDD in order to embed performance-based metrics on transition compliance, similar to the TBEIS contracts for clarity and improved accountability.

This year is notable because more SPAs than last year maintained or improved their level of compliance. The list below accounts for the performance of the 33 TBEIS Contractors and five DDD districts within the state:

- 31 SPAs were at 100 percent compliance;
- One service-providing agency was between 95-99 percent compliance;
- Four service-providing agencies were between 90-94 percent compliance; and
- Two service-providing agencies were between 80-89 percent compliant.

As outlined in the OSEP 09-02 memo, the LA requires SPAs to submit documentation of child-specific correction and subsequent data that reflect correction for each area of non-compliance for verification of the correction and subsequent implementation of the regulatory requirement for the entire
program. The LA ensures the service providing agency is implementing the regulatory requirement through on-site visits, requesting documents and notes from the file submitted through secure email, and reviewing current data submitted in the statewide database. The LA ensures that non-compliance is corrected as soon as possible, and no later than one year from the identification of the non-compliance, by offering SPAs support through its TA System.

When the Governor issued stay-at-home orders, many families requested that early intervention staff halt in-person services, and the LA transitioned to providing services through alternative methods for the health and safety of families and early intervention personnel. During the monitoring period, many families viewed the COVID-19 pandemic as likely a temporary situation and many families asked to put services on hold until it was safe to resume in person. Some of these families disengaged with service coordinators and teams completely. Service coordinators were reluctant to close those records and kept them open for extended periods of time while trying to re-engage families through regular, periodic attempts. Two IFSPs with transition steps and services were able to be developed after the service coordinator documented exceptional family circumstances after the LA verified the extensive attempts to re-engage the family. Six families initially requested to put everything on hold but IFSPs with transition steps and services were developed.

For those six families, three parents requested to withdraw from services completely, and three did not respond to the service coordinators’ repeated attempts to contact.

Providers attribute some of the improvement over last year to the LA providing individual guidance to SPA’s as well as joint TA with Arizona’s Part B program to local education agencies to support transition activities at the start of the pandemic by identifying alternative methods of participation, addressing logistical barriers, and ensuring guidance to SPA’s leadership so they could identify ways to keep staff safe while meeting their administrative responsibilities.

The LA completed several phases of strategic enhancements to the data system and reporting structure in order to improve overall transition compliance and link data with the State’s SEA and Part B Program. This year, the LA deployed structural improvements to the data system to improve the collection and monitoring of transition activities and prepare the system foundational for data linking at the child level with Part B. Part B data and development staff have been critical in supporting and cross-training as the LA implements newer technology during these multi-phase enhancements. The LA and Part B Program are in negotiations to finalize a data-sharing agreement in order to link actual, live data at the child record level to support answering critical questions around compliance, quality, and outcomes.

The ICC Transition committee supports the LA by researching and exploring additional improvement strategies to identify potential TA to SPA leaders on improving the quality of early childhood transitions and transition from Part C to Part B. Combining support from the ICC Transition committee and TA from the LA to SPAs, including TBEIS contractors and DDD, will support making more gains toward transition compliance going forward. The ICC Transition committee worked with AzEIP staff to create a Transition Guide and overview video to be used by core team members with families to better explain the transition process. The Transition Guide is geared toward parents and includes an overview of the transition activities with timelines and suggested questions to ask service coordinators. The Transition Overview video also includes a high-level overview of the process and what to expect from Part C and Part B, as well as other potential options for support and services upon exit from the Part C program. The Transition committee also worked with AzEIP staff to develop a webinar about the requirements of the transition process.

Stakeholders reported that the COVID-19 pandemic positively impacted transition planning meetings for FFY 2020. The transition to alternative methods supported more parent and family involvement with being able to participate in early intervention services even when busy or traveling, providers were able to coordinate transition planning meetings more quickly without the logistics of travel from various locations.

In September 2020, the LA launched on-demand reports available to SPAs, an improvement over the previous weekly subscription services, to help support monitoring data at the child level with two different reports. SPAs have used this tool to continue improvements with transition activities including developing timely IFSPs transition steps and services.

**Correction of Findings of Noncompliance Identified in FFY 2019**

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>11</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

Based on findings of non-compliance, SPAs were placed on a corrective action plan. SPA leaders were required to work across agency lines to submit root cause analysis and plans for addressing the causes of their non-compliance. The LA provided TA and webinars on federal requirements for this indicator attended by all early intervention staff in an area with non-compliance. The LA requested periodic updates from SPAs on their progress with the corrective action plans. SPA leaders were required to conduct file reviews on currently open cases and submit records, including service coordinator progress notes, transition planning, and IFSP documentation. LA staff reviewed subsequent data from the data system and information from the file reviews to verify the SPAs were implementing regulatory requirements at 100 percent with subsequent data consistent with the OSEP 09-02 memo. Depending on the level and extent of the non-compliance, five to fifteen percent of a SPAs current caseload was reviewed by LA staff to verify that the program was correctly implementing regulatory requirements.

Eleven findings of non-compliance were issued in FFY 2019. The LA verified the eleven SPAs with findings of non-compliance had demonstrated correction of all instances of child-specific non-compliance and demonstrated they were implementing the regulatory requirements correctly based on review of subsequent data. All the programs were able to demonstrate timely correction of the non-compliance within one year.

