

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

**For reporting on
FFY 2021**

Arizona



**PART C DUE
February 1, 2023**

**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) 2021, 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 2021 SPP/APR is the second submission of the current SPP/APR cycle. This cycle includes the Federal Indicator 11: State Systemic Improvement Plan. The LA will report FFY 2021 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 SSIP improvement and evaluation plan.

The reported data in the FFY 2021 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, 2021 to June 30, 2022. 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 because of 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 2021. FFY 2021 marks the third year in the current contract period for the 33 SPAs. Stronger and more precise language in the Scope of Work effective July 1, 2019, clearly defines the performance-based measurements for all of the IDEA Part C Federal Indicators. This firmer foundation has proven effective for AzEIP's consistent oversight of DDD, ASDB, and the TBEIS contractors in the primary SPAs by providing a clear framework of actions addressing noncompliance issues in their programs.

By using a primary service provider approach to early intervention, the LA ensures all eligible children and families are provided a core team of professionals (developmental special instructionists, physical therapists, occupational therapists, speech and language pathologists, social workers, psychologists, and service coordinators). 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 system. AMS has allowed the LA to streamline feedback from SPAs and stakeholders to ensure more effective Technical Assistance (TA) is provided. AMS provides structure so the LA can better support SPAs allowing them to focus on their work of improving results for families in early intervention. The improvement of communication skills and channels of information among colleagues ensures their ability to make informed decisions on behalf of the children and families they are serving.

Additional information related to data collection and reporting

The COVID-19 pandemic significantly impacted services provided during FFY 2021. The United States has been in a state of continuous national emergency since March 1, 2020. 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. The largest area of tribal lands within the state, belonging to the Navajo Nation, has continuously restricted travel to and from the area since March 13, 2020 but has since lessened the restriction to limited numbers in a group gathering under an initiative called Safer at Home.

Shortly after the executive orders, the LA issued guidance that providers temporarily discontinue in-person services and provide services exclusively through alternative methods. While adjusting to changing conditions during the COVID-19 pandemic and balancing responsibilities with IDEA, Part C, the LA convened a group of stakeholders to provide recommendations on the resumption of in-person services. Services were transitioned into a hybrid model where in-person services resumed and services conducted through an alternative means continued. The SPAs increased the amount of in-person services based on the decision of the IFSP Team, including the family. This hybrid approach impacted SPA program leadership in several different ways. Leadership found themselves focusing attention on supporting staff and families with safety issues while resuming in-person services, maintaining support to staff and families around the use of alternative methods, and ensuring existing contractual requirements for complex data entry were met.

While most providers were excited to increase their in-person visits with families, some providers did not feel safe, leading to some early intervention providers leaving the field. SPA leadership continues recruitment and retention efforts. SPA leaders identified that having a lower reimbursement rate, according to the national average, made it challenging to recruit and retain providers, especially during a time of potential risk to the providers' health. 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 American

Rescue Plan Act (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. 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 2022, 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 first year of the COVID-19 pandemic. 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 so too have referrals.

While the COVID-19 pandemic impacted the State's performance on each federal indicator a little differently, it generally impacted data collection and reporting, as the attention of the SPA leaders across the State was diverted from data collection and reporting to other essential functions like ensuring the safety of staff and families, supporting staff and families with technology for virtual visits, transitioning to hybrid service delivery methods, understanding and implementing new executive orders rescinding previous executive orders around the public health emergency, legislation, recommendations, and best practices related to the COVID-19 pandemic, and human resources. For each Federal indicator, the LA will detail the impact of the COVID-19 pandemic on the collection and reporting of the data as well as the State's performance.

General Supervision System

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

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

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

The LA carries out its general supervision system through the implementation and oversight of the following: SPP/APR; annual 618 reports; AzEIP Policies and Procedures; contractual agreements; IGAs; 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 and fiscal meetings; and fiscal monitoring. The LA has been completing an annual review 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 a 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 formal dispute resolution options including filing a written complaint, request for mediation, and request for hearings. The LA is also working with the ADES Office of the Inspector General to ensure ADES Hearing Officers stay up to date on IDEA Part C case law and dispute resolution requirements.

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.

The LA's integrated monitoring activities are multi-faceted, seeking to improve both compliance and program performance; and coordinated with its other systems, including CSPD and TA. The integrated monitoring activities are inclusive of the following data sources: self-report activity data, when applicable (each SPA is required to participate in self-reporting activities during a three-year cycle); electronic data; outcomes data; and dispute resolution data. 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 it necessary. The LA gathers and analyzes all required data and notifies programs of the files selected for verification. Upon notification, SPAs submit all documentation for verification. The files are reviewed by LA staff to verify the timeliness, completeness, and accuracy of the data submitted.

The LA issues a written notification to each SPA within 90 days of identified 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 partner closely with the SPA to ensure the actions determined will have a meaningful impact and are sustainable. As outlined in 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, 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 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 State agencies comprising the early intervention system, staff from Arizona's IDEA Part B and D Programs, early childhood community partners, primary referral sources, Head Start Programs, staff from the Arizona Department of Child Safety (DCS), and families.

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

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

Professional Development System:

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

The LA coordinates and maintains a Comprehensive System of Personnel Development (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 (IHEs) has been created, which has implemented a series of ECHO (extension for community healthcare outcomes) trainings to increase awareness of early intervention in curriculum as well as to communicate opportunities to work in early intervention to students. 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. AZ CSPD now has a webpage to share workgroup products with the public. Evaluation 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 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 Early Childhood Special Education unit to plan and implement the Early Intervention/Early Childhood Special Education (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.

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

Broad Stakeholder Input:

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

The FFY 2021 SPP/APR including the development and implementation of Indicator 11, the State Systemic Improvement Plan (SSIP) was developed with extensive stakeholder engagement throughout the year. The information was gathered through workgroups, Inter-agency meetings, and ICC meetings. LA staff also facilitated an annual stakeholder meeting on November 17, 2022, 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 2021 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 37 participants included:

- Current and former parents, foster parents, and family members of children that received early intervention services;
- ICC members appointed by the Governor as well as committee members appointed by the ICC Chairperson;
- Early intervention statewide leaders;
- Service coordinators;
- Therapists;
- Staff from the ADES DDD, and ASDB;
- Other State agency partners including the ADHS, AHCCCS (the State's Medicaid agency), AZ Department of Child Safety; and
- Representation from the State Education Agency (SEA), ADE

Participants in the annual Stakeholders meeting included metropolitan, urban, suburban, rural, and tribal communities located throughout the State representing the central, northern, eastern, and western geographical areas 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.

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 Center for Appropriate Dispute Resolution in Special Education (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 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 Early Intervention Services 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 give suggestions to make it easier for families to understand their rights in plain language and hope to have it finished by the next submission of the SPP/APR.

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

YES

Number of Parent Members:

9

Parent Members Engagement:

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

Input for setting the targets from parent members is accomplished in the following ways: The ICC's Family Engagement Committee, 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 in which specific events such as the annual stakeholder's meeting and public comment periods are advertised. The State's parent training and information center, RSK, assists with advertising the opportunities for family participation in their newsletters as well to help engage a larger audience of parents who may have missed the LA's initial attempts.

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 Raising Special Kids, Arizona's Parent Training and Information Center. The redesign is intended to be more focused on information families may want as well as having a dedicated space for an electronic version of the family survey, and multiple opportunities to provide feedback and engage with the LA through phone, web forms, email, how to share their experiences with the LA and stakeholders, meetings open to public comment, and how to participate on various work groups and committees.

These LA's Statewide Community Relations Liaison (SCRL) offers face-to-face and virtual opportunities for parents 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 is partnering with ADES/Division Child Care (DCC) to hire a Statewide Tribal Liaison. This position will support the Department's tribal community initiatives and will collaborate with tribes and

community organizations. This position will directly support implementation of the DCC and AzEIP tribal communities and initiatives. Once this staff member is hired, the Statewide Tribal Liaison will support in identifying additional strategies to further engage families living in tribal communities.

During the annual stakeholder's meeting, nearly a quarter of the 37 participants were parents 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 and build connections and relationships with early childhood systems in Arizona, share the vital work the ICC is doing on behalf of families of young children, and increase awareness of the ICC to support the LA and promote family engagement and advocacy. The Facebook page began on April 29, 2022 and currently has 328 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 Interagency Coordinating Council (ICC), parents, family members, and educators. This information is dispersed to all geographical areas, all ethnicities, all cultures, community stakeholders, first responders, medical professionals, and the general public throughout Arizona about educational and engagement opportunities. 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 as well as activities focused on providing feedback for the purposes of improving the statewide early intervention program. ICC members are encouraged and invited to attend national, state, and local educational events.

The SCRL achieves this by posting announcements on the LA's website and in the monthly 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; sending bulk email alerts to the LA's contacts; and participating on a regular basis in local and regional meetings with various stakeholders and advocacy groups.

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, Lead Agency 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.

The LA is partnering with ADES/Division Child Care (DCC) to hire a Statewide Tribal Liaison. This position will support the Department's tribal community initiatives and will collaborate with tribes and community organizations. This position will directly support implementation of the DCC and AzEIP tribal communities and initiatives.

The LA has an Interagency Service Agreement (ISA) with Arizona State University for a Child Equity Plan. ASU is conducting an equity review of the LA's child find data. ASU 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 Lead Agency 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 up from the success of this video for families, the Transition Committee also began work on developing an online training for providers around the transition process which launched on September 22, 2022 so impacts to the data in the next federal fiscal year will be analyzed and reported in the future SPP/APR submissions.

Within the Comprehensive System of Personnel Development workgroup, several members have reached out to families directly. The CSPD coordinator does an orientation with families to help families understand how CSPD is a requirement of Part C and 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.

The LA updated and modernized the website for the IDEA Part C program to provide more curated information to families including those who are concerned about their child's development but don't currently receive services, families who are receiving services, families who do not meet the eligibility criteria, and families who want to assist, advise, or advocate for the LA. The website updates targeting families at different points in time will also allow 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 Interagency Coordinating Council (ICC) holds meetings open to the public quarterly and each of its standing committees meet on a regular basis for open, public meetings, depending on their work. The Statewide Community Relations Liaison (SCRL) provides support to the ICC and conducts the ongoing recruitment of parents, family members, early intervention service providers, civic leaders, and individuals. The SCRL recruits with an intentional focus on engaging diverse ethnicities and cultures for membership reflective of the demographics served by the LA and within the State. All members of the Council are Governor-appointed and meet the requirements as defined in IDEA, Part C. The organizational structure includes an Executive Committee with four 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. 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 2022 and January 2023 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 2021 feedback was the Stakeholders Meeting in November 2022. There was a robust discussion of the data results, performance issues, evidence-based activities, identifying barriers and potential solutions, and setting targets for the next several years. The Part C Data Manager used the Data Meeting Protocol developed by the IDEA Data Center to support stakeholders with making decisions about target setting, contributing factors, potential improvement strategies, and improving compliance. As a result of this final push for feedback, 37 people participated live during the Stakeholder meeting including nine family members. 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.

Making Results Available to the Public:

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

Preliminary FFY 2021 data was shared with providers beginning in July 2022 and with the broader stakeholder community in November 2022. 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 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 can be found, including the revisions the State made to the targets. After submitting the FFY 2021 SPP/APR in February 2023, 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 2020 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2020 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2020 APR in 2022, is available.

