

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2023

Arizona



PART C DUE
February 3, 2025

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) and early intervention service (EIS) providers and EIS programs 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 (DES) 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) 2023, communication, coordination, and collaboration continued to be a significant focus between the LA and professionals from Team-Based Early Intervention Services (TBEIS) contractors, the DES 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 2023 SPP/APR is the fourth submission of the current SPP/APR cycle. This cycle includes the Federal Indicator 11: State Systemic Improvement Plan and new this year, Federal Indicator 12: General Supervision. The LA is reporting FFY 2023 data on the activities completed towards meeting the State-identified Measurable Result (SiMR). Additionally, the LA provides comprehensive details on the implementation of the State Systemic Improvement Plan (SSIP) and Evaluation Plan. In this report, the LA will include information on the newest indicator for General Supervision by reporting the findings of noncompliance issued to its SPAs in FFY 2022 for federal indicators and related requirements, including the number of findings that were corrected no later than one year after the LA's written notification for findings of noncompliance. The FFY 2023 report 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, 2023 to June 30, 2024.

The LA divided the State into 23 geographical service areas based on Arizona's diverse population, which includes 22 Tribal communities. There are up to two TBEIS contractors per area depending on the size, population, and unique needs of the different regions. Each team within the region includes core team members from a Team Based Early Intervention Services (TBEIS) contractor, DDD service coordination unit, teachers of the visually impaired and of the deaf and hard of hearing from ASDB. When there is more than one TBEIS Contractor in the region, the DDD service coordination unit and ASDB staff support both TBEIS contractors.

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 in July of 2019 and July of 2020. In March of 2023, one TBEIS contractor in northern Arizona sold their agency to another company who had been providing TBEIS services in Maricopa County, the state's largest county. However, this change did not result in any changes to the number of TBEIS contractors, only who provided the services. FFY 2023 marks the new TBEIS contractor's first full year providing services and second monitoring period as a standalone agency.

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 the LA's consistent oversight of DDD, ASDB, and the TBEIS contractors as the primary SPAs by providing a clear framework for promoting compliance and improved results for infants/toddlers and families and ensuring noncompliance and areas of improvement are quickly addressed. The LA typically awards TBEIS contracts for up to five years. FFY 2023 marks the fifth year in the current contract period for most of the SPAs and would have been the last year of the contract period, with a few SPAs in the fourth year of the contractor period. However, the LA entered into direct contracts through March of 2026 for expiring contracts in order to prepare for the next round of contract solicitations.

By using a Primary Service Provider (PSP) approach to early intervention, the LA ensures all eligible children and families are provided a core team of professionals including developmental special instructionists, physical therapists, occupational therapists, speech and language pathologists, social workers, psychologists, and service coordinators. The core team uses the evidence-based practices of 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-informed decision making and disciplined problem solving, which afford them greater creativity and control while expanding their capacity to provide high-quality services and support.

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

Additional information related to data collection and reporting

FFY 2023 marks the first full federal fiscal year after both the federal state of continuous national emergency for the COVID-19 Pandemic from March 1, 2020 through May 11, 2023 and Arizona's Public Health State of Emergency from March 11, 2020 to June 30, 2021. Now that COVID-19 has become an endemic infection, the citizens of the State and country have learned to incorporate precautions as they see appropriate for themselves and their families similar to the flu or respiratory syncytial virus (RSV). Some tribal lands had travel restrictions including the Navajo Nation, the largest area of tribal lands in the State. Eventually the travel restrictions were updated to limited numbers in a group gathering under an initiative called Safer at Home. Currently there are no travel restrictions on tribal lands although masks are still recommended to protect children and adults with high risk factors given the high incidence of COVID-19, influenza, and RSV.

Shortly after the executive orders began, the LA issued guidance that providers temporarily discontinue in-person services and provide services exclusively through alternative methods. While adjusting to changing conditions during the COVID-19 Pandemic and balancing responsibilities with IDEA, Part C, the LA convened a group of stakeholders to provide recommendations on the resumption of in-person services. Services were transitioned

into a hybrid model where in-person services resumed, and services conducted through an alternative means continued. The SPAs have continued to increase the amount of in-person services. While most services are provided in-person, alternative service deliveries may be provided if the IFSP team which includes the family has identified it is the most appropriate methodology for the achievement of child and family outcomes.

Stakeholders have occasionally reported a misunderstanding that Part C services are not provided in person. The LA reviews data on services delivered in-person and through alternative means regularly and continues to provide TA to SPAs around trends as the program moves to a post-pandemic hybrid system of delivery. While most of programs provide a majority of services in-person, some SPAs provide more alternative service deliveries than others. In response, the LA has issued guidance that alternative service deliveries are not based on provider convenience, schedule, or preference but rather a documented child and family need or request. Additionally, the LA's Statewide Community Relations Liaison (SCRL) has been networking with stakeholders throughout the state to provide correct information and data around in-person services to counter the broader misinformation that in-person services are not provided.

As part of the Pandemic recovery, the LA received American Rescue Plan Act (ARPA) funding. During FFY 2023, the LA completed several projects impacting the collection and reporting of data. Two new reports including one for tracking families' insurance consent decisions and insurance waivers and the other for caseload assignments for providers including aggregated service delivery counts provided for each child. Additionally, the LA deployed security updates for the State's primary data system paired with additional personnel data in order to better assess personnel needs. The LA launched the first phase of additional features to the statewide database to collect documents using Hyland OnBase Software connected through an application programming interface with the current data system. The initial phase includes storage of historical SPP/APRs, logos, brochures, technical assistance bulletins, and personnel documents. The next phase expected in FFY 2024 will include collection and storage of child and fiscal records.

SPA leadership continued recruitment and retention efforts, and identified that having a lower reimbursement rate, according to the national average, made it challenging to recruit and retain providers. The LA contracted with Guidehouse, Inc. to conduct a rate rebase study that was released in January of 2021. Since the release of the Rate Rebase Study, LA leadership have worked with the provider community and the Governor's Office to find a solution to increase provider rates, while at the same time, ensuring quality service delivery for children and families receiving Early Intervention Services. One-time federal funds from the ARPA provided the needed resources on a temporary basis, while a permanent solution was developed. Beginning October 1, 2021, the temporary funds from ARPA increased rates to the 75th percentile of the rebase study benchmark rates for one year. The State Legislature and the Governor provided additional funding to make permanent rate increases the following year and then again provided additional funding to allow the LA to pay at 100 percent of the 2021 benchmark rates. Furthermore, each SPA was given the opportunity to develop their own recruitment and retention plan using ARPA funds to customize plans based on their agency's own unique needs. While some SPAs used ARPA funding to award retention bonuses and sign-on bonuses for new staff, other programs used the funding to ensure staff had opportunities to develop their skills including training (or retraining) on the use of Otoacoustic Emissions (OAE) screening machines and Positive Parenting Program (Triple P) Floor Time.

While assessment is still underway on the impact of ARPA projects including provider rate increases, bonuses, and training on recruitment and retention and quality of early intervention services, early signs show positive results of the ARPA funding impact. The State has seen an increase of 45 employees across all the SPAs, raising the number of early intervention practitioners slightly above the time period immediately before the Pandemic with slow and steady growth.

Arizona saw a sudden, sharp decline in the number of referrals made to Part C when the Governor issued Stay at Home orders, as primary referral sources such as home visitors and physician's offices temporarily stopped seeing families for routine well-child screenings. While the number of referrals continued to increase over the two years of the COVID-19 Pandemic, the number of referrals has not yet reached the pre-pandemic all-time peak of referrals seen in 2019. The referral numbers for 2023 leveled off and were slightly below 2022 numbers. While the number of referrals remains below historical numbers, providers report seeing fewer referrals for children that do not meet AzeIP eligibility criteria.

General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:

Describe the process the State uses to select EIS providers and/or EIS programs for monitoring, the schedule, and number of EIS providers/programs monitored per year.

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

In addition to LA staff, SPA administrators, service coordinators, and other staff who assist families in exercising their dispute resolution rights, the LA's website includes a section for families to share their experiences through different means including creating an electronic form for families to exercise their rights for dispute resolution options including filing a written complaint, requesting mediation, and requesting hearings. The LA is also reviewing internal systems with the ADES Office of the Inspector General to enhance training for ADES Hearing Officers on IDEA Part C case law and dispute resolution requirements. Dispute resolution procedures are targeted by the LA for routine assessment and improvement of internal processes to ensure continuous quality improvement.

Effective monitoring strategies are integrated across all components of the general supervision system to ensure data collection from the SPAs for all SPP/APR indicators, including both 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, IDEA Part C related requirements, and other State-identified priority areas to ensure compliance with federal regulations as a whole.

The LA's integrated monitoring activities are multi-faceted, seeking to improve both compliance and program performance and is coordinated with other systems, including CSPD and TA. The integrated monitoring activities are inclusive of the following data sources: Self-report activities, when applicable; electronic data; outcomes data; dispute resolution data; IDEA Part C related requirements data; and State identified priorities. Collectively, the data reviewed and analyzed covers the indicators included in the SPP/APR as well as fiscal, dispute resolution, and other measurements 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 verification of 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 through certifying their data shortly after the federal fiscal year concludes. The LA prepares a final report to identify the SPAs' performance relative to the targets.

SPAs participate in additional self-reporting for timely services and related requirements, 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.

To determine all SPAs initial compliance with IDEA requirements for Indicator 7 (45-day Timeline) and Indicator 8 (Transition Activities), the LA reviews all records for the federal indicator that occurred during the fourth quarter of the federal fiscal year for all SPAs. Due to the amount of data LA staff are reviewing for Indicator 1 (timely services) and related requirements, the LA reviews self-reported data for the SPAs assigned to that year's monitoring cohort (approximately one-third of the SPA's in the state) followed by LA staff validating the accuracy of the data entered through file reviews.

Monitoring cohorts were chosen to ensure diverse representation in each cohort to include urban, suburban, rural, and tribal communities. Each zip code is assigned to a geographical service region which can be found at: <<https://des.az.gov/sites/default/files/dl/GCI-1148A.pdf>>. Cohort one includes SPAs serving the LA's geographical service regions 3, 4A, 4B, 9, 14, 15, 19, and 20; cohort two includes SPAs serving regions 1, 2, 8, 10, 11, 12, 18, and 22; and cohort 3 includes SPAs serving regions 5, 6, 7, 13, 16, 17, and 21. Because DDD and ASDB serve statewide, they participate in all cohorts for the regions being monitored that year so that all regions will be monitored in a three-year cycle. SPAs in cohort 2 were monitored for timely services and its related requirements while all cohorts were monitored for the remaining federal indicators.

When noncompliance is identified, the LA issues a written notification to each SPA of identified noncompliance, including requiring an individualized corrective action plan. 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 for focused monitoring if determined necessary by the LA.

LA staff utilize self-assessment forms based on 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 process or focused monitoring. 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 so that LA can verify the noncompliance has been corrected as soon as possible and no later than one year of the finding of noncompliance that was issued.

The LA requires corrective action including 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 QA 23-01 memo, the LA requires SPAs to submit both 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, this ensures the 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.

Describe how child records are chosen, including the number of child records that are selected, as part of the State's process for determining an EIS provider's and EIS program's compliance with IDEA requirements and verifying the EIS provider/program's correction of any identified compliance.

To determine all SPAs initial compliance with IDEA requirements for Indicator 7 (45-day Timeline) and Indicator 8 (Transition Activities), the LA reviews all records for the federal indicator that occurred during the fourth quarter of the federal fiscal year for all SPAs. Due to the amount of data LA staff are reviewing for Indicator 1 (timely services) and related requirements, the LA reviews data for the SPAs assigned to that year's monitoring cohort (approximately one-third of the SPA's in the state).

Monitoring cohorts were chosen to ensure diverse representation in each cohort to include urban, suburban, rural, and tribal communities and both large and small SPAs. Each zip code is assigned to a geographical service region which can be found at: <<https://des.az.gov/sites/default/files/dl/GCI-1148A.pdf>>. Cohort one includes SPAs serving the LA's geographical service regions 3, 4A, 4B, 9, 14, 15, 19, and 20; cohort two includes SPAs serving regions 1, 2, 8, 10, 11, 12, 18, and 22; and cohort 3 includes SPAs serving regions 5, 6, 7, 13, 16, 17, and 21. Because DDD and ASDB serve statewide, they participate in all cohorts for all the regions being monitored that year so that all regions will be monitored in a three-year cycle. SPAs in cohort 2 were monitored for timely services while all cohorts were monitored for the remaining federal indicators.

The SPA self-reports data into the LA's primary database for federal requirements, related requirements, and state priorities. The LA pulls reports from the monitoring period which includes the self-reported data by SPAs. The LA verifies the accuracy of data entered by self-report from the SPA by validating five percent of the records (minimum of two records for the smallest SPAs and regions) using an algorithm based on the unique identifier in the data system to ensure a variety of service coordinators, diversity of child demographics, and date ranges within the monitoring period are selected. This year, the LA verified the data for each SPA ranging from a minimum of two records for the smallest SPAs in the state up to the largest SPA providing 20 records for each federal indicator. In the rare case the algorithm selects less than two records, LA staff will manually identify the remaining one to two records per SPA per region based on service coordinator and/or data that may need additional clarification.

After a SPA has been issued findings of noncompliance and the SPA has implemented corrective action, the SPA administrators must submit file reviews it has completed for three to ten percent of its files (based on the October 1st single day child count), depending on the level and extent of noncompliance, with a minimum of two records for smaller SPAs per region. SPAs with 90 to 99 percent compliance were required to submit file reviews for three percent, SPAs with 80 to 89 percent compliance were required to submit file reviews for five percent, and SPAs with compliance below 80 percent were required to submit file reviews for 10 percent of the current caseload. The files reviewed must demonstrate compliance for consecutive dates for that activity to ensure the SPA is successfully implementing the regulatory requirement. The consecutive dates for the activity mean that the SPA cannot pick and choose only favorable records. After the files are submitted by SPA, LA staff verify all the files submitted by the SPA are accurate and do indeed demonstrate 100 percent compliance with implementing the regulatory requirement. If the SPA made an error in its file reviews or subsequent review of the data shows the SPA is noncompliant, LA staff will notify the SPA who may need to make additional corrective actions and then submit another set of consecutive file reviews for that activity. Once LA staff confirm the individual cases of noncompliance were corrected, although late or no longer within the jurisdiction of the SPA and LA, and that the SPA is now implementing regulatory requirements correctly, the SPA is notified in writing.

Describe the data system(s) the State uses to collect monitoring and SPP/APR data, and the period from which records are reviewed.

The LA uses Infant-Toddler Electronic Administration and Monitoring System (I-TEAMS) which is a structured query language (SQL) for the back-end database with a .NET user interface. I-TEAMS was implemented as the primary database beginning in 2012 with regular enhancements to make it more sustainable as a long-term repository. In 2019, the LA began to view the I-TEAMS database as another extension of AMS with monthly or nearly monthly updates to be more responsive to business needs and SPA staff requests calling it I-TEAMS 2.0. While the SQL technology didn't change, the user experience has undergone a number of updates to ensure enhanced compliance with the Americans with Disabilities Act, more streamlined data entry processes, and expanded data collected within the system and increased data availability at the fingertips of users. A new logo was created in 2020 to represent the philosophical change to I-TEAMS 2.0. All SPA staff are expected to use I-TEAMS as the primary reporting database.

Over the years, the LA has incorporated data that were previously collected outside of I-TEAMS including a family's decision to use insurance, OAE hearing screening, data linked across other State agencies, and transition compliance decisions. There are a few areas where data are not yet collected in I-TEAMS, including family surveys and delay reasons for timely services, which are collected using Google Forms because the LA is one of many Arizona state agencies that use an enterprise version of Google products.

The LA reviews data from child and family outcomes for the entire federal fiscal year. The LA reviews compliance indicators for the last quarter of the federal fiscal year, April through June. The LA has completed analysis to ensure that looking at the last quarter of data is statistically significant and is representative of SPA performance throughout the year.

The LA uses the I-TEAMS 2.0 data system to assist with carrying out its general supervision system through the implementation and oversight of data for reporting and decision making for 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 monitoring; fiscal monitoring; dispute resolution; TA System that includes regular meetings with each SPA; monthly data, programmatic and fiscal meetings; and fiscal monitoring.

The LA ensures the requirements of General Supervision responsibilities are met. First, the LA monitors implementation of the statewide early intervention system through annual and focused integrated monitoring and review of data. Second, the LA uses the data collected to make annual determinations of each SPA using the four categories required under IDEA Part C: meets requirements, needs assistance, needs intervention, and needs substantial intervention; by collecting and analyzing data about each SPA's performance and evaluating whether they are meeting implementation requirements of IDEA, Part C. The determinations of all local programs are made available through public posting on the AZEIP website. Additionally, the LA enforces the requirements of IDEA, Part C using appropriate, required enforcement mechanisms, as described in Chapter Two, General Supervision of the LA's Policies and Procedures manuals located at <<https://des.az.gov/services/disabilities/early-intervention/azeip-policies-and-procedures>>. The LA has been completing a comprehensive review of its policies and procedures to ensure it continues to align with IDEA Part C requirements and the most recent guidance provided by TA from OSEP using the Differentiated Monitoring 2.0 Protocols.

Describe how the State issues findings: by EIS provider and/or EIS program; and if findings are issued by the number of instances or by EIS provider and/or EIS program.

The LA issues findings by EIS program, known as SPAs. The LA has three types of SPAs, Team Based Early Intervention Service Contractors, DDD, and ASDB. If a TBEIS contractor serves more than one region, the TBEIS contractor will receive a finding based on the number of contracts they have with noncompliance. For example, a TBEIS contractor that serves 5 regions and has noncompliance in every region, would receive 5 findings of noncompliance, one for each contract.