While most SPAs reported no impact of the COVID-19 pandemic on correcting their non-compliance, a few programs reported they were impacted by having a significant number of staff out for COVID and COVID-like illnesses off and on throughout the year. This impacted programs being able to train staff on their corrective action plan in order to timely correct their non-compliance. Some SPAs were not able to train all staff at the same time as they had in the past and had to hold multiple sessions as staff returned to work following recovery of their illness.

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

SPAs were required to submit data to verify the 55 individual cases of non-compliance had been corrected. LA staff reviewed data submitted by SPAs in the statewide database and information from child records, including service coordinator progress notes, transition planning, and IFSP documentation, to verify the SPAs corrected all individual cases of non-compliance consistent with the OSEP 09-02 memo. Of the 55 individual cases, transition plans eventually occurred for 44 children, although late, and 11 children were exited from Part C before transition planning occurred.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

33 Part C
8A - Prior FFY Required Actions

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

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

Response to actions required in FFY 2019 SPP/APR

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 = [# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday] divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services] divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B) times 100.

C. Percent = [# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B] divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B) times 100.

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

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<td>100%</td>
<td>100%</td>
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Data |
---|
83.47% |
72.41% |
81.65% |
86.45% |
87.40% |

### Targets

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<tr>
<th></th>
<th>2020</th>
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<td>FFY 2020 Target</td>
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<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**FFY 2020 SPP/APR Data**

Data include notification to both the SEA and LEA

**YES**

<table>
<thead>
<tr>
<th>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</th>
<th>Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B</th>
<th>FFY 2019 Data</th>
<th>FFY 2020 Target</th>
<th>FFY 2020 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
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<td>100%</td>
<td>93.38%</td>
<td>Did not meet target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>

**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.

30

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

Most children of transition-age had a notification to the LEA and SEA in a timely manner. The list below accounts for the reasons for the delay in non-compliant notifications to the LEA and SEA:

- Service coordinator delays account for ten delayed notifications to both the LEA and SEA;
- Service coordinator did not document the notification for three children;
- Timely notification to the LEA but service coordinator delayed notification to the SEA for 30 children; and
- Timely notification to the LEA but the LA's current policy for bulk notifications delayed notification to the SEA for five children.

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

Local SPAs enter data regarding notifications to the LEA in the state database. Depending on the age of the child, the LA may upload the date the notification was provided in bulk to the SEA, or the SPA may manually record the SEA notification upon completion of the activity. LA staff cross-check the manual SEA notifications by local SPAs against the bulk notifications and reports to the SEA. LA staff verify data entry accuracy with file reviews from SPAs for 10 percent of the children.

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

YES

**If yes, is the policy on file with the Department? (yes/no)**

YES

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

State database

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

The data reflect all children potentially eligible for Part B and exiting between April 1, 2021, through June 30, 2021.

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

The data reflect all children, statewide, potentially eligible for Part B and exiting from April 1, 2021, through June 30, 2021. The data represent more than 25 percent of all children exiting during the year who are potentially eligible for Part B. The data are considered statistically representative of the full population of children served throughout the entire year. Every service coordination providing SPA in the state participates in monitoring for this indicator, regardless of their monitoring cycle, including TBEIS contracts and DDD.

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

The families of 1,192 children exited Part C between April 1, 2021, and June 30, 2021. Of those children, 985 were of transition age, between two years, three months, and three years of age. Of those children of transition age, only 806 exited within 90 days of their third birthday. Of those children of transition age, only 755 were made eligible more than 90 days before their third birthday and required to have a timely referral to the SEA and LEA before their third birthday.

The LA issues findings of non-compliance to SPAs that do not meet 100 percent compliance for SEA and LEA notifications. The LA reviews corrective action plans and supports the effective and timely correction of non-compliance. All instances of child-specific non-compliance have been tracked by LA staff to ensure correction and that, although late, the individual child’s notification to the SEA and LEA occurred, or is no longer in Part C consistent with the OSEP 09-02 memo on timely corrections. For all SPAs, the LA offers TA and tracking tools to service-providing agencies with improvement on transition activities. Additionally, the LA supports SPA in developing their own training plans for their providers.

Although the State did not meet the 100 percent compliance requirement, FFY 2020 data represents an improvement over last year's results. When non-
compliant, DDD has been cited separately from the TBEIS contractor for non-compliance in order to better address the root causes and local contributing factors of non-compliance within the program. Because ASDB does not provide service coordination there were no instances of ASDB contributing to non-compliance with the transition. As part of the TBEIS contracts, performance-based metrics on transition compliance were embedded to enhance clarity and to improve the LA’s ability to hold local SPAs accountable through contract action moving forward. The LA is currently updating a formal agreement with DDD to embed performance-based metrics on transition compliance, similar to the TBEIS contracts, for clarity and improved accountability.

This year is notable because more SPAs than last year maintained or had a higher level of compliance The list below accounts for the performance of the 33 TBEIS Contractors and five DDD districts within the state.:

- Sixteen SPAs were at 100 percent compliance;
- Six SPAs were between 95-99 percent compliance;
- Six SPAs were between 90-94 percent compliance;
- Six SPAs were between 80-89 percent compliance;
- Two SPAs were between 70-79 percent compliance; and
- Three SPAs were below 69 percent compliance.