The LA posted the FFY 2021 public report as an interactive dashboard to go along with the posting of the SPP/APR with positive responses ensuing following the TA provided to the LA by the ECTA Center and DaSy Center on improving stakeholder engagement to drive programmatic with data visualization. The move away from flat chart graphics to a more interactive design has been positively received by the stakeholders as more engaging and easier to understand over the course of the year. The dashboards are frequently shared and the implications of the data are more frequently discussed to help brainstorm improvement strategies throughout the year with the LA's stakeholders and early childhood partners during the virtual meetings the LA is holding on a regular basis.

The LA continues to report to the public on the performance of each local SPA relative to the targets using the interactive dashboards at <<https://des.az.gov/services/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, Raising Special Kids, 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

Response to actions required in FFY 2020 SPP/APR

Intro - OSEP Response

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	48.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	86.64%	91.95%	92.47%	93.36%	95.62%

Targets

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

FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
468	606	95.62%	100%	94.06%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The LA updated the definition of timely services at the start of the monitoring period causing the primary reason for slippage. While the timing of the new policy starting on the same day as the monitoring period was not ideal, it was necessary to streamline and improve the analysis for the monitoring period. Additionally, the new policy was written more clearly than the previous policy to help reduce confusion among providers interpreting the policy. After receiving final approval, the LA felt it was necessary to implement the policy sooner rather than later for the benefit of families even if it meant expecting slippage in compliance during the implementation coinciding with the monitoring period.

The most notable change between this year and last year's policy was that services now needed to be scheduled and delivered in 30 days rather than the 45 days. This change most directly resulted in slippage as there were eight children where services would have been considered timely under the former policy but not the new policy which would have made the FFY 2021 compliance data nearly the same as FFY 2020.

The LA notified the leaders of service providing agencies on several occasions of the upcoming change in policy reducing the timeline for providing timely services. The leaders made concentrated efforts to ensure service coordinators and team members were prepared for the change. However, the leaders' time and efforts were divided by also supporting service coordinators and team members to increase in-person visits for families where virtual services or hybrid services, of in-person and alternative service delivery methods, were not most effective or when IFSP teams, including families, determined in-person services were needed to reach the IFSP goals. Adjusting to increases of in-person visits and families requesting a hybrid approach to visits resulted in more drive time and less efficient scheduling making it more challenging to achieve compliance for timely services. While most providers were excited to increase their in-person visits with families, some providers did not feel safe leading to some early intervention providers leaving the field. The monitoring period with these safety measures provided more information about the impact of a hybrid approach to services in adjusting to long-term business operations for local programs as the situation evolves from a pandemic to an endemic disease. SPA leadership did their best to recruit and retain staff.

Additionally, providers were also balancing increasing caseloads from an increase in referrals. One reason referrals increased was because families that previously withdrew from services during the start of the pandemic decided to return to services. But the most common reason was that families were being referred for the first time due to Child Find efforts, families increasing their interaction with referral sources, and families having more social interactions with other families of young children making delays that were either not noticed or were not a concern now an issue they wanted to address.

SPA leaders identified the lower reimbursement rate for early intervention services made it challenging to recruit and retain providers but especially challenging during a time of potential risk to their health, logistic challenges of scheduling both virtual and in-person visits, and rising caseload sizes. Issues with recruitment and retention led to existing providers having a higher caseload making it more difficult to retain staff. One-time federal funds from the American Rescue Plan Act (ARPA) provided the needed resources on a temporary basis, while a permanent solution was developed with the State Legislature and previous Governor. The LA and leadership for the SPAs are trying to assess the impact of the provider rate increase on recruitment and retention as well as quality of services and caseload size to balance the logistics of providing flexible services to families in the manner for which they need.

Stakeholders were pleasantly surprised that there wasn't more slippage due to the timing of the policy implementation, the significant reduction in the timeline for providing timely services, time management issues around increasing in-person visits, and more referrals. The LA is confident that additional technical assistance over the next year to service coordinators and team members will improve timely services going forward.

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.

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Provide reasons for delay, if applicable.

Family delays accounted for the majority of delays in timely provision of services. Some families remained hesitant to resume in-person services in favor of continuing alternative service delivery methods. Other families declined visits through alternative methods and only participated with in-person services or a combination of both. Providers reported more family delays occurred more frequently including travel, illness, or forgetting an appointment.

However, there were several systemic reasons for the delay in timely services for 36 IFSPs. Most of the delays were caused by three common issues. For 14 of the 36 IFSPs, the team member providing services either did not provide documents showing a visit occurred or did not complete a visit. For 10 of the 36 IFSPs, the team member caused the delay in either scheduling or completing the visit on time (eight of these would have been considered timely under the previous policy). For another 10 of the 36 IFSPs, delayed services were due to Service Coordinators not coordinating services within the new timeline.

There were two unique issues related to service providing agencies failing to work across agency lines to ensure services started timely. The first situation involved team members completing 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 both of the team members. In the second situation, the Service Coordinator documented the services the team member would provide incorrectly on the IFSP resulting in confusion by the team members as to what services would be provided. Both of these issues were determined to be caused by Service Coordinators and team members from different agencies who did not collaborate to ensure services started timely.

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 Three (or the third 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 Three includes State monitoring data for 10 SPAs across seven of the 23 regions in Arizona. The 10 SPAs include 10 TBEIS contractors, corresponding DDD regions, and ASDB personnel for a total of 12 service-providing agencies

Provide additional information about this indicator (optional)

Stakeholders reported the COVID-19 pandemic had an impact on timely services for FFY 2021. When the Governor issued stay-at-home orders in March 2020, at the end of FFY 2019, many families requested early intervention staff halt services assuming the orders would be temporary. The LA quickly transitioned to providing services through alternate methods for the health and safety of families and early intervention personnel. The transition to alternative methods of service delivery resulted in more parent and family involvement and participation in services even when they were busy, working, or traveling. Providers were able to coordinate joint visits more quickly without the logistics of travel from various locations. Providing services through a hybrid approach to in-person, alternative service delivery methods, and a combination of both depending on the unique circumstances of the family have proved to be challenging. As the initial uncertainties of the pandemic settled, the LA saw some families that previously withdrew from services return and many more families referred for the first time. While the number of referrals are not quite at pre-pandemic levels, they have increased 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.

In the Spring of 2021, the LA launched a new report made available to SPAs to support ensuring timely services. With the launch of the new report, the LA provided initial support to all programs during the Data Manager's Meeting and one-on-one support as requested. SPAs staff with greater experience using data to drive business decisions were able to independently use the new report as a tool for more effective self-monitoring of their timely services thus improving their services. Throughout the last year, the LA provided additional TA to other SPA staff who were less comfortable using the new report to get them regularly using the report to self-monitor their timely services.

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 the end of 2023. 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 started 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 36 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 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 12 SPAs monitored for this indicator including TBEIS Contractors, DDD, and ASDB:

- Two programs were at 100 percent compliance;
- Eight programs were between 90-99 percent compliance; and
- Two programs were between 80-89 percent compliance.

As outlined in the OSEP 09-02 memo, the LA requires SPAs to submit documentation of child-specific correction and subsequent data that reflect correction and subsequent implementation of the regulatory requirement for the entire program. The LA ensures the SPA is implementing the regulatory requirement through on-site visits, requesting documents and notes from the file submitted through mail or email, and reviewing current data submitted in the statewide database. The LA ensures that 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 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
10	10	0	0

FFY 2020 Findings of Noncompliance Verified as Corrected

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

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

consistent with the OSEP 09-02 memo.

Ten findings of noncompliance were issued in FFY 2020. The LA verified that the ten 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. All ten programs were able to demonstrate timely correction of the noncompliance within one year. The LA verified that each service-providing agency with noncompliance identified in FFY 2020 is correctly implementing the specific regulatory requirements (i.e., achieved 100percent 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.

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

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 42 individual cases to determine all services on the IFSP were provided, although late, or were no longer within Part C. Of the 42 individual cases, services eventually started for 13 children, although late, and 29 children were exited from Part C before all services had started.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

1 - Prior FFY Required Actions

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

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

Response to actions required in FFY 2020 SPP/APR

The State reported on the status of correction of noncompliance identified in FFY 2020 for this indicator in the previous section. The state issued 10 findings of noncompliance where all were timely corrected.

The State also reported, in the previous section that it has verified that each SPA with noncompliance issued in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the SPA, consistent with OSEP Memo 09-02. In the previous section, the State described the specific actions that were taken to verify the correction.

1 - OSEP Response

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	86.00%

FFY	2016	2017	2018	2019	2020
Target>=	92.00%	93.00%	94.50%	97.00%	97.00%
Data	97.62%	98.03%	99.48%	100.00%	100.00%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	97.00%	97.00%	97.00%	98.00%	98.00%

Targets: Description of Stakeholder Input

The FFY 2021 SPP/APR including the development and implementation of Indicator 11, the State Systemic Improvement Plan (SSIP) was developed with extensive stakeholder engagement throughout the year. The information was gathered through workgroups, Inter-agency meetings, and ICC meetings. LA staff also facilitated an annual stakeholder meeting on November 17, 2022, 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 2021 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 37 participants included:

- Current and former parents, foster parents, and family members of children that received early intervention services;
- ICC members appointed by the Governor as well as committee members appointed by the ICC Chairperson;
- Early intervention statewide leaders;
- Service coordinators;
- Therapists;
- Staff from the ADES DDD, and ASDB;
- Other State agency partners including the ADHS, AHCCCS (the State's Medicaid agency), AZ Department of Child Safety; and
- Representation from the State Education Agency (SEA), ADE

Participants in the annual Stakeholders meeting included metropolitan, urban, suburban, rural, and tribal communities located throughout the State representing the central, northern, eastern, and western geographical areas 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.

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 Center for Appropriate Dispute Resolution in Special Education (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 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 Early Intervention Services 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 give suggestions to make it easier for families to understand their rights in plain language and hope to have it finished by the next submission of the SPP/APR.

Due to the frequently changing nature of the pandemic and the impact on other data, stakeholders felt it is too soon to determine if the COVID-19 pandemic impacted the data enough to warrant resetting the baseline at this time. Stakeholders felt this would also give the LA more time to assess data entry patterns to determine the impact of providing more services through a combination of in-person and alternative means compared to previous years.

The LA received feedback including during provider and stakeholder forums and other meetings with providers regarding the impact of provider rates in various service settings. Providers identified issues with previously low reimbursement rates causing challenges in recruiting and retaining staff to provide services in natural environments especially compared to other programs where rates had recently been increased in non-natural settings such as clinic. This caused strain for SPA leadership because their early intervention providers were seeking positions outside of early intervention with higher reimbursement rates and fewer logistical challenges of providing services in non-natural environments such as clinics. This feedback helped contribute to the LA's final decisions on the temporary rate increase implemented in October of 2021 and the permanent rate increase implemented in October of 2022. The LA will be assessing the impact of the rate increases on early intervention personnel throughout the State.