DDD and ASDB each serve the entire state and all geographical service regions under a different type of contract because they have additional and unique requirements as a State Agency based on the types of support they provide as a SPA. If DDD has noncompliance in any region, they receive one finding of noncompliance because there is one intra-agency agreement between the LA and DDD. Similarly, for ASDB, if noncompliance is found in any region, they receive one finding of noncompliance because there is one interagency governmental agreement.

If applicable, describe the adopted procedures that permit its EIS providers/ programs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).

Not applicable. The LA has not adopted procedures that permit its SPA to correct noncompliance prior to the State's issuance of a finding.

Describe the State's system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need of improvement, used as necessary and consistent with IDEA Part C's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State policies.

In administering the statewide early intervention program, the LA enforces the requirements of IDEA, Part C with appropriate graduated and progressive enforcement mechanisms in policy including used as necessary, which include:

- Requiring a SPA to submit documentation of subsequent correction for each area of noncompliance based on the level and extent of noncompliance with increased documentation with greater levels of noncompliance;
- Advising the SPA of available approved sources of technical assistance to help address the area(s) in which the SPA needs assistance; and requiring the SPA to implement a corrective action plan) as appropriate;
- Imposing special conditions on the funding of the SPA or if the program is not funded by IDEA, Part C grant funds, imposing additional conditions;
- Requiring the SPA to prepare a corrective action plan and correct noncompliance within one year;
- Withholding funds, in whole or in part, to the SPA; and
- Suspending or terminating the SPA's service provision responsibilities and funding, in part or in whole.

Through the Office of Procurement, the LA may take progressive contract actions including issuing a Letter of Concern. If the areas of concern do not improve or resolve, the LA may then issue a Demand for Assurance. The Letter of Concern and Demand for Assurance may be issued multiple times, if necessary. And finally, a Termination for Default may be issued to a SPA as the final step in progressive sanctions.

The LA will discuss specific issues and attempt to resolve a concern with the SPA. The initial steps focus on specific potential contract violations, measures severity of the concern, and addresses remediation. If not resolved at this point, a meeting with LA staff including Part C representatives, Office of Procurement Contracts Actions Team, Procurement Officer and the SPA will occur to potentially remedy an issue/concern. The purpose of this second-level meeting is to inform the contractor of any actions needed and by timeline to remedy the issue. If the issues or concerns are not resolved because of the meeting, a Letter of Concern will be issued. If an issue involves the health and/or safety of children or families being put at risk, consultation with the Attorney General's office may occur. The Assistant Attorney General may suggest proceeding with an alternate course of action or fast track to a Demand for Assurance.

After a Letter of Concern has been issued, if the contract violations have not been remedied by the timeline identified, next steps may be an additional letter of concern or move on to the Demand for Assurance or alternate action. The Demand for Assurance typically occurs as part of a progress sanction after at least one Letter of Concern has been issued and may include fiscal sanctions. If a new issue or concern arises after a Letter of Concern has

been signed, a new Letter of Concern may be drafted.

Again, a meeting with LA staff including Part C representatives, Office of Procurement Contracts Actions Team, Procurement Officer and the SPA will occur to potentially remedy the issue/concern with a purpose to inform the SPA of any actions needed and timeline to remedy the issue. If issues or concerns are not resolved as a result of the meeting, a Demand for Assurance will be issued. If the SPA's response does not meet the contract requirements or satisfy concerns by specific due dates, the next course of action may be the issuance of a second Demand for Assurance or escalate to a Termination for Default.

The Termination for Default is the process for terminating a contract based on the unresolved prior contraction actions (Demand for Action) and for noncompliance of the contractual obligations. This process is typically done after the issuance of the Demand for Assurance. A Termination for Default letter is issued which includes specific dates of correspondence for prior contract action letters, list of all unresolved demands, and other documentation supporting termination for default. Attorney General review is required for a Termination for Default.

As part of the regular contract review and improvement processes, LA staff have convened a workgroup specific to identifying incentives and sanctions moving forward in the next round of contracts. Staff from the compliance office have been working with Part C staff to improve the progressive and graduated sanctions outlined in the contract. The workgroup will be working to put together a rubric with progressive sanctions in addition to the a la cart sanctions available in policy.

Describe how the State makes annual determinations of EIS program performance, including the criteria the State uses and the schedule for notifying EIS programs of their determinations. If the determinations are made public, include a web link for the most recent determinations.

Each SPA receives a determination on an annual basis using data from the prior federal fiscal year, including the most recent data from the SPP/APR, correction of noncompliance, dispute resolution data, and other relevant information. The LA notifies the SPA in writing of its determination and required actions, when applicable. The LA distributes SPA determinations by publishing on its website, circulating to stakeholders in the newsletter, providing it to the Interagency Coordinating Council (ICC) and other stakeholder groups.

The LA uses up to 11 measurements as part of a SPA's annual determination, depending on which activities a SPA may be responsible for or contribute to including:

- SPP/APR Indicator 1: Timely Services;
- SPP/APR Indicator 7: 45-Day timeline;
- SPP/APR Indicator 8A Transition Planning Meeting;
- SPP/APR Indicator 8B: Public Education Agency Notifications;
- SPP/APR Indicator 8C: Transition Conferences;
- Timely submission of the SPA's annual data certification of accuracy and completeness;
- The percent of records exited timely, accurately, and completely with an exit reason;
- Data for Child Outcomes are incorporated based on the percent of children exiting after 6 months with exit indicators entered;
- Data for Family Outcomes are incorporated based on whether the data are representative of that SPA in that region (meaning whether or not the expected number of surveys were returned);
- Dispute resolution data for the number of written complaints that resulted in findings of noncompliance; and
- Correction of findings of noncompliance in a timely manner.

The LA utilizes a rubric that assigns points based on performance for each measure used in the determination. A SPA may receive between one to four points in each category based on compliance, completeness, representativeness of family surveys, number of written complaints with findings of noncompliance, and timeliness to correct noncompliance, as applicable. The subtotal of the points is divided by the number of measures to create a score. Each determination category is associated with range of scores as follows:

- Meets Requirements are for scores between 1.00-1.39;
- Needs Assurances are for scores between 1.40-1.99;
- Needs Intervention are for scores between 2.00-3.00; and
- Needs Significant Intervention are for scores of 3.01 and above.

Based on the SPA's annual determination, the LA may take specific enforcement actions outlined in policy but especially for SPAs that receive a determination of Needs Assistance for two consecutive years and any SPA that receives a determination of Needs Intervention for three or more consecutive years, or at any time the SPA receives a determination of Needs Substantial Intervention or that there is a substantial failure to comply with any Part C requirement.

Annual determinations are issued in writing to SPA's as soon as practicable after the findings of noncompliance are issued but no later than 120 days following the SPP/APR submission. The annual SPA determinations are made public as part of the report on the performance of SPA relative to the targets. This year, 22 SPAs received a determination of Meets Requirements, 12 SPAs received a determination of Needs Assistance, 1 SPA received a determination of Needs Intervention, and there were no SPAs that received a determination of Needs Significant Intervention. This year, of the 22 SPAs that received Meets Requirements, 14 SPAs continued to Meet Requirements over multiple years while 8 SPAs improved their performance across the board to move up to a Meets Requirements.

While OSEP uses a different measurement for the annual determinations for the States' Part C programs than the LA uses for SPAs, the SPA determinations correlate significantly with the LA's annual determination. Meaning, that when more SPA's receive a Meets Requirements, the LA has historically received a Meets Requirements that year. Similarly, when more programs receive a Needs Assistance, the LA was later notified that it had received a Needs Assistance.

The public report with the SPA determinations can be found at: <<https://des.az.gov/services/developmental-disabilities/early-intervention/reports>>.

Provide the web link to information about the State's general supervision policies, procedures, and process that is made available to the public.

More information about the LA's general supervision policies and procedures, and processes can be found at: <<https://des.az.gov/services/disabilities/early-intervention/azeip-policies-and-procedures>>.

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 EIS programs.

The LA's TA System supports the early intervention community throughout the State and provides guidance and assistance to its SPAs to enhance service providers' knowledge and adherence to IDEA, Part C, AzeIP Policies and Procedures, and evidence-based practices. The TA System responds

to multi-agency statewide initiatives and ensures the effective distribution of accurate information. TA needs are identified through general supervision, CSPD, community engagement, and partnerships regarding the work of early intervention. The LA reviews previously collected TA Needs Assessment related to identified statewide initiatives. TA is provided through a variety of means to ensure that the assimilation and application of information are provided to and practiced by the broader early childhood community. The overall purpose of the TA System is to provide programs the opportunity to enhance their confidence and competence in providing early intervention supports and services using evidence-based practices in accordance with federal law, the AZEIP Policies, and Procedures, and to collaborate with other Early Childhood Programs.

The LA's TA System collaborates very closely with various statewide Early Childhood Systems. These collaborations ensure outreach to all important recipients of specific TA, maximize participation and coordination by all appropriate State agencies and community partners, and ensure the same high quality information is shared across all sectors. This increased communication, collaboration, and coordination results in a multitude of successes for our TA System.

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

LA staff provide TA through written materials, guidance documents and a variety of strategies including coaching and consultation (virtual and during in person onsite visits) in-service training, regional, statewide, and topic-specific workgroups, feedback groups, conferences, meetings, community presentations, Early Childhood Conferences, and web-based information sharing sessions. The LA sets statewide and local TA priorities based upon IDEA, Part C priorities, State initiatives, State monitoring findings, and current research findings.

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

The LA offers monthly technical assistance webinars to SPA staff. This year, more SPA leadership began regularly having service coordinators, developmental special instructionists, and therapists attend the meetings live rather than just sharing the recordings due to the ability to ask questions and interact during the webinars. During this year's webinars, the LA team featured topics to ensure a thorough understanding of Procedural Safeguards, 45 Day Timeline, Transition, contact note documentation, appropriate use of family delay, interim IFSPs, autism screenings, recognizing signs of abuse and neglect, supporting families with decision making around consents to bill health insurance, and applying for DDD. The LA also supported with TA around child outcomes geared towards data managers as well as SPA leadership and providers. Additionally, the LA published several technical assistance bulletins including on the Identification of Established Conditions, Documentation of Service Delivery, Supporting Families with Shared Custody, Informed Written Consent, Address Confidentiality Program, supporting families that are out of state for extended periods of time, Early Head Start Collaboration, guidance on the use of alternative services, and support around the requirements of newly passed House Bill 2137.

Professional Development System:

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

The LA coordinates and maintains a CSPD that includes components of in-service, pre-service, recruitment and retention, personnel standards, leadership, and evaluation. The CSPD infrastructure is based on the framework developed by the Early Childhood Personnel Center (ECPC). LA staff participated in intensive TA with ECPC for continued quality enhancement of the state's CSPD. The focus of the CSPD activities is to improve outcomes for infants and toddlers and families served by AZEIP and other early childhood agencies. Over the last year, LA staff have improved collaboration with other state agencies, improved communication regarding training offerings throughout the State, and collected data regarding personnel standards, recruitment and retention, as well as alignment to standards in preservice programs. As a result of the work of the CSPD Pre-service workgroup, a community of practice for faculty from Institutes of Higher Education (IHE) has been created, which has implemented a series of Extension for Community Healthcare Outcomes (ECHO) trainings to increase awareness of early intervention in curriculum as well as to communicate opportunities to work in early intervention to students. The ECHO conducted its second series from October 2023 to April 2024, teaching faculty the professional standards that students need to know to work in the field. The Pre-service workgroup also created and maintains a system to share resources with IHE faculty and Early Intervention/Early Childhood Special Education (EI/ECSE) practitioners. Products have been created to assist with recruitment and retention of highly qualified staff because of the Early Childhood Educator Recruitment and Retention Survey, which was created and disseminated by the Recruitment and Retention workgroup. The Personnel Standards workgroup has been working on standardizing and aligning job descriptions to the professional standards for EI/ECSE practitioners. The In-service workgroup has been collaborating with the AZ Early Childhood Workforce Registry to increase the early intervention presence within the Registry. The Evaluation workgroup has created a comprehensive plan for measuring the efficacy of CSPD and its effects on child and family outcomes and has begun to gather data for analysis. The State's CSPD System now has a webpage to share workgroup products with the public.

The LA offers online courses, materials, resources, and in-person courses to support early intervention professionals and provide quality services that improve results for infants and toddlers. The LA has partnered with the Arizona Department of Education (ADE) Early Childhood Special Education (ECSE) unit to plan and implement the EI/ECSE Summit, which is a three-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 collaborated with Arizona State University in the development of a first-of-its-kind Early Intervention Specialization program. The specialization includes nine topic courses based on the Division for Early Childhood Initial Practice-Based Professional Preparation Standards for Early Interventionists/Early Childhood Special Educators (EI/ECSE). These courses are all online, with options for instructor-led or self-paced modalities, as well as micro-credentials. Learners can also earn continuing education units for an additional fee. The courses can be taken and rolled into a specialization for a Master of Education degree, as a professional development track, or individually, depending on the needs of the learner. The specialization intentionally focuses on the birth to three population and launched September 30, 2024. More information on the specialization can be found at: <<https://des.az.gov/sites/default/files/media/2024-PL-EarlyIntervention-Flyer.pdf?time=1733954088358>>.

The LA monitored the use of ARPA funding on professional developmental activities at the SPA level. SPAs used the funding for professional developmental activities and contracted team member stipends for the following:

- Training on supporting social-emotional outcomes, evidenced based practices, and service coordination activities;
- Completing certification in floor time for providers in each region;
- Autism screening training;
- Continuing education units with the Brain and Sensory Foundation's Move, Play, Thrive training;

- Supporting staff development paying for miscellaneous continuing education units; and
- Onsite trainings for positive behavioral support.

As a result of the ARPA funding, in October of 2023, the LA deployed changes in the data system to begin collecting additional data about the providers within the Part C system so that personnel needs could be better assessed. The new data includes demographic data which can be compared to the demographic data of the children and family being served to identify potential cultural gaps. In February 2024, the LA launched OnBase, a content management system, to collect critical documentation about individuals applying and hired within Part C at the LA level rather than just at the local SPA level. Document types now available in the centralized OnBase repository include staff's pre-service educational records, licenses and certifications, clearances, and in-service training. This will provide additional information to analyze around Part C personnel and the impact on child and family outcomes.

Stakeholder Engagement:

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

The FFY 2023 SPP/APR including the development and implementation of Indicator 11, the SSIP, and new Indicator 12 on General Supervision was developed with extensive stakeholder engagement throughout the year. The information was gathered through phone calls with families, workgroups, inter-agency meetings, routine and ad hoc meetings with SPAs, ICC meetings, state partners, and other stakeholders.

For the fourth time in this SPP/APR cycle, LA staff also facilitated an annual meeting to review preliminary FFY 2023 in November 2024, where targets, data, and root causes for slippage or progress were discussed. Stakeholders provided feedback on targets during the meeting with an option for those that did not wish to talk during the meeting or those that could not attend the meeting provided written feedback in the form of a survey. For the FFY 2023 submission, most 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. Participation in this year's meeting doubled the participation from last year with 58 people including:

- Current and former parents, foster parents, and family members of children that received EIS;
- ICC members appointed by the Governor as well as committee members appointed by the ICC Chairperson;
- SPA leaders;
- Service coordinators and practitioners;
- Staff from other programs within the LA including DDD and child care;
- Staff from ASDB including teachers for the deaf/hard of hearing and teachers of the blind/visually impaired;
- Staff from Raising Special Kids, the State's IDEA Part D program;
- Other State agency partners including the ADHS, Arizona Health Care Cost Containment System (AHCCCS) (the State's Medicaid agency), Arizona Commission for the Deaf and Hard of Hearing, First Things First (the State's early childhood board);
- Representatives from Early Head Start and the Arizona Early Head Start Association;
- Representation from the State Education Agency (SEA), ADE; and
- Community leaders from other early childhood programs.

Participants in the annual Stakeholders' Target Review Meeting included metropolitan, urban, suburban, rural, and Tribal communities located throughout the State representing various geographical areas as well as tribal lands. Some participants represented the whole state while other participants brought in perspective representing specific counties with all 15 represented. During the annual stakeholder target review meeting, information from other stakeholders obtained through workgroups, inter-agency meetings, information from SPAs, ICC members, referral sources, and other community partners was shared to gather additional information included in this report.

The LA receives extensive support from national TA centers including the Early Childhood Technical Assistance (ECTA) Center, the Center for IDEA Early Childhood Data Systems (DaSy Center), Center for IDEA Fiscal Reporting (CIFR) and the CADRE. LA staff have regular meetings with TA providers to discuss strategies regarding analysis of each indicator and potential improvement strategies for the system of early intervention. 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 TA to local SPAs for continuous improvement.

The relationship between Part C and B staff continues to be a strength for transition improvement activities while having regular meetings to address questions and issues early. Several Part B staff participate in ICC committees and the LA is working with the Governor's Office of Boards and Commissions to get the new Part B 619 Coordinator appointed to the ICC. The LA and SEA have completed 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. With data now linked using a common identifier between the systems, Part B and C can audit and evaluate transition activities. The LA is working on the data system foundations to be able to transition from manual to automatic PEA and SEA notifications.

The ICC has several vacancies and awaiting appointment for applicants including for roles as family members both for children under age six and under age 12, State legislator, Part B 619 Coordinator, Agency for Health Insurance, Office of the Coordinator of Education of Homeless Children and Youth, State Foster Care Representative and Mental Health Agency. The LA has regularly reviewed and discussed the vacancies with the ICC members. The SCRL has also met regularly with the Governor's Office of Boards and Commissions to check the status of the vetting process and provide support and information as needed to help fill the vacancies.