As outlined in the OSEP 09-02 memo, the LA requires SPAs to submit documentation of child-specific correction and subsequent data that reflect correction for each area of non-compliance for verification of the correction and subsequent implementation of the regulatory requirement for the entire program. The LA ensures the service providing agency is implementing the regulatory requirement through on-site visits, requesting documents and notes from the file submitted through mail or email, and reviewing current data submitted in the statewide database. The LA ensures non-compliance is corrected as soon as possible, and no later than one year from the identification of the non-compliance, by offering SPAs support through its TA System.

The LA completed several phases of strategic enhancements to the data system and reporting structure to improve overall transition compliance and link data with the State’s SEA and Part B Program. This year, the LA deployed structural improvements to the data system to improve the collection and monitoring of transition activities and prepare the system foundationally for data linking at the child level with Part B. Part B data and development staff have been critical in supporting and cross-training as the LA implements newer technology during these multi-phase enhancements. The LA and Part B Program are in negotiations to finalize a data-sharing agreement to link actual, live data at the child record level to support answering critical questions around compliance, quality, and outcomes.

To address the non-compliance resulting from the LA’s bulk notification process, the LA posted proposed policy and procedure revisions in early 2021. The proposed policy and procedure changes are under review by the U.S. DOE’s Office of General Counsel. Once the policy and procedures are approved, the deadline will be moved back for SPAs to enter data included in the bulk notification process. Once the data-sharing agreement with Part B is executed, it will automate the bulk notification process in a daily exchange decreasing the likelihood of human error.

The ICC transition committee supports the LA by researching and exploring additional improvement strategies to identify potential TA to SPA leaders on improving the quality of early childhood transitions and transition from Part C to Part B. Combining support from the ICC Transition committee and TA from the LA to SPAs, including TBEIS contractors and DDD, will support making more gains toward the State’s target going forward. The ICC Transition committee worked with AzEIP staff to create a Transition Guide and overview video to be used by core team members with families to better explain the transition process. The transition committee worked with AzEIP staff to develop a webinar about the requirements of the transition process.

In September 2020, the LA launched on-demand reports available to SPAs, an improvement over the previous weekly subscription services, to help support monitoring data at the child level with two different reports to monitor PEA and SEA notifications. SPAs have used this tool to continue improvements with compliance with this indicator.

### Correction of Findings of Noncompliance Identified in FFY 2019

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>17</td>
<td>7</td>
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</tbody>
</table>

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

Based on findings of non-compliance, SPAs were placed on a corrective action plan. SPA leaders were required to work across agency lines to submit root cause analysis and plans for addressing the causes of their non-compliance. The LA provided TA and webinars on federal requirements for this indicator attended by all early intervention staff in an area with non-compliance. The LA requested periodic updates from SPAs on their progress with the corrective action plans. SPA leaders were required to conduct file reviews on currently open cases and submit the records, including service coordinator progress notes, PEA referral documentation, faxes, and e-mails. LA staff reviewed current data and information from the file reviews to verify the SPAs were implementing regulatory requirements at 100 percent consistent with the OSEP 09-02 memo. Depending on the level and extent of the non-compliance, five to fifteen percent of a SPA’s current caseload was reviewed by LA staff.

Twenty-four findings of non-compliance were issued in FFY 2019. The LA verified all 24 SPAs with findings of non-compliance had demonstrated correction of all instances of child-specific non-compliance and demonstrated they were implementing the regulatory requirements at 100 percent using subsequent data. Most of the programs were able to demonstrate timely correction of the non-compliance within one year. Seven subsequently demonstrated correction of the non-compliance.

While most SPAs reported no impact of the COVID-19 pandemic on correcting their non-compliance, a few programs reported they were impacted by having a significant number of staff out for COVID and COVID-like illnesses off and on throughout the year. This impacted programs being able to train staff on their corrective action plan in order to timely correct their non-compliance. Some SPAs were not able to train all staff at the same time as they had in the past and had to hold multiple sessions as staff returned to work following recovery of their illness.

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

SPAs were required to submit data to verify the 37 individual cases of non-compliance had been corrected. LA staff reviewed data submitted by SPAs in the statewide database and information from child records, including service coordinator progress notes, PEA referral documentation, faxes, and e-mails, to verify the SPAs corrected all individual cases of non-compliance consistent with the OSEP 09-02 memo. Of the 37 individual cases, referrals to Part B eventually occurred, although late, for 111 children. Twenty-six children were exited from Part C before a notification to Part B occurred.

### Correction of Findings of Noncompliance Identified Prior to FFY 2019
8B - Prior FFY Required Actions

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

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

**Response to actions required in FFY 2019 SPP/APR**

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

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<th>Baseline Year</th>
<th>Baseline Data</th>
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</thead>
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<th>2018</th>
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<tr>
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<td>100%</td>
<td>100%</td>
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<td>100%</td>
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</table>
The families of 1,192 children exited Part C between April 1, 2021, and June 30, 2021. Of those children, 985 were of transition age, only 755 had an IFSP more than 90 days before their third birthday and were required to have a transition conference. The number of documented delays attributable to exceptional family circumstances this year 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.

50

Number of documented delays attributable to exceptional family circumstances
This number will be added to the “Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B” field to calculate the denominator for this indicator.

57

Provide reasons for delay, if applicable.