The majority of stakeholders proposed keeping the targets as is for settings with a lone stakeholder proposing to increase it. The lone stakeholder appeared to agree with the plan of keeping it steady for now and increasing in the future. Most stakeholders want to continue examining the impact of COVID-19 on the settings data to determine if there is enough information to reset the baseline in the near future. Stakeholders were not surprised that settings data dropped below the previous two years. Stakeholders identified that the data are getting closer to pre-pandemic data levels as families are more comfortable receiving services in clinic settings when the IFSP team feels it is necessary to make improvements. As a result, the LA has kept the targets over the next five years the same with a planned increase in FFY 2024 to align with stakeholder input.

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	5,280
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Total number of infants and toddlers with IFSPs	5,281

FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
5,280	5,281	100.00%	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 2021. Settings data for this reporting period is considered to be in the midst of the pandemic. The percentage of children receiving services in natural environments continues the above average trend seen before the COVID-19 pandemic.

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

During this reporting period, only one child received Part C services exclusively in other environments, such as therapy clinics. When children did receive services in another environment, it generally supplemented services primarily received in natural environments. For instance, most services were provided at home and occasionally a fewer number of services were provided in a clinic setting. Stakeholders were not surprised that settings data dropped below the previous two years, getting closer to pre-pandemic data levels as families are more comfortable receiving services in clinic settings when the IFSP team, including the family, feels it is necessary to make improvement.

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

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

The FFY 2021 SPP/APR including the development and implementation of Indicator 11, the State Systemic Improvement Plan (SSIP) was developed with extensive stakeholder engagement throughout the year. The information was gathered through workgroups, Inter-agency meetings, and ICC meetings. LA staff also facilitated an annual stakeholder meeting on November 17, 2022, 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 2021 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 37 participants included:

- Current and former parents, foster parents, and family members of children that received early intervention services;
- ICC members appointed by the Governor as well as committee members appointed by the ICC Chairperson;
- Early intervention statewide leaders;
- Service coordinators;
- Therapists;
- Staff from the ADES DDD, and ASDB;
- Other State agency partners including the ADHS, AHCCCS (the State's Medicaid agency), AZ Department of Child Safety; and
- Representation from the State Education Agency (SEA), ADE

Participants in the annual Stakeholders meeting included metropolitan, urban, suburban, rural, and tribal communities located throughout the State representing the central, northern, eastern, and western geographical areas 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.

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 Center for Appropriate Dispute Resolution in Special Education (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 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 Early Intervention Services 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 give suggestions to make it easier for families to understand their rights in plain language and hope to have it finished by the next submission of the SPP/APR.

Due to the frequently changing nature of the pandemic and the impact on other data, stakeholders felt it is too soon to determine if the COVID-19 pandemic impacted the data enough to warrant resetting the baseline at this time. About half of the stakeholders recommended keeping the targets as is, with most being families of children formerly in early intervention, and the other half of stakeholders recommending to keep the targets as is for now but consider revision in the near future.

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 Children's Equity Project around Child Find activities from the policy and data analyses that will be completed as part of the LA's initiatives through one-time federal funds from the American Rescue Plan Act (ARPA). The Children's Equity Project 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 Children's Equity Project 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.

Historical Data

Outcome	Baseline	FFY	2016	2017	2018	2019	2020
A1	2014	Target>=	72.01%	72.01%	72.74%	72.74%	66.70%

A1	72.01%	Data	72.31%	70.86%	70.23%	65.74%	66.70%
A2	2014	Target>=	53.25%	53.25%	53.98%	53.98%	51.28%
A2	53.25%	Data	53.84%	56.17%	55.82%	51.07%	51.28%
B1	2014	Target>=	77.61%	77.61%	78.26%	78.26%	68.48%
B1	77.61%	Data	77.29%	76.44%	74.47%	68.24%	68.48%
B2	2014	Target>=	53.75%	53.75%	54.48%	54.48%	40.19%
B2	53.75%	Data	55.74%	56.56%	56.16%	46.11%	40.19%
C1	2014	Target>=	76.81%	76.81%	77.45%	77.45%	68.24%
C1	76.81%	Data	77.15%	77.11%	76.66%	72.09%	68.24%
C2	2014	Target>=	47.21%	47.21%	47.94%	47.94%	44.47%
C2	47.21%	Data	48.51%	48.89%	49.30%	44.97%	44.47%

Targets

FFY	2021	2022	2023	2024	2025
Target A1>=	66.70%	66.70%	66.70%	72.74%	72.74%
Target A2>=	51.28%	51.28%	51.28%	53.98%	53.98%
Target B1>=	68.48%	68.48%	68.48%	78.26%	78.26%
Target B2>=	40.19%	40.19%	40.19%	54.48%	54.48%
Target C1>=	68.24%	68.24%	68.24%	77.45%	77.45%
Target C2>=	44.47%	44.47%	44.47%	47.94%	47.94%

FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

3,864

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	31	0.84%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,045	28.27%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	881	23.83%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,032	27.91%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	708	19.15%

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,913	2,989	66.70%	66.70%	64.00%	Did not meet target	Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they	1,740	3,697	51.28%	51.28%	47.07%	Did not meet target	Slippage

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
turned 3 years of age or exited the program							

Provide reasons for A1 slippage, if applicable

While the number of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it increased this year by just over a percentage point, the number who improved functioning to reach a level comparable to same-aged peers dropped by almost 2 points. These differences ultimately resulted in slippage.

Stakeholders reported the pandemic had some impact on the number of children making substantial progress on their positive social emotional skills with masks limiting social emotional cues, more families being at home through social distancing, and fewer contacts with friends and families. Some families remained hesitant to resume in-person services in favor of continuing alternative delivery methods limiting the number of in-person services that were provided. 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. The LA plans to do long-term analysis of the impact of COVID-19 on Child Outcomes ratings to monitor for any changes as in-person services increase

Provide reasons for A2 slippage, if applicable

The number of infants and toddlers who either improved functioning to a level nearer to same-aged peers but did not reach it or those who maintained functioning at a level of same-aged peers both dropped from last year by nearly 2 points each. These differences ultimately resulted in slippage.

Stakeholders reported the pandemic had some impact on the number of children reaching the level of same-aged peers on their positive social emotional skills with masks limiting social emotional cues, more families being at home through social distancing, and fewer contacts with friends and families. Some families remained hesitant to resume in-person services in favor of continuing alternative delivery methods limiting the number of in-person services that were provided. 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. The LA plans to do long-term analysis of the impact of COVID-19 on Child Outcomes ratings to monitor for any changes as in-person services increase.

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.

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	28	0.76%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,026	27.75%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,316	35.60%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,039	28.10%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	288	7.79%

Outcome B	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,355	3,409	68.48%	68.48%	69.08%	Met target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	1,327	3,697	40.19%	40.19%	35.89%	Did not meet target	Slippage

Provide reasons for B2 slippage, if applicable

The number of infants and toddlers who either improved functioning to a level nearer to same-aged peers but did not reach it or those who maintained functioning at a level of same-aged peers both dropped from last year. Particularly, this outcome was impacted most by a drop in the number of children that maintained functioning at a level comparable to same-aged peers which dropped by nearly three points. These differences ultimately resulted in slippage.

Stakeholders reported the pandemic had some impact on the number of children reaching the level of same-aged peers on the acquisition and use of knowledge and skills (including early language/communication) with masks limiting social emotional cues and muffling sounds, more families being at home through social distancing, and fewer contacts with friends and families. Some families remained hesitant to resume in-person services in favor of continuing alternative delivery methods limiting the number of in-person services that were provided. 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. The LA plans to do long-term analysis of the impact of COVID-19 on Child Outcomes ratings to monitor for any changes as in-person services increase.

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.

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	26	0.70%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,030	27.86%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,060	28.67%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,148	31.05%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	433	11.71%

Outcome C	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,208	3,264	68.24%	68.24%	67.65%	Did not meet target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	1,581	3,697	44.47%	44.47%	42.76%	Did not meet target	Slippage

Provide reasons for C2 slippage, if applicable

The number of infants and toddlers who either improved functioning to a level nearer to same-aged peers but did not reach it or those who maintained functioning at a level of same-aged peers both dropped from last year. Particularly, this outcome was impacted most by a drop in the number of children that maintained functioning at a level comparable to same-aged peers which dropped by about one point. These differences ultimately resulted in slippage.

Stakeholders reported the pandemic had some impact on the number of children improving to same-aged peers on appropriate behaviors to meet their needs is closely tied to other child outcomes including positive social emotional skills and the acquisition and use of knowledge and skills (including early language/communication) with masks limiting social emotional cues and muffling sounds, more families being at home through social distancing, and fewer contacts with friends and families. Some families remained hesitant to resume in-person services in favor of continuing alternative delivery methods limiting the number of in-person services that were provided. 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. The LA plans to do long-term analysis of the impact of COVID-19 on Child Outcomes ratings to monitor for any changes as in-person services increase.

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	5,161
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.	932

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

The LA uses the Early Childhood Outcomes (ECO) Child Outcomes Summary (COS) process to gather data for this outcome. The COS Tool has been adapted for the LA and has been incorporated into the IFSP process.

Data regarding child outcomes are, at a minimum, gathered at the initial IFSP and at the exit from the AzEIP Program by the IFSP team. The IFSP team, 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. 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.

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 are increasing their implementation of the additional data entry requirements. Going forward, the LA will be able to analyze the data in order to identify the quality of COS rating processes in order to identify strengths and technical assistance opportunities.

Provide additional information about this indicator (optional).

Stakeholders reported the pandemic had some impact on child outcomes for FFY 2021. Exactly how much impact isn't clear because some families received services exclusively during the pandemic, and other families exited and later returned. When the Governor issued stay-at-home orders in March 2020, at the end of FFY 2019, many families requested early intervention staff halt services assuming the COVID-19 Pandemic would be temporary. The LA quickly transitioned to providing services through alternative methods for the health and safety of families and early intervention personnel. Providers also reported a significant increase in families exiting prior to receiving the first service and families initially requesting to put a hold on service then providers losing contact thus having fewer services than were identified as needed. The transition to alternative methods allowed more parent and family involvement even when busy or traveling. Providers were able to coordinate joint visits more quickly without the difficulty of logistics of travel from various locations. Stakeholders identified more families being at home through social distancing, employment location, or hour changes, fewer contacts with friends and families impacted their children's development in many ways.

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

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. The LA plans to do long-term analysis of the impact of COVID-19 on Child Outcomes ratings monitor for any changes as in-person services increase.

In September 2020, the LA launched on-demand reports available to SPAs, an improvement over the previous weekly subscription services, to help support monitoring data at the child level. The child outcomes report was launched shortly after during the second round of reports. SPAs have used this tool to ensure child outcomes are entered but have not yet effectively used it for monitoring data anomalies and program improvement. In February 2022, a redesigned child outcomes report was launched but was inaccurate for some children leading to additional work that was needed to correct a technical issue. In September, 2022, the issue on the report was fixed which made the new child outcomes report more functional. Due to the timing of the change, the report didn't impact this year's data but will be reported on during the next reporting cycle.

The LA received technical assistance from the DaSy Center and ECTA Center and information about plans on adapting and implementing the pattern checking tool they 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 technical assistance to SPAs with looking for more than just data completeness.

