

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

**For reporting on
FFY 2022**

Arizona



**PART C DUE
February 1, 2024**

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

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

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) 2022, communication, coordination, and collaboration continued to be a significant focus between the LA and professionals from Team-Based Early Intervention Services (TBEIS) contractors, the ADES 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 2022 SPP/APR is the third submission of the current SPP/APR cycle. This cycle includes the Federal Indicator 11: State Systemic Improvement Plan. The LA will report FFY 2022 data on the activities completed towards meeting the State-identified Measurable Result (SiMR). Additionally, the LA will provide comprehensive details on the implementation of the State Systemic Improvement Plan (SSIP) and Evaluation Plan.

The reported data in the FFY 2022 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, 2022 to June 30, 2023. Each EIP is composed of three SPAs: one Team-Based Early Intervention Contractor, DDD staff, and ASDB staff.

The LA sectioned the State into 23 geographical service areas based on Arizona's diverse population, which includes 22 Tribal communities. There are up to two TBEIS contractors per 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 Inter-agency Governmental Agreement (IGA) with the Navajo Nation for a total of 33 SPAs across the State during FFY 2022. In March of 2023, one TBEIS contractor in northern Arizona sold their agency to another company who had been providing TBEIS services in Maricopa county, the state's largest county. However, this change did not result in any changes to the number of TBEIS contractors, only who provides the services.

FFY 2022 marks the fourth year in the current contract period for 32 of the 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 as the primary SPAs by providing a clear framework of actions addressing noncompliance issues in their programs.

By using a Primary Service Provider (PSP) approach to early intervention, the LA ensures all eligible children and families are provided a core team of professionals including developmental special instructionists, physical therapists, occupational therapists, speech and language pathologists, social workers, psychologists, and service coordinators. The core team uses 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 and participating in everyday routines and activities.

The State of Arizona 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 and monitoring system. AMS enabled 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 impacted services provided during FFY 2022 in that it has become an endemic infection that citizens of the State and country have learned to incorporate precautions as they see appropriate for themselves and their families. The United States had been in a state of continuous national emergency from March 1, 2020 through May 11, 2023. Arizona's Governor declared the Public Health State of Emergency on March 11, 2020 and rescinded the executive orders around the Public Health State of Emergency effective July 1, 2021. Additionally, tribal leaders issued emergency declarations impacting tribal lands throughout the State during the Public Health State of Emergency. Some tribal lands had travel restrictions including the Navajo Nation, the largest area of tribal lands in the State. Eventually the travel restrictions were updated to limited numbers in a group gathering under an initiative called Safer at Home. Currently there are no restrictions on the Navajo Nation although there are some tribal lands within the State that still expect visitors to wear masks.

Shortly after the executive orders began, 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 have continued to increase the amount of in-person services. While most services are provided in-person, alternative service deliveries may be provided when a family requests such and the rest of the Individual Family Service Plan (IFSP) Team agrees it is appropriate.

Stakeholders have occasionally reported a misunderstanding that Part C services are not provided in person. The LA reviews data on services delivered in-person and through alternative means and regularly discusses and provides TA to SPAs around each agency's services and changes since the start

of the Pandemic. While the majority of programs seem to provide a majority of services in-person, some SPAs experiencing personnel shortages in some of the geographical service regions are managing personnel shortages by providing more alternative service deliveries. However, this is not the case across the State nor with all SPAs. Additionally, the LA's Statewide Community Relations Liaison (SCRL) has been networking with stakeholders throughout the state to provide correct information and data around in-person services to counter the broader misinformation that in-person services are not provided.

As part of the Pandemic recovery, the LA received American Rescue Plan Act (ARPA) funding. During FFY 2022, the LA planned and worked on creating two new reports including one for tracking families' insurance consent decisions, insurance waivers, and caseload assignments for providers. Additionally, the LA worked on improving security of the State's primary data system paired with plans to increase personnel data in order to better assess personnel needs. The LA is working on adding additional features to the statewide database to collect child, fiscal, and personnel documents using Hyland OnBase Software connected through an application programming interface with the current data system. The completion of these data projects is ongoing and expected to be completed during FFY 2023.

This hybrid approach impacted SPA Program leadership in several different ways. Leadership found themselves focusing attention on aiding 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.

SPA leadership continued recruitment and retention efforts, and identified that having a lower reimbursement rate, according to the national average, made it challenging to recruit and retain providers. The LA contracted with Guidehouse, Inc. to conduct a rate rebase study that was released in January of 2021. Since the release of the Rate Rebase Study, LA leadership have worked with the provider community and the Governor's Office to find a solution to increase provider rates, while at the same time, increasing the quality of services for the children and families receiving Early Intervention Services. One-time federal funds from the ARPA provided the needed resources on a temporary basis, while a permanent solution was developed. Beginning October 1, 2021, the temporary funds from ARPA increased rates to the 75th percentile of the rebase study benchmark rates for one year. The State Legislature and the Governor provided additional funding to make permanent rate increases the following year and then again provided additional funding to allow the LA to pay at 100 percent of the 2021 benchmark rates. The LA and SPA leadership are assessing the impact of the provider rate increases on recruitment and retention as well as quality of early intervention services. Throughout 2023, the LA provided additional TA and data to SPAs on the increase of in-person services and assisted them to navigate the collection and reporting of data, as well as the logistics of delivering in-person, alternative services, and hybrid service delivery methods.

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 continued to increase over the two years of the COVID-19 Pandemic, the number of referrals has not yet reached the pre-pandemic all-time peak of referrals seen in 2019. The referral numbers have not returned to pre-pandemic levels but were a little higher than in 2017. SPA leaders and providers worked closely with stakeholders and service providers to ensure appropriate implementation of virtual screening, evaluation, and service delivery before and after the Governor's Executive Order permitting the expansion of tele-intervention regulations within the State, which were later made permanent by the legislature, as well as expanding in-person visits with appropriate safety protocols required for staff and families. As the number of in-person visits has increased, referrals have also.

While the COVID-19 Pandemic impacted the State's Part C system in the first few years, managing the direct impacts and fluctuations it caused by monitoring data for changes in service delivery and personnel have become normalized within the LA and SPAs. The primary impacts seem to be impacting the general social-emotional health and development of the population at large within the State and the needs of children and families as they enter the Part C system.

General Supervision System

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

The LA ensures the requirements of General Supervision responsibilities are met. The LA monitors implementation of the statewide early intervention system. Secondly, the LA makes annual determinations of each SPA using the four categories designated by the United States Department of Education, Office of Special Education Programs (OSEP): meets requirements, needs assistance, needs intervention, and needs substantial intervention, by collecting and analyzing data about each SPA's performance and evaluating whether they are meeting implementation requirements of IDEA, Part C. The determinations of all local programs are made available through public posting on the AZEIP website. Additionally, the LA enforces the requirements of IDEA, Part C using appropriate, required enforcement mechanisms, as described in Chapter Two, General Supervision of AZEIP's Policies and Procedures manuals located at <<https://des.az.gov/services/disabilities/early-intervention/azeip-policies-and-procedures>>.

The LA executes integrated monitoring activities to ensure the regulations set forth in Part C are being effectively implemented statewide. The monitoring activities focus on improving 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; Intra-Agency Agreements; Memorandums of Understanding; Comprehensive System of Personnel Development (CSPD); data processes and results; integrated monitoring activities; contract and subrecipient monitoring; dispute resolution; TA System that includes regular meetings with each SPA, monthly data programmatic and fiscal meetings; and fiscal monitoring. The LA has been completing an annual review of its dispute resolution procedures to ensure it continues to align with IDEA Part C requirements and the most recent guidance provided by TA from OSEP, Differentiated Monitoring 2.0 Protocols, The Center for Appropriate Dispute Resolution in Special Education (CADRE) Part C Dispute Resolution Learning Community calls national symposium.

With the website redesign, the LA created a section for families to share their experiences through different means including creating an electronic form for families to exercise their rights for dispute resolution options including filing a written complaint, requesting mediation, and requesting hearings. The LA is also working with the ADES Office of the Inspector General to ensure ADES Hearing Officers are current on IDEA Part C case law and dispute resolution requirements. Dispute resolution procedures are targeted by the LA for routine assessment and improvement of internal processes to ensure continuous quality improvement.

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

The LA's integrated monitoring activities are multi-faceted, seeking to improve both compliance and program performance; and is coordinated with other systems, including CSPD and TA. The integrated monitoring activities are inclusive of the following data sources: Self-report activities, when applicable; electronic data; outcomes data; and dispute resolution data. 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 identifying and correcting noncompliance, improving performance, selecting programs for on-site monitoring visits, making local program determinations, identifying TA and training priorities, completing the SPP/APR and identifying and highlighting program strengths and innovative practices.

The LA reviews and verifies each SPA's data annually. This verification process includes: 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.

SPAs participate in self-reporting, at a minimum, once in a three-year cycle. The frequency of the self-reporting cycle can be increased if the LA deems 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 noncompliance, including an individualized corrective action plan. 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 noncompliance, past correction of noncompliance or continuing noncompliance, 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.

LA staff utilize the Local Contributing Factor tool and meaningful improvement strategies with SPAs to correct noncompliance and ensure improved outcomes for infants and toddlers and their families. The LA notifies the SPA of a finding of noncompliance outside of the normal monitoring cycle if the noncompliance 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 noncompliance.

Corrective action must include benchmarks, implementation activities, and timelines to address all local contributing factors to ensure timely and effective correction of the noncompliance. LA staff partners closely with the SPA to ensure the actions determined will have a meaningful impact and are sustainable. As outlined in the OSEP QA 23-01 memo (superseding the 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 noncompliance. This is to verify the correction and implementation of the regulatory requirement is effective in resolving the noncompliance. Further, the LA ensures that noncompliance is corrected as soon as possible, and no later than one year from the identification of the noncompliance, 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 (FY), including the most recent data from the SPP/APR, correction of noncompliance, 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 also distributes local performance data to the Interagency Coordinating Council (ICC) and other stakeholder groups.

Technical Assistance System:

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

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. The LA reviews previously collected TA Needs Assessment related to identified 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 outreach to 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 participating 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 identifying 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 CSPD that includes components of in-service, pre-service, recruitment and retention, personnel standards, leadership, and evaluation. The CSPD infrastructure is based on the framework developed by the Early Childhood Personnel Center (ECPC). Arizona

participated as an intensive TA state with ECPC to continue to improve the quality of professional development activities offered by the CSPD and will continue to receive support in a more limited capacity since ECPC was granted their no-cost extension. The focus of the CSPD activities is to improve outcomes for infants and toddlers and families served by AzEIP and other early childhood agencies. Over the last year, LA staff have improved collaboration 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. As a result of the work of the CSPD Pre-service workgroup, a community of practice for faculty from Institutes of Higher Education (IHE) has been created, which has implemented a series of Extension for Community Healthcare Outcomes (ECHO) trainings to increase awareness of early intervention in curriculum as well as to communicate opportunities to work in early intervention to students. The ECHO is in its second series, teaching faculty the professional standards that students need to know to work in the field. The Pre-service workgroup has also created a system to share resources with IHE faculty and Early Intervention/Early Childhood Special Education (EI/ECSE) practitioners. Products have been created to assist with recruitment and retention of highly qualified staff as a result of the Early Childhood Educator Recruitment and Retention Survey, which was created and disseminated by the Recruitment and Retention workgroup. The Personnel Standards workgroup has been working on standardizing and aligning job descriptions to the professional standards for EI/ECSE practitioners. The Evaluation workgroup has created a comprehensive plan for measuring the efficacy of CSPD and its effects on child and family outcomes and has begun to gather data for analysis. The State's CSPD System now has a webpage to share workgroup products with the public.

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. The LA has partnered with the Arizona Department of Education (ADE) Early Childhood Special Education (ECSE) unit to plan and implement the EI/ECSE Summit, which is a two-day virtual summit featuring professional development geared toward practitioners providing services to children ages birth to five and their families, as well as students in the field and family members of children with disabilities. 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.

Stakeholder Engagement:

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

The FFY 2022 SPP/APR including the development and implementation of Indicator 11, the SSIP was developed with extensive stakeholder engagement throughout the year. The information was gathered through workgroups, inter-agency meetings, routine and ad hoc meetings with SPAs, and ICC meetings.

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), Center for IDEA Fiscal Reporting (CIFR) and the CADRE. 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 for evaluation of transition activities with Arizona's IDEA, Part B State Education Agency (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.

The relationship between Part C and Part B staff continues to be a strength for transition improvement activities. 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.

The ICC tasked both the Fiscal and Family Engagement Committees with reviewing the "A Family's Guide to Funding EIS in Arizona" brochure to provide feedback to the LA for updates to make critical information about the system of payments easier for families to understand. The updated funding brochure was published in August of 2022. The Family Engagement Committee also started its first line review of the Child and Family Rights booklet to provide suggestions in making the booklet easier for families to understand their rights in plain language. Modifications are anticipated to be completed by the next submission of the SPP/APR.

LA staff also facilitated an annual stakeholder meeting on November 28, 2023, 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 2022 submission, a majority of the recommendations were to keep the trajectory of the targets the same but to continue to monitor the data to make potential adjustments in the future.

This year's annual stakeholders meeting included individuals representing very diverse early childhood perspectives. At this year's meeting, the 29 participants included:

- Current and former parents, foster parents, and family members of children that received EIS;
- 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;
- Other State agency partners including the ADHS, Arizona Health Care Cost Containment System (AHCCCS) (the State's Medicaid agency), Medicaid health plans;
- Representation from the SEA, ADE; and
- Community leaders from other early childhood programs.

Participants in the annual stakeholders target review meeting included metropolitan, urban, suburban, rural, and Tribal communities located throughout the State representing the central, northern, southern, eastern, and western geographical areas as well as tribal lands. Statewide leaders from service-providing agencies included various roles such as executive leadership, local management, administration, supervisors, team leads, and service coordinators. During the annual stakeholder target review meeting, information from other stakeholders obtained through workgroups, inter-agency meetings, information from SPAs, ICC members, referral sources, and other community partners was shared to gather additional information included in this report.

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

YES

Number of Parent Members:

6

Parent Members Engagement:

5

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, monthly meetings with Arizona's Parent Training and Information Center under IDEA Part D known as Raising Special Kids (RSK), and discussions of findings and survey input during the Stakeholders meetings. Staff from the LA intentionally recruit for parent representation on each of the ICC's committees and encourage families and advocates for families to participate in public meetings and provide feedback. Families are given opportunities to sign up for the monthly newsletter distributed by the LA that advertises specific events such as the annual stakeholder's meeting and public comment periods. 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.

In order to promote response from a broad cross section of families that received Part C service, the LA also launched a redesigned website with feedback from the Family Engagement Committee and RSKs, Arizona's Parent Training and Information Center. The redesign is intended to have a targeted focus on information desired and prioritized by families as well as dedicated space for an electronic version of the family survey, and increased opportunities for families to provide feedback and engage with the LA through phone, web forms, email, regarding their experiences with the LA and stakeholders, meetings open to public comment, and participation on various work groups and committees.

The LA's SCRL offers face-to-face and virtual opportunities for parents, the community and other stakeholders to engage directly with the LA for questions and to provide feedback on their experiences in early intervention. While this year, fewer in-person events were held, virtual opportunities allowed the SCRL to engage with more rural communities and Tribal communities. The LA has partnered with ADES/Division of Child Care (DCC) to hire a Statewide Tribal Liaison to directly support implementation of the DCC and AZEIP Tribal communities and initiatives. This position collaborates with tribes and community organizations regarding EIS and resources available for families and supports in identifying and implementing additional strategies to further engagement of families living in Tribal communities.

During the annual stakeholder's meeting, nearly a quarter of the 29 participants were parents and family members of children currently or formerly enrolled in early intervention. These parents brought their experience not only as families of children in early intervention but often other experiences as members of the ICC, parent centers, and advisory committees. Parents represented various parts of the State including northern, central, and southern as well as urban, suburban, rural, and Tribal communities. 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 and in writing, during in-meeting surveys to allow for different communication styles and preferences. During Family Engagement Committee meetings, families were tasked with making direct improvements 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, response rate, after having redesigned the family survey last year. Data for this SPP/APR was reviewed during open, public meetings with the Family Engagement Committee.

Additionally, the ICC approved the creation of an official Facebook page managed by the Family Engagement Committee. The goal of the Facebook page is to empower families, build connections and relationships with early childhood systems in Arizona, share the vital work the ICC is leading on behalf of families of young children, and increase awareness of the ICC in supporting the LA and promoting family engagement and advocacy. The Facebook page began on April 29, 2022 and currently has 444 (116 more since last year) followers. The Facebook page can be found at <<https://www.facebook.com/azearlychildhoodICC>>.

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 SCRL provides information to Service Coordinators, service providers, members of the 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. Literature is provided in English and Spanish and videos in English, Spanish, and American Sign Language. Family/parents are invited to all of the educational and engagement activities including those focused on providing feedback for the purposes of improving the statewide EIP. 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 newsletter known as Gerrie's 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 and the LA's email contact list; and through participating on a regular basis in local and regional meetings with various stakeholders and advocacy groups.

The LA engaged a diverse group of families in order to increase their capacity to advise, support, and provide feedback around the early intervention services received for children in the state. During target setting meetings, LA staff provided background information on the structure of the early intervention services, federal requirements, historical performance and targets, and the performance of other states in using the data meeting protocol to fully engage stakeholders and families in using data to make informed decisions on baselines and setting targets.

The LA partnered with ADES/DCC in hiring a Statewide Tribal Liaison. This position collaborates with tribes and community organizations and directly supports implementation of the Department, DCC and AZEIP's Tribal communities and initiatives.

The LA has an Interagency Service Agreement (ISA) with Arizona State University (ASU) with the Children's Equity Project (CEP). CEP is conducting an equity review of the LA's child find data, services, and outcomes. CEP has provided some preliminary data and will provide a written report with actionable equity policy recommendations that will focus on screening, evaluation, and services for infants and toddlers and their families, with a further focus on racially, ethnically, and linguistically diverse children and families.

The LA has been engaging Service Coordinators to support families with helping them complete their family survey to ensure that their voices and opinions are heard. The ICC's Family Engagement Committee developed a script to support Service Coordinators during both in-person and alternative service delivery methods to support families by providing feedback directly to the LA in the family survey.

The ICC's Transition Committee developed a script for a video to help families prepare for the transition out of early intervention services to help parents understand the process, their options, and their rights. Following the success of the family video, the Transition Committee also began work on

developing an online training for providers around the transition process which launched on September 22, 2022. During this Fiscal Year (FY), 35 individual providers successfully completed the online training.