Most children of transition-age had a conference in a timely manner. The list below accounts for the reasons for the delay in non-compliant conferences:

• Service provider delays account for 15 delayed conferences;
• Service provider did not document the reason for a delayed conference for 9 children; and
• Service provider did not document the conference occurring for 9 children.

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

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).
The data reflect all children, potentially eligible for Part B and exiting between April 1, 2021, through June 30, 2021.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.
The data represent more than 25 percent of all children exiting during the year who are potentially eligible for Part B. The data are considered statistically representative of the full population of children served throughout the entire year. Every service coordination providing agency in the state participates in monitoring for this indicator, regardless of their monitoring cycle, including TBEIS contracts and DDD.

Provide additional information about this indicator (optional).
The families of 1,192 children exited Part C between April 1, 2021, and June 30, 2021. Of those children, 985 were of transition age, between two years, three months, and three years of age. Of those children of transition age, only 806 exited within 90 days of their third birthday. Of those children of transition age, only 755 had an IFSP more than 90 days before their third birthday and were required to have a transition conference before their third birthday.

The LA issues findings of non-compliance to SPAs that do not meet 100 percent compliance for SEA and LEA notifications. The LA reviews corrective action plans and supports the effective and timely correction of non-compliance. All instances of child-specific non-compliance have been tracked by LA staff to ensure correction and that, although late, the individual child's transition meeting occurred, or is no longer in Part C consistent with the OSEP 09-02 memo on timely corrections. For all SPAs, the LA offers TA and tracking tools to service-providing agencies with improvement on transition activities. Additionally, the LA supports SPAs in developing their own training plans to support their providers.

Although the State did not meet the 100 percent compliance requirement, FFY 2020 data represents an improvement over last year's results. When non-compliant, DDD has been cited separately from the TBEIS contractor. There were no instances of ASDB contributing to non-compliance. As part of the TBEIS contracts, performance-based metrics were embedded to enhance clarity and improve the ability to hold local SPAs accountable through contract action moving forward. The LA is currently updating a formal agreement with DDD to embed performance-based metrics on transition compliance, similar to the TBEIS contracts, for clarity and improved accountability.

This year is notable because more SPAs than last year maintained or had a higher level of compliance, 90 percent or greater including more than double the number of programs that were at 100 percent compliance. The list below accounts for the performance of the 33 TBEIS Contractors and five DDD

<table>
<thead>
<tr>
<th>Data</th>
<th>77.52%</th>
<th>88.81%</th>
<th>90.24%</th>
<th>93.23%</th>
<th>90.77%</th>
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**Targets**

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<th></th>
<th>FFY 2020</th>
<th>FFY 2021</th>
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<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**FFY 2020 SPP/APR Data**

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

YES

<table>
<thead>
<tr>
<th>Number of toddlers with disabilities exiting Part C who 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</th>
<th>Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B</th>
<th>FFY 2019 Data</th>
<th>FFY 2020 Target</th>
<th>FFY 2020 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>615</td>
<td>755</td>
<td>90.77%</td>
<td>100%</td>
<td>95.32%</td>
<td>Did not meet target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>
The LA and Part B 619 program provided joint TA to SPAs and LEAs to increase participation in transition conferences. While programs were already including LEAs most of the time, occasional scheduling difficulties presented a problem for some service coordinators. While the overall statewide performance improved compliance, some local SPAs faced initial challenges with improving the timing of their conference invitations to allow participation of all the family’s requested participants including the LEA.

The ICC Transition committee supports the LA by researching and exploring additional improvement strategies to identify potential TA to SPA leaders on improving the quality of early childhood transitions and transition from Part C to Part B. The combination of support from the ICC Transition committee and TA from the LA to the SPAs, including TBEIS contractors and DDD, will provide a firm foundation for a positive impact on the State achieving its target in the future.

Stakeholders reported the COVID-19 pandemic impacted the transition conference for FFY 2020. The transition to alternative methods supported more parent and family involvement in transition conferences. Providers were able to coordinate transition conferences more quickly without the logistics of travel from various locations. Providers report it was easier to collaborate with local education agencies to find transition conference times at convenient times for families.

In September 2020, the LA launched on-demand reports available to SPAs. This is an improvement over the previous weekly subscription services used to monitor data at the child level with two different reports. SPAs have used this tool to continue improvements with the transition conference requirements.

### Correction of Findings of Noncompliance Identified in FFY 2019

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>12</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

### FFY 2019 Findings of Noncompliance Verified as Corrected

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

Based on findings of non-compliance, SPAs were placed on a corrective action plan. SPA leaders were required to submit root cause analysis and plans for addressing the causes of their non-compliance. The LA provided TA and webinars on federal requirements for this indicator attended by all early intervention staff in an area with non-compliance. The LA requested periodic updates from SPAs on their progress with the corrective action plans. SPA leaders were required to conduct file reviews on currently open cases and submit the records, including service coordinator progress notes, PEA and SEA referral documentation, faxes, and e-mails. LA staff reviewed current data and information from the file reviews to verify the SPAs were implementing regulatory requirements at 100 percent consistent with the OSEP 09-02 memo. Depending on the level and extent of the non-compliance, five to fifteen percent of a SPA's current caseload was reviewed by LA staff to verify the program was correctly implementing regulatory requirements.

Sixteen findings of non-compliance were issued in FFY 2019. The LA verified all 16 SPAs with findings of non-compliance had demonstrated correction of all instances of child-specific non-compliance and they were implementing the regulatory requirements at 100 percent upon reviewing subsequent data. Most programs were able to demonstrate timely correction of the non-compliance within one year while four programs subsequently demonstrated non-compliance.