The Family Engagement Committee also started its first line review of the Child and Family Rights booklet to provide suggestions in making the booklet easier for families to understand their rights in plain language. The LA is now considering the recommendations made by the Family Engagement Committee and any action the LA takes will be reported in the next submission of the SPP/APR.

The Transition Committee created a draft Transition Conference Agenda and Script to support service coordinators when conducting the transition conference. The documents outline required activities, best practices for ensuring a smooth and effective transition conference, as well as a sample script for service coordinators to ensure all activities are completed.

The Development Committee updated the ICC Bylaws with the creation of the ICC Committee Role Explanations which included the addition of a vice chair for each ICC committee.

The Fiscal Committee had several major accomplishments including submitting a letter to the LA's leadership to engage in solution building with the

billing system to improve timely reimbursement for services. The Fiscal committee collaborated with the Family Engagement Committee to develop budget recommendations to fund ICC activities including parent involvement.

A local program providing private listening and spoken language services worked with legislators to pass HB2137 which amended Arizona Revised Statute 41-2022 in several ways including showing families how to access an electronic community resource guide. While many provisions of HB2137 are already required under IDEA Part C, it also codifies them under State law to ensure families receive more consistent support around community resources and language acquisition information. The community resource guide required under HB2137 has been aligned with the central directory of resources under IDEA Part C found at <<https://des.az.gov/services/developmental-disabilities/early-intervention/resources>>. The full text of ARS 41-2022, which includes the revisions from HB2137 can be found at <<https://www.azleg.gov/ars/41/02022.htm>>.

The largest children's hospital network in the State approached the LA to specifically improve the transition between hospital to home and community-based services including early intervention because staff and social workers noticed that the process could be improved for some of the most fragile infants. As a result of the feedback provided, the LA has provided support to its TBEIS contractors in their Part C eligibility processes and collaborated with DDD to streamline their processes after Part C eligibility. The LA created a system for improving records requests for the hospital. Regular meetings have improved communication between all parties as part of regular ongoing collaboration.

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

YES

Number of Parent Members:

14

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.

During the annual meeting, eight current or former family members shared their opinions while an additional six family members shared their opinion in writing after the meeting. Besides support from biological parents, there was participation from grandparents and foster parents. Input for setting the targets from family 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 written survey input during the Stakeholders meetings. Staff from the LA intentionally recruit for parent representation on each of the ICC's committees and encourage families and advocates for families to participate in public meetings and provide feedback. Families are given opportunities to sign up for the monthly newsletter distributed by the LA that advertises specific events such as the annual stakeholder's meeting and public comment periods. The State's Parent Training and Information Center, RSK, assists with advertising the opportunities for family participation in their newsletters as well to help engage a larger audience of parents who may have missed the LA's initial attempts.

In order to promote response from a broad cross section of families that received Part C service, the LA has various pages on the website for families to provide feedback directly to LA. Families are engaged and encouraged to share feedback through formal presentations during the ICC meetings and during public comment. The website has a dedicated space for an electronic version of the family survey, and increased opportunities for families to provide feedback and engage with the LA through phone, web forms, email, regarding their experiences with the LA and stakeholders, meetings open to public comment, and participation on various work groups and committees.

The LA's Statewide Community Relations Liaison (SCRL) attended face-to-face and virtual networking opportunities for parents, the community and other stakeholders to engage directly with the LA for questions and to provide feedback on their experiences in early intervention. The SCRL has attended networking meetings and family events with county-level, regional, and statewide early childhood community to provide information on child find activities, share updates on the AzEIP website, and resources including videos for families and community resources. The website now includes the ability for organizations to electronically order brochures for their organizations to share with families. The LA partnered with ADES/Division of Child Care (DCC) to hire a Statewide Tribal Liaison to directly support implementation of the DCC and AzEIP Tribal communities and initiatives. This position collaborates with tribes and community organizations regarding EIS and resources available for families and supports in identifying and implementing additional strategies to further engagement of families living in Tribal communities.

During the annual stakeholder's meeting, eight of the 58 participants were parents and family members of children currently or formerly enrolled in early intervention. These parents brought their experience not only as families of children in early intervention but often other experiences as members of the ICC, parent centers, and advisory committees. Parents represented various parts of the State including northern, central, and southern as well as urban, suburban, rural, and Tribal communities. Preliminary data was shared with parents and families using interactive charts and graphs alongside the IDEA Data Center Data Meeting Protocol to guide them through the group discussion process. Parents were able to provide direct input on setting targets, analyzing the data, developing improvement strategies, and evaluating progress verbally and in writing, during in-meeting surveys to allow for different communication styles and preferences.

Additionally, the ICC approved the creation of an official Facebook page managed by the Family Engagement Committee. The goal of the Facebook page is to empower families, build connections and relationships with early childhood systems in Arizona, share the vital work the ICC is leading on behalf of families of young children, and increase awareness of the ICC in supporting the LA and promoting family engagement and advocacy. The Facebook page began on April 29, 2022 and currently has 535 (91 more since last year) followers and 378 likes. The Facebook page can be found at: <<https://www.facebook.com/azearlychildhoodICC>>.

The ICC currently has several long serving parents although only one is still under the age of 12. The LA and ICC members have been recruiting for vacant roles, prioritizing recruitment of families. Several family members have applied with the Governor's Office of Boards and Commissions and are awaiting a decision on appointment.

Activities to Improve Outcomes for Children with Disabilities:

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

The LA's SCRL provides information to Service Coordinators, service providers, members of the ICC, parents, family members, potential referral sources, and educators. This information is dispersed to all geographical areas, all ethnicities, all cultures, community stakeholders, first responders, medical professionals, and the general public throughout Arizona about educational and engagement opportunities. Literature is provided in English and Spanish and videos in English, Spanish, and American Sign Language. Family/parents are invited to all of the educational and engagement activities including those focused on providing feedback for the purposes of improving the statewide system of early intervention. ICC members are encouraged and invited to attend national, state, and local educational events. The SCRL helps support potential referral sources and community programs so they are comfortable supporting families and advocate for improved early intervention outcomes.

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

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

The LA partnered with ADES/DCC in hiring a Statewide Tribal Liaison. This position collaborates with tribes and community organizations and directly supports implementation of the Department, DCC and AZEIP's Tribal communities and initiatives. The tribal liaison supports to ensure the families are able to engage directly and with the support of advocacy groups to help the LA improve outcomes for infants and toddlers and their families.

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

The ICC's Transition Committee developed a script for a video to help families prepare for the transition out of early intervention services to help parents understand the process, their options, and their rights. Following the success of the family video, the Transition Committee also began work on developing an online training for providers around the transition process which launched on September 22, 2022. During this Fiscal Year (FY), 40 individual providers successfully completed the online training.

Within the CSPD workgroup, members have reached out to families directly in a variety of ways. The CSPD coordinator provided an orientation for families in helping them understand the CSPD requirement of IDEA, Part C and its partnership with Part B. Through this forum, the CSPD coordinator made personal connections and provided additional information and follow-up to questions asked by families around Part C requirements. CSPD workgroup members also engage in one-on-one conversations with families to understand their interests and help the families identify the area they would most like to impact. Despite this, there has been a struggle to effectively engage family members. While there are some family members involved with CSPD, most are also professionals in the early childhood community with older children who were previously involved in early intervention. Going forward, the LA will be considering engaging families directly using Notify.gov text messaging.

The LA updated and modernized the website for the IDEA Part C Program to provide more curated information to families in the Spring of 2023. Since then, the LA has expanded the Child and Family Rights section based on family feedback. Videos for families were reviewed and updated for language accessibility. The LA also added additional information in the Contact Us section in order to better meet the needs of families.

In February 2023, the LA entered into an agreement with the U.S. General Services Administration Technology Transformation Services Public Benefits Studio to pilot the use of the Notify.gov, a one-way text messaging application in order to better engage families in services and system improvements. Public Benefits Studio staff trained LA staff in best practices for text messages and campaign planning. After receiving clearance and administrative approval, the LA plan plans to evaluate pilot effectiveness and further engage families through text messaging beginning in FFY 2024. This will allow the LA to communicate with families directly rather than relying on information about feedback sessions, training, and other opportunities for families to trickle down from SPA leadership to service coordinators, all the way to families.

The LA offered scholarships to families wishing to participate in the March 2023 EI/ECSE Summit. While no families took the LA up on the offer, the LA plans to reassess for the 2024 EI/ECSE Summit to determine if there are better opportunities for families or notify them of any scholarship opportunities directly such as through Notify.gov.

The Arizona Department of Health Services and Arizona Commission for the Deaf and Hard of Hearing partnered together for the Early Hearing Detection and Intervention grant. The LA was asked to join the advisory committee which is made up of self-advocates and partners as well as families of children who are deaf and hard of hearing to help ensure children are screened by one month, hearing status determined by three months, and infants receive early intervention by six months. With the composition of the new advisory committee, the LA will be able to hear directly from parents on the best ways to improve outcomes for children who are deaf and hard of hearing.

The LA is strategizing with the ICC on creating family feedback forums. The ICC is currently considering which committee(s) would lead strategy efforts in development of the forums. Additionally, the LA has ensured that American Sign Language interpreters are available at all ICC Meetings, without individuals having to request them.

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. The LA holds regular meetings with various early childhood stakeholders including other state and governmental agencies, private and public programs (Early Head Start, health plans, provider advocacy agencies, organizations supporting children who are deaf and hard of hearing, and the now disbanded Mountain States Regional Genetics Network) supporting infants and toddlers.

The ICC holds meetings open to the public quarterly and each of its standing committees meet on a regular basis for open, public meetings, dependent upon their work. The SCRL provides support to the ICC and conducts the ongoing recruitment of parents, family members, early intervention service providers, civic leaders, and community individuals. The SCRL recruits with an intentional focus on engaging diverse ethnicities and cultures for membership reflective of the demographics served by the LA throughout the State. All members of the Council are Governor-appointed and meet the requirements as defined in IDEA, Part C. The organizational structure includes an Executive Committee with four standing committees charged with the tasks of oversight, problem-solving, and identifying evidence-based practices in their respective areas. The four standing committees are Development, Fiscal, Family Engagement, and Transition. Ad hoc committees may be formed and assigned tasks on an as-needed basis. Public notices, agendas, and minutes of the meetings are online and accessible to the general public at <<https://des.az.gov/services/developmental-disabilities/early-intervention/icc-for-infants-and-toddlers>>. The ICC and standing committee chairs solicit public input and comments at least once during every meeting. The SPP/APR were discussed and presented at the November 2023 Stakeholder and January 2024 ICC meetings.

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

The largest opportunity for FFY 2023 feedback was the Stakeholders' Target Setting Meeting in November 2024 attended by 58 participants, eight of whom were family members. There was a robust discussion regarding data results, performance issues, evidence-based activities, identifying barriers and potential solutions, and setting targets for the next several years. The Part C Data Manager used the Data Meeting Protocol developed by the IDEA Data Center to prepare families and support stakeholders in making decisions about target setting, contributing factors, potential improvement strategies, and improving compliance. Using the protocol, families and stakeholders were introduced to the purpose of the meeting and given simple ways of expressing their opinions through emojis or plain language words like "Wow!", "Oh no!", "I'm not surprised." More complex thoughts could be shared through virtual meeting options like chat, raising hands, and just simply talking. Acronyms and jargon were minimized and in some cases both verbally explained and written out visually. Simplified data visualizations were provided using recommendations from the DaSy Center Data Visualization Toolkit to more effectively present engaging and comprehensible data. Families were encouraged to share their opinions before other stakeholders or when more appropriate to validate whether their experiences matched the information shared. When families or stakeholders made specific comments, the data visualizations could be sorted, filtered, and displayed to go more in-depth with their interest. During the meeting, families and stakeholders were also given a copy of simplified data visualizations and plain language to support as an additional method for providing input as well for those not comfortable sharing their thoughts with the larger group or needing more time to consider what they wanted to share.

A final opportunity for stakeholder feedback was provided, which resulted in 23 people participating in a written survey including six family members. The family members, which included parents, grandparents, and foster 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 other advocacy organizations. Simplified visualizations and descriptions were presented in the survey.

Parents in the Stakeholder Target Setting Meeting and target setting survey respondents represented various parts of the State including northern, central, and southern as well as urban, suburban, rural, and Tribal communities.

In addition to the SCRL who gathers input during community events and presentations with various stakeholders throughout the State. The LA added a Tribal Liaison shared with the DCC to support communication about early childhood issues or on tribal lands. The SCRL engaged with stakeholders including local non-profit organizations, Women, Infant, and Child (WIC) programs, support groups for postpartum women, support groups for fathers, faith communities, regional community resource centers, medical and dental providers, child care programs, advisory councils, non-Part C private early intervention providers, preschools, refugee support programs, foster care review board, local college and university programs. Both the SCRL and Tribal Liaison bring back information and lessons learned from interactions with stakeholders, including areas of concerns, so the LA's leadership team can identify specific improvement strategies.

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

Making Results Available to the Public:

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

Preliminary FFY 2023 data was shared with providers beginning in July 2024 and with the broader stakeholder community in November 2024. 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 2023 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 2023 SPP/APR in February 2025, 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 2022 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 2022 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2022 APR in 2024, is available.

The LA posted the data for FFY 2023 public report as an interactive dashboard to go along with the posting of the SPP/APR with positive responses following the TA provided to the LA by the ECTA Center and DaSy Center on improving stakeholder engagement to drive programmatic improvement with data visualization. The transition from flat chart graphics to a more interactive design has been positively received by the stakeholders as more engaging and easier to understand over the course of the year. The dashboards are frequently shared, and the implications of the data are more readily discussed in helping to brainstorm improvement strategies throughout the year with the LA's stakeholders and early childhood partners during the virtual meetings facilitated by the LA on a regular basis.

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

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	48.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	92.47%	93.36%	95.62%	94.06%	95.84%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
622	747	95.84%	100%	95.58%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

92

Provide reasons for delay, if applicable.

Family delays accounted for the majority of delays in timely provision of services for 92 IFSPs. The most common reasons for family delays include canceling visits, no showing visits followed by not responding to provider's attempts to reschedule, requesting to reschedule visits after the planned start date, returning calls to reschedule visits that had been canceled after the planned start date, and occasionally withdrawing from services before they started. In several situations, the family was offered multiple dates and times prior to the planned start date but the family's schedule still prevented them from starting before that date. When a family had services through alternative means, there were delays from the family in consenting the service prior to starting despite several reminders and attempts by the service coordinator and team to get the family's prior written consent prior to the planned start date. While less common, some visits were cancelled due to the family being out of the country or out of state for extended periods of time of one month or more. Some families moved out of state or out of the country suddenly. Several families cancelled visits due to illness, funerals, birthday parties, or other events. A couple of families were delayed due to sudden housing crises moving into or out of a shelter or relative's home. A few families were delayed due to starting a new job or work emergency. Unfortunately, quite a few delays were caused by the child or someone in the home being sick, extended hospitalizations, wanting to wait to have services until after a child's surgery, in the case of one child, prioritizing comfort care while the child was in hospice. One family declined to participate in services through alternative means and chose to cancel a visit when a provider became ill, waiting until the provider was better. Several families requested to delay service to allow time to adjust to the birth of a new sibling. A few times, the visit was cancelled or rescheduled due to the child having fallen asleep or was too tired to participate in the visit.

However, there were several systemic reasons for the delay in timely services for 33 IFSPs. Most of the delays were caused by three common issues. For 31 of the 33 IFSPs, the team member caused the delay in either scheduling or completing the visit on time (car troubles, illness, scheduling or calendaring issues, waiting to schedule their first visit with another team member). For one of the IFSPs, delayed services were due to the IFSP team adding vision services and the service coordinator delayed notifying ASDB that the child had any vision differences. The final IFSP was delayed because the service coordinator who was also team lead was not able to obtain the parent's prior written consent on an electronic IFSP at the time of the meeting, nor prior to the planned start date. The Team Lead also failed to get the parent's prior written consent. The team member providing the new service was ultimately late because neither the service coordinator nor the team lead had obtained the prior written consent by the planned start date after multiple opportunities, so it was impossible for the team member to complete the new service on time.

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 Two (or the second 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 Two includes State monitoring data for eight SPAs across eight of the 23 regions in Arizona. The eight SPAs include six TBEIS contractors, corresponding DDD regions, and ASDB personnel for a total of 14 service-providing agencies.

Due to the amount of data LA staff are reviewing for this indicator and related requirements, the LA reviews data for the SPAs assigned to that year's monitoring cohort (approximately one-third of the SPA's in the state. Monitoring cohorts were chosen to ensure diverse representation in each cohort to include urban, suburban, rural, and tribal communities as well as a mixture of both large and small SPAs. Each zip code is assigned to a geographical service region which can be found at: <<https://des.az.gov/sites/default/files/dl/GCI-1148A.pdf>> Cohort one includes SPAs serving the LA's geographical service regions 3, 4A, 4B, 9, 14, 15, 19, and 20; cohort two includes SPAs serving regions 1, 2, 8, 10, 11, 12, 18, and 22; and cohort 3 includes SPAs serving regions 5, 6, 7, 13, 16, 17, and 21. Because DDD and ASDB serve statewide, they participate in all cohorts for the regions being monitored that year so that all regions they serve will be monitored in a three-year cycle. SPAs in cohort 2 were monitored for timely services.