Within the CSPD workgroup, members have reached out to families directly in a variety of ways. The CSPD coordinator provided an orientation for families in helping them understand the CSPD requirement of IDEA, Part C and its partnership with Part B. Through this forum, the CSPD coordinator made personal connections and provided additional information and follow-up to questions asked by families around Part C requirements. CSPD workgroup members also engage in one on one conversations with families to understand their interests and help the families identify the area they would most like to impact.

The LA updated and modernized the website for the IDEA Part C Program to provide more curated information to families who including those who are concerned about their child's development but don't currently receive services, families who do not meet the eligibility criteria, and families who are receiving services and want to assist, advise, or advocate for the LA. The website updates targets families at different points in time and allows families to toggle a switch to translate the information into different languages.

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 ICC holds meetings open to the public quarterly and each of its standing committees meet on a regular basis for open, public meetings, dependent upon their work. The SCRL provides support to the ICC and conducts the ongoing recruitment of parents, family members, early intervention service providers, civic leaders, and community individuals. The SCRL recruits with an intentional focus on engaging diverse ethnicities and cultures for membership reflective of the demographics served by the LA throughout 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 standing committees charged with the tasks of oversight, problem-solving, and identifying evidence-based practices in their respective areas. The four standing committees are Development, Fiscal, Family Engagement, 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 at <<https://des.az.gov/services/developmental-disabilities/early-intervention/icc-for-infants-and-toddlers>>. The ICC and standing committee chairs solicit public input and comments at least once during every meeting. The SPP/APR were discussed and presented at the November 2023 Stakeholder and January 2024 ICC 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 largest opportunity for FFY 2022 feedback was the Stakeholders Meeting in November 2023. There was a robust discussion regarding 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 in making decisions about target setting, contributing factors, potential improvement strategies, and improving compliance. A final opportunity for stakeholder feedback was provided, which resulted in 29 people participating in a live discussion during a Stakeholder meeting including six family members. The parents brought their experience not only as families of children in early intervention but often other experiences as members of the ICC, parent centers, and advisory committees. Parents represented various parts of the State including northern, central, and southern as well as urban, suburban, rural, and Tribal communities.

In addition to the SCRL who gathers input during community events and presentations with various stakeholders throughout the State. The LA added a Tribal Liaison shared with the DCC to support communication about early childhood issues on tribal lands. Both the SCRL and Tribal Liaison bring back information and lessons learned from interactions with stakeholders, including areas of concerns, so the LA's leadership team can identify specific improvement strategies.

The SCRL has been instrumental in opening up dialogue with nurses and providers at hospitals within the state. One particular hospital expressed concerns with children who are pending discharge from the Neonatal Intensive Care Unit (NICU) and need additional support to be ready in the home. The concerns identified misunderstandings, miscommunication, and misinformation with service coordinators after a referral has been made creating occasional delays. The LA tracks such instances and provides TA and support to ensure the issue is addressed rapidly. The LA also created an electronic records release to help support better communication between service coordinators and the hospital about referral status for children referred for Part C services. NICU staff also reported delays and inconsistencies in the eligibility process for determining DDD eligibility after Part C eligibility has been established. The LA policy and interagency agreement with DDD allows DDD the autonomy to establish eligibility criteria for their program in accordance with State law and subsequent to Part C eligibility, the LA has been meeting regularly and working closely with DDD Administrators and Eligibility Managers to address the concerns brought to the attention of the LA.

Making Results Available to the Public:

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

Preliminary FFY 2022 data was shared with providers beginning in July 2023 and with the broader stakeholder community in November 2023. 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 2022 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 2022 SPP/APR in February 2024, it will be posted on the LA's website at <<https://des.az.gov/services/developmental-disabilities/early-intervention/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 FFY 2021 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2021 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2021 APR in 2023, is available.

The LA posted the FFY 2022 public report as an interactive dashboard to go along with the posting of the SPP/APR with positive responses following the TA provided to the LA by the ECTA Center and DaSy Center on improving stakeholder engagement to drive programmatic improvement with data

visualization. The transition 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 readily discussed in helping to brainstorm improvement strategies throughout the year with the LA's stakeholders and early childhood partners during the virtual meetings facilitated by the LA on a regular basis.

The LA continues to report to the general public on the performance of each local SPA relative to the targets using the interactive dashboards at <https://des.az.gov/services/developmental-disabilities/early-intervention/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, RSKs, highlighted the availability of the report in their emailed newsletter. Families are also directed to the results with each paper or electronic Family Survey they receive.

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA Section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	48.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	91.95%	92.47%	93.36%	95.62%	94.06%

Targets

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

FFY 2022 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
702	842	94.06%	100%	95.84%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

105

Provide reasons for delay, if applicable.

Family delays accounted for the majority of delays in timely provision of services for 105 IFSPs. Reasons for family delays include canceling visits, no showing visits followed by not responding to provider's attempts to reschedule, requesting to reschedule visits after the planned start date, returning calls to reschedule visits that had been canceled after the planned start date, and occasionally withdrawing from services before they started.

However, there were several systemic reasons for the delay in timely services for 35 IFSPs. Most of the delays were caused by three common issues. For 28 of the 35 IFSPs, the team member caused the delay in either scheduling or completing the visit on time. For another 4 of the 35 IFSPs, delayed services were due to Service Coordinators data entry typos with the start date or not ensuring the team member received the IFSP prior to the start date. There were 3 of the 35 IFSPs impacted by issues related to service coordinator failing to work with the team members providing services to ensure services started timely. In these situations, the team members completed the visit late but neither provided documentation as to why the visit was late nor did the Service Coordinator document clear attempts to find out the delay reason from the team members.

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 implemented a new policy for Arizona Part C's definition of "timely" receipt of early intervention services beginning on April 1, 2022. To be considered timely, each service identified on the IFSP must have a planned start date that is on or before 30 days from the date the family consents to the service (i.e., signs the IFSP). Only a parent can request for a service to have a planned start date greater than 30 days from the date of the IFSP. The planned start date is the agreed upon date by which a service will start and should not be the date of the IFSP unless the service is initiated on the same day as the IFSP meeting. To be considered timely for this indicator, all new services identified in a child's IFSP must be initiated 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 One (or the first year of a three-year cycle), 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 noncompliance; geographic location; and program size. Data reviewed for Cohort One includes State monitoring data for eight SPAs across eight of the 23 regions in Arizona. The eight SPAs include six TBEIS contractors, corresponding DDD regions, and ASDB personnel for a total of 14 service-providing agencies.

Provide additional information about this indicator (optional)

While the number of referrals are not quite at pre-pandemic levels, the State has seen a slight increase in eligible children, IFSPs, and caseloads and added additional logistic challenges in scheduling and ensuring services start on time. The LA and SPA leadership are evaluating the impact of both the temporary and permanent rate increases on the recruitment and retention of providers.

The LA worked with SPAs to improve the report used to monitor for timely services, adding a few additional requested data points to help programs better monitor service delivery. The LA also provided TA on improving documentation of delay reasons in contact logs in March 2023. LA staff also provided individual TA to each service providing agency during April 2023 through June 2023. Due to the timing of the TA, it will likely have more impact on future performance around timely service rather than the slight improvement in this year's performance.

As a result of the APRA funding, the LA is in the midst of developing an enhancement to the statewide database to streamline and improve record keeping making it easier to share documentation between all SPAs more efficiently. The enhancement is expected to be completed by mid-2024. LA staff have been preparing the existing database for the enhancement and refining the rules to ensure they will improve existing reasons for delay and support providers to work across agency lines to ensure services start timely.

As part of the 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 noncompliance to programs that do not meet 100 percent compliance for timely services. The LA reviews corrective action plans and supports SPAs in the effective and timely correction of noncompliance. All 35 instances of child-specific noncompliance are being tracked by LA staff to ensure correction and that, although late, the individual children's services are delivered consistently with the OSEP QA 23-01 memo (superseding the OSEP 09-02 memo) on timely corrections. SPAs 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 SPAs, 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 accounts for the performance of all 14 SPAs monitored for this indicator including TBEIS Contractors, DDD, and ASDB:

- One program was at 100 percent compliance;
- Seven programs were between 95-99 percent compliance; and
- Six programs were between 90-94 percent compliance.

As outlined in the OSEP QA 23-01 memo (superseding 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 noncompliance is corrected as soon as possible, and no later than one year from the identification of the noncompliance, by providing SPAs with support offered through its TA System.

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
11	9	2	0

FFY 2021 Findings of Noncompliance Verified as Corrected

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

Based on findings of noncompliance, SPAs were placed on a tiered corrective action plan. The amount of data SPAs were required to submit for the LA to verify the correction was based on the level and extent of the SPA's noncompliance. SPA leaders submitted a root cause analysis for each instance of child-specific noncompliance detailing individualized plans for addressing the causes of their noncompliance. 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 three to five percent of the SPAs' current caseloads to verify each SPA was implementing regulatory requirements at 100 percent consistent with the OSEP 09-02 memo (in effect when the 9 findings of noncompliance had been verified as corrected) and the OSEP QA 23-01 memo for the 2 findings of noncompliance subsequently corrected. Specifically, this meant the LA reviewed files for five percent of the current caseload for seven SPAs, ten percent of the current caseload for three SPAs, and fifteen percent of the current caseload for one SPA.

Eleven findings of noncompliance were issued in FFY 2021. The LA verified that the eleven SPAs with findings of noncompliance had demonstrated corrections of all instances of child-specific noncompliance and demonstrated they were implementing the regulatory requirements at 100 percent. Nine of the programs were able to demonstrate timely correction of the noncompliance within one year. Two programs were able to demonstrate correction of noncompliance after one year. The LA verified that each service-providing agency with noncompliance identified in FFY 2021 is correctly implementing the specific regulatory requirements (i.e., achieved 100 percent compliance) based on a review of updated data from data subsequently collected through the State data system; and that each service-providing agency has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the service-providing agency.

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

SPAs were required to submit data to verify individual cases of noncompliance had been corrected. LA staff reviewed files including the State database, IFSPs, home visit logs, and service coordinator progress notes for all 25 individual cases to determine all services on the IFSP were provided, although late, or were no longer within Part C. Of the 25 individual cases, services eventually started for 23 children, although late, and two children were exited from Part C before all services had started.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

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

1 - Prior FFY Required Actions

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

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

Response to actions required in FFY 2021 SPP/APR

1 - OSEP Response

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	86.00%

FFY	2017	2018	2019	2020	2021
Target>=	93.00%	94.50%	97.00%	97.00%	97.00%
Data	98.03%	99.48%	100.00%	100.00%	99.98%

Targets

FFY	2022	2023	2024	2025
Target >=	97.00%	97.00%	98.00%	98.00%

Targets: Description of Stakeholder Input

The FFY 2022 SPP/APR including the development and implementation of Indicator 11, the SSIP was developed with extensive stakeholder engagement throughout the year. The information was gathered through workgroups, inter-agency meetings, routine and ad hoc meetings with SPAs, and ICC meetings.

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), Center for IDEA Fiscal Reporting (CIFR) and the CADRE. 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 for evaluation of transition activities with Arizona's IDEA, Part B State Education Agency (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.

The relationship between Part C and Part B staff continues to be a strength for transition improvement activities. 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.

The ICC tasked both the Fiscal and Family Engagement Committees with reviewing the "A Family's Guide to Funding EIS in Arizona" brochure to provide feedback to the LA for updates to make critical information about the system of payments easier for families to understand. The updated funding brochure was published in August of 2022. The Family Engagement Committee also started its first line review of the Child and Family Rights booklet to provide suggestions in making the booklet easier for families to understand their rights in plain language. Modifications are anticipated to be completed by the next submission of the SPP/APR.

LA staff also facilitated an annual stakeholder meeting on November 28, 2023, 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 2022 submission, a majority of the recommendations were to keep the trajectory of the targets the same but to continue to monitor the data to make potential adjustments in the future.

This year's annual stakeholders meeting included individuals representing very diverse early childhood perspectives. At this year's meeting, the 29 participants included:

- Current and former parents, foster parents, and family members of children that received EIS;
- 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;
- Other State agency partners including the ADHS, Arizona Health Care Cost Containment System (AHCCCS) (the State's Medicaid agency), Medicaid health plans;
- Representation from the SEA, ADE; and
- Community leaders from other early childhood programs.

Participants in the annual stakeholders target review meeting included metropolitan, urban, suburban, rural, and Tribal communities located throughout the State representing the central, northern, southern, eastern, and western geographical areas as well as tribal lands. Statewide leaders from service-providing agencies included various roles such as executive leadership, local management, administration, supervisors, team leads, and service coordinators. During the annual stakeholder target review meeting, information from other stakeholders obtained through workgroups, inter-agency meetings, information from SPAs, ICC members, referral sources, and other community partners was shared to gather additional information included in this report.

Shortly after the executive orders at the start of the COVID-19 Pandemic began, 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 have continued to increase the amount of in-person services. While most services are provided in-person, alternative service deliveries may be provided when a family requests such and the rest of the IFSP Team agrees it is appropriate.

Stakeholders have occasionally reported a misunderstanding that Part C services are not provided in-person. The LA reviews data on services delivered in-person and through alternative means and regularly discusses and provides TA to SPAs around each agency's services and changes since the start of the pandemic. While the majority of programs seem to provide a majority of services in-person unless the family requests otherwise and the rest of the IFSP team agrees it's appropriate, some SPAs experiencing personnel shortages in some of the geographical service regions appear to be managing personnel shortages by providing more alternative service deliveries. However, this is not the case across the State nor with all SPAs. Additionally, the LA's SCRL has been networking with stakeholders throughout the state sharing these concerns and misunderstandings to provide correct information and data around in-person services, settings, and to counter the broader misinformation that in-person services are not provided.

Seventeen stakeholders shared their feedback about the targets for settings data. Fourteen participants recommended keeping the targets the same and three participants recommended increasing the targets. Other stakeholders abstained from sharing their opinion on the target. Based on the majority of feedback, the LA did not adjust the targets this year.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	5,473
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Total number of infants and toddlers with IFSPs	5,474

FFY 2022 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
5,473	5,474	99.98%	97.00%	99.98%	Met target	No Slippage

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 2022. Settings data for this reporting period is considered to be in the midst of pandemic recovery. The percentage of children receiving services in natural environments continues the above average trend seen before the COVID-19 pandemic.

During this reporting period, only one child received Part C services primarily in a clinic with occasional services provided at home. Seven additional children received services at skilled nursing facilities, collectively known as the Bogden House, where there were primarily only children with disabilities. However, due to when the children moved to the skilled nursing facility and when they moved home, they were already receiving services primarily at home during the Child Count and Settings Survey so were included in the numerator for the receiving services in their natural environments.

Most children within Arizona received Part C 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. While the frequency of secondary service settings in the community is increasing, it is still not at the same level it was prior to the pandemic. 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. 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. Services

provided in the community as a supplement to home based services are increasing slightly but still far below pre-pandemic levels and in all except one situation, not a primary service setting.

Stakeholders attribute the large number of services provided in a natural environment 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.

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

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

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 = $[(\# \text{ of infants and toddlers reported in progress category (d) plus } \# \text{ of infants and toddlers reported in progress category (e)}) \div (\text{total } \# \text{ of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)})] \times 100$.

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

The FFY 2022 SPP/APR including the development and implementation of Indicator 11, the SSIP was developed with extensive stakeholder engagement throughout the year. The information was gathered through workgroups, inter-agency meetings, routine and ad hoc meetings with SPAs, and ICC meetings.

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), Center for IDEA Fiscal Reporting (CIFR) and the CADRE. 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 for evaluation of transition activities with Arizona's IDEA, Part B State Education Agency (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.

The relationship between Part C and Part B staff continues to be a strength for transition improvement activities. 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.

The ICC tasked both the Fiscal and Family Engagement Committees with reviewing the "A Family's Guide to Funding EIS in Arizona" brochure to provide feedback to the LA for updates to make critical information about the system of payments easier for families to understand. The updated funding brochure was published in August of 2022. The Family Engagement Committee also started its first line review of the Child and Family Rights booklet to provide suggestions in making the booklet easier for families to understand their rights in plain language. Modifications are anticipated to be completed by the next submission of the SPP/APR.

LA staff also facilitated an annual stakeholder meeting on November 28, 2023, 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 2022 submission, a majority of the recommendations were to keep the trajectory of the targets the same but to continue to monitor the data to make potential adjustments in the future.

This year's annual stakeholders meeting included individuals representing very diverse early childhood perspectives. At this year's meeting, the 29 participants included:

- Current and former parents, foster parents, and family members of children that received EIS;
- 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;
- Other State agency partners including the ADHS, Arizona Health Care Cost Containment System (AHCCCS) (the State's Medicaid agency), Medicaid health plans;
- Representation from the SEA, ADE; and
- Community leaders from other early childhood programs.

Participants in the annual stakeholders target review meeting included metropolitan, urban, suburban, rural, and Tribal communities located throughout the State representing the central, northern, southern, eastern, and western geographical areas as well as tribal lands. Statewide leaders from service-providing agencies included various roles such as executive leadership, local management, administration, supervisors, team leads, and service coordinators. During the annual stakeholder target review meeting, information from other stakeholders obtained through workgroups, inter-agency meetings, information from SPAs, ICC members, referral sources, and other community partners was shared to gather additional information included in this report.

Several stakeholders including SPAs and community partners, reported the lingering effects of the pandemic had some impact on the number of children reaching the level of same-aged peers on their outcomes, particularly positive social-emotional skills with more families having less frequent and fewer contacts with friends and families. Some families remained hesitant to have in-person services in favor of continuing alternative delivery methods limiting the number of in-person services that were provided. Stakeholders also noted that many free community activities have not restarted or may be permanently closed, limiting social opportunities for families. With fewer free community activities and high costs of other activities, many families are limiting the number of activities which also results in the loss of potential social opportunities at those activities.

Pre-pandemic reasons including the rates of autism, neonatal abstinence syndrome, and increased use of electronic devices, tablets, and smartphones are likely contributing to the continued decrease in children reaching the same-age functioning of peers. While it was likely a cause in the pre-pandemic environment, parents with untreated mental health issues may also be contributing although because of the spotlight on improving mental health as part of many social services pandemic recovery strategies it may be more recognized as an influential factor now.

A small majority of stakeholders expressed their opinion that the targets for child outcomes should remain the same. A smaller minority of stakeholders felt the targets should be decreased with only one to two stakeholders expressing an opinion that the targets should be increased. One stakeholder shared that they felt it was too soon to reset the baseline and change targets and that additional data should be collected before the LA considers changing targets. The LA did not make any changes to the target this year based on stakeholder feedback.