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2016	2017	2018	2019	2020
A	2020	Target>=	94.00%	94.00%	94.50%	94.50%	93.41%
A	93.41%	Data	94.39%	94.42%	95.53%	95.49%	93.41%
B	2020	Target>=	94.50%	95.00%	95.50%	95.50%	93.12%
B	93.12%	Data	92.41%	91.86%	94.45%	93.84%	93.12%
C	2020	Target>=	95.00%	95.50%	96.25%	96.25%	95.55%

C	95.55 %	Data	95.40%	95.15%	95.96%	95.47%	95.55%
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Targets

FFY	2021	2022	2023	2024	2025
Target A>=	93.41%	93.41%	93.41%	94.50%	94.50%
Target B>=	93.12%	93.12%	93.12%	95.50%	95.50%
Target C>=	95.55%	95.55%	95.55%	96.25%	96.25%

Targets: Description of Stakeholder Input

The FFY 2021 SPP/APR including the development and implementation of Indicator 11, the State Systemic Improvement Plan (SSIP) was developed with extensive stakeholder engagement throughout the year. The information was gathered through workgroups, Inter-agency meetings, and ICC meetings. LA staff also facilitated an annual stakeholder meeting on November 17, 2022, 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 2021 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 37 participants included:

- Current and former parents, foster parents, and family members of children that received early intervention services;
- ICC members appointed by the Governor as well as committee members appointed by the ICC Chairperson;
- Early intervention statewide leaders;
- Service coordinators;
- Therapists;
- Staff from the ADES DDD, and ASDB;
- Other State agency partners including the ADHS, AHCCCS (the State's Medicaid agency), AZ Department of Child Safety; and
- Representation from the State Education Agency (SEA), ADE

Participants in the annual Stakeholders meeting included metropolitan, urban, suburban, rural, and tribal communities located throughout the State representing the central, northern, eastern, and western geographical areas 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.

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 Center for Appropriate Dispute Resolution in Special Education (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 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 Early Intervention Services 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 give suggestions to make it easier for families to understand their rights in plain language and hope to have it finished by the next submission of the SPP/APR.

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The LA revised the baseline data last year because there was a change in the data source for the indicator that impacts comparability of the data from

year to year. Specifically, the LA made FFY 2020 the baseline because this is the first year with the revised items from the NCSEAM question bank. On the new version of the family survey, some items were discontinued while other items from the question bank were added, and a new question was piloted. Another significant factor impacting the comparability of the data was that the wording on the Likert scale families use to rate questions was changed slightly from the previous year in accordance with NCSEAM guidance on the scale and input from the ICC's Family Engagement Committee. Additionally, the LA began collecting survey data electronically for the first time adding a new methodology collection in addition to paper form, .PDF documents, and service coordinators completing them with families.

The LA shared data with the Family Engagement committee for feedback during several of the committee's meetings throughout the year. The Family Engagement committee is chaired by parents of children formerly in early intervention and several of the members in other roles also had children in early intervention. The Family Engagement committee reviewed the impact of improvement strategies to help evaluate the progress on response rates and representativeness with LA staff.

Since the baseline and targets were set last year, most stakeholders recommended keeping the targets for Family Outcomes as set last year with collection of additional data to consider revision to the targets in the future. Only one stakeholder suggesting the targets be increased but the view was not shared by a majority of stakeholders.

Stakeholders anticipate the feedback provided by ICC and its committees regarding the "Child and Family Rights in the Arizona Early Intervention Program" brochure will assist in increasing the number of families that report they know their rights due to making it easier to understand.

FFY 2021 SPP/APR Data

The number of families to whom surveys were distributed	6,643
Number of respondent families participating in Part C	1,147
Survey Response Rate	17.27%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,044
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,123
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	1,031
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1,127
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	1,069
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1,135

Measure	FFY 2020 Data	FFY 2021 Target	FFY 2021 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)	93.41%	93.41%	92.97%	Did not meet 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)	93.12%	93.12%	91.48%	Did not meet target	Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	95.55%	95.55%	94.19%	Did not meet target	Slippage

Provide reasons for part B slippage, if applicable

While most responses from families were positive, the LA analyzed each family's response on the survey with additional feedback provided by families in their comments from the family survey. For this indicator, analysis of comments (21 of the 301 comments) showed that a few factors appeared to play the largest role in slippage with families reporting early intervention services helped their family effectively communicate their children's needs. First, when families felt their service coordinator or therapist was not a good match for their family or there was service coordinator and therapist turnover, they were more likely to report that early intervention services did not help their family effectively communicate their children's needs. Secondly, a few therapists provided proportionally more services through alternative means than in-person. Therapists struggled with providing in-person visits as a result of higher caseloads while service providing agencies recruited more staff in some regions and increased travel time to provide in-person visits compared to services provided through alternative means. The issues with service coordinators and therapists led to slippage in families reporting that early intervention services did not help their family effectively communicate their children's needs.

The LA has an Inter-agency Service Agreement (ISA) with Arizona State University for a Child Equity Plan. ASU will provide a written report with actionable equity policy recommendations that will focus, in part, on services for infants and toddlers and their families, with a further focus on racially, ethnically, and linguistically diverse children and families. Equity policy recommendations may help the LA identify additional strategies to address slippage in families communicating their child's needs.

Provide reasons for part C slippage, if applicable

While most responses from families were positive, the LA analyzed each family's response on the survey with additional feedback provided by families in their comments from the family survey. For this indicator, analysis of comments (14 of the 301 comments, most overlapping with the 21 reported above) showed that a few factors appeared to play the largest role in slippage with families reporting early intervention services have helped the family help their children develop and learn. First, when families felt their service coordinator or therapist was not a good match for their family or there was service coordinator and therapist turnover, they were more likely to report that early intervention services have helped the family help their children develop and learn. Secondly, a few therapists provided proportionally more services through alternative means than in-person. Therapists struggled with providing in-person visits as a result of higher caseloads while service providing agencies recruited more staff in some regions and increased travel time to provide in-person visits compared to services provided through alternative means. The issues with service coordinators and therapists led to slippage in families reporting that early intervention services have helped the family help their children develop and learn.

The LA has an ISA with Arizona State University for a Child Equity Plan. ASU will provide a written report with actionable equity policy recommendations that will focus, in part, on services for infants and toddlers and their families, with a further focus on racially, ethnically, and linguistically diverse children and families. Equity policy recommendations may help the LA identify additional strategies to address slippage in families helping their child develop and learn.

Sampling Question	Yes / No
Was sampling used?	NO

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

If not, 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, particularly since they were under-represented last year, including families identifying as African American or Black, American Indian or Alaska Native, Asian, and Native Hawaiian or Pacific Islander. The percentage of surveys returned from White families was significantly overrepresented last year and shifted to under-represented this year. Surveys returned for families identifying as more than one race increased dramatically this year and lead to an over-representation.

As new survey responses come in, the balance frequently shifts during the year between over and under-represented populations. When areas of under-representation are identified, targeted strategies of sending family surveys to those families and enlisting their service coordinators for support often shift the balance to over-representation. The LA continues to utilize multiple strategies to ensure appropriate representation across many different demographics with a continual focus on quality improvement.

While race data are collected at entry into Part C, the data were 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 in order to identify the impact of a family potentially changing views on their race with regard to the representativeness of family outcomes going forward. The LA will continue to make efforts to improve the representation of families of all races by providing technical assistance to programs on accurately capturing race data and increasing the forward momentum of the LA's overall response rate of family surveys.

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 pre-filled demographic information, 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 is planning to create a webinar and reports for technical assistance 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 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 has also entered into an intergovernmental service agreement with the Children's Equity Project 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 Children's Equity Project if it will improve representativeness for under-represented populations in the collection of family outcomes.

Survey Response Rate

FFY	2020	2021

Survey Response Rate	16.19%	17.27%
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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 Early Childhood Outcomes, (ECO) Family Outcomes survey and the possibility of creating a State-developed survey. In researching methods for collecting family outcomes, it was determined that the questions selected from the original 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 paper surveys and developing a script for Service Coordinators to use when discussing the family survey. The script is based on feedback from Service Coordinators with the highest response rate in Arizona. During regular meetings with SPA contractors, the LA reviewed the program's response rate compared to the previous year and to the expected number of families to ensure representativeness across programs and demographics. The LA provided technical assistance to SPAs to clarify family survey distribution procedures. Additionally, the LA provided SPAs with regularly updated information on service coordinator response rates. SPA leadership could then recognize the efforts of service coordinators with higher response rates and leverage support from their service coordinators with higher response rates to support service coordinators with lower response rates.

The recommendations and assistance provided by the Family Survey Committee were critical to increasing the response rate between last year and this year leading to improved representativeness. The LA will be targeting family survey efforts towards individuals from under-represented communities with low response rates from last 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, just enough surveys were received to consider them representative. The LA does not want to see the data shift to under-represented next year for either of these populations that have been historically under-represented.

The LA is partnering with ADES Division Child Care (DCC) to hire a shared Statewide Tribal Liaison. This position will support the Department's tribal community initiatives and will collaborate with tribes and community organizations. This position will directly support implementation of the DCC and AZEIP tribal communities and initiatives. Once this person is hired, the Statewide Tribal Liaison will support in identifying strategies to maintain survey response rates and representativeness.

During FFY 2021, the LA shared data with service providing agencies 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 technical assistance around their family survey distribution and collection procedures. One large service-providing agency used the data to hold a friendly competition within its program to see which service coordinator could get the highest response rate and reduce nonresponse bias. This also worked to ensure the agency received a representative number of surveys across the various parts of the State it serves.

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. Response rates continued to increase for families that identified as African American or Black (up 4 points from last year to 16 percent this year), American Indian or Alaska Native (up 2 points from last year to 13 percent this year), Native Hawaiian or Pacific Islander (up 25 points from last year to 47 percent this year), More than one race (up 17 points from last year to 46 percent this year). Minor fluctuations were seen in the response rate for families identifying as Asian (down 2 points to 19 percent this year) and families identifying as White (down 1 point from last year to 15 percent). The response rate for Hispanic and Latino families have continued to increase year over year (up 2 points from last year to 19 percent this year). The response rate for families that do not identify as Hispanic or Latino has held steady this year remaining at 16 percent.

When looking at the 23 counties across the State, most fluctuated between last year (13 increased their response rate from last year while nine decreased, and one geographical service region remained the same across years) and this year. Most notably, increases were seen in counties that have had historically low response rates, namely Pima and Pinal counties. Response rates from Pima nearly doubled with significant and more moderate improvements seen in Pinal county. The LA plans to continue working with the SPAs in these counties to support service coordinators with continuing their successful strategies in both counties in order to maintain the improvements.

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. This year in FFY 2021 the response rate increased slightly from last 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 5-10 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.

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.

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lower in particular regions of the state or with under-represented demographics were targeted for technical assistance around their family survey distribution and collection procedures. One large service providing agency used the data to hold a friendly competition within its program to see which service coordinator could get the highest response rate and reduce nonresponse bias. This also worked to ensure the agency received a representative number of surveys across the various parts of the State it serves. Outside of friendly competitions, 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 Raising Special Kids, Arizona's Parent Training and Information Center. The redesign is intended to be more focused on information families may want as well as having a dedicated space for an electronic version of the family survey.