While most SPAs reported no impact of the COVID-19 pandemic on correcting their non-compliance, a few programs reported they were impacted by having a significant number of staff out for COVID and COVID-like illnesses off and on throughout the year. This impacted programs being able to train staff on their corrective action plan in order to timely correct their non-compliance. Some SPAs were not able to train all staff at one time as they had in the past and had to hold multiple sessions as staff returned to work.

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

SPAs were required to submit data to verify the 74 individual cases of non-compliance had been corrected. LA staff reviewed data submitted by SPAs in the statewide database and information from child records, including service coordinator progress notes, IFSP, and transition conference documentation. Of the 74 individual cases, transition conferences eventually occurred, although late, for 69 children, and five children were exited from Part C before a transition conference occurred.

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

SPAs were required to submit data to verify the 74 individual cases of non-compliance had been corrected. LA staff reviewed data submitted by SPAs in the statewide database and information from child records, including service coordinator progress notes, IFSP, and transition conference documentation. Of the 74 individual cases, transition conferences eventually occurred, although late, for 69 children, and five children were exited from Part C before a transition conference occurred.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

41
8C - Prior FFY Required Actions

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

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

Response to actions required in FFY 2019 SPP/APR

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.

Indicator Nine is not applicable. The LA has adopted Part C due process procedures.

**9 - Prior FFY Required Actions**

None

**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 targets and report them in the corresponding SPP/APR.
The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).
If the data reported in this indicator are not the same as the State’s 618 data, explain.
States are not required to report data at the EIS program level.

**10 - Indicator Data**

**Select yes to use target ranges**
Target Range not used

**Select yes if the data reported in this indicator are not the same as the State’s data reported under section 618 of the IDEA.**
NO

**Prepopulated Data**

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<th>Description</th>
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<td>11/03/2021</td>
<td>2.1.a.i Mediations agreements related to due process complaints</td>
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<td>SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests</td>
<td>11/03/2021</td>
<td>2.1.b.i Mediations agreements not related to due process complaints</td>
<td>0</td>
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</table>

**Targets: Description of Stakeholder Input**
The FFY 2020 SPP/APR was developed with extensive stakeholder engagement throughout the year. The information was gathered through workgroups, Inter-agency meetings, and ICC meetings. LA staff also facilitated an annual stakeholder meeting on November 29, 2021, where targets, data, and root causes for slippage or progress were discussed. Stakeholders provided virtual or telephonic feedback on targets and data. For the FFY 2020 submission, a majority of the recommendations were to adjust the trajectory of the targets for several indicators.

In advance of the annual stakeholders meeting, the LA made extensive efforts to encourage family participation through coordination with Raising Special Kids, Arizona’s IDEA Part D Parent Training and Information Center, LA staff, and providers reaching out to families directly. Additionally, where families opted-in for LA updates, mass electronic mail invitations were sent.

This year's annual stakeholders meeting included individuals representing very diverse early childhood perspectives. At this year's meeting, the 63 participants included:
- Current and former parents, foster parents, and family members of children that received early intervention services;
- ICC members appointed by the Governor as well as committee members appointed by the ICC Chairperson;
- Early intervention statewide leaders;
- Service coordinators;
- Therapists;
- Staff from the ADES/DDD, and ASDB;
- Arizona Commission for the Deaf and Hard of Hearing;
- Other state agency partners including the ADHS;
- Representation from the State Education Agency (SEA), ADE;
- Higher education personnel preparation representatives;
- Early childhood partners including Head Start/Early Head Start; and
- State legislator from the Arizona House of Representatives.

Participants in the annual Stakeholders meeting included metropolitan, urban, suburban, rural, and tribal communities located throughout the state representing the central, northern, eastern, and western geographical areas. Statewide leaders from service-providing agencies included various roles such as executive leadership, local management, administration, supervisors, team leads, and service coordinators.

The LA receives extensive support from national TA centers including the Early Childhood Technical Assistance (ECTA) Center, the Center for IDEA Early Childhood Data Systems (DaSy Center), and the Center for Appropriate Dispute Resolution in Special Education. LA staff have regular calls and
appointments with TA providers to discuss strategies regarding analysis of each indicator and potential improvement strategies. LA staff continue to implement guidance previously provided by the DaSy Center around data linking with Arizona’s IDEA, Part B SEA at the ADE. As a result of receiving TA support, the LA implemented internal improvement strategies as well as provided additional quality TA to local SPAs for continuous improvement.

As a result of the on-site visit from OSEP in the Spring of 2019, the relationship between Part C and Part B staff was strengthened and continues to do so into this reporting period. The joint TA from the DaSy Center on linking transition data provided to the LA and Part B 619 Coordinator was expanded to include the Part B State Director and Data Manager. The LA and SEA have begun phase one of the foundation of technological improvements to link transition data strengthening each program’s ability to effectively monitor and make substantial and meaningful long-term improvements.

States are not required to establish baseline or targets if the number of mediations is less than 10. This indicator does not apply.