Historical Data

Outcome	Baseline	FFY	2017	2018	2019	2020	2021
A1	2014	Target>=	72.01%	72.74%	72.74%	66.70%	66.70%
A1	72.01%	Data	70.86%	70.23%	65.74%	66.70%	64.00%

A2	2014	Target>=	53.25%	53.98%	53.98%	51.28%	51.28%
A2	53.25%	Data	56.17%	55.82%	51.07%	51.28%	47.07%
B1	2014	Target>=	77.61%	78.26%	78.26%	68.48%	68.48%
B1	77.61%	Data	76.44%	74.47%	68.24%	68.48%	69.08%
B2	2014	Target>=	53.75%	54.48%	54.48%	40.19%	40.19%
B2	53.75%	Data	56.56%	56.16%	46.11%	40.19%	35.89%
C1	2014	Target>=	76.81%	77.45%	77.45%	68.24%	68.24%
C1	76.81%	Data	77.11%	76.66%	72.09%	68.24%	67.65%
C2	2014	Target>=	47.21%	47.94%	47.94%	44.47%	44.47%
C2	47.21%	Data	48.89%	49.30%	44.97%	44.47%	42.76%

Targets

FFY	2022	2023	2024	2025
Target A1>=	66.70%	66.70%	72.74%	72.74%
Target A2>=	51.28%	51.28%	53.98%	53.98%
Target B1>=	68.48%	68.48%	78.26%	78.26%
Target B2>=	40.19%	40.19%	54.48%	54.48%
Target C1>=	68.24%	68.24%	77.45%	77.45%
Target C2>=	44.47%	44.47%	47.94%	47.94%

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	18	0.49%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,064	29.14%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	920	25.20%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,010	27.66%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	639	17.50%

Outcome A	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,930	3,012	64.00%	66.70%	64.08%	Did not meet target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	1,649	3,651	47.07%	51.28%	45.17%	Did not meet target	Slippage

Provide reasons for A2 slippage, if applicable

The number of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it (progress category c) dropped by a quarter of a percentage point. Those who maintained functioning at a level of same-aged peers (progress category e) dropped from last year by 1.65 points. These differences ultimately resulted in slippage.

The LA analyzed the data further using the DaSy meaningful differences calculator, a statistical tool which helps identify whether the percentage difference from two different sized populations is statistically meaningful or not. The tool showed that the difference between last year and this year was not statistically meaningful.

Several stakeholders including SPAs and community partners, reported the lingering effects of the pandemic had some impact on the number of children reaching the level of same-aged peers on their outcomes, particularly positive social-emotional skills with more families having less frequent and fewer contacts with friends and families. Some families remained hesitant to have in-person services in favor of continuing alternative delivery methods limiting the number of in-person services that were provided. Stakeholders also noted that many free community activities have not restarted or may be permanently closed, limiting social opportunities for families. With fewer free community activities and high costs of other activities, many families are limiting the number of activities which also results in the loss of potential social opportunities at those activities.

Pre-pandemic reasons including the rates of autism, neonatal abstinence syndrome, and increased use of electronic devices, tablets, and smartphones are likely contributing to the continued decrease in children reaching the same-age functioning of peers. While it was likely a cause in the pre-pandemic environment, parents with untreated mental health issues may also be contributing although because of the spotlight on improving mental health as part of many social services pandemic recovery strategies it may be more recognized as an influential factor now.

The LA explored other reasons for the slippage. The LA reviewed data by adapting the Data Detectives Pattern Checking tool from DaSy and combining with additional suggested analysis from the ECTA booklet, "Data Patterns for Child Outcomes Summary (COS) Ratings: What to Expect and What to Question". It was observed that nearly one in four children were rated at entry as generally age-expected functioning in terms of social-emotional skills and much higher than other interlinked and interrelated child outcomes at the same point in time that influences the progress in social-emotional skills. Arizona's eligibility criteria requires a child to have a significant developmental delay combined with the social-emotional impacts stakeholders mentioned, it seems unlikely that one in 4 children would be generally at age-expected functioning. It is noteworthy to mention that the amount of progress children made on this outcome is well within expected range of the ECTA analysis booklet.

This suggests that IFSP teams need additional support in better understanding the rating scale as well as support with improving their understanding of how one domain influences the progress in other developmental domains.

The LA is working to further adapt the DaSy Pattern Checking tool for SPAs in order to support more meaningful analysis of their program's data anomalies. During FFY 2023, the LA will complete planning TA and workshops around the adapted Pattern Checking tool.

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	15	0.41%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,082	29.64%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,356	37.14%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	948	25.97%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	250	6.85%

Outcome B	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,304	3,401	69.08%	68.48%	67.74%	Did not meet target	Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	1,198	3,651	35.89%	40.19%	32.81%	Did not meet target	Slippage

Provide reasons for B1 slippage, if applicable

The number of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers (progress category b) increased by nearly two percentage points from last year combined with the number of infants and toddlers who improved functioning to a level nearer to same-aged peers (progress category c) increased by only a little more than 1.5 points ultimately resulted in slippage.

The LA analyzed the data further using the DaSy meaningful differences calculator, a statistical tool which helps identify whether the percentage difference from two different sized populations is statistically meaningful or not. The tool showed that the difference between last year and this year was not statistically meaningful.

Several stakeholders including SPAs and community partners, reported the lingering effects of the pandemic had some impact on the number of children

reaching the level of same-aged peers on their outcomes, particularly positive social-emotional skills with more families having less frequent and fewer contacts with friends and families. Some families remained hesitant to have in-person services in favor of continuing alternative delivery methods limiting the number of in-person services that were provided. Stakeholders also noted that many free community activities have not restarted or may be permanently closed, limiting social opportunities for families. With fewer free community activities and high costs of other activities, many families are limiting the number of activities which also results in the loss of potential social opportunities at those activities.

Pre-pandemic reasons including the rates of autism, neonatal abstinence syndrome, and increased use of electronic devices, tablets, and smartphones are likely contributing to the continued decrease in children reaching the same-age functioning of peers. While it was likely a cause in the pre-pandemic environment, parents with untreated mental health issues may also be contributing although because of the spotlight on improving mental health as part of many social services pandemic recovery strategies it may be more recognized as an influential factor now.

The LA explored other reasons for the slippage. The LA reviewed data by adapting the Data Detectives Pattern Checking tool from DaSy and combining with additional suggested analysis from the ECTA booklet, "Data Patterns for COS Ratings: What to Expect and What to Question". It was observed that less than one in ten children were rated at entry as generally age-expected functioning in terms of acquiring knowledge and skills and much less often than other interlinked and interrelated child outcomes at the same point in time that influences the progress on this outcome. Arizona's eligibility criteria requires a child to have a significant developmental delay so while this seems to align with what would be expected for the eligibility criteria, it does not correlate with the higher proportion of children who are also generally age-expected in their social-emotional skills and taking appropriate action to meet their needs. In fact, of all the outcomes, this outcome is least correlated with the other related child outcomes at entry.

This suggests that IFSP teams need additional support with improving their understanding of how one domain influences the progress in other developmental domains. In particular, understanding where a child is at in their social-emotional skills and taking appropriate action to meet their needs, influences how they are acquiring new knowledge and skills (including early language/communication).

The LA is working to further adapt the DaSy Pattern Checking tool for SPAs in order to support more meaningful analysis of their program's data anomalies. During FFY 2023, the LA will complete planning TA and workshops around the adapted Pattern Checking tool.

Provide reasons for B2 slippage, if applicable

The number of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers increased by nearly two percentage points from last year combined with the number of infants and toddlers who improved functioning to a level nearer to same-aged peers increased by a little more than 1.5 points both increased. Because there were more children who improved functioning but were in other categories not included in the numerator, it resulted in slippage.

The LA analyzed the data further using the DaSy meaningful differences calculator, a statistical tool which helps identify whether the percentage difference from two different sized populations is statistically meaningful or not. The tool showed that the difference between last year and this year was statistically meaningful.

In addition to the stakeholder feedback listed above, the LA explored other reasons for the slippage. The LA reviewed data by adapting the Data Detectives Pattern Checking tool from DaSy and combining with additional suggested analysis from the ECTA booklet, "Data Patterns for COS Ratings: What to Expect and What to Question". It was observed that less than one in ten children were rated at entry as generally age-expected functioning in terms of acquiring knowledge and skills and much less often than other interlinked and interrelated child outcomes at the same point in time that influences the progress on this outcome. Arizona's eligibility criteria requires a child to have a significant developmental delay so while this seems to align with what would be expected for the eligibility criteria, it does not correlate with the higher proportion of children who are also generally age-expected in their social-emotional skills and taking appropriate action to meet their needs. In fact, of all the outcomes, this outcome is least correlated with the other related child outcomes at entry. If the entry ratings are artificially lower than expected due to misunderstandings with the rating scale, then the amount of progress a child is making may not be fully reflected in the final exit rating ultimately impacting the progress category.

This suggests that IFSP teams need additional support with improving their understanding of how one domain influences the progress in other developmental domains. In particular, understanding where a child is at in their social-emotional skills and taking appropriate action to meet their needs, influences how they are acquiring new knowledge and skills (including early language/communication).

The LA is working to further adapt the DaSy Pattern Checking tool for SPAs in order to support more meaningful analysis of their program's data anomalies. During FFY 2023, the LA will complete planning TA and workshops around the adapted Pattern Checking tool.

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	14	0.38%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,104	30.24%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,003	27.47%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,111	30.43%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	419	11.48%

Outcome C	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their	2,114	3,232	67.65%	68.24%	65.41%	Did not meet target	Slippage

Outcome C	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
rate of growth by the time they turned 3 years of age or exited the program							
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	1,530	3,651	42.76%	44.47%	41.91%	Did not meet target	No Slippage

Provide reasons for C1 slippage, if applicable

The number of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers (progress category b) increased by over two percentage points from last year combined with the number of infants and toddlers who improved or maintained functioning dropped in most categories. It is worth noting that the number of children who did not make progress (progress category a) decreased by nearly half. Because there were more children who improved functioning but were in other categories not included in the numerator, it resulted in slippage.

The LA analyzed the data further using the DaSy meaningful differences calculator, a statistical tool which helps identify whether the percentage difference from two different sized populations is statistically meaningful or not. The tool showed that the difference between last year and this year was statistically meaningful.

In addition to the stakeholder feedback listed above, the LA explored other reasons for the slippage. The LA reviewed data by adapting the Data Detectives Pattern Checking tool from DaSy and combining with additional suggested analysis from the ECTA booklet, "Data Patterns for COS Ratings: What to Expect and What to Question." It was observed that nearly one in six children were rated at entry as generally age-expected functioning in terms of taking appropriate action to meet their needs and higher than another interlinked and interrelated child outcome, acquisition of knowledge and skills and to a lesser, but still significant extent, social-emotional skills. Arizona's eligibility criteria requires a child to have a significant developmental delay combined with the social-emotional impacts stakeholders mentioned, it seems unlikely that one in six children would be generally at age-expected functioning. It is noteworthy to mention that the amount of progress children made on this outcome is within expected range of the ECTA analysis booklet, although just barely.

This suggests that IFSP teams need additional support in better understanding the rating scale as well as support with improving their understanding of how one domain influences the progress in other developmental domains.

The LA is working to further adapt the DaSy Pattern Checking tool for SPAs in order to support more meaningful analysis of their program's data anomalies. During FFY 2023, the LA will complete planning TA and workshops around the adapted Pattern Checking tool.

FFY 2022 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	5,166
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.	912
Number of infants and toddlers with IFSPs assessed	3,787

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

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.

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, which includes the family, 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.

The LA learned that more than 85 percent of child outcomes ratings are completed with the family meaning that in less than 15 percent of the cases the family is unavailable to complete the ratings with their team. Another interesting factor to note is that teams considered up to nine difference sources of data from the following sources of supporting evidence:

- Age-anchoring tools;
- Child and family assessment;
- Decision tree for summary rating discussions;
- Information from other early childhood programs;
- Medical records;

- Observation;
- Other documents from team based early intervention service providers;
- Other sources of evidence;
- Progress notes; and
- Standardized tests or assessment tools.

After the rating is completed, the service coordinator enters the initial ratings in the data system. During the annual review or periodic reviews, teams may update the child's COS rating on the IFSP and enter it in the data system. 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).

Because of the high quality TA, the LA received from the DaSy Center and ECTA Center the Pattern Checking tool was adapted to increase the analysis done on Child Outcomes. The LA is currently in the process of further adapting the tools DaSy and ECTA created for the state's SPAs in order to support local leadership in analyzing their staff's data for anomalies in order to improve data quality and thus impacting the global child outcomes. In the upcoming year, the LA plans on using the new child outcomes report with the adapted data anomalies tool to provide targeted TA to SPAs with looking for more than just data completeness.

In February of 2022, a redesigned user interface was launched within the data system to allow collection of all COS ratings rather than just the entry and exit. The COS rating forms included additional information such as the roles of those who contributed to the ratings and sources of data used to determine the ratings. However, the additional information was not reported in the data system previously. SPAs were required to increase their implementation of the additional data entry requirements. This is the first full year with the expanded report. The LA used the additional data points to do more in-depth analysis using the DaSy Pattern checking tool and ECTA "What to Expect and What to Question" booklet in order to identify data anomalies in the COS rating processes to identify strengths and TA opportunities statewide.

With the new report additional data points allowed the state to identify 88 children who initially didn't have an exit rating because there wasn't enough information. However upon second review of the file, IFSP teams determined that there was enough data to help determine ratings. The LA also learned that more than 85 percent of child outcomes ratings are completed with the family meaning that in less than 15 percent of the cases the family is unavailable to complete the ratings with their team. Another interesting factor to note is that teams considered up to nine difference sources of data from the following sources of supporting evidence:

- Age-anchoring tools;
- Child and family assessment;
- Decision tree for summary rating discussions;
- Information from other early childhood programs;
- Medical records;
- Observation;
- Other documents from team based early intervention service providers;
- Other sources of evidence;
- Progress notes; and
- Standardized tests or assessment tools.

The difference between the number of IFSPs assessed (3,787) and the number of COS ratings completed (3,651) continues to be an issue that the LA is addressing through its data system and reporting updates. Some IFSP teams report that they lost contact with families before a second rating could be obtained and there was not enough information in the child's record to make a second COS rating. Another reason for not having child outcomes ratings for all of the IFSPs assessed is that the child unfortunately died and the providers were not comfortable asking the family for information to complete the COS ratings at time of exit. Additionally, some children were in service for less than six months so ratings are not required nor reported for these children. All these reasons contributed to the difference in the number of IFSPs assessed and the number of COS ratings completed which were not included in the denominator.

3 - Prior FFY Required Actions

In the FFY 2022 SPP/APR submission, the State must explain any discrepancies between the FFY 2022 total number assessed and the FFY 2022 denominator in its calculation of the percent of infants and toddlers who were functioning within age expectations in each outcome area by the time they turned three years of age or exited the program.

Response to actions required in FFY 2021 SPP/APR

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2017	2018	2019	2020	2021
A	2020	Target>=	94.00%	94.50%	94.50%	93.41%	93.41%
A	93.41%	Data	94.42%	95.53%	95.49%	93.41%	92.97%
B	2020	Target>=	95.00%	95.50%	95.50%	93.12%	93.12%
B	93.12%	Data	91.86%	94.45%	93.84%	93.12%	91.48%
C	2020	Target>=	95.50%	96.25%	96.25%	95.55%	95.55%
C	95.55%	Data	95.15%	95.96%	95.47%	95.55%	94.19%

Targets

FFY	2022	2023	2024	2025
Target A>=	93.41%	93.41%	94.50%	94.50%
Target B>=	93.12%	93.12%	95.50%	95.50%
Target C>=	95.55%	95.55%	96.25%	96.25%

Targets: Description of Stakeholder Input

The FFY 2022 SPP/APR including the development and implementation of Indicator 11, the SSIP was developed with extensive stakeholder engagement throughout the year. The information was gathered through workgroups, inter-agency meetings, routine and ad hoc meetings with SPAs, and ICC meetings.

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), Center for IDEA Fiscal Reporting (CIFR) and the CADRE. 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 for evaluation of transition activities with Arizona’s IDEA, Part B State Education Agency (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.

The relationship between Part C and Part B staff continues to be a strength for transition improvement activities. 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.

The ICC tasked both the Fiscal and Family Engagement Committees with reviewing the “A Family’s Guide to Funding EIS in Arizona” brochure to provide feedback to the LA for updates to make critical information about the system of payments easier for families to understand. The updated funding brochure was published in August of 2022. The Family Engagement Committee also started its first line review of the Child and Family Rights booklet to provide suggestions in making the booklet easier for families to understand their rights in plain language. Modifications are anticipated to be completed by the next submission of the SPP/APR.

LA staff also facilitated an annual stakeholder meeting on November 28, 2023, 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 2022 submission, a majority of the recommendations were to keep the trajectory of the targets the same but to continue to monitor the data to make potential adjustments in the future.

This year’s annual stakeholders meeting included individuals representing very diverse early childhood perspectives. At this year’s meeting, the 29 participants included:

- Current and former parents, foster parents, and family members of children that received EIS;
- 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;
- Other State agency partners including the ADHS, Arizona Health Care Cost Containment System (AHCCCS) (the State’s Medicaid agency), Medicaid health plans;
- Representation from the SEA, ADE; and
- Community leaders from other early childhood programs.

Participants in the annual stakeholders target review meeting included metropolitan, urban, suburban, rural, and Tribal communities located throughout the State representing the central, northern, southern, eastern, and western geographical areas as well as tribal lands. Statewide leaders from service-providing agencies included various roles such as executive leadership, local management, administration, supervisors, team leads, and service coordinators. During the annual stakeholder target review meeting, information from other stakeholders obtained through workgroups, inter-agency meetings, information from SPAs, ICC members, referral sources, and other community partners was shared to gather additional information included in this report.

Stakeholders expressed mixed opinions on changing the targets with nearly equal percentages voting to keep the target the same and the other half to increase the targets for Indicator 4A, the percent of families that report they know their rights. A large majority of stakeholders, including most who suggested raising the target for Indicator 4A recommended keeping the target the same for the rest of the family outcomes, 4B and 4C. The LA made no changes to the targets this year as targets are set to increase in the next two years which will address the stakeholder feedback to raise the targets.

FFY 2022 SPP/APR Data

The number of families to whom surveys were distributed	7,025
Number of respondent families participating in Part C	828
Survey Response Rate	11.79%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	762
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	808

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	753
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	803
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	771
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	808

Measure	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	92.97%	93.41%	94.31%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	91.48%	93.12%	93.77%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	94.19%	95.55%	95.42%	Did not meet target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO

Response Rate

FFY	2021	2022
Survey Response Rate	17.27%	11.79%

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

The LA uses the ECTA response rate and representativeness calculator which applies proportional testing to determine if the surveys received were representative of the target population. 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.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State. States must include race/ethnicity in their analysis. In addition, the State's analysis must include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another category approved through the stakeholder input process.