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

The 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 (-8 point difference) and Not-Hispanic (-4 point difference) were under-represented in the surveys returned. While families identifying as African American or Black (0 point difference), American Indian or Alaska Native (-1 point difference), Asian (0 point difference), Native Hawaiian or Pacific Islander (0 point difference) were representative in the overall return of surveys. Families that identified as more than one race (+9 point difference) and Hispanic families (+4 point difference) were over-represented in surveys that were returned. Because data were not representative for families who identified as White 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 overall not representative.

Over the last several years, White families had been over-represented by 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. Last year, families identifying as Not-Hispanic were under-represented by nine points and this year due to the efforts to reduce nonresponse bias from families it decreased to four points. This year, continues the trend in reducing the under-representativeness seen over the last several years for families identifying as Not-Hispanic. The fluctuations in representation were much smaller between this year and last year compared to the past. 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.

When analyzed by county, 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, ten of the twenty-three regions, had an appropriate representation of surveys returned by families, an increase from last year. Parts of the State that were under-represented include five regions coinciding with Northwest Maricopa, Southwest Pima, Yuma, Coconino, Hopi, and Navajo counties. Five regions were overrepresented covering Southeast Maricopa, Yavapai/North Gila, North Pima, and Graham/Greenlee/Cochise counties.

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.

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.

The results show that families identifying as White (-8 point difference) and Not-Hispanic (-4 point difference) were under-represented in the surveys returned. While families identifying as African American or Black (0 point difference), American Indian or Alaska Native (-1 point difference), Asian (0 point difference), Native Hawaiian or Pacific Islander (0 point difference) were representative in the overall return of surveys. Families that identified as more than one race (+9 point difference) and Hispanic families (+4 point difference) were over-represented in surveys that were returned. Because data were not representative for families who identified as White 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.

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 National Center for Special Education and Monitoring (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 Office of Children with Special Health Care Needs, the state Medicaid program, a health plan, the SEA, Parent Training and Information Center under IDEA Part D, Arizona Commission for the Deaf and Hard of Hearing, AZ Association for the Deaf Education Committee, AZ Chapter of the CMV Foundation. The demographics of the stakeholders varied and included 25 programs representing the largest population center in Arizona, Maricopa County, 11 from Northern Arizona, 11 from Southern Arizona, and six representing tribal lands. Twenty-two providers shared feedback across service-providing agencies including TBEIS Contractors, the Division of Developmental Disabilities, and ASDB through all levels of the organizations including Program Directors and Administrators, Supervisors, Service Coordinators, Therapists, and subcontractors.

To address the targets that were not met, for outcome A, families that report they know their rights, the LA will be working with the ICC to make updates to support families in better understanding their rights. Additionally, to support all family outcomes, the LA will be assessing the impact of the permanent provider rate increase on the turnover and recruitment of providers. Through additional TA and support LA staff will also be supporting service providing agencies to address logistical issues of continuing to increase in-person services to ensure families receive effective support unless they request services through alternative means and if the IFSP team feels that will effectively address their needs.

4 - Prior FFY Required Actions

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 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 2020 SPP/APR

The LA has reported on the FFY 2021 the representativeness of the demographics of infants, toddlers, and families enrolled in the Part C program of the survey response data in the previous sections. The LA also included its analysis of the extent to which the demographics of the families responding are representative of the population. The LA also reported on the actions it is taking to improve representativeness. While the data are not yet representative, they have improved over last year. The LA believes the combination of existing and upcoming strategies will support improvements to the representativeness of the data over time.

4 - OSEP Response

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.59%

FFY	2016	2017	2018	2019	2020
Target >=	0.67%	0.68%	0.69%	0.73%	0.73%
Data	0.95%	0.91%	0.92%	0.89%	0.88%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	0.73%	0.73%	0.73%	0.73%	0.73%

Targets: Description of Stakeholder Input

The FFY 2021 SPP/APR including the development and implementation of Indicator 11, the State Systemic Improvement Plan (SSIP) was developed with extensive stakeholder engagement throughout the year. The information was gathered through workgroups, Inter-agency meetings, and ICC meetings. LA staff also facilitated an annual stakeholder meeting on November 17, 2022, 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 2021 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 37 participants included:

- Current and former parents, foster parents, and family members of children that received early intervention services;
- ICC members appointed by the Governor as well as committee members appointed by the ICC Chairperson;
- Early intervention statewide leaders;
- Service coordinators;
- Therapists;
- Staff from the ADES DDD, and ASDB;
- Other State agency partners including the ADHS, AHCCCS (the State's Medicaid agency), AZ Department of Child Safety; and
- Representation from the State Education Agency (SEA), ADE

Participants in the annual Stakeholders meeting included metropolitan, urban, suburban, rural, and tribal communities located throughout the State representing the central, northern, eastern, and western geographical areas 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.

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 Center for Appropriate Dispute Resolution in Special Education (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 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 Early Intervention Services 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 give suggestions to make it easier for families to understand their rights in plain language and hope to have it finished by the next submission of the SPP/APR.

Due to the frequently changing nature of the pandemic and the impact on other data, stakeholders felt it is too soon to determine if the COVID-19 pandemic impacted the data enough to warrant resetting the baseline at this time. About half of the stakeholders recommended keeping the targets as is with the other half, primarily families of children formerly in early intervention, recommending to increase the targets.

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 could see an increase in Child Find activities later 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 Children’s Equity Project around Child Find activities from the policy and data analyses that will be completed as part of the LA’s initiatives through one-time federal funds from the American Rescue Plan Act (ARPA). The Children’s Equity Project 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 Children’s Equity Project 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.

Additionally, the LA is working with the SEA under IDEA Part B to audit and evaluate Child Find and transition activities of children transitioning from Part C to Part B. In December 2022, automated data linking began linking records so the LA and SEA will review the data periodically to evaluate the Child Find activities. Once sufficient data is linked, Part C and Part B will be able to jointly evaluate Child Find activities to determine if there are populations of children that entered Part B without having received Part C services which would indicate potential gaps in Child Find activities so that improvement strategies can be targeted to particular parts of the State or demographics to reach children under the age of one.

As a result of the feedback provided and upcoming initiatives, the LA has kept the targets over the next five years the same with a planned review next year to align with stakeholder input.

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 1 with IFSPs	693
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 1	76,130

FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
693	76,130	0.88%	0.73%	0.91%	Met target	No Slippage

Provide additional information about this indicator (optional)

The State’s annual child count occurred in October 2021 and is considered by stakeholders to reflect mid-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 and since this survey collection so the LA anticipates reporting improvement in the next submission of the SPP/APR. Stakeholders also identified that referrals could potentially be impacted by the number of services provided through alternative means. Through additional TA and support LA staff has been supporting service providing agencies 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. 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 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 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	2016	2017	2018	2019	2020
Target >=	1.88%	1.89%	1.89%	1.95%	1.95%
Data	2.10%	2.22%	2.34%	2.33%	2.18%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	1.95%	1.95%	1.95%	1.95%	1.95%

Targets: Description of Stakeholder Input

The FFY 2021 SPP/APR including the development and implementation of Indicator 11, the State Systemic Improvement Plan (SSIP) was developed with extensive stakeholder engagement throughout the year. The information was gathered through workgroups, Inter-agency meetings, and ICC meetings. LA staff also facilitated an annual stakeholder meeting on November 17, 2022, 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 2021 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 37 participants included:

- Current and former parents, foster parents, and family members of children that received early intervention services;
- ICC members appointed by the Governor as well as committee members appointed by the ICC Chairperson;
- Early intervention statewide leaders;
- Service coordinators;
- Therapists;
- Staff from the ADES DDD, and ASDB;
- Other State agency partners including the ADHS, AHCCCS (the State's Medicaid agency), AZ Department of Child Safety; and
- Representation from the State Education Agency (SEA), ADE

Participants in the annual Stakeholders meeting included metropolitan, urban, suburban, rural, and tribal communities located throughout the State representing the central, northern, eastern, and western geographical areas 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.

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 Center for Appropriate Dispute Resolution in Special Education (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 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 Early Intervention Services 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 give suggestions to make it easier for families to understand their rights in plain language and hope to have it finished by the next submission of the SPP/APR.

Due to the frequently changing nature of the pandemic and the impact on other data, stakeholders felt it is too soon to determine if the COVID-19 pandemic impacted the data enough to warrant resetting the baseline at this time. About half of the stakeholders recommended keeping the targets as is with the other half, primarily families of children formerly in early intervention, recommending to increase the targets.

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 could see an increase in Child Find activities later 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 Children's Equity Project around Child Find activities from the policy and data analyses that will be completed as part of the LA's initiatives through one-time federal funds from the American Rescue Plan Act (ARPA). The Children's Equity Project 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 Children's Equity Project 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.

Additionally, the LA is working with the SEA under IDEA Part B to audit and evaluate Child Find and transition activities of children transitioning from Part C to Part B. In December 2022, automated data linking began linking records so the LA and SEA will review the data periodically to evaluate the Child Find activities. Once sufficient data is linked, Part C and Part B will be able to jointly evaluate Child Find activities to determine if there are populations of children that entered Part B without having received Part C services which would indicate potential gaps in Child Find activities so that improvement strategies can be targeted to particular parts of the state or demographics to reach children under the age of three and especially those under age one.

As a result of the feedback provided and upcoming initiatives, the LA has kept the targets over the next five years the same with a planned review next year to align with stakeholder input.

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 3 with IFSPs	5,281
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 3	234,919

FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
5,281	234,919	2.18%	1.95%	2.25%	Met target	No Slippage

Provide additional information about this indicator (optional).

The State's annual child count occurred in October 2021 and is considered by stakeholders to reflect mid-pandemic levels with a decrease in raw number of infants and toddlers (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 and since this survey collection so the LA anticipates reporting improvement in the next submission of the SPP/APR. Stakeholders also identified that referrals could potentially be impacted by the number of services provided through alternative means. Through additional TA and support LA staff has been supporting service providing agencies 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. 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 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 birth to age three 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 noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

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

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	39.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	95.34%	97.58%	98.41%	98.26%	99.27%

Targets

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

FFY 2021 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
985	1,448	99.27%	100%	98.41%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

Provide reasons for delay, if applicable.

Of the 1,448 eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted, 985 were timely and 440 were delayed due to documented exceptional family circumstances leaving 23 children that did not receive a timely IFSP. Eight of the children had a timely eligibility decision but a late IFSP meeting. Non-compliant eligibility delays accounted for the remaining 15 of the 23 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 accounted for eight delayed eligibility decisions and four delayed IFSPs with timely eligibility decisions;
- Team member reasons accounted for two delayed eligibility decisions and five delayed IFSPs with timely eligibility decisions;
- The service coordinator noted some other programmatic reason for the delay for two eligibility decisions and the associated IFSPs;
- The service coordinator did not obtain signatures from the educational parent on time for one delayed eligibility decision and the associated IFSP; and
- A delay in obtaining records accounts for one delayed eligibility decision and the associated IFSP.

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, 2022, and June 30, 2022.

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, 2022, through June 30, 2022. The data represents more than 25 percent of all children with initial IFSPs completed during the year. The data are considered statistically representative of the full population of children served throughout the entire year for several reasons. including every SPA in the state participates in monitoring for this indicator, regardless of their monitoring cycle, providing an insight into statewide practice and compliance. The IFSPs occurred during a period of adjustment put in place for the COVID-19 pandemic to provide screenings, evaluations, and IFSPs through both in-person services and alternative methods. The monitoring period with these safety measures provided more information about the impact of a hybrid approach to services in adjusting to long-term business operations for local programs as the situation evolves from a pandemic to an endemic disease.