**Historical Data**

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<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Data</th>
</tr>
</thead>
<tbody>
<tr>
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**Targets**

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**FFY 2020 SPP/APR Data**

<table>
<thead>
<tr>
<th>2.1.a.i Mediation agreements related to due process complaints</th>
<th>2.1.b.i Mediation agreements not related to due process complaints</th>
<th>2.1 Number of mediations held</th>
<th>FFY 2019 Data</th>
<th>FFY 2020 Target</th>
<th>FFY 2020 Data</th>
<th>Status</th>
<th>Slippage</th>
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<td>N/A</td>
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</table>

Provide additional information about this indicator (optional)

Not applicable

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

Targets: In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State’s FFY 2025 target must demonstrate improvement over the State’s baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State’s last SSIP submission (i.e., April 1, 2021). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).
The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

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

The statewide State-identified Measurable Result (SiMR) is that children in the Arizona Department of Economic Security (ADES)/Arizona Early Intervention Program (AzEIP) who entered the program below age expectations, will have substantially increased their rate of growth in positive social-emotional skills (including social relationships) by the time they exit the program. (Outcome A, Summary Statement 1)

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.


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

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>72.01%</td>
</tr>
</tbody>
</table>

Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target&gt;=</td>
<td>66.70%</td>
<td>66.70%</td>
<td>66.70%</td>
<td>66.70%</td>
<td>72.74%</td>
<td>72.74%</td>
</tr>
</tbody>
</table>

FFY 2020 SPP/APR Data

<table>
<thead>
<tr>
<th>FFY 2019 Data</th>
<th>FFY 2020 Target</th>
<th>FFY 2020 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>65.74%</td>
<td>66.70%</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Provide the data source for the FFY 2020 data.

The LA uses the ECO COS process to gather data for this outcome. The COS Tool has been adapted for the LA and has been incorporated into the IFSP process.

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

Data regarding child outcomes are, at a minimum, gathered at the initial IFSP and at the exit from the AzEIP Program by the IFSP team. The IFSP team reviews relevant information and assesses the child’s functioning in relation to same-age peers during the initial IFSP and records the information on the COS page within the IFSP. The team utilizes a decision tree and multiple sources of information to determine the rating. After the rating is completed, the service coordinator enters the initial ratings in the data system. During the annual review or periodic reviews, as appropriate, teams may update the
child’s COS rating on the IFSP. The service coordinator enters the final COS rating upon exit into the data system. The data system generates an on-demand COS report which SPA leaders use to verify data accuracy, completeness, and review for program improvement. The LA analyzes this data as a part of measuring progress toward the SiMR.

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

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

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

Section B: Implementation, Analysis and Evaluation
Is the State’s evaluation plan new or revised since the previous submission? (yes/no)
YES

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

LA staff completed a System Framework Self-Assessment in February of 2021 to guide LA staff and stakeholders in identifying areas of strength and areas of improvement for the next SPP/APR cycle. LA staff completed the Accountability, Data Governance, Personnel and Finance components in alignment with the Theory of Action and three strands, Accountability, Practices and Fiscal. In each of the strands, there are updates to the evaluation plan to ensure the reflection of growth and intent for continued improvement of the infrastructure and practices leading to improved outcomes for children and their families.

Accountability:
Data and feedback collected during the System Framework Self-Assessment discussions included priorities to continue to build on the accountability plans and using data to inform infrastructure improvements. Several stakeholders identified the need for consistency across service-providing agencies regarding the implementation and use of data, TA, and continued improvement strategies. LA staff included updates to the evaluation plan regarding improvement strategies addressing the data system interface with COS data and consistent rating practices. These additions to the evaluation plan will ensure continued growth and consistent reliable COS data to measure the impact of improvement strategies on the SiMR.

Practices:
There are no changes to the evaluation plan regarding the practice strand. As a result of the COVID-19 pandemic, staff turnover and shifting priorities to the pandemic response, LA staff have continued to focus on ensuring consistent service provision during this unprecedented time. While there are no changes to the evaluation plan, significant activities and improvements have continued despite the additional strains on LA staff, providers, families and stakeholders. LA staff continued to engage with the Early Childhood Personnel Center (ECPC) as an intensive TA state and worked diligently on implementing action plans to ensure an improved CSPD infrastructure is in place as LA staff resume activities related to evidence based practices and measuring fidelity to practices.

Fiscal:
There are no significant changes to the evaluation plan regarding the fiscal strand. LA staff in the past year have continued to improve fiscal monitoring practices and data system enhancements so that AzEIP can continue fiscal sustainability and work toward investing more funds in high quality EIPs and activities.

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

Accountability:
Develop an integrated comprehensive monitoring plan:

As a result of stakeholder feedback and data collected during the System Framework Self-Assessment, LA staff began implementation on this improvement strategy to ensure that monitoring includes additional quality measures and an increased focus on integration between the fiscal, accountability, data, and practices functions. The improvement strategy includes a draft internal manual which was completed at the end of 2021. LA staff will begin adding the improved practices during the monitoring period from April-June 2022 and include several TA opportunities for providers to ensure continued feedback and successful implementation. In addition to the TA provided to all providers, LA staff began the improved SPA meeting format in which there will be more consistent review of compliance, results and quality data at each meeting.

Enhance capacity of SPA leaders to use data informed practices:
LA staff continued this strategy as a result of stakeholder feedback and continued success of improvements in this area from the last SSIP reporting period. Over the course of the last year, LA staff launched a new feature in the data system to improve access to data. Beginning in September 2020, users had access to run an on demand child contract report which includes compliance and demographic data for children on their caseload. Since the feature was initially added, seven additional on demand reports are now available for users in the system. In addition to the reports, LA staff provided universal TA through monthly data manager meetings and targeted TA to individuals to ensure they understood the uses and benefits of the additional reports.