The LA uses the ECTA response rate and representativeness calculator which applies proportional testing to determine if the surveys received were representative of the target population. The results show that families identifying as White (-5 point difference) and Not-Hispanic (-5 point difference) were under-represented in the surveys returned. While families identifying as African American or Black, American Indian or Alaska Native, Native Hawaiian or Pacific Islander were representative in the overall return of surveys. Families that identified as Hispanic (+5 point difference), more than one race (+2 point difference), and Asian (+1 point difference) were over-represented in surveys that were returned. Because data were not representative for families who identified as White, Asian, or More than one race, race was overall not representative. Similarly, because data were not representative for families identifying as Hispanic or Latino and Not Hispanic or Latino, ethnicity is overall not representative.

Within the last several years, White families had been over-represented by as much as 33 percent. However, with increased focus on increasing the representativeness of minority parents that have had historically low response rates, the response rate for families identifying as White dropped to under-represented by five points from last year. Last year, families identifying as Not-Hispanic were under-represented by four points but increased to

five points.

The fluctuations in representation by race were much smaller between this year and last year compared to the past although representativeness of ethnicity continues to be a metric the State is working on. The LA will continue to make efforts to improve representativeness and decrease nonresponse bias in an effort to ensure the demographics of the survey are representative of the families enrolled in Part C.

Within Arizona, there are several counties that do not have adequate access to specialized healthcare. Representativeness of the LA's geographical service regions in those counties may be affected by families who temporarily stay in a larger city and county located in another geographical service region 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 regions. Their responses indicate this unique challenge on accurate representativeness. Analysis by regions shows a representative number of surveys were received from most parts of the State, with five regions under-represented due to one program in each of those regions. With improvements made to collect better demographic information, the representation of specific SPAs has become easier to identify in regions with more than one SPA. This has led to focused TA and support for the specific SPAs in under-represented regions. The ECTA Center's response rate and representativeness calculator was adapted for the number of the State's geographical service regions associated with the State's counties. Most, 15 of the 23 regions, had an appropriate representation of surveys returned by families, a 50 percent increase from last year. Parts of the State that were under-represented include six regions coinciding with Northwest Maricopa, North Central Maricopa, Southwest Pima, Southern Apache, Coconino, Hopi, and Navajo counties. Only two regions were overrepresented covering parts of three counties including East Central Maricopa, Yavapai, and Northern Gila. Two regions continue to have an under-representative number of surveys returned.

The LA has analyzed to determine how much each of the SPAs contributed to the issue to provide additional support and additional efforts to support families with completing surveys. In each region, the LA has identified that one agency performed better at increasing their response rate though still has room to improve and another agency had fewer returns than the previous year and needs more direct support. In one region that was underrepresented, the LA identified that it was due to one agency having the fewest returns in the state. The LA will be giving additional TA to the agencies with the most concerns regarding their lower number of survey returns impacting the representativeness of the region and their program.

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 federally 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 more than one race creating 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 at other points in time, particularly for families of more than one race, changes with shifting cultural norms. If OSEP adopts the race categories proposed by the Office of Management and Budget, it may more closely align with how the families in Arizona Part C identify, making it easier to balance representativeness overtime.

The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. (yes/no)

NO

If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

Response data were representative from most minority groups this year including those that identify as African American or Black, American Indian or Alaska Native, and Native Hawaiian or Pacific Islander. The percentage of surveys returned from White families was underrepresented last year by eight percentage points and improved to only underrepresented by five percent this year (84 fewer surveys than expected). Surveys returned for families identifying as more than one race improved from over-represented by nine points last year to only two points this year (six more surveys than expected). While Asian families were representative last year, this year they were slightly over-represented by one point (one more survey than expected). Hispanic and Latino families were overrepresented by five percent this year up by one point from last year.

When looking at geographical service regions, most, 15 of the 23 regions, had an appropriate representation of surveys returned by families, a 50 percent increase from last year. Parts of the State that were under-represented include six regions coinciding with Northwest Maricopa, North Central Maricopa, Southwest Pima, Southern Apache, Coconino, Hopi, and Navajo counties. Only two regions were overrepresented covering parts of three counties including East Central Maricopa, Yavapai, and Northern Gila.

The LA has analyzed to determine how much each of the SPAs contributed to the issue to provide additional support and additional efforts to support families with completing surveys. In each region, the LA has identified that one agency has done better at increasing their response rate though still has room to improve and another agency had fewer returns than last year and needs more direct support. In one region that was representative, the LA identified that it was due to one agency while the other agency had the fewest returns in the state. The LA will be giving additional TA to the agencies with the most concerns regarding their lower number of survey returns impacting the representativeness of the region and their program.

As new survey responses come in, the balance frequently shifts during the year between over and under-represented populations. When areas of underrepresentation 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. This year, the LA sent out more surveys than previous years (382 more surveys) but received fewer responses (319 fewer responses). The LA continues to utilize multiple strategies to ensure appropriate representation across many different demographics with a continual focus on quality improvement. Strategies include providing lists to the service providing agency of families that have not yet returned a family survey and the LA staff sending personalized email reminders to families from under-represented demographics (including race, ethnicity, geographical service region, and service providing agency) requesting they complete a family survey.

While race and ethnicity data are collected at entry into Part C, the data were historically 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 began collecting self-reported race data from all families at the time of survey completion for FFY 2021 (and continued this practice in FFY 2022) 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 TA to programs on accurately capturing race data and increasing the forward momentum of the LA's overall response rate of family surveys. Specifically, TA provided programs to ensure they understand the definitions of race and ethnicity as defined by the Office of Management and Budget as well aligning race and ethnicity data with other sources of information such as when a child is eligible through the American Indian Health Plan or Tribal Health Plan.

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 multiple channels of survey distribution include:

- Various methods of survey distribution (electronic survey distribution by LA staff, electronic survey distribution by service coordinators, electronic surveys with mostly pre-filled demographic information (with the exception to pre-filled demographic data being self-reporting race and ethnicity), pen and paper survey distributed by service coordinators);
- Survey distribution at various times (including annual IFSP reviews and near the time of exit from early intervention); and
- Surveys provided in multiple languages (including English, Spanish, and bilingual families are offered their choice of either language for the survey, and when families speak a language other than English or Spanish, the service coordinator assists with accessing translation services).

The LA reviews family survey data quarterly with SPAs and provides TA targeted to regions that are under-represented in order to provide support around the family survey on ways to increase response rates, address non-response bias, and improve the performance on these indicators. The LA will require leadership staff at SPAs to address their survey response rate and support with underrepresented demographics.

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.

The LA entered into an intergovernmental service agreement with the CEP to conduct an equity review of the LA's the policies and procedures to understand how they impact service delivery focusing on the access, experiences, and outcomes of racially, ethnically, and linguistically diverse infants and toddlers and their families served by the LA. The LA will consider changes to family survey distribution and collection process based on recommendations from the CEP if it will improve representativeness for under-represented populations in the collection of family outcomes.

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) 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 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 implementation of the National Center for Special Education Accountability Monitoring (NCSEAM) had been in continual use from 2006 to mid-2020 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 exclusively using 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.

Next year, the LA will be targeting family survey efforts towards individuals from under-represented communities with low response rates from this year including those families who identify as White and Not Hispanic. Additionally, the LA will continue efforts to engage African American or Black families and American Indian or Alaska Native families because, while the number of surveys received were representative this year, there were just enough surveys received to consider this population representative. The LA will implement strategies in efforts to not see the data shift to under-represented next year for either of these populations that have been historically under-represented.

During the next year, the LA will share data with SPAs around their response rate. Agencies with response rates that were lower in particular regions of the State or with under-represented demographics will be targeted for TA around their family survey distribution and collection procedures. One large service-providing agency regularly holds friendly competitions within its program to see which service coordinator can get the highest response rate and reduce nonresponse bias. This also works to ensure the agency receives a representative number of surveys across the various parts of the State it serves. Additionally, this service providing agency recognizes service coordinators who have high response rates in their monthly newsletter which motivates many of the service coordinators to try harder to get on or stay on the recognition list.

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 analyzed the response rate looking at many factors including change from last year by race, ethnicity, and geographical service region. Using the DaSy Center's Meaningful Difference Calculator, the overall response rate did drop significantly from last year. However, for most minority races there was not a significant difference from last year including for African American or Black, American Indian or Alaska Native, Asian, and Native Hawaiian or Pacific Islander families. Last year, the response rate for families identifying as more than one race was nearly 46 percent leading to significant over-representation. This year, with a lower response rate, the representativeness dropped from being nine points over to two percent, much closer to a representative number. The response rate for families identifying as White, Not-Hispanic, and Hispanic all decreased significantly from last year due to the overall lower response rate.

While the overall response rate decreased from last year to this year, when looking at the 23 regions across the State, the response rate for ten regions did not have any meaningful differences from last year to this year with two additional regions having a slightly higher response rate this year compared to last year. The LA plans to continue working with the SPAs in these counties to support service coordinators with increasing their response rate in the 11 other regions.

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. Last year, 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. Because of this initial success, the length of the survey and actual tool are not considered to contribute to the non-response bias this year.

While surveys are first distributed by the family's service coordinator, 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. This allowed for families who did not respond to the first request another opportunity to respond. The amount of time to complete the survey is provided as part of the introduction. Families understand it will take approximately five-ten minutes and they will not spend an extended amount of time to complete. The Family Survey Committee provided visual format guidance so it would appeal to more families to help complete. This year in FFY 2022 the response rate decreased last year but is more likely due to fewer reminders from the LA due to divided focus with staff who typically send the reminders being occupied with projects from the ARPA. As

APRA projects near completion, staff will have more capacity to send additional reminders next year.

Providers report that there is a general movement to ensure families of minorities are having their voice heard which contributed to an increase in response rate and representativeness this year. While most stakeholders and providers reported that families feel that completing the survey is a safe way to share their opinions, stakeholders and providers also shared that some families may feel they cannot be honest about their concerns while they are receiving services. For this reason, 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 meetings with SPA leadership and data managers, 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 2022, the LA shared data regularly with SPAs around their response rate. Agencies with response rates that were lower in particular regions of the state or with under-represented demographics were targeted for TA around their family survey distribution and collection procedures. Providers also reported that family survey return rate is highly correlated with specific service coordinators and their process.

In order to promote response from a broad cross section of families that received Part C service, the LA also launched a redesigned website with feedback from the Family Engagement Committee and RSKs, Arizona's Parent Training and Information Center. The redesign focused on information families may want as well as having a dedicated space for an electronic version of the family survey. With the initial launch of the website, the LA continues to accept feedback and make improvements in order to make it more family friendly and easier to find the family survey in order to reduce non-response bias.

Provide additional information about this indicator (optional).

The 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 new family survey updated the NCSEAM tool with more relevant questions from the item bank to include questions from both subscales, the family impact scale and family-centered practices scale. One additional question was piloted, calibrated, and determined to be behaving as expected with the other questions on the newly revised family survey. 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 the TBEIS approach that Arizona uses. Specifically, one additional question was added, "My child's Team Lead is a good fit for my family". The ICC approved additional recommendations to update the Likert scale to measure the ratings of each question, formatting options to make the survey more visually appealing, and collecting data electronically rather than exclusively by paper and pen. The redesign took several years of gathering feedback from families, providers, and other stakeholders. Ultimately, stakeholders that provided targeted feedback for the redesign included ten current or former family members, 12 community partner agencies including a health plan, Early Head Start, First Things First, Arizona Department of Health Services (ADHS) 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, Arizona Association for the Deaf Education Committee, Arizona 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 DDD, and ASDB through all levels of the organizations including Program Directors and Administrators, Supervisors, Service Coordinators, Therapists, and subcontractors.

While the percentage improved from last year, to address the targets that were not met, for outcome C, families that report they can help their children develop and learn, the LA will be working with the ICC to make better understand how the family outcomes data relate to child outcomes data. Specifically, more families are reporting they can help their children develop and learn but this year fewer children are reported to significantly increase their rate of growth with acquisition and use of knowledge and skills and use of appropriate behaviors to meet their needs. Additionally, to support all family outcomes, the LA will be assessing the impact of the permanent provider rate increases (occurring on both October 1, 2022, and again increased on October 1, 2023) on the turnover and recruitment of providers.

4 - Prior FFY Required Actions

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

Response to actions required in FFY 2021 SPP/APR

4 - OSEP Response

4 - Required Actions

In the FFY 2023 SPP/APR, the State must report whether its FFY 2023 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.

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.59%

FFY	2017	2018	2019	2020	2021
Target >=	0.68%	0.69%	0.73%	0.73%	0.73%
Data	0.91%	0.92%	0.89%	0.88%	0.91%

Targets

FFY	2022	2023	2024	2025
Target >=	0.73%	0.73%	0.73%	0.73%

Targets: Description of Stakeholder Input

The FFY 2022 SPP/APR including the development and implementation of Indicator 11, the SSIP was developed with extensive stakeholder engagement throughout the year. The information was gathered through workgroups, inter-agency meetings, routine and ad hoc meetings with SPAs, and ICC meetings.

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), Center for IDEA Fiscal Reporting (CIFR) and the CADRE. 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 for evaluation of transition activities with Arizona's IDEA, Part B State Education Agency (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.

The relationship between Part C and Part B staff continues to be a strength for transition improvement activities. 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.

The ICC tasked both the Fiscal and Family Engagement Committees with reviewing the "A Family's Guide to Funding EIS in Arizona" brochure to provide feedback to the LA for updates to make critical information about the system of payments easier for families to understand. The updated funding brochure was published in August of 2022. The Family Engagement Committee also started its first line review of the Child and Family Rights booklet to provide suggestions in making the booklet easier for families to understand their rights in plain language. Modifications are anticipated to be completed by the next submission of the SPP/APR.

LA staff also facilitated an annual stakeholder meeting on November 28, 2023, 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 2022 submission, a majority of the recommendations were to keep the trajectory of the targets the same but to continue to monitor the data to make potential adjustments in the future.

This year's annual stakeholders meeting included individuals representing very diverse early childhood perspectives. At this year's meeting, the 29 participants included:

- Current and former parents, foster parents, and family members of children that received EIS;
- 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;
- Other State agency partners including the ADHS, Arizona Health Care Cost Containment System (AHCCCS) (the State's Medicaid agency), Medicaid health plans;
- Representation from the SEA, ADE; and
- Community leaders from other early childhood programs.

Participants in the annual stakeholders target review meeting included metropolitan, urban, suburban, rural, and Tribal communities located throughout the State representing the central, northern, southern, eastern, and western geographical areas as well as tribal lands. Statewide leaders from service-providing agencies included various roles such as executive leadership, local management, administration, supervisors, team leads, and service coordinators. During the annual stakeholder target review meeting, information from other stakeholders obtained through workgroups, inter-agency meetings, information from SPAs, ICC members, referral sources, and other community partners was shared to gather additional information included in this report.

Stakeholders did not express recommendations for changing the target for Child Find activities for ages birth to one year. Stakeholders did express the need to continue to support potential referral sources to understand their requirements with IDEA Part C to make timely referrals. Stakeholders also expressed that helping potential referral sources understand that Part C is more than just a place for therapy but also includes services unique to early intervention including service coordination, developmental special instruction, and transition activities to get a child potentially eligible for Part B enrolled by their third birthday. It was also important to stakeholders that the LA shares information with potential referral sources that the earlier a child is referred to Part C the more potential for better outcomes for children and their family.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 1 with IFSPs	668
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/20/2023	Population of infants and toddlers birth to 1	78,579

FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
668	78,579	0.91%	0.73%	0.85%	Met target	No Slippage

Provide additional information about this indicator (optional)

The State's annual child count occurred in October 2022 and is considered by stakeholders to reflect recovery from lower pandemic levels with a decrease in raw number of infants (birth to age one) having an IFSP for IDEA, Part C correlating with a steeper decline in the State's population of the same age group resulting in a higher percentage of children having been found eligible.

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. Fortunately, referrals have generally continued to increase since the initial start of the pandemic but began to level off with the same rather than higher numbers from the previous year. Stakeholders also identified that referrals could potentially be impacted by the number of services perceived by referral sources to be provided through alternative means. Through additional TA and support LA staff has been supporting SPAs to address logistical issues in order to continue increasing in-person services to ensure families receive effective support unless families request services through alternative means and if the IFSP team feels that will effectively address their needs.

Most agencies provide services in person unless requested by the family and the rest of the IFSP team feels it is appropriate. There are two agencies currently providing more alternative service deliveries than would be expected when compared to similar programs in the region. Personnel shortages are reported as the primary reason in these areas. The LA regularly addresses the percentage of alternative service deliveries and provides TA to SPAs around their alternative service deliveries, impact on child find efforts, and relationships with potential stakeholder who have expressed concerns with referring children to the LA because of the number of alternative service deliveries.

On the other side, the LA has made announcements and shared data with stakeholders and potential referral sources to improve their confidence that family needs will be addressed through referrals to the LA for early intervention services. The SCRL has helped address the concerns of stakeholders and potential referral sources as well as countering misinformation with data on the number of children who receive in-person services.

Additionally, the LA has been working with SPAs to understand the impact of family delays after receiving referrals and before eligibility has been determined and before an initial IFSP has been completed. The LA has been providing TA to the SPAs in order to support staff in working with the families to resolve the family delays as quickly as possible so that more children can receive their IFSPs at an early age, particularly for those children that are nearing their first birthday.

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 declining birth rate impact the total population of children from birth to age one in the State.

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

6 - Indicator Data

Baseline Year	Baseline Data
2005	1.61%

FFY	2017	2018	2019	2020	2021
Target >=	1.89%	1.89%	1.95%	1.95%	1.95%
Data	2.22%	2.34%	2.33%	2.18%	2.25%

Targets

FFY	2022	2023	2024	2025
Target >=	1.95%	1.95%	1.95%	1.95%

Targets: Description of Stakeholder Input

The FFY 2022 SPP/APR including the development and implementation of Indicator 11, the SSIP was developed with extensive stakeholder engagement throughout the year. The information was gathered through workgroups, inter-agency meetings, routine and ad hoc meetings with SPAs, and ICC meetings.

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), Center for IDEA Fiscal Reporting (CIFR) and the CADRE. 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 for evaluation of transition activities with Arizona's IDEA, Part B State Education Agency (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.

The relationship between Part C and Part B staff continues to be a strength for transition improvement activities. 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.