SPAs in the monitoring cohort are required to self-report all IFSPs with new services between April 1, 2024 through June 30, 2024 (or the final quarter of the federal fiscal year) in the database including their initial service delivery and if applicable, any delay reason. This year, the cohort self-reported 747 IFSPs with new services including the planned start date, actual start date, and when applicable the reason for the delay. Due to the volume of IFSPs reviewed, the LA verifies the accuracy of data entered for monitoring during on-site visits with the SPA by validating approximately five percent of the IFSPs reported for timely services using an algorithm based on the unique identifier in the data system to ensure a variety of service coordinators, diversity of child demographics, and date ranges in the monitoring period are selected. The algorithm automatically selects the records as data are entered with a minimum of two records for each SPA per region. If the algorithm selects less than two records, LA staff will manually identify the

remaining one to two records per SPA per region based on service coordinator and/or data that may need additional clarification. This year, the LA completed 67 file reviews of the 747 IFSPs to validate the accuracy of the self-reported SPA data.

Provide additional information about this indicator (optional)

SPA's report that the impact of more children receiving services in-person has added some additional logistic challenges in terms of scheduling and ensuring services start on time. The number of in-person services have greatly increased across the state with a majority of IFSP services being provided in-person.

The LA worked with SPAs to improve the report used to monitor for timely services, adding a few additional requested data points to help programs better monitor service delivery. The LA also provided TA on improving documentation of delay reasons in contact logs.

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 in 2025. LA staff have been preparing the existing database for the enhancement and refining the rules to ensure they will improve existing reasons for delay and support providers to work across agency lines to ensure services start timely.

As part of the TBEIS contracts, effective July 1, 2019, performance-based metrics for timely services were embedded to enhance clarity and improve the LA's ability to hold contractors accountable through contract action moving forward. The LA issues findings of noncompliance to programs that do not meet 100 percent compliance for timely services. The LA reviews corrective action plans and supports SPAs in the effective and timely correction of noncompliance. All 35 instances of child-specific noncompliance are being tracked by LA staff to ensure correction and that, although late, the individual children's services are delivered consistently with the OSEP QA 23-01 memo 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 13 SPAs monitored for this indicator including TBEIS Contractors, DDD, and ASDB:

- One program was at 100 percent compliance;
- Nine programs were between 95-99 percent compliance; and
- Three programs were between 80-89 percent compliance.

As outlined in the OSEP QA 23-01 memo, the LA requires SPAs to submit documentation of child-specific correction and subsequent data that reflect correction 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 2022

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 2022 Findings of Noncompliance Verified as Corrected

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

Ten findings of noncompliance were issued in FFY 2022 based on data that were monitored in the last quarter of FFY 2021 (April 1, 2022 through June 30, 2022). 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 and provider progress notes, service delivery documentation, and IFSP documentation. LA staff reviewed subsequent data from the data system and information from the file reviews to verify the SPAs were implementing regulatory requirements at 100 percent with subsequent data consistent with the OSEP QA 23-01 memo.

Depending on the level and extent of the noncompliance, three to ten percent of a SPAs current caseload was reviewed by SPA staff after they identified they made corrections and that the SPA is now correctly implementing the regulatory requirements. The SPA then submits their documentation to LA staff to verify the accuracy of all the file reviews and data including the planned start date, actual start date, and when applicable, documentation of any family delays. Once LA staff verify the SPAs' file reviews are accurate and confirm that the program has begun correctly implementing regulatory requirements, the LA's corrective action tracker is updated to include the date programmatic corrections were verified as being completed. When both programmatic and individual cases of noncompliance have been corrected, the SPA is notified in writing.

Three percent of the current caseload meant a minimum of two IFSPs for the smallest programs/regions and up to twelve IFSPs were required for programs between 90-99 percent compliant, five percent up to twenty-one IFSPs for SPAs who were between 80-89 compliant, and ten percent up to forty-one IFSP for SPAs below 80 percent compliance. Specifically, this meant the LA reviewed files for three percent of the current caseload for eight SPAs, five percent of the current caseload for two SPAs, and no programs required ten percent of the current caseload. The files were required to be 100 percent compliant for consecutive dates for IFSPs with new services that occurred, meaning that the SPA could not pick and choose only favorable records. If the LA finds one record is noncompliant in the SPA's file reviews or in the data, they must adjust their strategies and start again with the file reviews before resubmitting another set of records to the LA to confirm once their corrective actions have been implemented.

The LA verified the 10 SPAs with findings of noncompliance had demonstrated both correction of all individual cases of noncompliance and demonstrated they were now implementing the regulatory requirements correctly based on review of subsequent data. All the programs were able to demonstrate timely correction of the noncompliance within one year.

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

The LA maintained a list of each individual case of noncompliance for which the 10 SPAs were cited for noncompliance in FFY 2022 totaling 36 children that were monitored in the last quarter of FFY 2021 (April 1, 2022, through June 30, 2022). SPAs were required to submit data to verify the 36 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 and provider progress notes, service delivery documentation, and IFSP documentation, to verify the SPAs corrected all

individual cases of noncompliance consistent with the OSEP QA 23-01 memo. Of the 36 individual cases, service delivery eventually occurred for 21 children, although late, and 15 children were exited from Part C before the services occurred and no longer within the jurisdiction of Part C.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 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 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

Response to actions required in FFY 2022 SPP/APR

The State reported less than 100 percent compliance for FFY 2022, the State will report on the status of correction of noncompliance identified in FFY 2022 for this indicator in next year's SPP/APR because monitoring occurred in the final quarter of FFY 2022 (April 1, 2023 through June 30, 2023). SPAs are given 10 calendar days to enter the data by July 10, 2023 (within 10 days of the start of FFY 2023). The lead agency analyzes the data and issues findings of noncompliance letters in FFY 2023.

When reporting on the correction of noncompliance, the State will report, in next year's SPP/APR, that it has verified that each SPA with noncompliance is correctly implementing the specific regulatory requirements (i.e., achieved 100 percent 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 LA and SPA, consistent with OSEP QA 23-01. In next year's SPP/APR, the State will describe 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	2018	2019	2020	2021	2022
Target >=	94.50%	97.00%	97.00%	97.00%	97.00%
Data	99.48%	100.00%	100.00%	99.98%	99.98%

Targets

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

Targets: Description of Stakeholder Input

The FFY 2023 SPP/APR including the development and implementation of Indicator 11, the SSIP, and new Indicator 12 on General Supervision was developed with extensive stakeholder engagement throughout the year. The information was gathered through phone calls with families, workgroups, inter-agency meetings, routine and ad hoc meetings with SPAs, ICC meetings, state partners, and other stakeholders.

For the fourth time in this SPP/APR cycle, LA staff also facilitated an annual meeting to review preliminary FFY 2023 in November 2024, where targets, data, and root causes for slippage or progress were discussed. Stakeholders provided feedback on targets during the meeting with an option for those that did not wish to talk during the meeting or those that could not attend the meeting provided written feedback in the form of a survey. For the FFY 2023 submission, most 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. Participation in this year's meeting doubled the participation from last year with 58 people including:

- Current and former parents, foster parents, and family members of children that received EIS;
- ICC members appointed by the Governor as well as committee members appointed by the ICC Chairperson;
- SPA leaders;
- Service coordinators and practitioners;
- Staff from other programs within the LA including DDD and child care;
- Staff from ASDB including teachers for the deaf/hard of hearing and teachers of the blind/visually impaired;
- Staff from Raising Special Kids, the State's IDEA Part D program;
- Other State agency partners including the ADHS, Arizona Health Care Cost Containment System (AHCCCS) (the State's Medicaid agency), Arizona Commission for the Deaf and Hard of Hearing, First Things First (the State's early childhood board);
- Representatives from Early Head Start and the Arizona Early Head Start Association;
- Representation from the State Education Agency (SEA), ADE; and
- Community leaders from other early childhood programs.

Participants in the annual Stakeholders' Target Review Meeting included metropolitan, urban, suburban, rural, and Tribal communities located throughout the State representing various geographical areas as well as tribal lands. Some participants represented the whole state while other participants brought in perspective representing specific counties with all 15 represented. During the annual stakeholder target review meeting, information from other stakeholders obtained through workgroups, inter-agency meetings, information from SPAs, ICC members, referral sources, and

other community partners was shared to gather additional information included in this report.

The LA receives extensive support from national TA centers including the Early Childhood Technical Assistance (ECTA) Center, the Center for IDEA Early Childhood Data Systems (DaSy Center), Center for IDEA Fiscal Reporting (CIFR) and the CADRE. LA staff have regular meetings with TA providers to discuss strategies regarding analysis of each indicator and potential improvement strategies for the system of early intervention. 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 TA to local SPAs for continuous improvement.

The relationship between Part C and B staff continues to be a strength for transition improvement activities while having regular meetings to address questions and issues early. Several Part B staff participate in ICC committees and the LA is working with the Governor’s Office of Boards and Commissions to get the new Part B 619 Coordinator appointed to the ICC. The LA and SEA have completed 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. With data now linked using a common identifier between the systems, Part B and C can audit and evaluate transition activities. The LA is working on the data system foundations to be able to transition from manual to automatic PEA and SEA notifications.

The ICC has several vacancies and awaiting appointment for applicants including for roles as family members both for children under age six and under age 12, State legislator, Part B 619 Coordinator, Agency for Health Insurance, Office of the Coordinator of Education of Homeless Children and Youth, State Foster Care Representative and Mental Health Agency. The LA has regularly reviewed and discussed the vacancies with the ICC members. The SCRL has also met regularly with the Governor’s Office of Boards and Commissions to check the status of the vetting process and provide support and information as needed to help fill the vacancies.

The Family Engagement Committee also started its first line review of the Child and Family Rights booklet to provide suggestions in making the booklet easier for families to understand their rights in plain language. The LA is now considering the recommendations made by the Family Engagement Committee and any action the LA takes will be reported in the next submission of the SPP/APR.

The Transition Committee created a draft Transition Conference Agenda and Script to support service coordinators when conducting the transition conference. The documents outline required activities, best practices for ensuring a smooth and effective transition conference, as well as a sample script for service coordinators to ensure all activities are completed.

The Development Committee updated the ICC Bylaws with the creation of the ICC Committee Role Explanations which included the addition of a vice chair for each ICC committee.

The Fiscal Committee had several major accomplishments including submitting a letter to the LA’s leadership to engage in solution building with the billing system to improve timely reimbursement for services. The Fiscal committee collaborated with the Family Engagement Committee to develop budget recommendations to fund ICC activities including parent involvement.

A local program providing private listening and spoken language services worked with legislators to pass HB2137 which amended Arizona Revised Statute 41-2022 in several ways including showing families how to access an electronic community resource guide. While many provisions of HB2137 are already required under IDEA Part C, it also codifies them under State law to ensure families receive more consistent support around community resources and language acquisition information. The community resource guide required under HB2137 has been aligned with the central directory of resources under IDEA Part C found at <<https://des.az.gov/services/developmental-disabilities/early-intervention/resources>>. The full text of ARS 41-2022, which includes the revisions from HB2137 can be found at <<https://www.azleg.gov/ars/41/02022.htm>>.

The largest children’s hospital network in the State approached the LA to specifically improve the transition between hospital to home and community-based services including early intervention because staff and social workers noticed that the process could be improved for some of the most fragile infants. As a result of the feedback provided, the LA has provided support to its TBEIS contractors in their Part C eligibility processes and collaborated with DDD to streamline their processes after Part C eligibility. The LA created a system for improving records requests for the hospital. Regular meetings have improved communication between all parties as part of regular ongoing collaboration.

A majority of stakeholders provided positive feedback on the Statewide performance of this indicator, with a few not surprised that the data was so high. One stakeholder reported that services in a child’s home and community positively impact the child outcomes. Other stakeholders attributed the high performance to caring providers and management team support. Stakeholders also reported families were weary of medical settings since COVID-19, leading to families preferring services provided in natural settings and ease of accessing services in their home rather than traveling to clinics. Stakeholders also reported that family and provider collaboration largely impacted the performance as providers build trust when providing services in the natural settings.

For the fourth time in this SPP/APR cycle, during the annual stakeholder target setting meeting, the attendees reviewed the LA’s data for this indicator and provided feedback on the data, baseline, and targets for this and the remainder of the SPP/APR cycle. Stakeholders were encouraged to review targets to ensure they were both rigorous and achievable. Most attendees preferred to keep the target the same and raise it next year as planned. In the survey sent to stakeholders, almost half of the stakeholders proposed keeping targets the same while about a third of stakeholders recommended keeping the target the same this year and raising the target next year. Based on stakeholder feedback, the LA has left targets the same with a planned increase next year.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	5,945
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Total number of infants and toddlers with IFSPs	5,946

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
5,945	5,946	99.98%	97.00%	99.98%	Met target	No Slippage

Provide additional information about this indicator (optional).

The State's annual child count date, on which the settings of services in natural environments was considered, occurred in October 2023. Settings data for this reporting period is in the midst of pandemic recovery. The percentage of children receiving services in natural environments continues the above average trend seen before the COVID-19 pandemic.

Some stakeholders reported that in some parts of the state SPAs are providing services through alternative means at a higher rate than in more metropolitan areas. In its analysis, the LA has found that most SPAs are providing services in rural areas are providing most services in-person rather than through alternative means. However, one SPA serving rural southern Arizona provides a higher number of services through video conference. The SPA reported that more families in that state area prefer services through alternative means than in other parts of the state they serve. The SPA also reported presenting both in-person and video conference services equally to families. The LA has been providing technical assistance to all SPAs that services should be provided in-person unless the IFSP team, which includes the family, decides it is not appropriate such as when the family is unable or unwilling to have services provided in the home.

The LA is also seeing more children receiving services in a skilled nursing facility than in the last few years, although the numbers are still very small. This can be difficult for IFSP teams to identify the setting because the child, particularly when they are in foster care, may not have another address or place to call home. Because that child is staying at the skilled nursing facility, which is located in a house, it has the feeling of a home although there are no children without disabilities in the facility. The LA has been providing regular TA and clarification to SPAs on these types of rare settings and how to document the justification for services not provided in natural environments to ensure that service coordinators are prepared. Additionally, The LA has been analyzing the addresses of children in known skilled nursing facilities and reviewing their IFSPs to ensure the setting is listed appropriately and to gauge the effectiveness of the TA provided.

Most children within Arizona received Part C services primarily at home. Some visits were planned in multiple natural environments including within the family's home, childcare, the homes of extended family members and relatives, parks, libraries, and other community locations. While the COVID-19 pandemic did not impact the data of the primary service setting, it significantly impacted the frequency of secondary service settings. While the frequency of secondary service settings in the community is increasing, it is still not at the same level it was prior to the pandemic. Many families reduced the number of services in non-home natural environments that often supplemented the primary setting. For example, a family that received services at their home three times a month and once a month at the library would often request services exclusively at home. A family that received services at their child care requested to receive services exclusively at home because the parent was no longer employed outside of the home. Services provided in the community as a supplement to home based services are increasing slightly but still far below pre-pandemic levels.

Additionally, while most families receive services in-person, some families continue to prefer to receive services through video conferencing for convenience while working, to include other family members who are not present at home during the scheduled visit (such as a stay at home mom including a working dad), or as an alternative to cancelling a visit because of the illness of the child or within the home. Continued flexibility around alternative service delivery has allowed families to receive more uninterrupted services without delays or breaks.

Stakeholders attribute the large number of services provided in a natural environment to the local SPAs' ability to build trust and rapport with families, so they are comfortable allowing providers into their homes. Additionally, the culture of providing services in natural environments has been developed over time through the LA's support of local SPAs through TA, training, and the structure of the TBEIS contracts so providers can maintain a focus on natural learning opportunities providing support in familiar contexts and settings.

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

- a. Percent of infants and toddlers who did not improve functioning = [(# 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 2023 SPP/APR including the development and implementation of Indicator 11, the SSIP, and new Indicator 12 on General Supervision was developed with extensive stakeholder engagement throughout the year. The information was gathered through phone calls with families, workgroups, inter-agency meetings, routine and ad hoc meetings with SPAs, ICC meetings, state partners, and other stakeholders.

For the fourth time in this SPP/APR cycle, LA staff also facilitated an annual meeting to review preliminary FFY 2023 in November 2024, where targets, data, and root causes for slippage or progress were discussed. Stakeholders provided feedback on targets during the meeting with an option for those that did not wish to talk during the meeting or those that could not attend the meeting provided written feedback in the form of a survey. For the FFY 2023 submission, most 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. Participation in this year's meeting doubled the participation from last year with 58 people including:

- Current and former parents, foster parents, and family members of children that received EIS;
- ICC members appointed by the Governor as well as committee members appointed by the ICC Chairperson;
- SPA leaders;
- Service coordinators and practitioners;
- Staff from other programs within the LA including DDD and child care;
- Staff from ASDB including teachers for the deaf/hard of hearing and teachers of the blind/visually impaired;
- Staff from Raising Special Kids, the State's IDEA Part D program;
- Other State agency partners including the ADHS, Arizona Health Care Cost Containment System (AHCCCS) (the State's Medicaid agency), Arizona Commission for the Deaf and Hard of Hearing, First Things First (the State's early childhood board);
- Representatives from Early Head Start and the Arizona Early Head Start Association;
- Representation from the State Education Agency (SEA), ADE; and
- Community leaders from other early childhood programs.

Participants in the annual Stakeholders' Target Review Meeting included metropolitan, urban, suburban, rural, and Tribal communities located throughout the State representing various geographical areas as well as tribal lands. Some participants represented the whole state while other participants brought in perspective representing specific counties with all 15 represented. During the annual stakeholder target review meeting, information from other stakeholders obtained through workgroups, inter-agency meetings, information from SPAs, ICC members, referral sources, and other community partners was shared to gather additional information included in this report.