Provide additional information about this indicator (optional).

The data represent 1,448 individual children, all with initial IFSP meetings from the 33 TBEIS contractors responsible for the 45-day timeline from April 1, 2022, through June 30, 2022. 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. 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.

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 23 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 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. For all SPAs, the LA is developing their own training plans to support their providers.

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

- Twenty-three programs were at 100 percent compliance
- Eight programs were between 90-99 percent compliance
- Two programs were between 85-89 percent compliance

As outlined in 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.

Stakeholders reported that the COVID-19 pandemic impacted the 45-day timeline for FFY 2021. The transition to alternative methods supported more parent and family involvement by being able to participate in early intervention services even when busy or traveling. Providers were able to coordinate evaluations and IFSPs more quickly without the logistics of travel from various locations. Stakeholders identified more families being at home through social distancing, employment hours or location changes had positive impacts on scheduling initial visits, evaluations, assessments, and initial IFSPs.

Some families remained hesitant to resume in-person services in favor of continuing alternative service delivery methods. Other families declined visits through alternative methods and only participated with in-person evaluations. SPA’s reported seeing more frequent family delays compared to the past due to traveling, illness, forgetting an appointment, and recent COVID-19 exposure and/or quarantine.

Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
13	13	0	0

FFY 2020 Findings of Noncompliance Verified as Corrected

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

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

regulatory requirements, consistent with the OSEP 09-02 memo.

Thirteen findings of noncompliance were issued in FFY 2020. The LA verified the SPAs with findings of noncompliance had demonstrated correction of all instances of child-specific noncompliance and they were implementing the regulatory requirements at 100 percent according to subsequent data review. All SPAs were able to demonstrate timely correction of the noncompliance within one year.

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

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

SPAs were required to submit data to verify individual cases of 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 as well as eligibility and IFSP documentation, for all 21 individual cases to determine that each child's eligibility decision and IFSP occurred, although late, consistent with the OSEP 09-02 memo.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

7 - Prior FFY Required Actions

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

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

Response to actions required in FFY 2020 SPP/APR

The State reported on the status of correction of noncompliance identified in FFY 2020 for this indicator in the previous section. The State issued 13 findings of noncompliance where all were timely corrected.

The State also reported, in the previous section that it has verified that each SPA with noncompliance issued in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the SPA, consistent with OSEP Memo 09-02. In the previous section, the State described the specific actions that were taken to verify the correction.

7 - OSEP Response

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

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

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

Instructions

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

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

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

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

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

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

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

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

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

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	80.00%

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

Data	93.44%	94.96%	94.38%	96.60%	98.94%
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Targets

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

FFY 2021 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
793	808	98.94%	100%	98.14%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

0

Provide reasons for delay, if applicable.

Most children of transition-age received their IFSP developed with transition steps and services in a timely manner and 15 children did not. The list below accounts for the reasons for a delay in noncompliance transition plans:

- Service coordinator delays 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 one child; and
- Timely IFSP meeting but transition steps and services not documented account for nine children.

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

State database

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

The data reflect all children, statewide, exiting within 90 days of their third birthday, between April 1, 2022, through June 30, 2022.

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

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

Provide additional information about this indicator (optional)

The families of 873 children exited Part C between April 1, 2022, and June 30, 2022. Of those children, 846 were of transition age, between two years, three months, and three years of age. Of those 846 children, 36 children had their initial IFSP meeting within 90 days of age three and two children were eligible but exited before an initial IFSP was completed. This leaves 808 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. 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 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 2021 data represent a continued high level of compliance over several years. 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. Additionally, the LA updated a formal agreement with DDD for clarity and to improve accountability.

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

- 23 SPAs were at 100 percent compliance;
- Four service-providing agency was between 95-99 percent compliance;
- Five service-providing agencies were between 90-94 percent compliance; and
- One service-providing agency was between 80-89 percent compliant; and
- One service-providing agency was 50 percent compliant

As outlined in the OSEP 09-02 memo, the LA requires SPAs to submit documentation of child-specific correction and subsequent data that reflect correction for each area of noncompliance for verification of the correction and subsequent implementation of the regulatory requirement for the entire program. The LA ensures the service-providing agency is implementing the regulatory requirement through on-site visits, requesting documents and

notes from the file submitted through secure email, and reviewing current data submitted in the statewide database. The LA ensures that 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. The LA completed TA with SPAs to support transition activities at the start of the pandemic by identifying alternative methods of participation, addressing technological barriers, and ensuring guidance to SPA's leadership so they could identify ways to keep staff safe while meeting their administrative responsibilities. Additionally, the LA dedicated time during January 2022 through March 2022 to provide individualized TA around transition planning meetings to SPAs during regular meetings with their leaders.

The LA completed several phases of strategic enhancements to the data system and reporting structure in order to improve overall transition compliance and link data with the State's SEA and Part B Program. This year, the LA deployed structural improvements to the data system to improve the collection and monitoring of transition activities and prepare the system foundationally for data linking at the child level with Part B. Part B data and development staff have been critical in supporting and cross-training as the LA implements newer technology during these multi-phase enhancements. The LA and Part B Program finalized a data sharing agreement in order to link actual, live data at the child record level to support answering critical questions around compliance, quality, and outcomes. The final steps of automation are expected to be completed by the next reporting period providing an initial set of data that can be jointly evaluated by both the LA and 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. Service Providing Agencies 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.

In September 2021, the LA launched an on-demand transition data report available to SPAs. SPAs have used this tool to continue improvements with transition activities including developing timely IFSPs transition steps and services. This year marks the first year that the LA has used this new report to analyze data for transition conferences.

Stakeholders reported that the COVID-19 pandemic had mixed impacts on transition planning meetings for FFY 2021. Shortly after the executive orders in 2020, the LA issued guidance that providers temporarily discontinue in-person services and provide services exclusively through alternative methods. While adjusting to changing conditions during the COVID-19 pandemic and balancing responsibilities with IDEA, Part C, the LA convened a group of stakeholders to provide recommendations on the resumption of in-person services. Services were transitioned into a hybrid model where in-person services resumed and services conducted through an alternative means continued. The SPAs increased the amount of in-person services based on the decision of the IFSP Team, including the family. This hybrid approach impacted SPA program leadership in several different ways. Leadership found themselves dividing attention on supporting staff and families with safety issues while resuming in-person services, maintaining support to staff and families around the use of alternative methods, and ensuring multiple, complex compliance requirements were met. Transition conferences through alternative methods supported more parent and family involvement with being able to participate in transition activities even when busy or traveling, providers were able to coordinate transition planning meetings more efficiently without the logistics of travel from various locations.

Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
10	10	0	0

FFY 2020 Findings of Noncompliance Verified as Corrected

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

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. 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.

Ten findings of noncompliance were issued in FFY 2020. The LA verified the 10 SPAs with findings of noncompliance had demonstrated correction of all instances of child-specific noncompliance and demonstrated they were implementing the regulatory requirements correctly based on review of subsequent data. All the programs were able to demonstrate timely correction of the noncompliance within one year.

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

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

SPAs were required to submit data to verify the 30 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. Of the 30 individual cases, transition plans eventually occurred for 17 children, although late, and 13 children were exited from Part C before transition planning occurred.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

8A - Prior FFY Required Actions

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

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

Response to actions required in FFY 2020 SPP/APR

The State reported on the status of correction of noncompliance identified in FFY 2020 for this indicator in the previous section. The State issued 10 findings of noncompliance where all were timely corrected.

The State also reported, in the previous section that it has verified that each SPA with noncompliance issued in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the SPA, consistent with OSEP Memo 09-02. In the previous section, the State described the specific actions that were taken to verify the correction.

8A - OSEP Response

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

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

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

Instructions

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

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

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

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

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

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

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

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

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

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	89.00%

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

Data	72.41%	81.65%	86.45%	87.40%	93.38%
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Targets

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

FFY 2021 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
739	814	93.38%	100%	95.60%	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.

41

Provide reasons for delay, if applicable.

Most children of transition-age had a notification to the LEA and SEA in a timely manner although 34 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 18 children;
- Service coordinator delays account for 10 delayed notifications to both the LEA and SEA;
- Service coordinator did not document the notification for three children;
- Timely notification to the SEA but service coordinator delayed notification to the LEA for two children; and
- Timely notification to the LEA but the LA's previous policy for bulk notifications delayed 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 10 percent of the children.

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

YES

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

YES

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

State database

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

The data reflect all children, statewide, potentially eligible for Part B and exiting from April 1, 2022 through June 30, 2022.

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

The data reflect all children potentially eligible for Part B and exiting between April 1, 2022, through June 30, 2022. The data represent more than 25 percent of all children exiting during the year who are potentially eligible for Part B. The data are considered statistically representative of the full population of children served throughout the entire year. Every service coordination providing SPA in the state participates in monitoring for this indicator, regardless of their monitoring cycle, including TBEIS contracts and DDD.

Provide additional information about this indicator (optional).

The families of 873 children exited Part C between April 1, 2022, and June 30, 2022. Of those children, 846 were of transition age, between two years, three months, and three years of age. Of those 846 children, 32 children had their Part C eligibility determined within 90 days of age three. This leaves 814 children for whom a PEA notification was required at least 90 days before their third birthday.

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 non-compliant, 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.

This year is notable because more SPAs than last year reached full compliance. The list below accounts for the performance of all 34 SPAs monitored for this indicator including the TBEIS Contractors and DDD:

- 19 SPAs were at 100 percent compliance;
- 10 SPAs were between 95-99 percent compliance;
- Three SPAs was between 80-89 percent compliance;
- One SPA was between 70-79 percent compliance; and
- One SPA was at 25 percent compliance.

As outlined in the OSEP 09-02 memo, the LA requires SPAs to submit documentation of child-specific correction and subsequent data that reflect correction for each area of noncompliance for verification of the correction and subsequent implementation of the regulatory requirement for the entire program. The LA ensures the service providing agency is implementing the regulatory requirement through on-site visits, requesting documents and notes from the file submitted through mail or email, and reviewing current data submitted in the statewide database. The LA ensures 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 completed several phases of strategic enhancements to the data system and reporting structure in order to improve overall transition compliance and link data with the State's SEA and Part B Program. This year, the LA deployed structural improvements to the data system to improve the collection and monitoring of transition activities and prepare the system foundationally for data linking at the child level with Part B. Part B data and development staff have been critical in supporting and cross-training as the LA implements newer technology during these multi-phase enhancements. The LA and Part B Program finalized a data sharing agreement in order to link actual, live data at the child record level to support answering critical questions around compliance, quality, and outcomes. The final steps of automation are expected to be completed by the next reporting period providing an initial set of data that can be jointly evaluated by both the LA and SEA.

The LA continues to meet with Part B staff regularly for an alert system developed to notify the other program when there are delays in transition activities so that the LA can provide support to SPAs and the SEA can provide support to LEAs. The LA has developed shared documents and forms as part of the system of alerts.

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. Service Providing Agencies 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.

In September 2021, the LA launched an on-demand transition data report available to SPAs. SPAs have used this tool to continue improvements with transition activities including developing timely IFSPs transition steps and services. This year marks the first year that the LA has used this new report to analyze data for transition conferences.