The ICC tasked both the Fiscal and Family Engagement Committees with reviewing the "A Family's Guide to Funding EIS in Arizona" brochure to provide feedback to the LA for updates to make critical information about the system of payments easier for families to understand. The updated funding brochure was published in August of 2022. The Family Engagement Committee also started its first line review of the Child and Family Rights booklet to provide suggestions in making the booklet easier for families to understand their rights in plain language. Modifications are anticipated to be completed by the next submission of the SPP/APR.

LA staff also facilitated an annual stakeholder meeting on November 28, 2023, 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 2022 submission, a majority of the recommendations were to keep the trajectory of the targets the same but to continue to monitor the data to make potential adjustments in the future.

This year's annual stakeholders meeting included individuals representing very diverse early childhood perspectives. At this year's meeting, the 29 participants included:

- Current and former parents, foster parents, and family members of children that received EIS;
- 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;
- Other State agency partners including the ADHS, Arizona Health Care Cost Containment System (AHCCCS) (the State's Medicaid agency), Medicaid health plans;

- Representation from the SEA, ADE; and
- Community leaders from other early childhood programs.

Participants in the annual stakeholders target review meeting included metropolitan, urban, suburban, rural, and Tribal communities located throughout the State representing the central, northern, southern, eastern, and western geographical areas as well as tribal lands. Statewide leaders from service-providing agencies included various roles such as executive leadership, local management, administration, supervisors, team leads, and service coordinators. During the annual stakeholder target review meeting, information from other stakeholders obtained through workgroups, inter-agency meetings, information from SPAs, ICC members, referral sources, and other community partners was shared to gather additional information included in this report.

Stakeholders did not express recommendations for changing the target for Child Find activities for ages birth to one year. Stakeholders did express the need to continue to support potential referral sources to understand their requirements with IDEA Part C to make timely referrals. Stakeholders also expressed that helping potential referral sources understand that Part C is more than just a place for therapy but also includes services unique to early intervention including service coordination, developmental special instruction, and transition activities to get a child potentially eligible for Part B enrolled by their third birthday.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 3 with IFSPs	5,474
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/20/2023	Population of infants and toddlers birth to 3	232,758

FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
5,474	232,758	2.25%	1.95%	2.35%	Met target	No Slippage

Provide additional information about this indicator (optional).

The State's annual child count occurred in October 2022 and is considered by stakeholders to reflect recovery from lower pandemic levels with a decrease in raw number of infants (birth to age three) having an IFSP for IDEA, Part C correlating with a steeper decline in the State's population of the same age group resulting in a higher percentage of children having been found eligible.

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. Fortunately, referrals have generally continued to increase since the initial start of the pandemic but began to level off with the same rather than higher numbers from the previous year. Stakeholders also identified that referrals could potentially be impacted by the number of services perceived by referral sources to be provided through alternative means. Through additional TA and support LA staff has been supporting SPAs to address logistical issues in order to continue increasing in-person services to ensure families receive effective support unless families request services through alternative means and if the IFSP team feels that will effectively address their needs.

Most agencies provide services in person unless requested by the family and the rest of the IFSP team feels it is appropriate. There are two agencies currently providing more alternative service deliveries than would be expected when compared to similar programs in the region. Personnel shortages are reported as the primary reason in these areas. The LA regularly addresses the percentage of alternative service deliveries and provides TA to SPAs around their alternative service deliveries, impact on child find efforts, and relationships with potential stakeholder who have expressed concern with referring children to the LA because of the number of alternative service deliveries.

On the other side, the LA has made announcements and shared data with stakeholders and potential referral sources to improve their confidence that family needs will be addressed through referrals to the LA for early intervention services. The SCRL has helped address the concerns of stakeholders and potential referral sources as well as countering misinformation with data on the number of children who receive in-person services.

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 Arizona State Demographer's office to understand how the 2020 Census Data and declining birth rate impact the total population of children birth to age one in the State.

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	39.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	97.58%	98.41%	98.26%	99.27%	98.41%

Targets

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

FFY 2022 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
932	1,608	98.41%	100%	96.64%	Did not meet target	Slippage

Provide reasons for slippage, if applicable.

Some SPAs reported that the national personnel shortage of therapists who do comprehensive, multidisciplinary evaluations and qualified service coordinators created difficulty in meeting the 45-day timeline. The LA is assessing the impact of the two temporary rate increases and two permanent rate increases bringing the rates for services up to 100 percent of the last benchmark rate. While personnel seems to have increased slightly since the start of the pandemic, it has not quite reached pre-pandemic levels of staffing. Additionally, the LA is monitoring the impact on retention of qualified and fully trained staff.

In addition to the general personnel shortage, one service providing agency also reported the increase in referrals has led to an increase in workload for the therapists and developmental special instructionist who complete the comprehensive, multidisciplinary evaluations. This agency was responsible for 42 of the 54 delays (all other agencies combined were responsible for 12 of the 54 delays). When comparing other agencies in similar regions with similar or higher referrals, the other agencies performed better with most reaching 100 percent. So the performance of this agency may be impacted by personnel shortages or more referrals differently than other agencies or there may be another reason. The LA is exploring additional potential causes with the service providing agency including management of staff, training, personnel practices, timeline management, and workload balancing. LA staff are working with the ADES Office of Procurement (OP) to address concerns with this service providing agency.

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.

622

Provide reasons for delay, if applicable.

Of the 1,608 eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted, 932 were timely and 622 were delayed due to documented exceptional family circumstances leaving 54 children that did not receive a timely IFSP. Twenty-three of the children had a timely eligibility decision but a late IFSP meeting. Non-compliant eligibility delays accounted for the remaining 31 of the 54 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:

- Service Coordinator reasons including scheduling errors accounted for 16 delayed eligibility decisions and eight delayed IFSPs with timely eligibility decisions;
- Team member reasons accounted for nine delayed eligibility decisions and 13 delayed IFSPs with timely eligibility decisions;
- The service coordinator noted some other programmatic reason for a delayed IFSP with a timely eligibility decision;
- The service coordinator caused a delay in identifying the educational parent for a child in the custody of DCS accounted for two delayed eligibility decisions and an the associated IFSPs;
- Agency partner delay accounted for four delayed eligibility decisions and one delayed IFSP with a timely eligibility decision; and
- The service coordinator noted some other programmatic reason for a delayed IFSP with a timely eligibility decision.

Family delays accounted for the majority of delays in the 45-day timeline for 622 children. Reasons for family delays include canceling visits, no showing visits followed by not responding to provider's attempts to reschedule, requesting to reschedule visits for dates after 45 days from the referral, returning calls to reschedule evaluations or IFSPs that had been canceled after they were due, families going on vacation, needing time to adjust to the birth of a younger sibling, being unavailable due to extended child hospitalizations in the newborn intensive care unit, and occasionally withdrawing from services before they started. LA staff validate the use of family delays by reviewing records during monitoring to ensure that family delays are thoroughly documented and used appropriately in accordance with the State's policies and IDEA, Part C.

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, 2023, and June 30, 2023.

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, 2023, through June 30, 2023. The data represents 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 that every SPA in the state participates in monitoring for this indicator, regardless of their monitoring cycle, providing an insight into statewide practice and compliance. 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.

Provide additional information about this indicator (optional).

The data represent 1,608 individual children, all with initial IFSP meetings from the 33 TBEIS contractors responsible for the 45-day timeline from April 1, 2023, through June 30, 2023. DDD and ASDB are not responsible for completing initial evaluations, initial assessments, and initial IFSPs as this is completed exclusively by the 33 TBEIS contractors. As a result, neither DDD nor ASDB contributed to noncompliance for this indicator.

This year, findings of noncompliance 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 noncompliance 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 noncompliance. All 54 instances of child-specific noncompliance were tracked by LA staff to ensure correction and that, although late, all of the individual children's IFSPs were developed consistent with the OSEP QA 23-01 memo (superseding the OSEP 09-02 memo) on timely corrections. SPAs are required to submit file reviews to verify the program is performing at 100 percent for timely IFSPs.

The list below accounts for the performance of all 33 TBEIS contractors monitored for this indicator:

- Eighteen programs were at 100 percent compliance;
- Ten programs were between 95-99 percent compliance;
- Two programs were between 90-94 percent compliance;
- One programs were between 80-89 percent compliance;
- One programs were between 70-79 percent compliance; and
- One program was below 70 percent compliance.

As outlined in the OSEP QA 23-01 memo (superseding the OSEP 09-02 memo), the LA requires SPAs to submit documentation of child-specific correction and subsequent data reflecting correction for each area of noncompliance. 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 e-mail, and reviewing subsequent data submitted in the statewide database. The LA ensures noncompliance is corrected as soon as possible, and no later than one year from the identification of the noncompliance, by providing SPAs with support offered through its TA System.

Correction of Findings of Noncompliance Identified in FFY 2021

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

FFY 2021 Findings of Noncompliance Verified as Corrected

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

Based on findings of noncompliance, SPAs were placed on a tiered corrective action plan. The amount of data SPAs were required to submit for the LA to verify the correction was based on the level and extent of the SPA's noncompliance. SPA leaders submitted a root cause analysis for each instance of child-specific noncompliance detailing individualized plans for addressing the causes of their noncompliance. 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 three to five percent of the SPAs' current caseloads to verify each SPA was implementing regulatory requirements at 100 percent consistent with the OSEP 09-02 memo (in effect when the 6 findings of noncompliance had been verified as corrected). Specifically, this meant the LA reviewed files for five percent of the current caseload for all six SPAs because the level and extent of noncompliance was coincidentally very similar and less than five percent.

Six findings of noncompliance were issued in FFY 2021. The LA verified that the six SPAs with findings of noncompliance had demonstrated corrections of all instances of child-specific noncompliance and demonstrated they were implementing the regulatory requirements at 100 percent. Six of the programs were able to demonstrate timely correction of the noncompliance within one year. The LA verified that each SPA with noncompliance identified in FFY 2021 is correctly implementing the specific regulatory requirements (i.e., achieved 100 percent compliance) based on a review of updated data from data subsequently collected through the State data system; and has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the SPA.

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

SPAs were required to submit data to verify individual cases of noncompliance had been corrected. LA staff reviewed files including the State database, prior written notices, IFSPs, home visit logs, and service coordinator progress notes for all ten individual cases to determine that eligibility decision and IFSPs occurred, although late. There were no instances of a child-specific noncompliance for children who are no longer within Part C.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

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

7 - Prior FFY Required Actions

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

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

Response to actions required in FFY 2021 SPP/APR

7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	80.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	94.96%	94.38%	96.60%	98.94%	98.14%

Targets

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

FFY 2022 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
871	886	98.14%	100%	98.42%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

1

Provide reasons for delay, if applicable.

Most children of transition-age received their IFSP developed with transition steps and services in a timely manner, 14 children did not. The list below accounts for the reasons for a delay in noncompliance transition plans:

- Service coordinator delays including scheduling delays and not tracking the due dates appropriately account for five delayed IFSPs developed with transition steps and services;
- Service coordinator did not document occurrence of the IFSP developed with transition steps and services for six children; and
- Timely IFSP meeting but transition steps and services not documented account for three children.

Besides the delays attributed to Part C staff for the 14 children noted above, there was one documented delay attributable to exceptional family circumstances because services were suspended due to the family not responding to attempts to contact.

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, 2023, through June 30, 2023.

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 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 provider 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 1,295 children exited Part C between April 1, 2023, and June 30, 2023. Of those children, 986 were of transition age, between two years, three months, and three years of age. Of those 986 children, 72 children had their initial IFSP meeting within 90 days of age three, 17 exited during transition before transition planning meetings were due, and 11 children were eligible but exited before an initial IFSP was completed. This leaves 886 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 noncompliance to local SPAs that do not meet 100 percent compliance for a timely developed IFSP with transition steps and services consistent with the OSEP Policy Letter to Jennifer Nix issued in March 2023. The LA reviews corrective action plans and supports the effective and timely correction of noncompliance. All instances of child-specific noncompliance 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 QA 23-01 memo (superseding 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 2022 data represent a modest improvement over last year, particularly given that there were more children requiring transition activities this year compared to last year. 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 noncompliance 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.

The list below accounts for the performance of all 35 SPAs monitored for this indicator including the TBEIS Contractors and DDD:

- Twenty three SPAs were at 100 percent compliance;
- Three service-providing agency was between 95-99 percent compliance;
- Three service-providing agencies were between 90-94 percent compliance;
- Four service-providing agency was between 80-89 percent compliant;
- One service-providing agency was 60-69 percent compliant; and
- One service-providing agency was below 60 percent compliant.

As outlined in the OSEP QA 23-01 memo, the LA requires SPAs to submit documentation of child-specific correction and subsequent data that reflect

correction for each area of noncompliance for verification of the 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 secure email, forms, and reviewing current data submitted in the statewide database. The LA ensures that noncompliance is corrected as soon as possible, and no later than one year from the identification of the noncompliance, by offering SPAs support through its TA System.

Providers attribute some of the improvement over last year to the LA providing individual guidance to SPA's. Specifically, the LA dedicated time during July 2022 through September 2022 to provide individualized TA around transition planning meetings with SPAs during regular meetings with their leaders (with TA around other transition activities in other quarters). During these individual meetings, the LA reviewed the status of transition planning meetings for individual families and specific service coordinators who appeared to need additional support.

Additionally, DDD restructured allowing better support to DDD service coordinators and their supervisors. The new structure has been beneficial in supporting DDD, the SPA with the largest number of children and service coordinators in addressing issues and noncompliance more quickly than before resulting in improved compliance and faster correction of noncompliance.

The LA completed strategic enhancements to the data system with linking data with the State's SEA and Part B Program with the eventual goal of being able to further improve compliance and answer critical questions around compliance, quality, and outcomes. In late December 2022, data between Part C and Part B began daily live linking for every child newly referred to Part C. These improvements to the data system will allow for better monitoring of transition activities. 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. While not all children currently transitioning from Part C to Part B have been linked, all children will be linked in the future and going forward. The LA has provided an initial set of data to Part B while planning for joint evaluation of the data with the SEA.

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 Transition Committee worked with AzEIP staff to develop a computer based training about the requirements of the transition process and uploaded into the LA's primary training platform. SPAs have begun having staff complete the training. The ICC Transition Committee has created two ad hoc subcommittees, one focusing on improving compliance and one on improving quality practices. The compliance subcommittee is developing a desk reference of requirements based on policies, procedures, and regulations and would like to set up a compliance community of practice. The quality practices group is creating job aids outlining best practices for transition conferences, including a sample Transition Conference Agenda and Script to outline roles, responsibilities, and requirements of the transition conference.

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
7	7	0	0

FFY 2021 Findings of Noncompliance Verified as Corrected

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

Based on findings of noncompliance, 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 noncompliance. The LA provided TA and webinars on federal requirements for this indicator attended by all early intervention staff in an area with noncompliance. 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 (as correction of all seven findings was verified before the OSEP QA 23-01 memo had been issued in July of 2023). Depending on the level and extent of the noncompliance, five to fifteen percent of a SPAs current caseload was reviewed by LA staff to verify that the program was correctly implementing regulatory requirements. Specifically, this meant the LA reviewed files for five percent of the current caseload for five SPAs, ten percent of the current caseload for two SPAs, and no SPAs met the criteria for fifteen percent review of the current caseload based on the level and extent of noncompliance.

Seven findings of noncompliance were issued in FFY 2021. The LA verified the seven SPAs with findings of noncompliance had demonstrated correction of all instances of child-specific noncompliance and demonstrated they were now implementing the regulatory requirements correctly based on review of subsequent data. All the programs were able to demonstrate timely correction of the noncompliance within one year.

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

SPAs were required to submit data to verify the ten individual cases of noncompliance 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 noncompliance consistent with the OSEP 09-02 memo (as correction of all ten findings was verified before the OSEP QA 23-01 memo had been issued in July of 2023). Of the ten individual cases, transition plans eventually occurred for two children, although late, and eight children were exited from Part C before transition planning occurred and no longer within the jurisdiction of Part C.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

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

8A - Prior FFY Required Actions

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

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

Response to actions required in FFY 2021 SPP/APR

8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8A - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

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:

- 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;
- 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
- 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

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	89.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	81.65%	86.45%	87.40%	93.38%	95.60%

Targets

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

FFY 2022 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
807	892	95.60%	100%	95.39%	Did not meet target	No Slippage

Number of parents who opted out

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

46

Provide reasons for delay, if applicable.

Most children of transition-age had a notification to the LEA and SEA in a timely manner although 39 did not. The list below accounts for the reasons for the delay in non-compliant notifications to the LEA and SEA:

- Timely notification to the LEA but service coordinator delayed notification to the SEA for nine children;
- Timely notification to the LEA but service coordinator did not notify the SEA for four children;
- Service coordinator delays account for 11 delayed notifications to both the LEA and SEA;
- Delay to both the LEA and SEA because services were suspended for one child;
- Service coordinator did not document the notification for nine children;
- Service coordinator sent a timely notification to the SEA but did not document a notification to the LEA for two children;
- Timely notification to the SEA but service coordinator delayed notification to the LEA for two children; and
- Late notification to the LEA and service coordinator did not document a notification to the SEA for one child.

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 five 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, statewide, potentially eligible for Part B and exiting from April 1, 2023 through June 30, 2023.

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

The data represent 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 1,295 children exited Part C between April 1, 2023, and June 30, 2023. Of those children, 986 were of transition age, between two years, three months, and three years of age. Of those 986 children, 53 children had their Part C eligibility established within 90 days of age three, 41 exited during transition before the PEA notification/referral was due to be completed. This leaves 892 children for whom there should have been a PEA notification/referral sent.

The LA issues findings of noncompliance 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 noncompliance. All instances of child-specific noncompliance 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 SPAs 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 2021 data represents an improvement over last year's results. When noncompliant, DDD has been cited separately from the TBEIS contractor for noncompliance in order to better address the root causes and local contributing factors of noncompliance within the program. Because ASDB does not provide service coordination there were no instances of ASDB contributing to noncompliance 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. Additionally, the LA updated a formal agreement with DDD for clarity and to improve accountability. Additionally, the LA dedicated time during April 2022 through June 2022 to provide individualized TA around Part B notifications to SPAs during regular meetings with their leaders leading to some of the improvement.

The list below accounts for the performance of all 35 SPAs monitored for this indicator including the TBEIS Contractors and DDD:

- Twenty-two SPAs were at 100 percent compliance;
- Three SPAs were between 95-99 percent compliance;
- Six SPAs was between 90-94 percent compliance;
- One SPA was between 80-89 percent compliance; and
- Three SPAs was between 70-79 percent compliance.

As outlined in the OSEP QA 23-01 memo, the LA requires SPAs to submit documentation of child-specific correction and subsequent data that reflect correction for each area of noncompliance for verification of the 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 secure email, forms, and reviewing current data submitted in the statewide database. The LA ensures that noncompliance is corrected as soon as possible, and no later than one year from the identification of the noncompliance, by offering SPAs support through its TA System.