The LA receives extensive support from national TA centers including the Early Childhood Technical Assistance (ECTA) Center, the Center for IDEA Early Childhood Data Systems (DaSy Center), Center for IDEA Fiscal Reporting (CIFR) and the CADRE. LA staff have regular meetings with TA providers to discuss strategies regarding analysis of each indicator and potential improvement strategies for the system of early intervention. 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 TA to local SPAs for continuous improvement.

The relationship between Part C and B staff continues to be a strength for transition improvement activities while having regular meetings to address questions and issues early. Several Part B staff participate in ICC committees and the LA is working with the Governor's Office of Boards and Commissions to get the new Part B 619 Coordinator appointed to the ICC. The LA and SEA have completed 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. With data now linked using a common identifier between the systems, Part B and C can audit and evaluate transition activities. The LA is working on the data system foundations to be able to transition from manual to automatic PEA and SEA notifications.

The ICC has several vacancies and awaiting appointment for applicants including for roles as family members both for children under age six and under age 12, State legislator, Part B 619 Coordinator, Agency for Health Insurance, Office of the Coordinator of Education of Homeless Children and Youth, State Foster Care Representative and Mental Health Agency. The LA has regularly reviewed and discussed the vacancies with the ICC members. The SCRL has also met regularly with the Governor's Office of Boards and Commissions to check the status of the vetting process and provide support and information as needed to help fill the vacancies.

The Family Engagement Committee also started its first line review of the Child and Family Rights booklet to provide suggestions in making the booklet easier for families to understand their rights in plain language. The LA is now considering the recommendations made by the Family Engagement Committee and any action the LA takes will be reported in the next submission of the SPP/APR.

The Transition Committee created a draft Transition Conference Agenda and Script to support service coordinators when conducting the transition conference. The documents outline required activities, best practices for ensuring a smooth and effective transition conference, as well as a sample script for service coordinators to ensure all activities are completed.

The Development Committee updated the ICC Bylaws with the creation of the ICC Committee Role Explanations which included the addition of a vice chair for each ICC committee.

The Fiscal Committee had several major accomplishments including submitting a letter to the LA's leadership to engage in solution building with the billing system to improve timely reimbursement for services. The Fiscal committee collaborated with the Family Engagement Committee to develop budget recommendations to fund ICC activities including parent involvement.

A local program providing private listening and spoken language services worked with legislators to pass HB2137 which amended Arizona Revised Statute 41-2022 in several ways including showing families how to access an electronic community resource guide. While many provisions of HB2137 are already required under IDEA Part C, it also codifies them under State law to ensure families receive more consistent support around community

resources and language acquisition information. The community resource guide required under HB2137 has been aligned with the central directory of resources under IDEA Part C found at <<https://des.az.gov/services/developmental-disabilities/early-intervention/resources>>. The full text of ARS 41-2022, which includes the revisions from HB2137 can be found at <<https://www.azleg.gov/ars/41/02022.htm>>.

The largest children’s hospital network in the State approached the LA to specifically improve the transition between hospital to home and community-based services including early intervention because staff and social workers noticed that the process could be improved for some of the most fragile infants. As a result of the feedback provided, the LA has provided support to its TBEIS contractors in their Part C eligibility processes and collaborated with DDD to streamline their processes after Part C eligibility. The LA created a system for improving records requests for the hospital. Regular meetings have improved communication between all parties as part of regular ongoing collaboration.

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

Pre-pandemic reasons including the rates of autism, neonatal abstinence syndrome, and increased use of electronic devices, tablets, and smartphones are likely contributing to the continued decrease in children reaching the same-age functioning of peers. While it was likely a cause in the pre-pandemic environment, parents with untreated mental health issues may also be contributing although because of the spotlight on improving mental health as part of many social services pandemic recovery strategies it may be more recognized as an influential factor now. It’s also unknown if the number of parents who are working from home may also be contributing to delays in social emotional skills because an infant or toddler may perceive a parent to be available although they may not be able to interact with their child or have delays in responsiveness in the way the child expects while the parent is working acting as a real-life version of the still-face experiment.

For the fourth time in this SPP/APR cycle, during the annual stakeholder target setting meeting, the attendees reviewed the LA’s data for this indicator and provided feedback on the data, baseline, and targets for this and the remainder of the SPP/APR cycle. Stakeholders were encouraged to review targets to ensure they were both rigorous and achievable. The consensus amongst the stakeholders was that the current target trajectory may be rigorous, but it is not achievable. While many stakeholders felt that keeping the targets too high for child outcomes would lead to practitioners in the field feeling defeated as if they aren’t doing a good job, so they want to make the target more realistic and achievable in order to give practitioners the ability to reach the target. Some stakeholders are concerned that lowering the target would lead to practitioners not trying hard enough to support families or send the wrong message to practitioners and families.

Similar to last year, one stakeholder shared that they felt the LA reset the baseline and changed targets too early in the past and that additional data should be collected before the LA considers changing targets again. Other stakeholders rallied around that comment with many expressing the opinion that they would like to see the impact of the LA’s upcoming Community of Practice that will be centered around child outcomes data anomalies before making recommendations to reset the baseline or change the targets. More than two-thirds of stakeholders responding to the survey advised the LA to keep the current targets the same for now and to increase it next year as planned while a quarter of stakeholders suggested collecting additional data before making a decision to change the baseline or reset the target. Only 2 stakeholders proposed to reset the baseline now to make it more achievable. The LA did not make any changes to the target this year nor the upcoming planned increase next year based on most of the stakeholder feedback and will continue to monitor the impact of programmatic changes before making changes.

Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2014	Target>=	72.74%	72.74%	66.70%	66.70%	66.70%
A1	72.01%	Data	70.23%	65.74%	66.70%	64.00%	64.08%
A2	2014	Target>=	53.98%	53.98%	51.28%	51.28%	51.28%
A2	53.25%	Data	55.82%	51.07%	51.28%	47.07%	45.17%
B1	2014	Target>=	78.26%	78.26%	68.48%	68.48%	68.48%
B1	77.61%	Data	74.47%	68.24%	68.48%	69.08%	67.74%
B2	2014	Target>=	54.48%	54.48%	40.19%	40.19%	40.19%
B2	53.75%	Data	56.16%	46.11%	40.19%	35.89%	32.81%
C1	2014	Target>=	77.45%	77.45%	68.24%	68.24%	68.24%
C1	76.81%	Data	76.66%	72.09%	68.24%	67.65%	65.41%
C2	2014	Target>=	47.94%	47.94%	44.47%	44.47%	44.47%
C2	47.21%	Data	49.30%	44.97%	44.47%	42.76%	41.91%

Targets

FFY	2023	2024	2025
Target A1>=	66.70%	72.74%	72.74%
Target A2>=	51.28%	53.98%	53.98%
Target B1>=	68.48%	78.26%	78.26%

Target B2>=	40.19%	54.48%	54.48%
Target C1>=	68.24%	77.45%	77.45%
Target C2>=	44.47%	47.94%	47.94%

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	11	0.30%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,112	30.21%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	994	27.00%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,003	27.25%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	561	15.24%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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	1,997	3,120	64.08%	66.70%	64.01%	Did not meet target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	1,564	3,681	45.17%	51.28%	42.49%	Did not meet target	Slippage

Provide reasons for A2 slippage, if applicable

The LA analyzed the Child Outcomes data using the booklet from Taylor, C., & Tunzi, D. (2018). Data patterns for COS ratings: What to expect and what to question. Menlo Park, CA: SRI International published by the DaSy Center and ECTA. The LA identified several patterns of data anomalies impacting the entry and exit indicators assessed by the IFSP team, which includes the family, when ratings were selected. To address these concerns, the LA has encouraged SPAs to complete the ECTA COS modules and to use the ECTA COS Decision Tree. Additionally, the LA has made plans to begin a Community of Practice around COS data anomalies next year in order to support programs with identifying their specific data anomalies and developing a plan to address their specific data anomalies.

While it is expected that few children will have an entry COS rating at or above age expectations on all three outcomes, which was the case this year, the LA found that this year, a higher than expected number, 20.4 percent of children had entry ratings at or above age expectations. This resulted in more children falling into the category b, Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers Another expected pattern is that functioning in one outcome area will be related to functioning in other outcome areas at the same point in time. However, using the DaSy and ECTA tool from the Data Detectives workshop showed that both the cross tabulations or ratings between outcomes and the correlation coefficients of rating between outcomes were both lower than expected particularly with the relationship between outcome A, children acquiring positive social-emotional skills (including social relationships) and Outcome C, children using appropriate behaviors to meet needs (of which social-emotional skills are a part).

Based on the tool, the expected relationship would be approximately 80-90 percent but this year it was 72 percent, and the correlation coefficient would be greater than 0.50 but this year's data was just below at 0.49 with children eligible based on developmental delay and informed clinical opinion even lower at 0.44 and 0.39 respectively. Another significant data anomaly that impacted the number of children making progress to a level at or above age expectations, resulting primarily in fewer children in category d but also a handful of children in category e, were the number of children who were exited due to not being eligible for Part C but found to have lower than expected exit ratings. These data anomalies ultimately resulted in slippage.

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	13	0.35%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,129	30.67%

Outcome B Progress Category	Number of Children	Percentage of Total
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,436	39.01%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	904	24.56%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	199	5.41%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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	2,340	3,482	67.74%	68.48%	67.20%	Did not meet 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	1,103	3,681	32.81%	40.19%	29.96%	Did not meet target	Slippage

Provide reasons for B2 slippage, if applicable

The LA analyzed the Child Outcomes data using the booklet from Taylor, C., & Tunzi, D. (2018). Data patterns for COS ratings: What to expect and what to question. Menlo Park, CA: SRI International published by the DaSy Center and ECTA. The LA identified several patterns of data anomalies impacting the entry and exit indicators assessed by the IFSP team, which includes the family when ratings were selected. To address these concerns, the LA has encouraged SPAs to complete the ECTA COS modules and to use the ECTA COS Decision Tree. Additionally, the LA has made plans to begin a Community of Practice around COS data anomalies next year to support programs with identifying their specific data anomalies and developing a plan to address their specific data anomalies.

Another expected pattern is that functioning in one outcome area will be related to functioning in other outcome areas at the same point in time. However, using the DaSy and ECTA tool from the Data Detectives workshop showed that both the cross tabulations or ratings between outcomes and the correlation coefficients of rating between outcomes were both lower than expected particularly with the relationship between outcome B, the acquisition and use of knowledge and skills (including early language/communication) and Outcome C, children using appropriate behaviors to meet needs (of which social-emotional skills are a part). Based on the tool, the expected relationship would be approximately 80-90 percent but this year it was 64 percent, and the correlation coefficient would be greater than 0.50 but this year's data was 0.44 with children eligible based on developmental delay and informed clinical opinion having lower coefficients of 0.32 and 0.22 respectively. While similar issues were seen with the correlation coefficient between Outcome B and Outcome A, Positive social-emotional skills (including social relationships), the correlation coefficient was closer to the minimum of what was expected at 0.58 for all children including 0.52 with children eligible based on developmental delay and as high as 0.71 for children eligible based on established condition, but lower than expected for informed clinical opinion at 0.45.

Another significant data anomaly that impacted the number of children making progress to a level at or above age expectations, resulting primarily in fewer children in category d but also a handful of children in category e, were the number of children who were exited due to not being eligible for Part C but found to have lower than expected exit ratings. Finally, one of the most significant impacts was that the ratings for this Outcome average to one point lower than the other Child Outcomes at entry. While the amount of progress tended to be similar, starting from a lower point at entry, making the same amount of progress, ultimately resulted in the exit indicator still being a full point below the other Child Outcomes. These data anomalies ultimately resulted in slippage.

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	12	0.33%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,187	32.25%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	970	26.35%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,101	29.91%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	411	11.17%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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	2,071	3,270	65.41%	68.24%	63.33%	Did not meet target	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	1,512	3,681	41.91%	44.47%	41.08%	Did not meet target	No Slippage

Provide reasons for C1 slippage, if applicable

The LA analyzed the Child Outcomes data using the booklet from Taylor, C., & Tunzi, D. (2018). Data patterns for COS ratings: What to expect and what to question. Menlo Park, CA: SRI International published by the DaSy Center and ECTA. The LA identified several patterns of data anomalies impacting the entry and exit indicators assessed by the IFSP team, which includes the family when ratings were selected. To address these concerns, the LA has encouraged SPAs to complete the ECTA COS modules and to use the ECTA COS Decision Tree. Additionally, the LA has made plans to begin a Community of Practice around COS data anomalies next year in order to support programs with identifying their specific data anomalies and developing a plan to address their specific data anomalies.

Another expected pattern is that functioning in one outcome area will be related to functioning in other outcome areas at the same point in time. However, using the DaSy and ECTA tool from the Data Detectives workshop showed that both the cross tabulations or ratings between outcomes and the correlation coefficients of rating between outcomes were both lower than expected particularly with the relationship between outcome B, the acquisition and use of knowledge and skills (including early language/communication) and Outcome C, children using appropriate behaviors to meet needs (of which social-emotional skills are a part). Based on the tool, the expected relationship would be approximately 80-90 percent but this year it was 64 percent, and the correlation coefficient expected would be greater than 0.50 but this year's data was 0.44 with children eligible based on developmental delay and informed clinical opinion having lower coefficients of 0.32 and 0.22 respectively. While, similar issues were seen with the correlation coefficient between Outcome C and Outcome A, Positive social-emotional skills (including social relationships), the correlation coefficient was closer to the minimum of what was expected at 0.49 for all children.

Another significant data anomaly that impacted the number of children making progress to a level at or above age expectations, resulting primarily in fewer children in category d but also a handful of children in category e, were the number of children who were exited due to not being eligible for Part C but found to have lower than expected exit ratings. These data anomalies ultimately resulted in slippage.

FFY 2023 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	5,576
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.	828
Number of infants and toddlers with IFSPs assessed	3,708

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

The LA uses the ECO COS process to gather data for this outcome. The COS Tool has been adapted for the LA and has been incorporated into the IFSP process. Data regarding child outcomes are, at a minimum, gathered at the initial IFSP and at the exit from the LA 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 uses multiple sources of information to determine the rating and are encouraged to use a decision tree.

The LA learned that more than 87 percent of child outcomes ratings are completed with the family at or near the time of exit meaning that in less than 13 percent of the cases the family is unavailable to complete the ratings with their team. Another interesting factor to note is that teams considered up to ten different sources of data from the following sources of supporting evidence:

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

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

It was found that almost 80 percent of the time, IFSP teams used more than one source of supporting evidence to identify the ratings at entry and just a little over 70 percent of the time, IFSP teams used more than one source of supporting evidence to identify the ratings at exit.

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. This year, 2,185 children had ratings entered at an annual or periodic review prior to the final exit rating to watch the child's progress over time. The service coordinator enters the final COS rating upon exit into the data system. The data system generates an on-demand COS report which SPA leaders use to verify data accuracy, completeness, and review for program improvement. The LA uses this data as a part of monitoring, public reporting, and SPP/APR reporting.

Provide additional information about this indicator (optional).

Because of the high-quality TA, the LA received from the DaSy Center and ECTA Center the Pattern Checking tool was adapted to increase the analysis done on Child Outcomes. The LA has further adapted the tools DaSy and ECTA created for the state's SPAs in order to support local leadership in analyzing their staff's data for anomalies in order to improve data quality and thus impact the global child outcomes. Beginning in January of 2025, the LA plans on using the child outcomes report with the adapted Pattern Checking Tool to identify SPA data anomalies in a Community of Practice to SPAs look for more than just data completeness. This will help the LA address the data anomalies that are significantly contributing to slippage, not meeting the targets, and the declining Child Outcomes overall.

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

With the new report additional data points allowed the state to identify 92 children who initially didn't have an exit rating because there wasn't enough information. However, upon second review of the file, IFSP teams determined that there was enough data to help determine ratings. Another interesting factor to note is that teams considered up to ten different sources of data from the following sources of supporting evidence:

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

It's possible that because teams are sorting through so much evidence at the time of ratings, the IFSP team may be struggling to synthesize all the information into a high-quality rating. The LA is also looking into implementing a tool with an algorithm based on the "What to Expect and What to Question" booklet to simplify the COS process, address the data anomalies, and improve inter-rater reliability between IFSPs teams. Prior to implementation of the algorithm tool, analysis would be needed to ensure its efficacy compared to ways teams are using sources of supporting evidence.

The difference between the number of IFSPs assessed (3,708) and the number of COS ratings completed (3,681) continues to be an issue that the LA is addressing through its data system and reporting updates. There were 26 IFSP teams reporting that they lost contact with families before a second rating could be obtained and there was not enough information in the child's record to make a second COS rating. Another reason for not having child outcomes ratings for all of the IFSPs assessed is that in one situation, the child unfortunately died shortly after the IFSP, and the providers were not comfortable asking the family for information to complete the COS ratings at time of exit since additional evidence was not available about the child's progress. Additionally, some children were in service for less than six months, so ratings are not required nor reported for these children. All these reasons contributed to the difference in the number of IFSPs assessed and the number of COS ratings completed which were not included in the denominator.

Stakeholders wondered if the variance between assessments completed in-person versus by alternative means as more nuanced information or behaviors may be difficult to interpret virtually potentially causing more data anomalies. The LA has continued to support SPAs with increasing the number of in-person services, IFSP meetings, and assessments delivered to better understand the magnitude and impact of services over time when provided through alternative means on Child Outcomes.