To address the noncompliance resulting from the LA's bulk notification process, the LA posted proposed policy and procedure revisions in early 2021. The U.S. Department of Education's Office of General Counsel reviewed the proposed policy and procedure changes. The new policy implemented April 1, 2022 moved the deadline back for SPAs to enter data to be included in the bulk notification process. The LA is planning for future changes to implement new technology to further automate the LEA and SEA notifications.

Stakeholders reported that the COVID-19 pandemic had mixed impacts on PEA notifications for FFY 2021. Shortly after the executive orders in 2020, the LA issued guidance that providers temporarily discontinue in-person services and provide services exclusively through alternative methods. While adjusting to changing conditions during the COVID-19 pandemic and balancing responsibilities with IDEA, Part C, the LA convened a group of stakeholders to provide recommendations on the resumption of in-person services. Services were transitioned into a hybrid model where in-person services resumed and services conducted through an alternative means continued. The SPAs increased the amount of in-person services based on the decision of the IFSP Team, including the family. This hybrid approach impacted SPA program leadership in several different ways. Leadership found themselves dividing attention on supporting staff and families with safety issues while resuming in-person services, maintaining support to staff and families around the use of alternative methods, and ensuring multiple, complex compliance requirements were met.

Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
27	27	0	0

FFY 2020 Findings of Noncompliance Verified as Corrected

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

Based on findings of non-compliance, SPAs were placed on a corrective action plan. SPA leaders were required to work across agency lines to submit root cause analysis and plans for addressing the causes of their 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 the records, including service coordinator progress notes, PEA referral documentation, faxes, and e-mails. LA staff reviewed current data and information from the file reviews to verify the SPAs were implementing regulatory requirements at 100 percent consistent with the OSEP 09-02 memo. Depending on the level and extent of the noncompliance, five to fifteen percent of a SPA's current caseload was reviewed by LA staff.

Twenty-seven findings of noncompliance were issued in FFY 2020. The LA verified all 27 SPAs with findings of noncompliance had demonstrated correction of all instances of child-specific noncompliance and demonstrated they were implementing the regulatory requirements at 100 percent using subsequent data. All of the programs were able to demonstrate timely correction of the noncompliance within one year.

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

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

SPAs were required to submit data to verify the 109 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 referral documentation, faxes, and e-mails, to verify the SPAs corrected all individual cases of noncompliance consistent with the OSEP 09-02 memo. Of the 109 individual cases, referrals to Part B eventually occurred, although late, for 84 children and the remaining 25 children were exited from Part C before a notification to Part B occurred because they are no longer within the jurisdiction of the local early intervention service providers.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

8B - Prior FFY Required Actions

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

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

Response to actions required in FFY 2020 SPP/APR

The State reported on the status of correction of noncompliance identified in FFY 2020 for this indicator in the previous section. The State issued 27 findings of noncompliance where all were timely corrected.

The State also reported, in the previous section that it has verified that each SPA with noncompliance issued in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the SPA, consistent with OSEP Memo 09-02. In the previous section, the State described the specific actions that were taken to verify the correction.

8B - OSEP Response

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

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

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

Instructions

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

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

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

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

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

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

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

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

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

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	57.00%

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

Data	88.81%	90.24%	93.23%	90.77%	95.32%
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Targets

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

FFY 2021 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
664	808	95.32%	100%	94.57%	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.

53

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.

50

Provide reasons for delay, if applicable.

Most children of transition-age had a conference in a timely manner although 91 did not. Family delay accounted for 50 delayed transition conferences. The list below accounts for the reasons for the delay in the 41 non-compliant conferences:

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

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

State database

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

The data reflect all children, potentially eligible for Part B and exiting between April 1, 2022, through June 30, 2022.

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

The data represent more than 25 percent of all children exiting during the year who are potentially eligible for Part B. The data are considered statistically representative of the full population of children served throughout the entire year. Every service coordination-providing agency in the State participates in monitoring for this indicator, regardless of their monitoring cycle, including TBEIS contracts and DDD.

Provide additional information about this indicator (optional).

The families of 873 children exited Part C between April 1, 2022, and June 30, 2022. Of those children, 846 were of transition age, between two years, three months, and three years of age. Of those 846 children, 36 children had their initial IFSP meeting within 90 days of age three and two children were eligible but exited before an initial IFSP or transition conference could be completed. This leaves 808 children for whom there should have been a transition conference at least 90 days before their third birthday.

This year is notable because more SPAs than last year reached full compliance. The list below accounts for the performance of all 34 SPAs monitored for this indicator including all TBEIS Contractors and DDD:

- 18 SPAs were at 100 percent compliance;
- 10 SPAs were between 95-99 percent compliance;
- Three SPAs was between 80-89 percent compliance;
- Two SPA was between 70-79 percent compliance; and
- One SPA was at 25 percent compliance.

As outlined in the OSEP 09-02 memo, the LA requires SPAs to submit documentation of child-specific correction and subsequent data that reflect correction for each area of noncompliance for verification of the correction and subsequent implementation of the regulatory requirement for the entire program. The LA ensures the service-providing agency is implementing the regulatory requirement through on-site visits, requesting documents and

notes from the file submitted through mail or email, and reviewing current data submitted in the statewide database. The LA ensures 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 completed several phases of strategic enhancements to the data system and reporting structure in order to improve overall transition compliance and link data with the State's SEA and Part B Program. This year, the LA deployed structural improvements to the data system to improve the collection and monitoring of transition activities and prepare the system foundationally for data linking at the child level with Part B. Part B data and development staff have been critical in supporting and cross-training as the LA implements newer technology during these multi-phase enhancements. The LA and Part B Program finalized a data sharing agreement in order to link actual, live data at the child record level to support answering critical questions around compliance, quality, and outcomes. In December 2022, automated data linking began linking records so the LA and SEA will review the data periodically to evaluate the Child Find activities.

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. Service Providing Agencies 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.

In September 2021, the LA launched an on-demand transition data report available to SPAs. SPAs have used this tool to continue improvements with transition activities including developing timely IFSPs transition steps and services. This year marks the first year that the LA has used this new report to analyze data for transition conferences. Additionally, LA staff reviewed transition data and provided TA during regularly scheduled meetings with SPA leadership teams.

Stakeholders reported that the COVID-19 pandemic had mixed impacts on transition conference meetings for FFY 2021. Shortly after the executive orders in 2020, the LA issued guidance that providers temporarily discontinue in-person services and provide services exclusively through alternative methods. While adjusting to changing conditions during the COVID-19 pandemic and balancing responsibilities with IDEA, Part C, the LA convened a group of stakeholders to provide recommendations on the resumption of in-person services. Services were transitioned into a hybrid model where in-person services resumed and services conducted through an alternative means continued. The SPAs increased the amount of in-person services based on the decision of the IFSP Team, including the family. This hybrid approach impacted SPA program leadership in several different ways. Leadership found themselves dividing attention on supporting staff and families with safety issues while resuming in-person services, maintaining support to staff and families around the use of alternative methods, and ensuring multiple, complex compliance requirements were met. Transition conferences through alternative methods supported more parent and family involvement with being able to participate in transition activities even when busy or traveling, providers were able to coordinate conference meetings more efficiently with LEA's without the logistics of requiring any party to travel.

Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
21	21	0	0

FFY 2020 Findings of Noncompliance Verified as Corrected

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

Based on findings of noncompliance, SPAs were placed on a corrective action plan. SPA leaders were required to submit root cause analysis and plans for addressing the causes of their 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 the records, including service coordinator progress notes, PEA and SEA referral documentation, faxes, and e-mails. LA staff reviewed current data and information from the file reviews to verify the SPAs were implementing regulatory requirements at 100 percent consistent with the OSEP 09-02 memo. Depending on the level and extent of the noncompliance, five to fifteen percent of a SPA's current caseload was reviewed by LA staff to verify the program was correctly implementing regulatory requirements.

Twenty-one findings of noncompliance were issued in FFY 2020. The LA verified all 21 SPAs with findings of noncompliance had demonstrated correction of all instances of child-specific noncompliance and they were implementing the regulatory requirements at 100 percent upon reviewing subsequent data. Most programs were able to demonstrate timely correction of the noncompliance within one year while four programs subsequently demonstrated noncompliance.

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

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

SPAs were required to submit data to verify the 74 individual cases of 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, IFSP, and transition conference documentation. Of the 74 individual cases, transition conferences eventually occurred, although late, for 69 children, and five children were exited from Part C before a transition conference occurred.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

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

8C - Prior FFY Required Actions

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

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

Response to actions required in FFY 2020 SPP/APR

The State reported on the status of correction of noncompliance identified in FFY 2020 for this indicator in the previous section. The State issued 21 findings of noncompliance where all were timely corrected.

The State also reported, in the previous section that it has verified that each SPA with noncompliance issued in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the SPA, consistent with OSEP Memo 09-02. In the previous section, the State described the specific actions that were taken to verify the correction.

8C - OSEP Response

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

This indicator is not applicable 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

None

9 - OSEP Response

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

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

Targets: Description of Stakeholder Input

The FFY 2021 SPP/APR including the development and implementation of Indicator 11, the State Systemic Improvement Plan (SSIP) was developed with extensive stakeholder engagement throughout the year. The information was gathered through workgroups, Inter-agency meetings, and ICC meetings. LA staff also facilitated an annual stakeholder meeting on November 17, 2022, 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 2021 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 37 participants included:

- Current and former parents, foster parents, and family members of children that received early intervention services;
- ICC members appointed by the Governor as well as committee members appointed by the ICC Chairperson;
- Early intervention statewide leaders;
- Service coordinators;
- Therapists;
- Staff from the ADES DDD, and ASDB;
- Other State agency partners including the ADHS, AHCCCS (the State's Medicaid agency), AZ Department of Child Safety; and
- Representation from the State Education Agency (SEA), ADE

Participants in the annual Stakeholders meeting included metropolitan, urban, suburban, rural, and tribal communities located throughout the State representing the central, northern, eastern, and western geographical areas 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.

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 Center for Appropriate Dispute Resolution in Special Education (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 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 Early Intervention Services 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 give suggestions to make it easier for families to understand their rights in plain language and hope to have it finished by the next submission of the SPP/APR.

States are not required to establish baseline or targets if the number of mediations is less than 10. Arizona had no requests for mediation. As a result, stakeholders did not suggest the LA set any targets for this indicator.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2016	2017	2018	2019	2020
Target>=					
Data					

Targets

FFY	2021	2022	2023	2024	2025
Target>=					

FFY 2021 SPP/APR Data

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

Provide additional information about this indicator (optional)

Arizona Part C did not have any requests for mediations. States are not required to establish baseline or targets if the number of mediations is less than 10.

10 - Prior FFY Required Actions

None

10 - OSEP Response

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

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

Additional Implementation Activities

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

11 - Indicator Data

Section A: Data Analysis

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

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

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

NO

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

NO

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

NO

Please provide a link to the current theory of action.