The LA dedicated time during October 2022 through December 2023 to provide individualized TA around PEA notifications with SPAs during regular meetings with their leaders (with TA around other transition activities in the previous and subsequent quarters). During these individual meetings, the LA reviewed the status of PEA notifications for individual families and specific service coordinators who appeared to need additional support.

Additionally, DDD restructured allowing better support to DDD service coordinators and their supervisors. The new structure has been beneficial in supporting DDD, the SPA with the largest number of children and service coordinators in addressing issues and noncompliance more quickly than before resulting in improved compliance and faster correction of noncompliance.

The LA completed strategic enhancements to the data system with linking data with the State's SEA and Part B Program with the eventual goal of being able to further improve compliance and answer critical questions around compliance, quality, and outcomes. In late December 2022, data between Part C and Part B began daily live linking for every child newly referred to Part C. The identification number used to link the data is provided on all PEA and SEA notifications for children referred during 2023 and after. These improvements to the data system will allow for better monitoring of transition activities especially when all data at the child-level is eventually linked. 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. While not all children currently transitioning from Part C to Part B have been linked, all children will be linked in the future and going forward.

The ICC Transition Committee has created two ad hoc subcommittees, one focusing on improving compliance and one on improving quality practices. The compliance subcommittee is developing a desk reference of requirements based on policies, procedures, and regulations and would like to set up a compliance community of practice. The quality practices group is creating job aids outlining best practices for transition conferences, including a sample script and agenda for the Transition Conference in order to outline roles, responsibilities, and other best practices around transition.

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
22	22	0	0

FFY 2021 Findings of Noncompliance Verified as Corrected

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

Based on findings of noncompliance, 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 noncompliance. The LA provided TA and webinars on federal requirements for this indicator attended by all early intervention staff in an area with noncompliance. 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, opt-out documentation, transition notification documentation, and email or fax evidence of the LEA and SEA being notified. 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 (as correction of all 22 findings was verified before the OSEP QA 23-01 memo had been issued in July of 2023). Depending on the level and extent of the noncompliance, five to fifteen percent of a SPAs current caseload was reviewed by LA staff to verify that the program was correctly implementing regulatory requirements. Specifically, this meant the LA reviewed files for five percent of the current caseload for eleven SPAs, ten percent of the current caseload for six SPAs, and fifteen percent of the current caseload for five SPAs.

Twenty-two findings of noncompliance were issued in FFY 2021. The LA verified the 22 SPAs with findings of noncompliance had demonstrated correction of all instances of child-specific noncompliance and demonstrated they were now implementing the regulatory requirements correctly based on review of subsequent data. All the programs were able to demonstrate timely correction of the noncompliance within one year.

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

SPAs were required to submit data to verify the 48 individual cases of noncompliance 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 documentation, and documentation of correspondence with the LEA and SEA, to verify the SPAs corrected all individual cases of noncompliance consistent with the OSEP 09-02 memo (as correction of all 48 findings was verified before the OSEP QA 23-01 memo had been issued in July of 2023). Of the 48 individual cases, both LEA and SEA notification eventually occurred for ten children, although late, while the LEA notification had been timely for 35 children, the SEA notification eventually occurred, although late, and three children were exited from Part C before the notification occurred and no longer within the jurisdiction of Part C.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

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

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

8B - Prior FFY Required Actions

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

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

Response to actions required in FFY 2021 SPP/APR

8B - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8B - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01.

In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

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:

- 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;
- 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
- 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

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	57.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	90.24%	93.23%	90.77%	95.32%	94.57%

Targets

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

FFY 2022 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
727	886	94.57%	100%	94.45%	Did not meet target	No Slippage

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

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

57

Number of documented delays attributable to exceptional family circumstances

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

56

Provide reasons for delay, if applicable.

Most children of transition-age had a conference in a timely manner although 46 did not. The list below accounts for the reasons for the delay in the non-compliant conferences:

- Service coordinator delays account for 15 delayed conferences;
- Service coordinator did not document the reason for a delayed conference for seven children;
- Service coordinator did not document the conference occurring for 21 children; and
- Service coordinator did not update the transition plan at the conference for three children.

Besides the delays attributed to Part C staff for the 46 children noted above, there were 56 documented delays attributable to exceptional family circumstances including one where services were suspended due to the family not responding to multiple attempts to contact. Other family delays reasons include canceling the conference, no showing the conference followed by not responding to provider's attempts to reschedule, requesting to reschedule conferences for dates less than 90 days before the child turned three, returning calls to reschedule conferences that had been canceled after they were due, families going on vacation, and changing their mind about transitioning to preschool.

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, 2023, through June 30, 2023.

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

The data represent 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 1,295 children exited Part C between April 1, 2023, and June 30, 2023. Of those children, 986 were of transition age, between two years, three months, and three years of age. Of those 986 children, 72 children had their initial IFSP meeting within 90 days of age three, 17 exited during transition before transition activities were due, and 11 children were eligible but exited before an initial IFSP was completed. An additional 57 families did not provide approval for the transition conference. This leaves 829 children for whom there should have been a transition conference at least 90 days before their third birthday.

The LA issues findings of noncompliance to local SPAs that do not meet 100 percent compliance for a timely transition conference consistent with the OSEP Policy Letter to Jennifer Nix issued in March 2023. The LA reviews corrective action plans and supports the effective and timely correction of noncompliance. All instances of child-specific noncompliance 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 QA 23-01 memo (superseding 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, there was no slippage which is particularly important given that there were more children requiring transition activities this year compared to last year. 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 noncompliance 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.

The list below accounts for the performance of all 34 SPAs monitored for this indicator including all TBEIS Contractors and DDD:

- Twenty three SPAs were at 100 percent compliance;
- Three SPAs were between 95-99 percent compliance;
- Three SPAs was between 90-94 percent compliance;
- Four SPAs was between 80-89 percent compliance;
- One SPA was between 60-69 percent compliance; and
- One SPA was below 60 percent compliance.

As outlined in the OSEP QA 23-01 memo, the LA requires SPAs to submit documentation of child-specific correction and subsequent data that reflect correction for each area of noncompliance for verification of the 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 secure email, forms, and reviewing current data submitted in the statewide database. The LA ensures that noncompliance is corrected as soon as possible, and no later than one year from the identification of the noncompliance, by offering SPAs support through its TA System.

Providers attribute some success to the LA providing individual guidance to SPA's. Specifically, the LA dedicated time during January 2023 through March 2023 to provide individualized TA around transition conferences with SPAs during regular meetings with their leaders (with TA around other transition activities in the two previous quarters). During these individual meetings, the LA reviewed the status of transition conference meetings for individual families and specific service coordinators who appeared to need additional support.

Additionally, DDD restructured allowing better support to DDD service coordinators and their supervisors. The new structure has been beneficial in supporting DDD, the SPA with the largest number of children and service coordinators in addressing issues and noncompliance more quickly than before resulting in improved compliance and faster correction of noncompliance.

The LA completed strategic enhancements to the data system with linking data with the State's SEA and Part B Program with the eventual goal of being able to further improve compliance and answer critical questions around compliance, quality, and outcomes. In late December 2022, data between Part C and Part B began daily live linking for every child newly referred to Part C. These improvements to the data system will allow for better monitoring of transition activities. 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. While not all children currently transitioning from Part C to Part B have been linked, all children will be linked in the future and going forward. The LA has provided an initial set of data to Part B while planning for joint evaluation of the data with the SEA.

The LEA and SEA began planning for transition support for both early intervention providers as well as school districts. Initial brainstorming and planning sessions occurred in June 2023 for what would be known as the "AzEIP/ECSE Early Childhood Transition: Building Collaborative Communities" which occurred over several days during FFY 2023. Planning and presentations for this set of interactive meetings crossed between FFY 2022 and FFY 2023. The impact of the collaborative communities meeting will be analyzed and reported in the FFY 2023 APR.

The ICC Transition Committee has created two ad hoc subcommittees, one focusing on improving compliance and one on improving quality practices. The compliance subcommittee is developing a desk reference of requirements based on policies, procedures, and regulations and would like to set up a compliance community of practice. The quality practices group is creating job aids outlining best practices for transition conferences, including a sample script and agenda for the Transition Conference in order to outline roles, responsibilities, and other best practices around transition.

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
31	31	0	0

FFY 2021 Findings of Noncompliance Verified as Corrected

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

Based on findings of noncompliance, 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 noncompliance. The LA provided TA and webinars on federal requirements for this indicator attended by all early intervention staff in an area with noncompliance. 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 conference documentation, 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 (as correction of all seven findings was verified before the OSEP QA 23-01 memo had been issued in July of 2023). Depending on the level and extent of the noncompliance, five to 15 percent of a SPAs current caseload was reviewed by LA staff to verify that the program was correctly implementing regulatory requirements. Specifically, this meant the LA reviewed files for five percent of the current caseload for 24 SPAs, ten percent of the current caseload for seven SPAs, and no programs required 15 percent of the current caseload.

Thirty-one findings of noncompliance were issued in FFY 2021. The LA verified the 31 SPAs with findings of noncompliance had demonstrated correction of all instances of child-specific noncompliance and demonstrated they were now implementing the regulatory requirements correctly based on review of subsequent data. All the programs were able to demonstrate timely correction of the noncompliance within one year.

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

SPAs were required to submit data to verify the 33 individual cases of noncompliance 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 conference documentation, and IFSP documentation, to verify the SPAs corrected all individual cases of noncompliance consistent with the OSEP 09-02 memo (as correction of all 33 findings was verified before the OSEP QA 23-01 memo had been issued in July of 2023). Of the 33 individual cases, transition conferences eventually occurred for 24 children, although late, and nine children were exited from Part C before the transition conference occurred and no longer within the jurisdiction of Part C.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

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

8C - Prior FFY Required Actions

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

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

Response to actions required in FFY 2021 SPP/APR

8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

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

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2021 SPP/APR

9 - OSEP Response

9 - Required Actions

OSEP notes that this indicator is not applicable.

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

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

Targets: Description of Stakeholder Input

The FFY 2022 SPP/APR including the development and implementation of Indicator 11, the SSIP was developed with extensive stakeholder engagement throughout the year. The information was gathered through workgroups, inter-agency meetings, routine and ad hoc meetings with SPAs, and ICC meetings.

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), Center for IDEA Fiscal Reporting (CIFR) and the CADRE. 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 for evaluation of transition activities with Arizona's IDEA, Part B State Education Agency (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.

The relationship between Part C and Part B staff continues to be a strength for transition improvement activities. 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.

The ICC tasked both the Fiscal and Family Engagement Committees with reviewing the "A Family's Guide to Funding EIS in Arizona" brochure to provide feedback to the LA for updates to make critical information about the system of payments easier for families to understand. The updated funding brochure was published in August of 2022. The Family Engagement Committee also started its first line review of the Child and Family Rights booklet to provide suggestions in making the booklet easier for families to understand their rights in plain language. Modifications are anticipated to be completed by the next submission of the SPP/APR.

LA staff also facilitated an annual stakeholder meeting on November 28, 2023, 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 2022 submission, a majority of the recommendations were to keep the trajectory of the targets the same but to continue to monitor the data to make potential adjustments in the future.

This year's annual stakeholders meeting included individuals representing very diverse early childhood perspectives. At this year's meeting, the 29 participants included:

- Current and former parents, foster parents, and family members of children that received EIS;
- 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;
- Other State agency partners including the ADHS, Arizona Health Care Cost Containment System (AHCCCS) (the State's Medicaid agency), Medicaid health plans;
- Representation from the SEA, ADE; and
- Community leaders from other early childhood programs.

Participants in the annual stakeholders target review meeting included metropolitan, urban, suburban, rural, and Tribal communities located throughout the State representing the central, northern, southern, eastern, and western geographical areas as well as tribal lands. Statewide leaders from service-providing agencies included various roles such as executive leadership, local management, administration, supervisors, team leads, and service coordinators. During the annual stakeholder target review meeting, information from other stakeholders obtained through workgroups, inter-agency meetings, information from SPAs, ICC members, referral sources, and other community partners was shared to gather additional information included in this report.

States are not required to establish baseline or targets if the number of mediations is less than ten. Arizona Part C received two requests for mediation. As a result, stakeholders did not recommend establishing a baseline or target for this indicator.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2017	2018	2019	2020	2021
Target>=					
Data					

Targets

FFY	2022	2023	2024	2025
Target>=				

FFY 2022 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

One individual family submitted two requests for mediation. The two mediations were not held after the family and the service providing agency both identified that they were not willing to participate in a negotiation to identify a mutually acceptable solution. The same family also filed two written complaints and was satisfied with the outcome of the investigations in resolving their dispute.

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2022. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2023). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2023-June 30, 2024).

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2022 APR, report on activities it intends to implement in FFY 2023, i.e., July 1, 2023-June 30, 2024) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

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

The statewide SiMR is that children in the ADES/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.

<<https://des.az.gov/services/developmental-disabilities/early-intervention/reports>>

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2014	72.01%

Targets

FFY	Current Relationship	2022	2023	2024	2025
Target	Data must be greater than or equal to the target	66.70%	66.70%	72.74%	72.74%

FFY 2022 SPP/APR Data

The number of infants and toddlers with IFSPs who demonstrate substantial improvement in positive socialemotional skills (including social relationships)	The number of infants and toddlers with IFSPs who entered early intervention below age expectations	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,930	3,012	64.00%	66.70%	64.08%	Did not meet target	No Slippage

Provide the data source for the FFY 2022 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 is accumulated at the initial IFSP and at a minimum of every six months in order to capture ratings throughout the duration of time a child is receiving early intervention services, including when a family relocates or loses contact with the providers.

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, IFSP teams may update the child's COS rating. The service coordinator enters all COS ratings into the data system. The data system generates an on-demand COS report which Service Provider Agency leadership uses 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)

YES

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.

COVID-19 did not impact the data completeness nor did it impact the State's ability to collect the data for this indicator. In terms of validity and reliability, stakeholders wondered if the variance between assessments completed in-person versus by alternative means as more nuanced information or behaviors may be difficult to interpret virtually. The assessment data has generally decreased over time, particularly as data completeness increases and generally matches national trends in many other states also experiencing a decrease over time. While it's not yet substantiated how COVID-19 impacted reliability as stakeholders hypothesize, the LA plans to conduct long-term analysis of the impact of COVID-19 on Child Outcomes ratings monitor for any changes as in-person services have now resumed. The LA will also analyze data anomalies and outcomes as more data is available regarding adjusting from a pandemic to endemic.

Section B: Implementation, Analysis and Evaluation

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

<<https://des.az.gov/services/developmental-disabilities/early-intervention/reports>>

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

NO

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

Accountability:

Develop an integrated comprehensive monitoring plan:

Based on stakeholder feedback collected during the System Framework Self-Assessment, LA has continued implementation to ensure monitoring includes additional quality measures and increased focus on integration between fiscal, accountability, data and practices. LA began adding the improved practices from the most recent 2023 monitoring period including provider TA opportunities for continued feedback and success. The LA is piloting methods to standardize the identification of compliant files. In addition to monthly TA provided to all providers, the LA utilizes a SPA meeting format in which there is consistent review of compliance, results and data quality at each meeting through standardized topics and individualized targeted TA. Due to changes in leadership and the upcoming Early Intervention contract solicitation, the integrated comprehensive monitoring manual continues to be a work in progress with expected completion in the Spring of 2025.

Enhance capacity of SPA leaders to use data informed practices:

Since 2021, users have had access to run seven on demand reports including compliance, results, and demographic data. In addition to the seven reports, users now have the ability to run a new fiscal report with funding from the ARPA that improves the ability to manage insurance information and family consent data, including expiration dates. The COS report that was introduced in September 2022 has allowed for better analysis of the COS Data. In 2024, the LA will provide targeted TA based on the analyzed COS Data. In addition to the reports, LA provided universal TA through monthly data manager and fiscal meetings, and targeted TA to SPAs to maximize their impact. In 2023, The LA launched monthly programmatic meetings to provide targeted TA on topics identified through its integrated monitoring system that address updated guidance provided by OSEP. The LA utilizes dashboards for internal staff data analysis and provides SPAs with personalized dashboard reporting on a regular basis. LA not only reviews data with DDD leadership regularly but DDD accesses the dashboards on-demand to measure and drive staff performance. The dashboards cover a variety of measures including noncompliance, referrals, evaluations, initial IFSPs, team lead distribution, missing data, transition activities, family survey, and personnel data. The review of the dashboards allowed for more specific TA around data anomalies and issues specific to each SPA drilling down to regions and staff to address successes and potential issues. With funding from APRA, the LA entered into an agreement with the CEP at ASU. CEP will examine the LA's current policies related to underserved children to determine whether all groups of children have access to services, timely screening, and evaluation. CEP will conduct an equity review of the LA's current Child Find activities to understand the impact of Child Find process and access to services for racially, ethnically, and linguistically diverse families. The final report, to be released February 2024, will provide the LA and SPAs with data and strategies to improve access to services for children in vulnerable populations and underserved areas. Additionally, the LA is working with the SEA under Part B to evaluate transition activities of children moving from Part C to Part B. In December 2022, the LA and SEA began automated data linking to answer critical questions about transition. Once sufficient data is linked, Part C and Part B will be able to jointly evaluate transition activities for compliance issues and determine what populations of children entered Part B without receiving Part C services indicating gaps in Child Find activities.

This will enhance the LA's ability to identify improvement strategies that can be targeted throughout the State to reach potentially eligible children.

Improve data collection procedures and analysis to improve COS data:

LA recognized that while there has been improved completeness for COS data, consistency in data collection and potential anomalies continues to be an area of improvement. The LA added prompts to its data system when a child record is exited to ensure child outcomes are completed. COS data now includes additional data around child outcomes including participants and sources of evidence. The COS report that was introduced in September 2022 has allowed for improved analysis of the COS Data. LA provided universal and targeted TA throughout 2022 to ensure improved consistency of data collection and understanding of COS analysis amongst SPA leaders. The LA received TA from the DaSy Center and ECTA Center on COS pattern checking to address data anomalies. The LA is adapting the tool for the SPAs and planning the roll out of the adapted tool. The LA's data team has been exploring options for expanding the capabilities of the current data system using an application called Hyland OnBase. OnBase will be integrated into the LA's existing application as a central repository for all child records allowing providers to have real-time equitable access to documents, eliminating some of the silos that occur when each agency has records housed in individual databases. With real-time access to documents, IFSP teams will have more data to apply during assessments thus improving the accuracy and completeness of COS data collection. This year, LA focused on pre-development activities including training, researching the capabilities of the application, compiling existing information, gathering feedback from stakeholders, and documenting business needs. The first phase of OnBase usage will commence in the first quarter of 2024.