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2020	Target>=	94.50%	94.50%	93.41%	93.41%	93.41%
A	93.41%	Data	95.53%	95.49%	93.41%	92.97%	94.31%
B	2020	Target>=	95.50%	95.50%	93.12%	93.12%	93.12%
B	93.12%	Data	94.45%	93.84%	93.12%	91.48%	93.77%
C	2020	Target>=	96.25%	96.25%	95.55%	95.55%	95.55%
C	95.55%	Data	95.96%	95.47%	95.55%	94.19%	95.42%

Targets

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

Targets: Description of Stakeholder Input

The FFY 2023 SPP/APR including the development and implementation of Indicator 11, the SSIP, and new Indicator 12 on General Supervision was developed with extensive stakeholder engagement throughout the year. The information was gathered through phone calls with families, workgroups, inter-agency meetings, routine and ad hoc meetings with SPAs, ICC meetings, state partners, and other stakeholders.

For the fourth time in this SPP/APR cycle, LA staff also facilitated an annual meeting to review preliminary FFY 2023 in November 2024, where targets, data, and root causes for slippage or progress were discussed. Stakeholders provided feedback on targets during the meeting with an option for those that did not wish to talk during the meeting or those that could not attend the meeting provided written feedback in the form of a survey. For the FFY 2023 submission, most 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. Participation in this year's meeting doubled the participation from last year with 58 people including:

- Current and former parents, foster parents, and family members of children that received EIS;
- ICC members appointed by the Governor as well as committee members appointed by the ICC Chairperson;
- SPA leaders;
- Service coordinators and practitioners;
- Staff from other programs within the LA including DDD and child care;
- Staff from ASDB including teachers for the deaf/hard of hearing and teachers of the blind/visually impaired;
- Staff from Raising Special Kids, the State's IDEA Part D program;
- Other State agency partners including the ADHS, Arizona Health Care Cost Containment System (AHCCCS) (the State's Medicaid agency), Arizona Commission for the Deaf and Hard of Hearing, First Things First (the State's early childhood board);
- Representatives from Early Head Start and the Arizona Early Head Start Association;
- Representation from the State Education Agency (SEA), ADE; and
- Community leaders from other early childhood programs.

Participants in the annual Stakeholders' Target Review Meeting included metropolitan, urban, suburban, rural, and Tribal communities located throughout the State representing various geographical areas as well as tribal lands. Some participants represented the whole state while other participants brought in perspective representing specific counties with all 15 represented. During the annual stakeholder target review meeting, information from other stakeholders obtained through workgroups, inter-agency meetings, information from SPAs, ICC members, referral sources, and other community partners was shared to gather additional information included in this report.

The LA receives extensive support from national TA centers including the Early Childhood Technical Assistance (ECTA) Center, the Center for IDEA Early Childhood Data Systems (DaSy Center), Center for IDEA Fiscal Reporting (CIFR) and the CADRE. LA staff have regular meetings with TA providers to discuss strategies regarding analysis of each indicator and potential improvement strategies for the system of early intervention. 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 TA to local SPAs for continuous improvement.

The relationship between Part C and B staff continues to be a strength for transition improvement activities while having regular meetings to address questions and issues early. Several Part B staff participate in ICC committees and the LA is working with the Governor's Office of Boards and Commissions to get the new Part B 619 Coordinator appointed to the ICC. The LA and SEA have completed 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. With data now linked using a common identifier between the systems, Part B and C can audit and evaluate transition activities. The LA is working on the data system foundations to be able to transition from manual to automatic PEA and SEA notifications.

The ICC has several vacancies and awaiting appointment for applicants including for roles as family members both for children under age six and under age 12, State legislator, Part B 619 Coordinator, Agency for Health Insurance, Office of the Coordinator of Education of Homeless Children and Youth, State Foster Care Representative and Mental Health Agency. The LA has regularly reviewed and discussed the vacancies with the ICC members. The SCRL has also met regularly with the Governor's Office of Boards and Commissions to check the status of the vetting process and provide support and information as needed to help fill the vacancies.

The Family Engagement Committee also started its first line review of the Child and Family Rights booklet to provide suggestions in making the booklet easier for families to understand their rights in plain language. The LA is now considering the recommendations made by the Family Engagement Committee and any action the LA takes will be reported in the next submission of the SPP/APR.

The Transition Committee created a draft Transition Conference Agenda and Script to support service coordinators when conducting the transition conference. The documents outline required activities, best practices for ensuring a smooth and effective transition conference, as well as a sample script for service coordinators to ensure all activities are completed.

The Development Committee updated the ICC Bylaws with the creation of the ICC Committee Role Explanations which included the addition of a vice chair for each ICC committee.

The Fiscal Committee had several major accomplishments including submitting a letter to the LA's leadership to engage in solution building with the billing system to improve timely reimbursement for services. The Fiscal committee collaborated with the Family Engagement Committee to develop

budget recommendations to fund ICC activities including parent involvement.

A local program providing private listening and spoken language services worked with legislators to pass HB2137 which amended Arizona Revised Statute 41-2022 in several ways including showing families how to access an electronic community resource guide. While many provisions of HB2137 are already required under IDEA Part C, it also codifies them under State law to ensure families receive more consistent support around community resources and language acquisition information. The community resource guide required under HB2137 has been aligned with the central directory of resources under IDEA Part C found at <<https://des.az.gov/services/developmental-disabilities/early-intervention/resources>>. The full text of ARS 41-2022, which includes the revisions from HB2137 can be found at <<https://www.azleg.gov/ars/41/02022.htm>>.

The largest children’s hospital network in the State approached the LA to specifically improve the transition between hospital to home and community-based services including early intervention because staff and social workers noticed that the process could be improved for some of the most fragile infants. As a result of the feedback provided, the LA has provided support to its TBEIS contractors in their Part C eligibility processes and collaborated with DDD to streamline their processes after Part C eligibility. The LA created a system for improving records requests for the hospital. Regular meetings have improved communication between all parties as part of regular ongoing collaboration.

For the fourth time in this SPP/APR cycle, the LA convened a group of stakeholders which included current and former family members of children in early intervention, in order to provide feedback, review targets and baseline resetting in November 2024 attended by 58 participants, eight of whom were family members. There was a robust discussion regarding data results, performance issues, evidence-based activities, identifying barriers and potential solutions, and setting targets for the next several years. The Part C Data Manager used the Data Meeting Protocol developed by the IDEA Data Center to support stakeholders in making decisions about target setting, contributing factors, potential improvement strategies, and improving compliance. A final opportunity for stakeholder feedback was provided, which resulted in 23 people participating in a written survey including six family members. The family members, which included parents, grandparents, and foster 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 other advocacy organizations. Parents represented various parts of the State including northern, central, and southern as well as urban, suburban, rural, and Tribal communities.

During the annual stakeholder target setting meeting, the attendees reviewed the LA’s data for this indicator and provided feedback on the data, baseline, and targets for this and the remainder of the SPP/APR cycle. Stakeholders were encouraged to review targets to ensure they were both rigorous and achievable. The consensus amongst the stakeholders was that the current target trajectories are both rigorous and achievable. During the meeting, stakeholders unanimously agreed that the current target for this year with the scheduled increase next year was appropriate and resetting the baseline was not necessary. In a follow up survey with stakeholders that could not attend the meeting, most stakeholders recommended keeping the target trajectory the same for each of the family outcomes with 20 percent recommending the planned increase next year and 6 stakeholders recommending resetting the baseline again. Based on most of feedback, the LA did not make changes to the targets nor to the baseline year.

FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	7,366
Number of respondent families participating in Part C	1,331
Survey Response Rate	18.07%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,183
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,303
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	1,174
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1,293
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	1,247
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1,316

Measure	FFY 2022 Data	FFY 2023 Target	FFY 2023 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)	94.31%	93.41%	90.79%	Did not meet target	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)	93.77%	93.12%	90.80%	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)	95.42%	95.55%	94.76%	Did not meet target	No Slippage

Provide reasons for part A slippage, if applicable

Stakeholders including families and SPAs identified multiple times when families are given a rights booklet and explained their rights. However, one stakeholder shared that families may sign for their rights but may not be referring back to it when they have a concern, or some families may receive the explanation several times based on the length of time in services so they may feel more confident that early intervention has helped them know their rights. Other families may receive it but become overwhelmed with the needs of raising children with significant delays and medical conditions leading them to misplace documents or not really understand the explanation given by Service Coordinators.

Some stakeholders felt that some SC's may not understand how to thoroughly explain family rights in a way that families understand. To address this concern, the LA with support from Office of Professional Development are creating an interactive virtual training on procedural safeguards to supplement its current training. The training will be based on The National Information Center for Children and Youth with Disabilities' Introduction to Procedural Safeguards module and will include a knowledge assessment at the conclusion of the training. This virtual training will ensure all Service Coordinators have access to high quality information to support families with understanding their procedural safeguards. Additionally, the LA is reviewing the frequency of training requirements in preparation for the next round of routine contract solicitations

The LA is also exploring the impact of the response rate and number of families responding which may be impacting the results. The results could be getting more reflective of families' experiences while participating in the program. Because child outcomes have historically improved with a greater response rate, the LA would like to collect additional data before drawing conclusions about the impact of response rate on the families who report that early intervention services have helped them to know their rights.

Provide reasons for part B slippage, if applicable

Stakeholders including families and SPAs identified that many families may feel self-sufficient in advocating for their children and either not need or did not consider the role of early intervention in their ability to effectively communicate their child's needs. While the vast majority of services are occurring in-person, there are some geographical service regions that have historically faced personnel shortages for some therapists or in areas with greater social needs, higher turnover of staff. As a result, some SPAs have managed the personnel challenges by offering families more services through alternative means. Families who would prefer in-person services may feel that services through alternative means may be impacting their ability to effectively communicate their child's needs.

In the latter part of FFY 2023, the LA worked with the SPA with the largest caseloads most impacted by personnel challenges in redistributing their caseloads among therapists so that teams feel more supported by therapists who have the ability to provide more services as team lead, joint visitors, and on their own when needed. The LA will continue to monitor the impact of the caseload redistribution next year as the timing may not have impacted families who completed their survey earlier in the year.

The LA is also exploring the impact of the response rate and number of families responding which may be impacting the results. The results could be getting more reflective of families' experiences while participating in the program. Because child outcomes have historically improved with a greater response rate, the LA would like to collect additional data before drawing conclusions about the impact of response rate on the families who report that early intervention services have helped the family effectively communicate their children's needs.

Sampling Question	Yes / No
Was sampling used?	NO

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

Response Rate

FFY	2022	2023
Survey Response Rate	11.79%	18.07%

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

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

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

The LA uses the ECTA response rate and representativeness calculator which applies proportional testing to determine if the surveys received were representative of the target population. The results show that families identifying as White (-6-point difference) were underrepresented. While families identifying as African American or Black and Native Hawaiian or Pacific Islander were representative in the overall return of surveys. Families that identified as American Indian or Alaska Native (+2-point difference), Asian (+1 percent point difference), and more than one race (+3-point difference), were over-represented in surveys that were returned. Because data were not representative for families who identified as White, American Indian or Alaska Native, Asian, and more than one race, race was overall not representative. However, data were representative across ethnicity for families identifying as Hispanic or Latino and Not Hispanic or Latino.

Within the last several years, White families had been over-represented by as much as 33 percent dropping to under-represented by 6 percent this year. This could be due to improvements in how the survey has been distributed both service coordinators with SPA leadership passing on reminders given by

the LA at meetings where response rate is reviewed and during statewide webinars where the response rate and survey updates are given. The LA agency has also been able to provide regular reminders to families who have not yet completed the survey. The change could also be due to shifts in the demographics of families who are more likely to complete the survey. Last year, the survey data were not representative of both race and ethnicity but this year, they are representative for ethnicity but not race.

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. Because of moving across geographical service regions and having different zip codes at different points in time, their responses indicate this unique challenge on accurate representativeness. Analysis by regions is based on a single point-in-time when the survey is completed. When families are served by more than one SPA, it makes it challenging to understand the impact of each SPA on the families' responses, leading the LA to interpret the results with caution.

This year, a representative number of surveys were received from most parts of the State, with three regions under-represented. In two of those regions, both SPAs contributed to the under-representativeness and in the third region it was due to one SPA with significant under-representativeness. Two regions were slightly over-represented which also contributed to the overall imbalance. 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 which lead to two fewer programs than last year.

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, 18 of the 23 regions, had an appropriate representation of surveys returned by families, three more than last year. Parts of the State that were under-represented include five regions coinciding with the north central, south central and southwest part of Maricopa county. Only two regions were overrepresented covering parts of southeast Maricopa and the other region that covers Cochise, Graham, and Greenlee counties.

The LA has analyzed to determine how much each of the SPAs contributed to the issue to provide additional support and additional efforts to support families with completing surveys. In two regions, the LA has identified that one SPA had more surveys returned than the other contributing to the regions overall under-representativeness. In the third region, both agencies had a representative number of surveys, but the overall region was just slightly under the statistical threshold of representativeness due to rounding issues. For many SPAs their representativeness continued to improve likely due to the higher response rate this year compared to last year.

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 assuming. This is evidenced by the difference between families that change or obscure their race on the pre-filled demographic data but not their ethnicity. Other times, families that are Hispanic identify as more than one race creating over-representation in the race category. The LA is collecting more data regarding how families report their race during their initial visit and how reporting their race at other points in time, particularly for families of more than one race, changes with shifting cultural norms. If OSEP adopts the race categories proposed by the Office of Management and Budget, it may more closely align with how the families in Arizona Part C identify, making it easier to balance representativeness over time.

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

NO

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

Response data were representative from most minority groups this year including those that identify as African American or Black and Native Hawaiian or Pacific Islander. To sustain the progress, the LA will continue to offer the survey through different methods of distribution including the service coordinator, email, and eventually by text message. The LA will continue to offer the only under-represented group, White families, additional reminders to complete the survey if they do not respond to the first attempt.

When looking at geographical service regions, most, 18 of the 23 regions, had an appropriate representation of surveys returned by families, with three more regions than last year. Parts of the State that were under-represented include five regions coinciding with the north central, south central and southwest part of Maricopa County. The LA will also continue to offer families in those parts of Maricopa County with additional reminders to complete the survey.

The LA has analyzed to determine how much each of the SPAs contributed to the issue to provide additional support and additional efforts to support families with completing surveys. The LA will share the results of the analysis with SPA leadership to help encourage those with under-represented areas to continue to support families with completing their surveys during visits while reminding SPAs that were representative to keep up the good work so that their efforts do not decrease.

As new survey responses come in, the balance frequently shifts during the year between over and under-represented populations. When areas of underrepresentation are identified, targeted strategies of sending family surveys to those families and enlisting their service coordinators for support often shift the balance to over-representation. This year, the LA sent out more surveys than last year (341 more surveys) and received more responses (503 more responses). The LA continues to utilize multiple strategies to ensure appropriate representation across many different demographics with a continual focus on quality improvement. Strategies include providing lists to the service providing agency of families that have not yet returned a family survey.

The LA supports programs with multiple channels of survey distribution and collection to get data from under-represented races, counties, and service providing agencies. Multiple channels of survey distribution allow the LA to target populations that are under-represented throughout the year by asking their SPA and service coordinator for assistance completing the survey with the family.

The multiple channels of survey distribution include:

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

and when families speak a language other than English or Spanish, the service coordinator assists with accessing translation services).

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

The LA will continue to review data periodically with the Family Engagement Committee for advice and assistance targeting under-represented populations and general engagement with the activities of the LA and ICC.

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

To address historically low response rates and responses that were not representative of the demographics the LA serves, the ICC created a Family Survey Committee (now called the Family Engagement Committee) to look further into the issue and provide support to the LA. The committee reviewed data, researched methods for data collection, and considered the use of other collection tools including the original and revised ECO, Family Outcomes survey and the possibility of creating a State-developed survey. In researching methods for collecting family outcomes, it was determined that the questions selected from the original implementation of the National Center for Special Education Accountability Monitoring (NCSEAM) had been in continual use from 2006 to mid-2020 without significant review or updates. Ultimately, the committee determined the best path forward is to continue using the NCSEAM but substitute more relevant questions from the item bank based on the current needs of the State. The Family Survey Committee made recommendations including the use of electronic survey collection rather than exclusively using paper surveys and developing a script for Service Coordinators to use when discussing the family survey. The script is based on feedback from Service Coordinators with the highest response rate in Arizona. During regular meetings with SPA contractors, the LA reviewed the program's response rate compared to the previous year and to the expected number of families to ensure representativeness across programs and demographics.

This year, the LA was able to increase the response rate by having staff send electronic reminders to families who had not returned their survey by email. Staff periodically reviewed the list of families that should have returned their survey but there was no record it had been received based on their unique survey identification number. Personalized emails were sent to the family with a link to the family survey that included a unique identifier built in so families did not have to copy the number into the survey. The additional reminders resulted in the second highest year of survey returns in the LA's history.

As the response rate increases, the representativeness also tends to improve, and the LA would like to continue this momentum into next year and beyond. Since February of 2023, the LA was working with General Services Administration Technology Transformation Services to pilot Notify.gov to engage families in their early childhood services. The LA moved from pilot to sending text messages in November 2024. The LA is first working with stakeholders and SPAs to send out initial messages and notices so that staff can reassure families the text messages are legitimately from the LA. In the second half of FFY 2024, the LA will begin a campaign to send the family survey through text message to engage more families. This will also allow the LA to send multiple reminders if the family does not respond and to test how effective text messages are compared to emails in improving the response rate of the survey. LA staff will randomly assign families to receive personalized text message reminders, personalized email reminders to families, or both particularly from under-represented demographics (including race, geographical service region, and service providing agency) requesting they complete a family survey in order to understand which methods work best for families in different demographics and regions. The LA will analyze the data from the Notify.gov campaigns and adjust methodologies based on the results.