Improve data collection procedures and analysis to improve COS data:
As discussed above, this strategy was a minor change from the previous evaluation plan. LA staff and stakeholders recognized that while there has been consistency in regards to data completeness for COS data, consistency in data collection and potential anomalies continues to be an area of improvement. As previously reported, LA staff updated the COS form and training for data collection process in 2018 and launched statewide in 2019. The data system updates to reflect the change was delayed to allow for implementation adjustments and data system backlogs. In 2020, the LA staff completed a pilot project for on demand COS reporting and launched statewide in 2021. There are still necessary improvements planned for the user interface and necessary system updates that are estimated to go live in March 2022. LA staff plan to provide universal and targeted TA throughout 2022.
to ensure improved consistency of data collection and understanding of COS analysis amongst SPA leaders.

Practices:
Increase professional development opportunities regarding selected evidence based practices to increase high quality services:
LA staff began working with the Office of Procurement (OP) and local universities to explore options for designing professional development curriculum for all those providing early intervention services. As a result of COVID-19 limitations, in person training was discontinued. There is a significant need to develop a curriculum suited both for synchronous and asynchronous learning more suited to a virtual platform. An initial framework for the professional development needs has been designed. LA staff will select and support the development of training in 2022 with the intentional release of training in 2023. While the development is occurring, LA staff will continue to support SPAs with their current PD requirements and partner with other agencies for PD opportunities.

Develop Fidelity Measures for evidence based practice:
LA staff will partner with SPA leaders, stakeholders, CSPD subcomponent groups and PD developers to develop the appropriate fidelity measure for evidence based practices.

Fiscal:
Increase AzEIP fiscal sustainability through increasing use of multiple funding sources:
LA staff will continue to focus on decreasing the use of Part C funds through utilization of other fund sources such as private and public insurance. The focus for the last year has been on improving data collection and data infrastructure to best identify additional opportunities for system improvement. LA staff have started using additional reports to work with health plans and SPA leaders to ensure the maximization of use of all funding sources.

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.

As described above, each of the improvement strategies are in the beginning phases of data collection and determining baselines. LA staff will report fully on baselines and achievement of short and intermediate outcomes during year's submission.

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.

Accountability:
Develop an integrated comprehensive monitoring plan:
LA staff will begin adding the improved monitoring and quality practices assessments to the monitoring period from April-June 2022 and include several TA opportunities for providers to ensure continued feedback and successful implementation. Additionally, LA staff plan to continue to review and reflect on any necessary improvements with SPA leaders and the ICC.

Enhance capacity of SPA leaders to use data informed practices:
LA staff will continue to provide TA regarding the new reports that are released. Over the next year, the COS report will be enhanced and additional compliance report features will be added to the on demand reporting to ensure SPA leaders have data to inform improved practices.

Improve data collection procedures and analysis to improve COS data:
Data system improvements for the COS page are estimated to go live in March 2022. LA staff plan to provide universal and targeted TA throughout 2022 to ensure improved consistency of data collection and understanding of COS analysis amongst SPA leaders. LA staff will also connect with stakeholders to determine an appropriate regular measurement cadence of the COS Team Checklist (COS-TC) survey for baseline data on improved COS data collection procedures.

Practices:
Increase professional development opportunities regarding selected evidence based practices to increase high quality services:
LA staff began working with the Office of Procurement (OP) and local universities to explore options for designing professional development curriculum for all those providing early intervention services. As a result of COVID-19 limitations, in person training was discontinued. There is a significant need to design a curriculum suited both for synchronous and asynchronous learning more suited to a virtual platform. An initial framework for the professional development needs has been designed. LA staff will select and support the development of training in 2022 with the intentional release of training in 2023. While the development is occurring, LA staff will continue to support SPAs with their current PD requirements and partner with other agencies for PD opportunities.

Develop Fidelity Measures for evidence based practice:
LA staff will partner with SPA leaders, stakeholders, CSPD subcomponent groups and PD developers to develop the appropriate fidelity measure for evidence based practices.

Fiscal:
Increase AzEIP fiscal sustainability through increasing use of multiple funding sources:
LA staff will continue to focus on decreasing the use of Part C funds through utilization of other fund sources such as private and public insurance. LA staff have started using additional reports to work with health plans and SPA leaders to ensure the maximization of use of all funding sources.

List the selected evidence-based practices implemented in the reporting period:
Arizona continues to use the Primary Service Provider Approach known as Team Based Early Intervention Services (TBEIS). LA staff and stakeholders identified key practices within the overall model to focus on the improvement of the SiMR as listed below:

Resource-based Practices
Natural Learning Environment (NLE) Practices
While there are a multitude of other practices, these are key components to both enhancing the current parent interaction and increasing access to resources and supports.

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

**Resource-Based Practices:**
Resource-based practices include three key components, capacity building, relational help-giving and participatory help-giving. These key components are intended to ensure that parents and caregivers build skills to assess needs, build capacity to find resources to meet those needs, and foundationally empower caregivers to develop their own plans, identify strategies and needs for assistance to meet goals.