Practices:

With funding support from the ARPA grant, LA staff is partnering with the ADES OP to design a computer based professional development curriculum for early intervention providers adapted from the ECPC Curriculum Modules: Professional Standards which are based on the EI/ECSE Standards (2020). The LA identified a significant need to develop a curriculum suited to a virtual platform for ease of accessibility and monitoring processes. An initial framework for the professional development needs has been designed. While the development is occurring, LA staff are supporting SPAs with their Professional Development (PD) requirements and partnering with other agencies for PD opportunities. The CSPD Pre-service workgroup developed a community of practice including local universities, community colleges, specialty schools, and EI providers who worked together to implement two series of ECHO training. The first series focused on increasing awareness of EI as a career opportunity and how faculty could incorporate more EI topics into their existing curriculum. The second series is ongoing and focuses on the Division of Early Childhood (DEC) EI/ECSE professional standards and what faculty should be teaching students to prepare them to work in EI.

Due to character limitations in this reporting tool, the Fiscal infrastructure improvement strategies will be documented in the final section of this indicator under "Provide additional information about this indicator (optional)".

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 implementation, data collection, and determining baselines. LA staff will report fully on baselines and achievement of short and intermediate outcomes during next year's submission as more complete data become available.

Accountability:

Develop an integrated comprehensive monitoring plan:

The work-in-progress version of the monitoring manual has supported faster on-boarding of LA staff for consistent monitoring across SPAs and over time. The LA has created internal monitoring tools for standardized and consistent monitoring across all SPAs.

Enhance capacity of SPA leaders to use data informed practices:

The LA has provided individualized TA for SPAs based on the dashboards reviewed regularly with programs in order to drill down on specified data reporting in geographical areas and identify areas of high performance opportunities for improvement. The LA has begun automation of data linking between Part C and Part B which is a foundational step in jointly analyzing data in order to inform strategic planning and answer critical questions about early intervention and special education.

Improve data collection procedures and analysis to improve COS data:

LA staff provided universal and targeted TA throughout 2022 to ensure improved consistency of data collection and understanding of COS analysis amongst SPA leaders. The LA received TA from the DaSy Center and ECTA Center on COS pattern checking to address data anomalies. The LA is adapting the tool for the SPAs and planning the roll out of the adapted tool. The LA's data team has been exploring options for expanding the capabilities of the current data system using an application called Hyland OnBase. OnBase will be integrated into the LA's existing application as a central repository for all child records allowing providers to have real-time equitable access to documents, eliminating some of the silos that occur when individual agencies maintain records in their individualized databases. With real-time access to early intervention documents, IFSP teams will have additional data to inform assessments thus improving accuracy and completeness of COS data collection. This year, LA staff focused on pre-development activities including training, researching the capabilities of the application, compiling existing information, gathering feedback from stakeholders, and documenting business needs. The first phase of OnBase usage will commence in the first quarter of 2024 and will be reported on during the next SPP/APR.

Practices:

Increase professional development opportunities regarding selected evidence based practices to increase high quality services:

LA staff will continue working with the ADES Office of Professional Development (OPD) to design a professional development curriculum for early intervention providers adapted from the ECPC Curriculum Modules: Professional Standards which are based on the Initial Practice-Based Professional Preparation Standards for Early Interventionists/Early Childhood Special Educators. The computer based training is designed on a virtual platform and incorporates a variety of engaging adult learning techniques such as instructional videos and post assessment enrichment. The course is scheduled for release in 2024. While the development is occurring, the LA staff will continue to support SPAs with their current PD requirements and partner with other agencies for PD opportunities. LA staff will continue to partner with the ADE to implement the fourth annual EI/ECSE Summit, a three-day virtual summit that will focus on early intervention outcomes, transition, child find, family engagement, engagement with stakeholders and community partners, and professional development. LA staff will continue to collaborate with ADE staff to implement a community of practice focused on best practices in transition from early intervention.

Fiscal:

Increase AZEIP fiscal sustainability through increasing use of multiple funding sources:

LA staff continue to focus on decreasing the use of Part C funds through utilization of other sources such as private and public insurance.

During regular meetings with SPAs, the LA reviews SPA's individual fiscal data around use of insurance to fund services. A Fiscal Monitoring results indicator was added to identify SPAs who are fully utilizing insurance payment when parents consent to its use. Fiscal Monitoring information and specific TA is also provided to SPAs to improve accuracy and ensure compliance with Payor of Last Resort requirements.

In an attempt to improve communication between Service Coordinators and families regarding the use of insurance to fund EI services, LA staff revised the Consent to Bill Form. Reasons that families are declining to use insurance was made a required field. An accompanying TA bulletin was issued and a webinar provided to emphasize the importance of accurate completion of the Consent to Bill Form.

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:

Due to changes in program leadership, staffing turnover, changes in focus, and the upcoming SPA contract solicitation, the integrated comprehensive monitoring manual continues to be in the process of being finalized. The LA is considering the feasibility of potential changes to the monitoring cohorts of programs with the upcoming SPA contract solicitation in order to better integrate and streamline various monitoring and business processes. In FFY 2023, The LA staff will pilot intensive onsite documentation validation for one federal compliance indicator while continuing to monitor the other indicators through SPA submission of files. The files will be reviewed by LA staff to verify the timeliness, completeness, and accuracy of the data submitted. The LA staff will use the opportunity to provide immediate feedback and discussion of programmatic correction. LA staff plan to continue reviewing and reflecting on all necessary improvements with SPA leaders and the ICC as part of the finalization of ongoing work product regarding the monitoring manual. The LA expects completion of the integrated comprehensive monitoring manual in Spring of 2025.

Enhance capacity of SPA leaders to use data informed practices:

The LA staff will support SPAs by using the data on the redesigned COS report to analyze data and address anomalies in order to improve data quality and thus impact the global child outcomes. The final report provided by the CEP at the completion of this project in February of 2024 will provide the LA and SPA leadership with data and strategies to improve access to early intervention services for children in vulnerable populations and under-served areas. Additionally, the LA plans on jointly evaluating Part C Child Find and transition activities with Part B in order to target particular parts of the State, SPAs, or demographics to reach children who are potentially eligible for Part C. Additionally, it will help with understanding complex issues around transition activities that may be impacting the data or compliance such as when families move or lose contact in the middle of a child's transition period.

Improve data collection procedures and analysis to improve COS data:

The LA staff plan to provide universal and targeted TA throughout 2024 to ensure improved consistency of data collection and support SPAs in enhancing their understanding of the COS rating scale and how one domain influences the progress in other developmental domains. The LA continues to work on design and development of the OnBase System to ensure its flexibility for continued modernization and alignment with new information that will be gained through the other SSIP strategies over the course of the next several years. In January 2024, the LA plans to deploy the initial phase of the OnBase System which will allow for document storage.

Practices:

Increase professional development opportunities regarding selected evidence based practices to increase high quality services:

LA staff will continue working with the ADES OPD to design a professional development curriculum for early intervention providers adapted from the ECPC Curriculum Modules: Professional Standards which are based on the Initial Practice-Based Professional Preparation Standards for Early Interventionists/Early Childhood Special Educators for release in 2024. While the development is occurring, the LA staff will continue to support SPAs with their current PD requirements and partner with other agencies for PD opportunities. LA staff will continue to partner with the ADE to implement the fourth annual EI/ECSE Summit, a three-day virtual summit that will focus on early intervention outcomes, transition, child find, family engagement, engagement with stakeholders and community partners, and professional development. LA staff will continue to collaborate with ADE staff to implement a community of practice focused on best practices in transition from early intervention.

Develop Fidelity Measures for evidence based practice:

LA staff will create a guidance document for SPAs that will include detailed procedural steps for Early Intervention activities to provide alignment with evidence based practices. LA staff will continue the goal of partnering with SPA leaders, stakeholders, CSPD subcomponent groups and PD developers to modify the appropriate fidelity measurement tools to more accurately measure the efficacy of the evidence based practices within Arizona.

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.

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

Resource-Based Practices, Natural Learning Environments (NLE) Practices, and the PSP approach to early intervention services.

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's responsiveness and strategies to various activities initiated rather than on what a provider or professional thinks should be done.

PSP Approach to Early Intervention Services:

The PSP approach to early intervention means that every child and family have a full team with one interventionist functioning as the primary support to the family. Both the primary provider and the family receive support and coaching from other team members on joint visits as needed.

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.

Resource-based and NLE practices focus on enhancing the relationship between the caregiver and child, ultimately leading to an improvement in positive social relationships and the SiMR. The PSP builds and enhances the family and provider's confidence and competency with supporting the development of infants and toddlers. 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.

No additional data were collected during this reporting period.

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

The three key evidence-based practices will be the focus of PD development in alignment with virtual learning for early intervention 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.

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

YES

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

Since activities for the evaluation of the SSIP are still in progress, additional data has not yet been collected in order to justify changes to the activities and strategies. Due to leadership changes with the Part C Coordinator, Governor, and LA Director, the activities and strategies have been reprioritized and the timelines as described above have been adjusted. With the conclusion of the APRA Grant, the LA expects to complete several critical projects by the end of 2024 including implementation of PD modules, review of the report completed by the CEP, development of two new reports, and launch of the OnBase System. The integrated comprehensive monitoring plan has been targeted for 2025. Timelines for other activities and strategies have been adjusted based on the completion of these key projects that must be completed first.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The FFY 2022 SPP/APR including the development and implementation of Indicator 11, the SSIP was developed with extensive stakeholder engagement throughout the year. The information was gathered through workgroups, inter-agency meetings, routine and ad hoc meetings with SPAs, and ICC meetings.

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), Center for IDEA Fiscal Reporting (CIFR) and the CADRE. 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 for evaluation of transition activities with Arizona's IDEA, Part B State Education Agency (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.

The relationship between Part C and Part B staff continues to be a strength for transition improvement activities. 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.

The ICC tasked both the Fiscal and Family Engagement Committees with reviewing the "A Family's Guide to Funding EIS in Arizona" brochure to provide feedback to the LA for updates to make critical information about the system of payments easier for families to understand. The updated funding brochure was published in August of 2022. The Family Engagement Committee also started its first line review of the Child and Family Rights booklet to provide suggestions in making the booklet easier for families to understand their rights in plain language. Modifications are anticipated to be completed by the next submission of the SPP/APR.

LA staff also facilitated an annual stakeholder meeting on November 28, 2023, 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 2022 submission, a majority of the recommendations were to keep the trajectory of the targets the same but to continue to monitor the data to make potential adjustments in the future.

This year's annual stakeholders meeting included individuals representing very diverse early childhood perspectives. At this year's meeting, the 29 participants included:

- Current and former parents, foster parents, and family members of children that received EIS;
- 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;

- Other State agency partners including the ADHS, Arizona Health Care Cost Containment System (AHCCCS) (the State's Medicaid agency), Medicaid health plans;
- Representation from the SEA, ADE; and
- Community leaders from other early childhood programs.

Participants in the annual stakeholders target review meeting included metropolitan, urban, suburban, rural, and Tribal communities located throughout the State representing the central, northern, southern, eastern, and western geographical areas as well as tribal lands. Statewide leaders from service-providing agencies included various roles such as executive leadership, local management, administration, supervisors, team leads, and service coordinators. During the annual stakeholder target review meeting, information from other stakeholders obtained through workgroups, inter-agency meetings, information from SPAs, ICC members, referral sources, and other community partners was shared to gather additional information included in this report.

A small majority of stakeholders expressed their opinion that the targets for child outcomes should remain the same. A smaller minority of stakeholders felt the targets should be decreased with only one to two stakeholders expressing an opinion that the targets should be increased. One stakeholder shared that they felt it was too soon to reset the baseline and change targets and that additional data should be collected before the LA considers changing targets. The LA did not make any changes to the target this year based on stakeholder feedback.

With the fluctuation in referral trends, stakeholders are uncertain how the pandemic will continue to impact Child Find activities over the long term as well as the triple endemic (COVID-19, influenza, and respiratory syncytial virus) occurring in the fall/winter of 2022. 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. Stakeholders also identified that families of young children may be hesitant to engage in new activities in the community in favor of more routine activities due to potential costs of some activities, including child care, and concern about economic impacts of cost of living changes. Fewer opportunities for new activities, social opportunities, and an increase in adult caregivers with new medical and mental health issues may ultimately impact the development of the children. These impacts may be contributing to the results on child outcomes as families adjust to the various ongoing impacts of the COVID-19 Pandemic in their everyday life.

Stakeholders want to see the summary of findings that will be completed by the CEP around Child Find activities from the policy and data analyses that will be completed as part of the LA's initiatives through the ARPA Grant. The CEP will examine the LA's current policies and procedures related to underserved children and families. Based on all available data, determine whether all groups of eligible children have access to services, timely screening, and evaluation, and whether Child Find activities are reaching all eligible children equitably. The CEP will also conduct an equity review of the LA's current Child Find activities to understand how they impact the Child Find process and service delivery, focusing on the access, experiences, and outcomes of racially, ethnically, and linguistically diverse infants and toddlers and their families served by the LA.

In 2021, the LA collected feedback on the best use of the ARPA funding directly resulting in funds being used for the temporary rate increase. In 2022, the LA held several provider rate forums open to all stakeholders including families as well as a separate forum specifically for providers in order to ensure that less vocal stakeholders had an equitable opportunity to provide feedback.

The CSPD is made up of six workgroups with participants from Part B, all three of Arizona's public universities, community college representatives, Head Start, parents, Arizona's parent training and information center, and ADHS licensing program, along with other early childhood programs. One of the workgroups started a community of practice of pre-service IHE faculty once a month in order to raise awareness of early intervention and integrate more early intervention content in their curriculum and train faculty on the professional standards students need to know to work in the field. Faculty have asked for more information about Part C and early intervention. The LA's CSPD Coordinator has been able to present and provide opportunities for students and faculties to network and create connections to provide feedback as well as establish volunteer and intern opportunities. Arizona's CSPD group has assisted in soliciting feedback for the fourth annual recruitment and retention survey to help the LA understand vacancies, level of education, pre-service preparedness, and retention rates, and why personnel stay in and leave the field. The group is working on analyzing survey data to create an updated annual infographic. In addition, The CSPD workgroups created a recruitment practice profile and a retention practice profile as well as a guidance document on recruitment and retention of early intervention providers for early intervention, ECSE, and early childhood education on how to best recruit and retain staff in the field. The Personnel Standards group is providing input to create standardized job descriptions for service coordinators and developmental special instructor that are aligned with the EI/ECSE professional standards. The CSPD workgroups continued uninterrupted throughout the COVID-19 Pandemic providing a consistent place for stakeholder feedback to the LA.

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.

The LA engaged a diverse group of families in order to increase their capacity to advise, support, and provide feedback around the early intervention services received for children in the State. During target setting meetings, LA staff provide background information on the structure of the early intervention services, the federal requirements, historical performance, historical targets, and the performance of other states as well as using the data meeting protocol in order to fully engage stakeholders and support families with using data to make decisions on baselines and setting targets. During the 2022 Family Listening sessions, held in English, Spanish, and American Sign Language, the LA provided background information to help support understanding of team based early intervention services within the State as well as information on family rights within program so that families were prepared to ask questions and understand the impact of the pandemic on the early intervention services delivered to their family as well as how to request an IFSP meeting if they felt that changes were needed. The LA has been engaging Service Coordinators to support families with helping them complete their family survey to ensure that their voices and opinions are heard. The Family Engagement Committee developed a script to support Service Coordinators during both in-person and alternative service delivery methods to support families by providing feedback directly to the LA in the family survey. The Transition Committee developed a script for a video to help families prepare for the transition out of early intervention services to help parents understand the process, their options, and their rights.

The ICC launched a Facebook page managed by the Family Engagement Committee to help the ICC engage more families and provide information on early childhood programs within the State to increase participation and knowledge with families statewide. To date, there have been 303 likes and 328 followers. While positive first steps, these activities have not produced the level of family engagement desired. The Family Engagement Committee is assessing their current strategies and working to identify additional actions and activities to drive increased family engagement.

LA redesigned the website to be more curated for families at various stages. The website features a section for families who are concerned about their child's development but don't currently receive services, families who receive services, families who are not eligible for Part C services, and families who assist, advise, or advocate for the LA. The website includes sections for families at different points in time and allows families to toggle a switch to translate the information into different languages.

Within the CSPD workgroup, several members have reached out to families directly. The CSPD coordinator conducts an orientation with families to help families understand how CSPD is a requirement of Part C and that it is a partnership between Part B and Part C. The CSPD coordinator also provides information and follow up to any questions asked by families around Part C requirements. Another member of the CSPD workgroup has one-on-one conversations with families to understand their interests and help the families identify the area they would most like to impact.

When the ICC holds meetings with the full council and during each of their committee meetings, stakeholders, including families, are given an opportunity to provide feedback and comments. 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)

YES

Describe how the State addressed the concerns expressed by stakeholders.

Earlier on in the reporting year, families and stakeholders expressed concern about the low number of in-person visits as the State adjusted to the COVID-19 Pandemic. Some stakeholders wondered if there may be a difference between assessments done in-person and those by alternative means since more nuanced information or behaviors may be difficult to interpret.

At the same time, providers and other stakeholders expressed concerns about the lower reimbursement rate and even the temporary nature of the October 2021 rate increase, given the potential risks to provider health from COVID-19 by providing in-person services and the difficulty with the logistical challenges of providing in-person services balanced with services requested by families through alternative means, increased responsibilities and documentation requirements in transdisciplinary approach like PSP compared with conventional clinical settings. SPA leadership expressed concerns that the temporary rate increase may not have had the immediate result of improving recruitment and retention given that it was a temporary increase and may not have been made permanent.

Families and stakeholders expressed concerns to the LA about referrals made by hospital staff for infants in the NICU. It was expressed to the LA that families were encouraged to wait until they were released from the hospital to make a referral or referrals were closed if a family was unable to articulate their concerns at initial contact. In addition, hospital staff expressed concerns about AZEIP eligibility decisions for these infants. The LA met with hospital staff and stakeholders that support families transitioning from the NICU, to obtain background information regarding identified challenges, answer questions and provide support for ongoing collaboration. The LA provided clarification regarding the Initial Planning Process including both AZEIP and DDD eligibility, clarifying that DDD makes its own eligibility determinations for its program after AZEIP eligibility determination has been made. The LA set up regularly scheduled meetings with NICU stakeholders to maintain open communication and created an electronic consent to share records to assist hospital staff in obtaining referral status updates. The LA provided targeted TA to each SPA directly during quarterly meetings on the importance of identifying and supporting families as early as possible to make the greatest possible difference. The LA developed a TA document clarifying the use of determining eligibility based on an established condition and created an intensive TA presentation for all of the SPA leadership and their service coordinators scheduled in early 2024 to provide additional assistance. The LA has regularly scheduled meetings with the DDD eligibility team to facilitate and collaborate together to support eligibility decisions being made at or near the same time and as quickly as possible during the IPP.