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 will continue to make efforts to improve representativeness and decrease nonresponse bias to ensure the demographics of the survey are representative of the families enrolled in Part C.

The LA analyzed the response rate looking at many factors including change from last year by race, ethnicity, and geographical service region. Using the DaSy Center's Meaningful Difference Calculator, the overall response rate improved significantly from last year. Historically under-represented and marginalized minority races were either representative or slightly over-represented. Nonresponse bias did impact the number of surveys returned by White families enough to impact the overall representativeness of race and may allow the minority races to impact the family data a little more than in the past. There was nonresponse from about two percent of Hispanic families but not enough nonresponse to prevent the overall data from being representative for ethnicity using the DaSy Center's Representativeness tool.

When considering geographical service regions and SPA data, the survey was under-represented in Maricopa County. Because Maricopa is the most populous county, it is often jokingly referred to as the "State of Maricopa" when comparing it to other counties in more rural parts of the state. So, the impact of the nonresponse bias from Maricopa County allowed the more rural parts to have a slightly greater impact on the data which could be playing a role in the slippage this year as well.

The LA looked at potential reasons for nonresponse bias including survey that was too lengthy, outdated, distribution methods, and collection of demographics. The Family Survey Committee engaged 48 stakeholders of various groups, including ten families, to provide significant recommendations for the redesign of the survey and methodologies for distribution. The full ICC approved the redesign as the collection tool for Family Outcomes. FFY 2020, was the first year the redesigned survey was in use and available electronically, resulting in a response rate increase three times larger than FFY 2019. Because of this initial success, the length of the survey and actual tool are not considered to contribute to the non-response bias this year.

While surveys are first distributed by the family's service coordinator, the LA took steps to reduce nonresponse bias by emailing a reminder link to complete the family survey to participants who could not be identified as having returned the survey. This allowed for families who did not respond to the first request another opportunity to respond. The amount of time to complete the survey is provided as part of the introduction. Families understand it will take approximately five to ten minutes, and they will not spend an extended amount of time to complete. The Family Survey Committee provided visual format guidance so it would appeal to more families to help complete. This year in FFY 2023 the response rate increased from last year likely due to more reminders from the LA.

Providers report that there is a general movement to ensure families of minorities are having their voice heard which contributed to an increase in response rate and representativeness this year. While most stakeholders and providers reported that families feel that completing the survey is a safe way to share their opinions, stakeholders and providers also shared that some families may feel they cannot be honest about their concerns while they are receiving services. For this reason, the survey is also provided at the time of exit so families can feel more comfortable sharing their opinions. The Family Survey Committee and LA reviewed several years' worth of data and interviewed service coordinators with the highest response rates and determined completing it in person with the family results in higher response rates. During regular meetings with SPA leadership and data managers, nonresponse bias was discussed. TA was provided around using the script to help SPA leaders increase their program and staff's response rate.

During FFY 2023, the LA shared data regularly with SPAs around their response rate. Agencies with response rates that were lower in particular regions of the state or with under-represented demographics were targeted for TA around their family survey distribution and collection procedures. Providers also reported that family survey return rate is highly correlated with specific service coordinators and their process.

To promote response from a broad cross section of families that received Part C service, the LA also makes the family survey available on the website on a dedicated space for families receiving services in order to make it more family friendly and easier to find in order to reduce non-response bias.

Provide additional information about this indicator (optional).

With the approval of the ICC, the LA adopted an updated version of the NCSEAM tool in FFY 2020 with more relevant questions from the item bank to include questions from both subscales, the family impact scale and family-centered practices scale. One additional question was piloted, calibrated, and determined to be behaving as expected with the other questions on the newly revised family survey. While the NCSEAM requires a minimum of 25 questions to provide minimum reliability of at least 0.90, the Family Survey Committee felt it was critical to add one more question to address the TBEIS approach that Arizona uses. Specifically, one additional question was added, "My child's Team Lead is a good fit for my family". The ICC approved additional recommendations to update the Likert scale to measure the ratings of each question, formatting options to make the survey more visually appealing, and collecting data electronically rather than exclusively by paper and pen. The redesign took several years of gathering feedback from families, providers, and other stakeholders. Ultimately, stakeholders that provided targeted feedback for the redesign included ten current or former family members, 12 community partner agencies including a health plan, Early Head Start, First Things First, Arizona Department of Health Services (ADHS) Office of Children with Special Health Care Needs, the state Medicaid program, a health plan, the SEA, Parent Training and Information Center under IDEA Part D, Arizona Commission for the Deaf and Hard of Hearing, Arizona Association for the Deaf Education Committee, Arizona Chapter of the CMV Foundation. The demographics of the stakeholders varied and included 25 programs representing the largest population center in Arizona, Maricopa County, 11 from Northern Arizona, 11 from Southern Arizona, and six representing tribal lands. Twenty-two providers shared feedback across service-providing agencies including TBEIS Contractors, the DDD, and ASDB through all levels of the organizations including Program Directors and Administrators, Supervisors, Service Coordinators, Therapists, and subcontractors.

Part C staff within the LA with support from Office of Professional Development are creating an interactive virtual training on procedural safeguards to supplement its current training. The training will be based on The National Information Center for Children and Youth with Disabilities' Introduction to Procedural Safeguards module and will include a knowledge assessment at the conclusion of the training. This virtual training will ensure all Service Coordinators have access to high quality information to support families with understanding their procedural safeguards. Additionally, the LA is reviewing its training requirements in preparation for the next round of routine contract solicitations.

4 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must report whether its FFY 2023 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Response to actions required in FFY 2022 SPP/APR

In the previous section of this report, the LA reported on the FFY 2023 data's representativeness and the actions that are being taken to address the issue. The LA also included the analysis of the extent to which the demographics of families responding are representative of the population.

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.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g., geographic location, family income, primary language, etc.). The State should report the results of this analysis under the "Additional Information" section of this indicator. If the State is required to report on the reasons for slippage, the State must include the results of its analyses under the "Additional Information" section of this indicator.

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.59%

FFY	2018	2019	2020	2021	2022
Target >=	0.69%	0.73%	0.73%	0.73%	0.73%
Data	0.92%	0.89%	0.88%	0.91%	0.85%

Targets

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

Targets: Description of Stakeholder Input

The FFY 2023 SPP/APR including the development and implementation of Indicator 11, the SSIP, and new Indicator 12 on General Supervision was developed with extensive stakeholder engagement throughout the year. The information was gathered through phone calls with families, workgroups, inter-agency meetings, routine and ad hoc meetings with SPAs, ICC meetings, state partners, and other stakeholders.

For the fourth time in this SPP/APR cycle, LA staff also facilitated an annual meeting to review preliminary FFY 2023 in November 2024, where targets, data, and root causes for slippage or progress were discussed. Stakeholders provided feedback on targets during the meeting with an option for those that did not wish to talk during the meeting or those that could not attend the meeting provided written feedback in the form of a survey. For the FFY 2023 submission, most 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. Participation in this year's meeting doubled the participation from last year with 58 people including:

- Current and former parents, foster parents, and family members of children that received EIS;
- ICC members appointed by the Governor as well as committee members appointed by the ICC Chairperson;
- SPA leaders;
- Service coordinators and practitioners;
- Staff from other programs within the LA including DDD and child care;
- Staff from ASDB including teachers for the deaf/hard of hearing and teachers of the blind/visually impaired;
- Staff from Raising Special Kids, the State's IDEA Part D program;
- Other State agency partners including the ADHS, Arizona Health Care Cost Containment System (AHCCCS) (the State's Medicaid agency), Arizona Commission for the Deaf and Hard of Hearing, First Things First (the State's early childhood board);
- Representatives from Early Head Start and the Arizona Early Head Start Association;
- Representation from the State Education Agency (SEA), ADE; and
- Community leaders from other early childhood programs.

Participants in the annual Stakeholders' Target Review Meeting included metropolitan, urban, suburban, rural, and Tribal communities located throughout the State representing various geographical areas as well as tribal lands. Some participants represented the whole state while other

participants brought in perspective representing specific counties with all 15 represented. During the annual stakeholder target review meeting, information from other stakeholders obtained through workgroups, inter-agency meetings, information from SPAs, ICC members, referral sources, and other community partners was shared to gather additional information included in this report.

The LA receives extensive support from national TA centers including the Early Childhood Technical Assistance (ECTA) Center, the Center for IDEA Early Childhood Data Systems (DaSy Center), Center for IDEA Fiscal Reporting (CIFR) and the CADRE. LA staff have regular meetings with TA providers to discuss strategies regarding analysis of each indicator and potential improvement strategies for the system of early intervention. 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 TA to local SPAs for continuous improvement.

The relationship between Part C and B staff continues to be a strength for transition improvement activities while having regular meetings to address questions and issues early. Several Part B staff participate in ICC committees and the LA is working with the Governor's Office of Boards and Commissions to get the new Part B 619 Coordinator appointed to the ICC. The LA and SEA have completed 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. With data now linked using a common identifier between the systems, Part B and C can audit and evaluate transition activities. The LA is working on the data system foundations to be able to transition from manual to automatic PEA and SEA notifications.

The ICC has several vacancies and awaiting appointment for applicants including for roles as family members both for children under age six and under age 12, State legislator, Part B 619 Coordinator, Agency for Health Insurance, Office of the Coordinator of Education of Homeless Children and Youth, State Foster Care Representative and Mental Health Agency. The LA has regularly reviewed and discussed the vacancies with the ICC members. The SCRL has also met regularly with the Governor's Office of Boards and Commissions to check the status of the vetting process and provide support and information as needed to help fill the vacancies.

The Family Engagement Committee also started its first line review of the Child and Family Rights booklet to provide suggestions in making the booklet easier for families to understand their rights in plain language. The LA is now considering the recommendations made by the Family Engagement Committee and any action the LA takes will be reported in the next submission of the SPP/APR.

The Transition Committee created a draft Transition Conference Agenda and Script to support service coordinators when conducting the transition conference. The documents outline required activities, best practices for ensuring a smooth and effective transition conference, as well as a sample script for service coordinators to ensure all activities are completed.

The Development Committee updated the ICC Bylaws with the creation of the ICC Committee Role Explanations which included the addition of a vice chair for each ICC committee.

The Fiscal Committee had several major accomplishments including submitting a letter to the LA's leadership to engage in solution building with the billing system to improve timely reimbursement for services. The Fiscal committee collaborated with the Family Engagement Committee to develop budget recommendations to fund ICC activities including parent involvement.

A local program providing private listening and spoken language services worked with legislators to pass HB2137 which amended Arizona Revised Statute 41-2022 in several ways including showing families how to access an electronic community resource guide. While many provisions of HB2137 are already required under IDEA Part C, it also codifies them under State law to ensure families receive more consistent support around community resources and language acquisition information. The community resource guide required under HB2137 has been aligned with the central directory of resources under IDEA Part C found at <<https://des.az.gov/services/developmental-disabilities/early-intervention/resources>>. The full text of ARS 41-2022, which includes the revisions from HB2137 can be found at <<https://www.azleg.gov/ars/41/02022.htm>>.

The largest children's hospital network in the State approached the LA to specifically improve the transition between hospital to home and community-based services including early intervention because staff and social workers noticed that the process could be improved for some of the most fragile infants. As a result of the feedback provided, the LA has provided support to its TBEIS contractors in their Part C eligibility processes and collaborated with DDD to streamline their processes after Part C eligibility. The LA created a system for improving records requests for the hospital. Regular meetings have improved communication between all parties as part of regular ongoing collaboration.

For the fourth time in this SPP/APR cycle, the LA convened a group of stakeholders which included current and former family members of children in early intervention, to provide feedback, review targets and baseline resetting in November 2024 attended by 58 participants, eight of whom were family members. There was a robust discussion regarding data results, performance issues, evidence-based activities, identifying barriers and potential solutions, and setting targets for the next several years. The Part C Data Manager used the Data Meeting Protocol developed by the IDEA Data Center to support stakeholders in making decisions about target setting, contributing factors, potential improvement strategies, and improving compliance. A final opportunity for stakeholder feedback was provided, which resulted in 23 people participating in a written survey including six family members. The family members, which included parents, grandparents, and foster 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 other advocacy organizations. Parents represented various parts of the State including northern, central, and southern as well as urban, suburban, rural, and Tribal communities.

During the annual stakeholder target setting meeting, the attendees reviewed the LA's data for this indicator and provided feedback on the data, baseline, and targets for this and the remainder of the SPP/APR cycle. Stakeholders were encouraged to review targets to ensure they were both rigorous and achievable. The consensus amongst the stakeholders was that the current target trajectories are achievable but could be more rigorous. During the meeting, stakeholders generally agreed that the current target for this year with the scheduled increase next year was appropriate and resetting the baseline was not necessary. In a follow up survey with stakeholders that could not attend the meeting, most stakeholders recommended keeping the target trajectory the same. Stakeholders found it difficult to make recommendations on increasing the target since the 618 static tables had not yet been provided to states at the time of the meeting.

Another hesitation stakeholders expressed with increasing targets was that population estimates could change as the political landscape evolves both with a new president and passage of Arizona Proposition 314 establishing criminal penalties against people who are not lawfully present in the United States. One stakeholder reported that one parent specifically mentioned moving in January 2025 because of fears of being deported as well as having conversations with others who mentioned similar statements. Several providers have reported that some undocumented and refugee families are afraid to receive Part C services because they thought they would be reported to Immigration and Customs Enforcement. Some families who are going through the legal immigration process are afraid of accessing Part C services for their child as they fear it could be used as a basis for denying their application for permanent residency. While concerns from families about the impact of services on their immigration status ebbs and flows depending on the political climate, new political beliefs were heard from some families. Some providers have heard a few parents who had children referred to early intervention

express beliefs that “nothing’s free” and “no government handouts” and decline to move forward with eligibility or services. Given the concerns of potential shifts in population estimates, stakeholders were hesitant to recommend changing the target this year. Based on the majority of feedback, the LA did not make changes to the targets nor to the baseline year.

Stakeholders did express the need to continue to support potential referral sources to understand their requirements with IDEA Part C to make timely referrals. Stakeholders also expressed that helping potential referral sources understand that Part C is more than just a place for therapy but also includes services unique to early intervention including service coordination, developmental special instruction, and transition activities to help a child potentially eligible for Part B get enrolled by their third birthday. It was also important to stakeholders that the LA shares information with potential referral sources that the earlier a child is referred to Part C the more potential for better outcomes for children and their family to avoid “wait and see” approaches. It was mentioned that the change to the Centers for Disease Control (CDC) updated milestones guidance may also be impact the number of infants being referred because pediatricians and other referrals sources may not catch more subtle delays with milestones for rolling being moved from 4 months to 6 months and crawling being removed as a developmental milestone.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 1 with IFSPs	671
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, 2023	06/25/2024	Population of infants and toddlers birth to 1	78,075

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
671	78,075	0.85%	0.73%	0.86%	Met target	No Slippage

Provide results of the root cause analysis of child find identification rates.

The number of children referred to Part C is a leading measurement correlating with Child Find activities. Historically, when referrals increase, the number of children found eligible also goes up proportionally. Fortunately, referrals have generally continued to increase since the initial start of the pandemic but 2023 marked the first year that referrals did not have a year over year increase in the last ten years. Providers reported seeing referrals for slightly more children who potentially qualify for Part C services compared to past years whereas in the past, more children had been referred to AZEIP for a high-quality, no waitlist multidisciplinary developmental evaluation even if they were likely not eligible.

Stakeholders also identified that referrals could potentially be impacted by the number of services perceived by referral sources to be provided through alternative means. Through additional TA and support LA staff has supported SPAs and continues to see an increase of 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.

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

Additionally, stakeholders wondered if the change in CDC milestones means that potential referral sources are less likely to refer children particularly under age one who are not rolling by 4 months which could potentially be a sign of other more subtle developmental delays. Since pediatricians and other referral sources may be less worried about a child not reaching this critical milestone, more parents may be advised to take an outdated wait and see approach, increasing the number of children referred later for potential developmental delays.

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

The LA will continue to observe fluctuations in referrals to target appropriate referral sources or referral sources that have decreased since the start of the pandemic and to address stakeholder misinformation around in-person and alternative services delivery methods.

Provide additional information about this indicator (optional)

One particular SPA, within the state was identified to have some innovative practices around screening infants under age one. The LA has invited the SPA to share their practices with other SPAs during the Early Intervention/Early Childhood Special Education Summit in March 2025. Additionally, the LA has begun assessing policies and procedures that may need updated in the next round of revisions including screenings for children under age one. Recommendations for screening updates will be reviewed by the LA’s Policy Manager to determine feasibility for implementing during the next round of policy and procedure revisions.

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.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g. geographic location, family income, primary language, etc.). The State should report the results of this analysis under the "Additional Information" section of this indicator. If the State is required to report on the reasons for slippage, the State must include the results of its analysis under the "Additional Information" section of this indicator.

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	1.61%

FFY	2018	2019	2020	2021	2022
Target >=	1.89%	1.95%	1.95%	1.95%	1.95%
Data	2.34%	2.33%	2.18%	2.25%	2.35%

Targets

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

Targets: Description of Stakeholder Input

The FFY 2023 SPP/APR including the development and implementation of Indicator 11, the SSIP, and new Indicator 12 on General Supervision was developed with extensive stakeholder engagement throughout the year. The information was gathered through phone calls with families, workgroups, inter-agency meetings, routine and ad hoc meetings with SPAs, ICC meetings, state partners, and other stakeholders.

For the fourth time in this SPP/APR cycle, LA staff also facilitated an annual meeting to review preliminary FFY 2023 in November 2024, where targets, data, and root causes for slippage or progress were discussed. Stakeholders provided feedback on targets during the meeting with an option for those that did not wish to talk during the meeting or those that could not attend the meeting provided written feedback in the form of a survey. For the FFY 2023 submission, most 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.