**NLE Practices:**
NLE practices also have three major components to successful implementation; child interest, natural activity settings and parent responsiveness. These key components ensure that providers support caregivers to identify motivating factors for children to learn, build upon what families naturally are doing and focus on the parent responsiveness and strategies to various activities initiated rather than on what a provider or professional thinks should be done.

**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.**

Both Resource-based and NLE practices focus on enhancing the relationship between the caregiver and child, ultimately leading to an improvement in positive social relationships, the SiMR. Each of the practices focuses on a key component to caregiver capacity, confidence and a providers focus on building that relationship.

**Describe the data collected to monitor fidelity of implementation and to assess practice change.**
LA staff and stakeholders will develop a fidelity assessment, begin collecting data and report on baseline data and data collection procedures in the next SSIP submission.

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

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

Both of the key evidence-based practices as well as other key practices for the implementation of TBEIS will be the focus of PD development in alignment with virtual learning for EI providers. In addition to the PD, LA staff will have targeted TA sessions to refresh all providers on the use of these practices and discuss the rollout of the fidelity measures.

**Describe any changes to the activities, strategies, or timelines described in the previous submission and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.**
N/A

**Section C: Stakeholder Engagement**

**Description of Stakeholder Input**
The FFY 2020 SPP/APR was developed with extensive stakeholder engagement throughout the year. The information was gathered through workgroups, Inter-agency meetings, and ICC meetings. LA staff also facilitated an annual stakeholder meeting on November 29, 2021, where targets, data, and root causes for slippage or progress were discussed. Stakeholders provided virtual or telephonic feedback on targets and data. For the FFY 2020 submission, a majority of the recommendations were to adjust the trajectory of the targets for several indicators.

In advance of the annual stakeholders meeting, the LA made extensive efforts to encourage family participation through coordination with Raising Special Kids, Arizona’s IDEA Part D Parent Training and Information Center, LA staff, and providers reaching out to families directly. Additionally, where families opted-in for LA updates, mass electronic mail invitations were sent.

This year's annual stakeholders meeting included individuals representing very diverse early childhood perspectives. At this year's meeting, the 63 participants included:

- Current and former parents, foster parents, and family members of children that received early intervention services;
- ICC members appointed by the Governor as well as committee members appointed by the ICC Chairperson;
- Early intervention statewide leaders;
- Service coordinators;
- Therapists;
- Staff from the ADES/DDD, and ASDB;
- Arizona Commission for the Deaf and Hard of Hearing;
- Other state agency partners including the ADHS;
- Representation from the State Education Agency (SEA), ADE;
- Higher education personnel preparation representatives;
- Early childhood partners including Head Start/Early Head Start; and
- State legislator from the Arizona House of Representatives.
Participants in the annual Stakeholders meeting included metropolitan, urban, suburban, rural, and tribal communities located throughout the state representing the central, northern, eastern, and western geographical areas. Statewide leaders from service-providing agencies included various roles such as executive leadership, local management, administration, supervisors, team leads, and service coordinators.

The LA receives extensive support from national TA centers including the Early Childhood Technical Assistance (ECTA) Center, the Center for IDEA Early Childhood Data Systems (DaSy Center), and the Center for Appropriate Dispute Resolution in Special Education. LA staff have regular calls and appointments with TA providers to discuss strategies regarding analysis of each indicator and potential improvement strategies. LA staff continue to implement guidance previously provided by the DaSy Center around data linking with Arizona’s IDEA, Part B SEA at the ADE. As a result of receiving TA support, the LA implemented internal improvement strategies as well as provided additional quality TA to local SPAs for continuous improvement.

As a result of the on-site visit from OSEP in the Spring of 2019, the relationship between Part C and Part B staff was strengthened and continues to do so into this reporting period. The joint TA from the DaSy Center on linking transition data provided to the LA and Part B 619 Coordinator was expanded to include the Part B State Director and Data Manager. The LA and SEA have begun phase one of the foundation of technological improvements to link transition data strengthening each program’s ability to effectively monitor and make substantial and meaningful long-term improvements.

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

Stakeholder groups were engaged to complete the System Framework Self-Assessments to identify strengths, gaps and prioritize improvement strategies for the SSIP. Additionally, LA staff have continued to engage with ECPC as an intensive TA state. Over the last year of implementation, the CSPD workgroups completed two self-assessments, developed annual action plans, and held a strategic planning meeting on January 14, 2022 to identify continued system priorities. The CSPD workgroups are comprised of family members, AzEIP staff, SPA providers, ADE 619 staff, representatives from IHEs, Head Start, First Things First, and the Arizona Association for the Education of Young Children. The CSPD groups provide critical feedback regarding the CSPD system as a whole in addition to specific feedback regarding improvement priorities.

In addition to feedback in more formal settings, LA staff also continue to seek feedback in regular meetings with SPA leaders, contractors, state agency partners and other specific groups to ensure broad based feedback and communication statewide.

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

NO

Additional Implementation Activities

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

N/A

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

Please refer to the evaluation plan: https://des.az.gov/services/disabilities/developmental-infant/azeip-publications-and-reports

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

N/A

Provide additional information about this indicator (optional).

N/A

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
Designated 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:
Alicia Amundson

Title:
Part C Coordinator

Email:
Aamundson@azdes.gov

Phone:
6025329960

Submitted on:
02/01/22 10:00:43 PM