The LA has spent much time providing support, data, and TA to SPA leadership to address the percentage of services provided in person and to address questions around technological barriers for alternative service deliveries. The LA has also been analyzing data anomalies and reviewing national data trends to really understand the impact of COVID-19 vs issues that were present pre-pandemic. The CSPD workgroups continued to work throughout the pandemic and have been able to provide consistent support towards creating quality products to support recruitment and retention within Part C. Stakeholders successfully advocated for \$3.4 million in additional funding so that the temporary rate increase could be made permanent. The impact of having a permanent rate increase will be analyzed in the coming year as the LA collects more data on provider retention, turnover and quality of services.

An additional concern the program received from providers centered around a new WellSky billing system rolled out by the DDD in 2022. The system is separate from Arizona's main early intervention billing system, as the new one is designed for services for clients over the age of three and meets Medicaid billing and data requirements that may not align with data needed for early intervention clients, whose services often need to be billed in the WellSky System due to their eligibility for Medicaid-covered services. These represent less than ten percent of early intervention clients and the impact is a smaller subset of services billed for those clients. Feedback received from the providers includes examples of unwarranted denials for claims, authorization functionality inconsistency, and delays in correcting errors due to the manual nature of the resolution process. These issues have been addressed through consistent efforts and as a matter of high priority by both divisions and with direct involvement of Department leadership. While the majority of concerns have been resolved, there is continued collaboration and targeted efforts at resolution for some remaining technical solutions to ensure a successful billing system and payment process.

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.

There are no other activities not already described that the State intends to implement in the next FY that are related to the SiMR.

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

Not applicable, the evaluation plan remains the same.

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

Not applicable.

Provide additional information about this indicator (optional).

Due to character limitations in this reporting tool, the fiscal infrastructure improvement strategies will be documented in this section while Accountability and Practice are noted under the previous section called "Provide a summary of each infrastructure improvement strategy implemented in the reporting

period".

Develop Fidelity Measures for evidence based practice:

LA will partner with SPA leadership, stakeholders, CSPD workgroups and Professional Development (PD) staff to establish appropriate fidelity measures for evidence based practices. The In-service workgroup has also disseminated two surveys, one to determine where and how providers access PD opportunities, as well as barriers to high-quality training, and the other to determine the standards and curriculum on which PD is based. They will use this data to inform the LA of gaps in PD opportunities and help the LA identify any areas for quality improvement. LA identified varying levels of knowledge and comprehension of evidenced based practices among SPAs combined with significant retention challenges. LA staff will provide targeted TA to ensure a firm foundational framework consistent across all SPAs prior to development completion of fidelity measures.

Fiscal:

Increase AzEIP fiscal sustainability through increasing use of multiple funding sources:

LA staff continue to focus on decreasing the use of Part C funds through utilization of other sources such as private and public insurance. The focus for the last year was on improving data collection and data infrastructure to best identify additional opportunities for system improvement. LA staff initiated using additional reports to work with health plans and SPA leaders to ensure the maximization of use of all funding sources.

Historically, services for children dually eligible for Part C and DDD were billed outside of the primary database. In 2018, a majority of the services funded by DDD were brought into Part C's primary database for billing allowing for improved fiscal oversight and streamlining of business practices. Starting in 2018, most services were brought into the LA's data system and in July 2022 it was expanded to include all social work and more service coordination functions. These services continue to be funded by DDD. Providers including DDD staff identified this as one of the most important projects of 2022.

Since 2018, the LA has captured data on families declining to use their insurance. When analyzing the data, it was not clear whether families were declining to use which type of insurance, private or public. In October 2022, an enhancement in the data system allowed service coordinators to report the types of insurance and reasons why families were declining to use their insurance. With the implementation of this enhancement, the LA will be able to combine this data with the reasons families decline in order to provide specific TA to providers and families around the use of insurance and system of payments for fiscal sustainability.

Since the release of the rate rebase study in 2021, the LA has worked with the provider community and the Governor's Office to find a solution to increase provider rates, while at the same time, increasing the quality of services for families receiving Part C services. For this project, ARPA provided the needed resources on a temporary basis, while a permanent solution was developed. Beginning October 2021, the temporary funds increased rates to the 75th percentile of the rebase study benchmark rates. The State Legislature and Governor provided \$3.4 million in additional annual funding to make permanent rate increases one year later, increasing rates to between 88 percent and 93 percent of the benchmark rates. An additional \$4.4 million in annual funding was appropriated by the State Legislature in the most recent session, allowing rates to finally be increased to 100 percent of the benchmark rates starting October 1, 2023.

In October 2020, the LA began regular meetings with SPA providers to provide universal TA on fiscal sustainability. The LA expanded on the meetings providing statewide data to SPAs. During regular meetings with SPAs, the LA reviews SPA's individual fiscal data and monitoring information to provide specific TA for each program.

The ICC provided vital feedback to the LA in revising "A Family's Guide to Funding Early Intervention Services in Arizona" which is used to inform families about funding sources and fiscal sustainability. The ICC's Fiscal and Family Engagement Committees provided essential input into the revision to ensure it was up-to-date and more family friendly. The LA published the updates in August 2022 to allow more meaningful conversations between service coordinators and families about funding streams in Arizona leading to improved fiscal sustainability.

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:

Ena Binns

Title:

Part C Coordinator/Bureau Chief

Email:

ebinns@azdes.gov

Phone:

602-568-2464

Submitted on:

04/23/24 5:50:28 PM

Determination Enclosures

RDA Matrix

Arizona

2024 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
87.50%	Meets Requirements

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	6	75.00%
Compliance	16	16	100.00%

2024 Part C Results Matrix

I. Data Quality

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

Number of Children Reported in Indicator C3 (i.e., outcome data)	3,787
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	5,166
Percentage of Children Exiting who are Included in Outcome Data (%)	73.31
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	2

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

Data Anomalies Score (please see Appendix B for a detailed description of this calculation)	2
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II. Child Performance

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

Data Comparison Score (please see Appendix C for a detailed description of this calculation)	1
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(b) Performance Change Over Time: Comparing your State's FFY 2022 data to your State's FFY 2021 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	1
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2022	64.08%	45.17%	67.74%	32.81%	65.41%	41.91%
FFY 2021	64.00%	47.07%	69.08%	35.89%	67.65%	42.76%

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

2024 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2021 (3)	Score
Indicator 1: Timely service provision	95.84%	YES	2
Indicator 7: 45-day timeline	96.64%	YES	2
Indicator 8A: Timely transition plan	98.42%	YES	2
Indicator 8B: Transition notification	95.39%	YES	2
Indicator 8C: Timely transition conference	94.45%	YES	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

(2) The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: https://sites.ed.gov/idea/files/2024_Part-C_SPP-APR_Measurement_Table.pdf

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

Appendix A

I. (a) Data Completeness:

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

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

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

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2022 Outcomes Data

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

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

Outcome A	Positive Social Relationships
Outcome B	Knowledge and Skills
Outcome C	Actions to Meet Needs

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

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

Outcome\Category	Mean	StDev	-1SD	+1SD
Outcome A\Category a	1.57	3.26	-1.69	4.83
Outcome B\Category a	1.39	3	-1.6	4.39
Outcome C\Category a	1.26	2.6	-1.33	3.86

Outcome\Category	Mean	StDev	-2SD	+2SD
Outcome A\ Category b	24.07	9.01	6.05	42.08
Outcome A\ Category c	20.96	13.11	-5.27	47.19
Outcome A\ Category d	26.97	9.61	7.74	46.2
Outcome A\ Category e	26.43	15.4	-4.37	57.23
Outcome B\ Category b	25.63	9.71	6.21	45.04
Outcome B\ Category c	29.44	12.56	4.32	54.57
Outcome B\ Category d	31.02	8.11	14.8	47.25
Outcome B\ Category e	12.51	8.23	-3.96	28.98
Outcome C\ Category b	20.98	8.89	3.19	38.76
Outcome C\ Category c	23.49	13.59	-3.68	50.66
Outcome C\ Category d	33.36	8.28	16.8	49.93
Outcome C\ Category e	20.91	15.22	-9.53	51.35

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

Anomalies in Your State's Outcomes Data FFY 2022

Number of Infants and Toddlers with IFSP's Assessed in your State	3,787
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Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	18	1,064	920	1,010	639
Performance (%)	0.49%	29.14%	25.20%	27.66%	17.50%
Scores	1	1	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	15	1,082	1,356	948	250
Performance (%)	0.41%	29.64%	37.14%	25.97%	6.85%
Scores	1	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	14	1,104	1,003	1,111	419
Performance (%)	0.38%	30.24%	27.47%	30.43%	11.48%
Scores	1	1	1	1	1

	Total Score
Outcome A	5
Outcome B	5
Outcome C	5
Outcomes A-C	15

Data Anomalies Score	2
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Appendix C

II. (a) Data Comparison:

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

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

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

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

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

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	45.63%	35.29%	54.05%	27.07%	51.93%	33.56%
90	82.58%	69.37%	81.10%	56.55%	85.30%	71.29%

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

Your State's Summary Statement Performance FFY 2022

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	64.08%	45.17%	67.74%	32.81%	65.41%	41.91%
Points	1	1	1	1	1	1

Total Points Across SS1 and SS2(*)	6
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Your State's Data Comparison Score	1
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Appendix D

II. (b) Performance Change Over Time:

Comparing your State's FFY 2022 data to your State's FFY 2021 data

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

Test of Proportional Difference Calculation Overview

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

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

$$\text{e.g., } C3A \text{ FFY}2022\% - C3A \text{ FFY}2021\% = \text{Difference in proportions}$$

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

$$\text{Sqrt}([(FFY2021\% * (1-FFY2021\%)) / FFY2021N] + [(FFY2022\% * (1-FFY2022\%)) / FFY2022N]) = \text{Standard Error of Difference in Proportions}$$

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

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

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

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

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

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

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

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

Summary Statement/ Child Outcome	FFY 2021 N	FFY 2021 Summary Statement (%)	FFY 2022 N	FFY 2022 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	2,989	64.00%	3,012	64.08%	0.08	0.0124	0.0611	0.9513	NO	1
SS1/Outcome B: Knowledge and Skills	3,409	69.08%	3,401	67.74%	-1.34	0.0113	-1.1869	0.2353	NO	1
SS1/Outcome C: Actions to meet needs	3,264	67.65%	3,232	65.41%	-2.24	0.0117	-1.9122	0.0559	NO	1
SS2/Outcome A: Positive Social Relationships	3,697	47.07%	3,651	45.17%	-1.90	0.0116	-1.6335	0.1024	NO	1
SS2/Outcome B: Knowledge and Skills	3,697	35.89%	3,651	32.81%	-3.08	0.0111	-2.7823	0.0054	YES	0
SS2/Outcome C: Actions to meet needs	3,697	42.76%	3,651	41.91%	-0.86	0.0115	-0.7444	0.4567	NO	1

Total Points Across SS1 and SS2	5
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Your State's Performance Change Score	1
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Data Rubric

Arizona

FFY 2022 APR (1)

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

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	N/A	0
10	1	1
11	1	1

APR Score Calculation

Subtotal	12
Timely Submission Points - If the FFY 2022 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	17

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

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 8/30/23	1	1	1	3
Exiting Due Date: 2/21/24	1	1	1	3
Dispute Resolution Due Date: 11/15/23	1	1	1	3

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2) =	18.00

Indicator Calculation

A. APR Grand Total	17
B. 618 Grand Total	18.00
C. APR Grand Total (A) + 618 Grand Total (B) =	35.00
Total N/A Points in APR Data Table Subtracted from Denominator	1
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	35.00
D. Subtotal (C divided by Denominator) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

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

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

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2024 Submission

SPP/APR Data

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

Part C 618 Data

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

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

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

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

Dispute Resolution

IDEA Part C

Arizona

Year 2022-23

A zero count should be used when there were no events or occurrences to report in the specific category for the given reporting period. Check "Missing" if the state did not collect or could not report a count for the specific category. Please provide an explanation for the missing data in the comment box at the top of the page.

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	7
(1.1) Complaints with reports issued.	4
(1.1) (a) Reports with findings of noncompliance.	3
(1.1) (b) Reports within timelines.	1
(1.1) (c) Reports within extended timelines.	3
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	3

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	2
(2.1) Mediations held.	0
(2.1) (a) Mediations held related to due process complaints.	0
(2.1) (a) (i) Mediation agreements related to due process complaints.	0
(2.1) (b) Mediations held no related to due process complaints.	0
(2.1) (b) (i) Mediation agreements not related to due process complaints.	0
(2.2) Mediations pending.	0
(2.3) Mediations not held.	2

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	2
Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)?	PARTC
(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures).	N/A
(3.1) (a) Written settlement agreements reached through resolution meetings.	N/A
(3.2) Hearings fully adjudicated.	0
(3.2) (a) Decisions within timeline.	0
(3.2) (b) Decisions within extended timeline.	0
(3.3) Hearings pending.	0
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	2

State Comments:

This report shows the most recent data that was entered by:
Arizona

These data were extracted on the close date:
11/15/2023

How the Department Made Determinations

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

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



United States Department of Education Office of Special Education and Rehabilitative Services

Final Determination Letter

June 18, 2024

Honorable Angela Rodgers
Director
Arizona Department of Economic Security
1789 West Jefferson Street, Mail Drop: 2HP1
Phoenix, 85007

Dear Director Rodgers :

I am writing to advise you of the U.S. Department of Education's (Department) 2024 determination under Sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Arizona meets the requirements and purposes of Part C of the IDEA. This determination is based on the totality of Arizona's data and information, including the Federal fiscal year (FFY) 2022 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Arizona's 2024 determination is based on the data reflected in Arizona's "2024 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for Arizona and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) a Results Matrix (including Components and Appendices) that include scoring on Results Elements;
- (3) a Compliance Score and a Results Score;
- (4) an RDA Percentage based on both the Compliance Score and the Results Score; and
- (5) Arizona's Determination.

The RDA Matrix is further explained in a document, entitled "[How the Department Made Determinations under Sections 616\(d\) and 642 of the Individuals with Disabilities Education Act in 2024: Part C](#)" (HTDMD-C).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making the Department's determinations in 2024, as it did for Part C determinations in 2015-2023. (The specifics of the determination procedures and criteria are set forth in the HTDMD-C document and reflected in the RDA Matrix for Arizona.) For 2024, the Department's IDEA Part C determinations continue to include consideration of each State's Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

- positive social-emotional skills;
- acquisition and use of knowledge and skills (including early language/communication); and
- use of appropriate behaviors to meet their needs.

Specifically, the Department considered the data quality and the child performance levels in each State's Child Outcomes FFY 2022 data.

You may access the results of OSEP's review of Arizona's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your State-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Arizona's SPP/APR on the site, you will find, in Indicators 1 through 11, the OSEP Response to the indicator and any actions that Arizona is required to take. The actions that Arizona is required to take are in the "Required Actions" section of the indicator.

It is important for your State to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

Your State will also find the following important documents in the Determinations Enclosures section:

- (1) Arizona's RDA Matrix;
- (2) the HTDMD [link](#);
- (3) "2024 Data Rubric Part C," which shows how OSEP calculated the State's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and
- (4) "Dispute Resolution 2022-2023," which includes the IDEA Section 618 data that OSEP used to calculate the State's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, Arizona's 2024 determination is Meets Requirements. A State's 2024 RDA Determination is Meets Requirements if the RDA Percentage is at least 80%, unless the Department has imposed Specific Conditions on the State's last three IDEA Part C grant awards (for FFYs 2021, 2022, and 2023), and those Specific Conditions are in effect at the time of the 2024 determination.

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United States Department of Education Office of Special Education and Rehabilitative Services

IDEA determinations provide an opportunity for all stakeholders to examine State data as that data relate to improving outcomes for infants, toddlers, children, and youth with disabilities. The Department encourages stakeholders to review State SPP/APR data and other available data as part of the focus on improving equitable outcomes for infants, toddlers, children, and youth with disabilities. Key areas the Department encourages State and local personnel to review are access to high-quality intervention and instruction; effective implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs), using data to drive decision-making, supporting strong relationship building with families, and actively addressing educator and other personnel shortages.

For 2025 and beyond, the Department is considering two additional criteria related to IDEA Part C determinations. First, the Department is considering as a factor OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three years ago). This factor would be reflected in the determination for each State through the "longstanding noncompliance" section of the Compliance Matrix beginning with the 2025 determinations. In implementing this factor, the Department is also considering beginning in 2025 whether a State that would otherwise receive a score of meets requirements would not be able to receive a determination of meets requirements if the State had OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three or more years ago). Second, the Department is reviewing whether and how to consider IDEA Part C results data reported under three indicators in order to improve results for all infants, toddlers, and children with disabilities. This review would include considering alternative scoring options for child outcome Indicator C-3 and considering as potential additional factors the information and data that States report under child find Indicators C-5 and C-6.

For the FFY 2023 SPP/APR submission due on February 1, 2025, OSEP is providing the following information about the IDEA Section 618 data. The 2023-24 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2023 SPP/APR and the 2025 IDEA Part C Results Matrix and States will not be able to resubmit their IDEA Section 618 data after the due date. The 2023-24 IDEA Section 618 Part C data that States submit will automatically be prepopulated in the SPP/APR reporting platform for Part C SPP/APR Indicators 2, 5, 6, 9, and 10 (as they have in the past). Under EDFacts Modernization, States are expected to submit high-quality IDEA Section 618 Part C data that can be published and used by the Department as of the due date. States are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. There will not be a resubmission period for the IDEA Section 618 Part C data.

As a reminder, Arizona must report annually to the public, by posting on the State lead agency's website, on the performance of each early intervention service (EIS) program located in Arizona on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Arizona's submission of its FFY 2022 SPP/APR. In addition, Arizona must:

- (1) review EIS program performance against targets in Arizona's SPP/APR;
- (2) determine if each EIS program "meets the requirements" of Part C, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part C of the IDEA;
- (3) take appropriate enforcement action; and
- (4) inform each EIS program of its determination.

Further, Arizona must make its SPP/APR available to the public by posting it on the State lead agency's website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

- (1) includes Arizona's determination letter and SPP/APR, OSEP attachments, and all State attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
- (2) will be accessible to the public via the ed.gov website.

OSEP appreciates Arizona's efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with Arizona over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,

Valerie C. Williams
Director
Office of Special Education Programs

cc: State Part C Coordinator

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