<<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	2021	2022	2023	2024	2025
Target>=	66.70%	66.70%	66.70%	72.74%	72.74%

FFY 2021 SPP/APR Data

The number of infants and toddlers with IFSPs who demonstrate substantial improvement in positive social-emotional skills (including social relationships)	The number of infants and toddlers with IFSPs who entered early intervention below age expectations	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
1,913	2,989	66.70%	66.70%	64.00%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

While the number of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it increased this year by just over a percentage point, the number who improved functioning to reach a level comparable to same-aged peers dropped by almost two points. These differences ultimately resulted in slippage.

Stakeholders reported the pandemic had some impact on the number of children making substantial progress on their positive social emotional skills with masks limiting social emotional cues, more families being at home through social distancing, and fewer contacts with friends and families. Some families remained hesitant to resume in-person services in favor of continuing alternative delivery methods limiting the number of in-person services that were provided. 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. The LA plans to do long-term analysis of the impact of COVID-19 on Child Outcomes ratings to monitor for any changes as in-person services increase.

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.

Provide the data source for the FFY 2021 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.

In the past, data regarding child outcomes were, at a minimum, gathered at the initial IFSP and at the exit from the AzEIP Program by the IFSP team. However, in February of 2022, the LA launched a redesigned child outcomes page in the data system allowing for the collection of child outcomes at any time. The LA provided technical assistance to service coordinators advising them to collect the data at least once every 6 months in order to capture ratings throughout a child's time in early intervention, including when a family moves 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, teams may update the child's COS rating on the IFSP. The service coordinator enters all COS ratings into the data system. The data system generates an on-demand COS report which SPA leaders use to verify data accuracy, completeness, and review for program improvement. The LA analyzes this data as a part of measuring progress toward the SiMR.

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

NO

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

NO

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

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.

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. The assessment data has generally been decreasing over time, particularly as data completeness increases and generally matches national trends in many other states also seeing a decrease over time. While it's not known for sure if COVID-19 is impacting 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 increase. The LA plans on conducting additional work looking into data anomalies and as more data is available regarding adjusting from a pandemic to endemic, those outcomes.

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 staff began implementation to ensure that monitoring includes additional quality measures and increased focus on integration between fiscal, accountability, data and practices. A draft internal fiscal monitoring manual was completed at the end of 2021. LA staff began adding the improved practices from the most recent 2022 monitoring period including TA opportunities for providers for continued feedback and success. In addition to TA provided to all providers, the LA improved the SPA meeting format in which there is consistent review of compliance, results and data quality at each meeting through standardized topics and individualized TA. Due to changes in leadership and the upcoming 2024 SPA contract solicitation, the integrated comprehensive monitoring manual continues to be a work in progress with expected completion in the Spring of 2024.

Enhance capacity of SPA leaders to use data informed practices:

Over the course of the last year, the LA launched a new feature in the data system to improve access to data. Since 2021, users have access to run seven on demand reports including compliance, results, and demographic data. Two more reports are planned for 2023 for fiscal and personnel data with funding from the American Rescue Plan Act (ARPA). The COS report was redesigned in March 2022 to allow for better analysis but a technical issue prevented the report from being used until September 2022. In addition to the reports, LA staff provided universal TA through monthly data manager and fiscal meetings, and targeted TA to SPAs to maximize their impact.

The LA created dashboards for internal staff and provides SPAs with the dashboards on a regular basis. LA staff 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 Children's Equity Project (CEP) at Arizona State University. CEP will examine the LA's current policies related to underserved children. Based on all available data, 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 provided by CEP 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 audit and 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 in early 2023, Part C and Part B will be able to jointly evaluate transition activities for compliance issues and determine whether there are populations of children that 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 to particular parts of the State to reach potentially eligible children.

Improve data collection procedures and analysis to improve COS data:

LA staff 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. In 2019, the LA launched a revised COS form and training for data collection. The data system updates to reflect the change were delayed to allow for implementation adjustments then COVID-19 led to reprioritization of data system projects and TA needs. In 2021, the LA introduced an on demand COS report statewide. Initial improvements for the data system user interface of the COS data collection went live in March 2022. The LA launched an improved COS report at the same time but a bug in the system limited the use of the report until September 2022. 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 technical assistance 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 siloes that occur when each agency has records housed in individual databases. With real-time access to early intervention documents, IFSP teams will have more data to use during assessments thus improving the accuracy and completeness of COS data collection. This year, staff have focused on pre-development activities including training, researching the capabilities of the application, compiling existing information, gathering feedback from stakeholders, and documenting business needs.

Practices:

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

With funding support from the ARPA grant, LA staff worked with the ADES Office of Procurement (OP) to explore designing a professional development curriculum for early intervention providers. As a result of COVID-19 limitations, in-person training was discontinued. There is a significant need to develop a curriculum suited to a virtual platform. An initial framework for the professional development needs has been designed. LA staff entered into a contract with the University of Arizona, Sonoran Center for Excellence in Disabilities, for the design and release of training in 2023. While the development is occurring, LA staff continue to support SPAs with their PD requirements and partner with other agencies for PD opportunities.

Develop Fidelity Measures for evidence based practice:

LA staff will partner with SPA leaders, stakeholders, CSPD workgroups and PD developers to develop the appropriate fidelity measure for evidence based practices.

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.

Enhance capacity of SPA leaders to use data informed practices:

The LA has been able to better individualize TA for SPAs based on the dashboards reviewed regularly with programs in order to drill down on particular geographical areas and staff to identify those that are high performing as well as areas for improvement. The LA entered into an inter-agency service agreement with the Child Equity Project at Arizona State University. 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 answer critical questions about early intervention and special education.

Improve data collection procedures and analysis to improve COS data:

The COS data collection has undergone a revised user interface making it easier for providers to enter data. The redesigned COS report provides additional insights and data as a first step to working on longer term goals of improving the data and addressing data anomalies.

Practices:

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

The LA entered into an inter-agency service agreement with the University of Arizona to design and implement PD curriculum.

Fiscal:

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

The LA implemented several data system enhancements to improve the fiscal sustainability of the program, including relocating the billing of additional services into the primary data system and enhancing the ability to analyze types of insurance declined by families and the reasons they do so. In August 2022, the LA published a revised booklet known as "A Family's Guide to Funding Early Intervention Services in Arizona". Additionally, stakeholders were successful in advocating for \$3.4 million in additional funds with the Governor and State Legislature in order to secure funding to make the temporary rate changes through the APRA grant in October 2021 permanent as of October 2022.

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 leadership, new Governor's priorities, changes in focus, and the upcoming 2024 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 2024 SPA contract solicitation in order to better integrate and streamline various monitoring and business processes. LA staff plan to continue to review and reflect on any necessary improvements with SPA leaders and the ICC as part of the finalization of the ongoing work with the monitoring manual. The LA will continue to work on the monitoring manual and expects completion in the Spring of 2024. Additionally, LA staff plan to continue to review and reflect on any necessary improvements with SPA leaders and the ICC.

Enhance capacity of SPA leaders to use data informed practices:

Two more on-demand reports are planned for 2023 (one to support with fiscal data and the other to support with personnel data) using one-time federal funding from ARPA. LA staff will continue to provide TA regarding the new reports when they are released. Over the next year, the LA plans on adapting and implementing the pattern checking tool developed by the DaSy Center and ECTA Center in order to support SPAs with using the data on the redesigned COS report to analyze data and address anomalies in order to improve data quality and thus impacting the global child outcomes.

The LA will be finalizing a data sharing agreement focused on auditing and evaluation of early intervention data. The final report provided by the Children's Equity Project at the completion of this project at the end of 2023 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:

LA staff plan to provide universal and targeted TA throughout 2023 to ensure improved consistency of data collection using the redesigned user interface and additional data fields. LA staff are in the beginning stages of identifying the feasibility of a plan for collecting baseline data on inter-rater reliability for COS data. LA staff will also connect with stakeholders to determine an appropriate regular measurement cadence of the COS Team Checklist (COS-TC) survey for baseline data on improved COS data collection procedures.

The LA plans to move from pre-development of the OnBase system to Design and Development in early 2023. The LA will finalize business decisions in order to identify the minimum viable project for the initial launch by the end of 2023. Staff will also work on identifying the scope of multiple phases of OnBase development in order 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.

Practices:

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

LA staff will continue working with University of Arizona on designing a PD curriculum suited both for synchronous and asynchronous learning and more suited to a virtual platform for release in 2023. While the development is occurring, LA staff will continue to support SPAs with their current PD requirements and partner with other agencies for PD opportunities.

Develop Fidelity Measures for evidence based practice:

LA staff will continue the goal of partnering with SPA leaders, stakeholders, CSPD subcomponent groups and PD developers to develop the appropriate fidelity measure for evidence based practices in order to address the efficacy of the PD curriculum once launched.

Fiscal:

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

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

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

Resource-Based Practices, Natural Learning Environments (NLE) Practices, and the Primary Service Provider (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 2023 including implementation of PD modules, review of the report completed by the Children's Equity Project, development of two new reports, and launch of the OnBase system. The integrated comprehensive monitoring plan has been targeted for 2024. 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 2021 SPP/APR including the development and implementation of Indicator 11, the State Systemic Improvement Plan (SSIP) was developed with extensive stakeholder engagement throughout the year. The information was gathered through workgroups, Inter-agency meetings, and ICC meetings. LA staff also facilitated an annual stakeholder meeting on November 17, 2022, 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 2021 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 37 participants included:

- Current and former parents, foster parents, and family members of children that received early intervention services;
- ICC members appointed by the Governor as well as committee members appointed by the ICC Chairperson;
- Early intervention statewide leaders;
- Service coordinators;
- Therapists;
- Staff from the ADES DDD, and ASDB;
- Other State agency partners including the ADHS, AHCCCS (the State's Medicaid agency), AZ Department of Child Safety; and
- Representation from the State Education Agency (SEA), ADE

Participants in the annual Stakeholders meeting included metropolitan, urban, suburban, rural, and tribal communities located throughout the State representing the central, northern, eastern, and western geographical areas 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.

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 Center for Appropriate Dispute Resolution in Special Education (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 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 Early Intervention Services 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 give suggestions to make it easier for families to understand their rights in plain language and hope to have it finished by the next submission of the SPP/APR.

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 Children's Equity Project 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 Children's Equity Project 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 Children's Equity Project 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 6 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 Arizona Department of Health Services licensing program. One of the workgroups started a community of practice of pre-service Institutes of Higher Education faculty once a month in order to raise awareness of early intervention and integrate more early intervention content in their curriculum. 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 third annual recruitment and retention survey to help the LA understand vacancies, level of education, pre-service preparedness, and retention rates. The CSPD workgroups provided feedback to the LA and helped develop an updated infographic with recruitment and retention strategies based on the 2021 survey data. The group is working on analyzing the 2022 survey data to create another annual infographic. The CSPD workgroups also created a recruitment practice profile and a retention practice profile for the LA. They are finalizing a guidance document on recruitment and retention of early intervention providers for early intervention, early childhood special education, and early childhood education on how to best recruit and retain staff in the field. 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 2021 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.

The 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 to 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 Comprehensive System of Personnel Development 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 also expressed concern 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, difficulty with the logistics of providing in-person services and balancing 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.

The LA has spent much time providing support, data, and technical assistance 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.

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 fiscal year 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".

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 initiating 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 again 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 funding to make permanent rate increases one year later.

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:

Caroline Nailor-Oglesby

Title:

Bureau Chief/Part C Coordinator

Email:

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Submitted on:

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