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- Current and former parents, foster parents, and family members of children that received EIS;
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- SPA leaders;
- Service coordinators and practitioners;
- Staff from other programs within the LA including DDD and child care;
- Staff from ASDB including teachers for the deaf/hard of hearing and teachers of the blind/visually impaired;
- Staff from Raising Special Kids, the State's IDEA Part D program;
- Other State agency partners including the ADHS, Arizona Health Care Cost Containment System (AHCCCS) (the State's Medicaid agency), Arizona Commission for the Deaf and Hard of Hearing, First Things First (the State's early childhood board);
- Representatives from Early Head Start and the Arizona Early Head Start Association;
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The Family Engagement Committee also started its first line review of the Child and Family Rights booklet to provide suggestions in making the booklet easier for families to understand their rights in plain language. The LA is now considering the recommendations made by the Family Engagement Committee and any action the LA takes will be reported in the next submission of the SPP/APR.

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The Fiscal Committee had several major accomplishments including submitting a letter to the LA's leadership to engage in solution building with the billing system to improve timely reimbursement for services. The Fiscal committee collaborated with the Family Engagement Committee to develop budget recommendations to fund ICC activities including parent involvement.

A local program providing private listening and spoken language services worked with legislators to pass HB2137 which amended Arizona Revised Statute 41-2022 in several ways including showing families how to access an electronic community resource guide. While many provisions of HB2137 are already required under IDEA Part C, it also codifies them under State law to ensure families receive more consistent support around community resources and language acquisition information. The community resource guide required under HB2137 has been aligned with the central directory of resources under IDEA Part C found at <https://des.az.gov/services/developmental-disabilities/early-intervention/resources>. The full text of ARS 41-2022, which includes the revisions from HB2137 can be found at <https://www.azleg.gov/ars/41/02022.htm>.

The largest children's hospital network in the State approached the LA to specifically improve the transition between hospital to home and community-based services including early intervention because staff and social workers noticed that the process could be improved for some of the most fragile infants. As a result of the feedback provided, the LA has provided support to its TBEIS contractors in their Part C eligibility processes and collaborated with DDD to streamline their processes after Part C eligibility. The LA created a system for improving records requests for the hospital. Regular meetings have improved communication between all parties as part of regular ongoing collaboration.

For the fourth time in this SPP/APR cycle, the LA convened a group of stakeholders which included current and former family members of children in early intervention, to provide feedback, review targets and baseline resetting in November 2024 attended by 58 participants, eight of whom were family members. There was a robust discussion regarding data results, performance issues, evidence-based activities, identifying barriers and potential solutions, and setting targets for the next several years. The Part C Data Manager used the Data Meeting Protocol developed by the IDEA Data Center to support stakeholders in making decisions about target setting, contributing factors, potential improvement strategies, and improving compliance. A final opportunity for stakeholder feedback was provided, which resulted in 23 people participating in a written survey including six family members. The family members, which included parents, grandparents, and foster 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 other advocacy organizations. Parents represented various parts of the State including northern, central, and southern as well as urban, suburban, rural, and Tribal communities.

During the annual stakeholder target setting meeting, the attendees reviewed the LA's data for this indicator and provided feedback on the data, baseline, and targets for this and the remainder of the SPP/APR cycle. Stakeholders were encouraged to review targets to ensure they were both rigorous and achievable. The consensus amongst the stakeholders was that the current target trajectories are achievable but could be more rigorous. During the meeting, stakeholders generally agreed that the current target for this year with the scheduled increase next year was appropriate and resetting the baseline was not necessary. In a follow up survey with stakeholders that could not attend the meeting, most stakeholders recommended keeping the target trajectory the same. Stakeholders found it difficult to make recommendations on increasing the target since the 618 static tables had not yet been provided to states at the time of the meeting.

Another hesitation stakeholders with increasing targets was that population estimates could change as the political landscape evolves both with a new president and passage of Arizona Proposition 314 establishing criminal penalties against people who are not lawfully present in the United States. One stakeholder reported that one parent specifically mentioned moving in January 2025 because of fears of being deported as well as having conversations with others who mentioned similar statements. Several providers have reported that some undocumented and refugee families are afraid to receive Part C services because they thought they would be reported to Immigration and Customs Enforcement. Some families who are going through the legal immigration process are afraid of accessing Part C services for their child as they fear it could be used as a basis for denying their application for permanent residency. While concerns from families about the impact of services on their immigration status ebbs and flows depending on the political climate, new political beliefs were heard from some families. Some providers have heard a few parents who had children referred to early intervention express beliefs that "nothing's free" and "no government handouts" and decline to move forward with eligibility or services. Given the concerns of potential shifts in population estimates, stakeholders were hesitant to recommend changing the target this year. Based on the majority of feedback, the LA did not make changes to the targets nor to the baseline year.

Stakeholders did express the need to continue to support potential referral sources to understand their requirements with IDEA Part C to make timely referrals. Stakeholders also expressed that helping potential referral sources understand that Part C is more than just a place for therapy but also includes services unique to early intervention including service coordination, developmental special instruction, and transition activities to help a child potentially eligible for Part B get enrolled by their third birthday. It was also important to stakeholders that the LA shares information with potential referral sources that the earlier a child is referred to Part C the more potential for better outcomes for children and their family to avoid “wait and see” approaches. It was mentioned that the change to the Centers for Disease Control (CDC) updated milestones guidance may also impact the number of infants being referred because pediatricians and other referrals sources may not catch as many delays with milestones for rolling being moved from 4 months to 6 months, crawling being removed as a developmental milestone, expecting children to use their first word moved from 12 months to 15 months, and expecting 2 year old toddlers to use only two words together. While the guidance is not meant to replace assessments for developmental delay, potential referral sources and families may use it to informally screen out children from Part C or use it as a basis for a “wait and see” approach reducing the amount of time or impact early intervention could have for that child. In fact, could also be leading to children not being referred to early intervention at all but later show up in Part B Child Find activities.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 3 with IFSPs	5,946
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, 2023	06/25/2024	Population of infants and toddlers birth to 3	233,690

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
5,946	233,690	2.35%	1.95%	2.54%	Met target	No Slippage

Provide results of the root cause analysis of child find identification rates

The number of children referred to Part C is a leading measurement correlating with Child Find activities. Historically, when referrals increase, the number of children found eligible also goes up proportionally. Fortunately, referrals have generally continued to increase since the initial start of the pandemic but 2023 marked the first year that referrals did not have a year over year increase in the last ten years. Providers reported seeing referrals for slightly more children who potentially qualify for Part C services compared to past years whereas in the past, more children had been referred to AZEIP for a high-quality, no waitlist multidisciplinary developmental evaluation even if they were likely not eligible.

Stakeholders also identified that referrals could potentially be impacted by the number of services perceived by referral sources to be provided through alternative means. Through additional TA and support LA staff has supported SPAs and continues to see an increase of 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.

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

Additionally, stakeholders wondered if the change in CDC milestones means that potential referral sources are less likely to refer children particularly under age one who are not rolling by 4 months, not walking by 12 months, and children who are not using their first word around 12 months or 2 years who are not stringing up to 4 words together which could potentially be a sign of other more subtle developmental delays. Since pediatricians and other referral sources may be less worried about a child not reaching this critical milestone, more parents may be advised to take an outdated wait and see approach, increasing the number of children referred later for potential developmental delays.

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

The LA will continue to observe fluctuations in referrals to target appropriate referral sources or referral sources that have decreased since the start of the pandemic and to address stakeholder misinformation around in-person and alternative services delivery methods.

Provide additional information about this indicator (optional).

One SPA, in particular, within the state was identified to have some innovative practices around screening infants under age one. The LA has invited the SPA to share their practices with other SPAs during the Early Intervention/Early Childhood Special Education Summit in March 2025. Additionally, the LA has begun assessing policies and procedures that may need updated in the next round of revisions including screenings for children under age one. Recommendations for screening updates will be reviewed by the LA’s Policy Manager to determine feasibility for implementing during the next round of policy and procedure revisions.

Additionally, the LA has identified and created a campaign that will be used to reengage families in services that have lost contact with their service coordinator before their child has had their eligibility or initial IFSP. The LA launched this campaign in the fall of 2024 and will identify impacts to Child Find in next year’s SPP/APR.

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	39.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	98.41%	98.26%	99.27%	98.41%	96.64%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,064	1,543	96.64%	100%	97.08%	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.

434

Provide reasons for delay, if applicable.

Of the 1,543 eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted, 1,064 were timely and 434 were delayed due to documented exceptional family circumstances leaving 45 children that did not receive a timely IFSP. Fifteen of the children had a timely eligibility decision but a late IFSP meeting. Non-compliant eligibility delays accounted for 29 of the 45 children that did not have timely IFSPs within the 45-Day IFSP Timeline. One situation involved an eligibility delay due to a well-documented exceptional family circumstance, but the service coordinator did not document that the initial IFSP occurred as soon as that exceptional family circumstance was no longer there causing further delay.

The list below accounts for the 45 reasons for the delay in eligibility and initial IFSPs:

- Service Coordinator reasons including scheduling errors and lack of documentation for exceptional family circumstances accounted for 20 delayed eligibility decisions, four delayed IFSPs with timely eligibility decisions, and one delayed IFSP that occurred after the exceptional family circumstance had resolved;
- Team member reasons accounted for eight delayed eligibility decisions and 15 delayed IFSPs with timely eligibility decisions;
- The service coordinator noted some other programmatic reason for one eligibility decision and four delayed IFSPs with a timely eligibility decision.

Providers mentioned that some agencies have difficult time retaining trained service coordinators or having high turnover with service coordinators making it difficult to meet timelines. Providers also reported that providing in-person services made it more challenging to meet timelines this year as the time allotted for visits increased with travel time compared to services provided through alternative means.

Family delays accounted for the majority of delays in the 45-day timeline for 434 children. Reasons for family delays include canceling visits, no showing visits followed by not responding to provider's attempts to reschedule, requesting to reschedule visits for dates after 45 days from the referral, returning calls to reschedule evaluations or IFSPs that had been canceled after they were due, families going on vacation, needing time to adjust to the birth of a younger sibling, being unavailable due to extended child hospitalizations in the newborn intensive care unit, and occasionally withdrawing from services before they started. Providers also mentioned this year seeing families were more likely to cancel when someone in the home was sick and taking longer to reschedule appointments to ensure everyone was well. Providers mentioned that more families were going back to offices or job sites for work and no longer working from home as often reducing their availability or needing significant advanced notice of the meetings to request time off. LA staff validate the use of family delays by reviewing records during monitoring to ensure that family delays are thoroughly documented and used appropriately in accordance with the State's policies and IDEA, Part C.

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

State database

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

This indicator represents data for all children and families with initial IFSP between April 1, 2024, and June 30, 2024.

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, 2024, through June 30, 2024. The data represents 25 percent of all children with initial IFSPs completed during the year. The data are considered statistically representative of the full population of children served throughout the entire year for several reasons, including that every SPA in the state participates in monitoring for this indicator, regardless of their monitoring cycle, providing an insight into statewide practice and compliance. Data for children in the monitoring period are representative of state demographics, including those children served by both small and large TBEIS contractors as well as urban, suburban, and rural, and tribal populations.

Provide additional information about this indicator (optional).

The data represent 1,543 individual children, all with initial IFSP meetings from the 33 TBEIS contractors responsible for the 45-day timeline from April 1, 2024, through June 30, 2024. DDD and ASDB are not responsible for completing initial evaluations, initial assessments, and initial IFSPs as this is completed exclusively by the 33 TBEIS contractors. As a result, neither DDD nor ASDB contributed to noncompliance for this indicator.

This year, findings of noncompliance were issued to several local SPAs. As part of the TBEIS contracts, performance-based metrics for the 45-day timeline were embedded to enhance clarity and to improve the LA's ability to hold local SPAs accountable through contract action moving forward. The LA issues findings of noncompliance to programs that do not meet 100 percent compliance for timely eligibility determination and initial IFSP. The LA reviews corrective action plans and supports SPAs in the effective and timely correction of noncompliance. All 45 instances of child-specific noncompliance were tracked by LA staff to ensure correction and that, although late, all individual children's IFSPs were developed consistent with the OSEP QA 23-01 memo on timely corrections. SPAs are required to submit file reviews to verify the program is performing at 100 percent for timely IFSPs.

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

- Fifteen programs were at 100 percent compliance;
- Eleven programs were between 95-99 percent compliance;
- Four programs were between 90-94 percent compliance; and
- Three programs were between 80-89 percent compliance.

As outlined in the OSEP QA 23-01 memo (superseding the OSEP 09-02 memo), the LA requires SPAs to submit documentation of child-specific correction and subsequent data reflecting correction for each area of noncompliance. The LA ensures the SPA is implementing the regulatory requirement by verifying the accuracy of file reviews completed by the SPA. Staff at the LA review documents and notes from the file submitted electronically or e-mail including the developmental evaluation report, prior written notice, initial IFSP, service coordinator and provider contact logs. After verifying the accuracy of the SPA file reviews, reviewing subsequent data submitted in the statewide database, LA staff confirm the SPA is correctly implementing regulatory requirements. The LA ensures noncompliance is corrected as soon as possible, and no later than one year from the identification of the noncompliance, by providing SPAs with support offered through its TA System.

Correction of Findings of Noncompliance Identified in FFY 2022

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 2022 Findings of Noncompliance Verified as Corrected

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

Ten findings of noncompliance were issued in FFY 2022 based on data that were monitored in the last quarter of FFY 2021 (April 1, 2022 through June 30, 2022). 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 and provider progress notes, prior written notices, developmental evaluation reports, and initial 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 QA 23-01 memo.

Depending on the level and extent of the noncompliance, three to ten percent of a SPAs current caseload was reviewed by SPA staff after they identified they made corrections and that the SPA is now correctly implementing the regulatory requirements. The SPA then submits their documentation to LA staff to verify the accuracy of all the file reviews and data including the prior written notice of eligibility, developmental evaluation report, initial IFSP, service coordinator and team member contact logs, and when applicable, documentation of any family delays. Once LA staff verify the Spas' file reviews are accurate and confirm that the program has begun correctly implementing regulatory requirements, the LA's corrective action tracker is updated to include the date programmatic corrections were verified as being completed. When both programmatic and individual cases of noncompliance have been corrected, the SPA is notified in writing.

Three percent of the current caseload meant a minimum of two IFSPs for the smallest programs/regions and up to twelve IFSPs were required for programs between 90-99 percent compliant, five percent up to twenty-one IFSPs for SPAs who were between 80-89 compliant, and ten percent up to forty-one IFSP for SPAs below 80 percent compliance. Specifically, this meant the LA reviewed files for three percent of the current caseload for eight SPAs, five percent of the current caseload for two SPAs, and no programs required ten percent of the current caseload. The files were required to be 100 percent compliant for consecutive dates for IFSPs with new services that occurred, meaning that the SPA could not pick and choose only favorable records. If the LA finds one record is noncompliant in the SPA's file reviews or in the data, they must adjust their strategies and start again with the file reviews before resubmitting another set of records to the LA to confirm once their corrective actions have been implemented.

The LA verified the 10 SPAs with findings of noncompliance had demonstrated both correction

of all individual cases of noncompliance and demonstrated they were now implementing the regulatory requirements correctly based on review of subsequent data. All the programs were able to demonstrate timely correction of the noncompliance within one year.

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

The LA maintained a list of each individual case of noncompliance for which the 10 SPAs were cited for noncompliance in FFY 2022 totaling 23 children. The 10 SPAs were required to submit data to verify the 23 individual cases of noncompliance had been corrected. LA staff reviewed files including the State database, prior written notices, IFSPs, home visit logs, and service coordinator progress notes for all 23 of the individual cases to determine that eligibility decision and initial IFSPs occurred, although late. There were no instances of a child-specific noncompliance for children who are no longer within the jurisdiction of Part C.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 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 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

Response to actions required in FFY 2022 SPP/APR

The State reported less than 100 percent compliance for FFY 2022, the State will report on the status of correction of noncompliance identified in FFY 2022 for this indicator in next year's SPP/APR because monitoring occurred in the final quarter of FFY 2022 (April 1, 2023 through June 30, 2023). SPAs are given 10 calendar days to enter the data by July 10, 2023 (within 10 days of the start of FFY 2023). The lead agency analyzes the data and issues findings of noncompliance letters in FFY 2023.

When reporting on the correction of noncompliance, the State will report, in next year's SPP/APR, that it has verified that each SPA with noncompliance 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 LA and SPA, consistent with OSEP QA 23-01. In next year's SPP/APR, the State will describe 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 = $[(\# \text{ of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C at age 3})] \times 100$.
- B. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.
- C. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.

Account for timely 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 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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 consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	80.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	94.38%	96.60%	98.94%	98.14%	98.42%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C at age 3 for whom the Lead Agency was required to develop 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
961	972	98.42%	100%	98.87%	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, 11 children did not. The list below accounts for the reasons for a delay in noncompliance transition plans:

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

There were no documented delays attributable to exceptional family circumstances.

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, 2024, through June 30, 2024.

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

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

Provide additional information about this indicator (optional).

The families of 1,364 children exited Part C between April 1, 2024, and June 30, 2024. Of those children, 1,078 were of transition age, between two years, three months, and three years of age. Of those 1,078 children, 76 children had their initial IFSP meeting within 90 days of age three, 22 exited during transition before transition planning meetings were due, and 8 children were eligible but exited before an initial IFSP was completed. This leaves 972 children for whom there should have been an IFSP with documented transition steps and services at least 90 days before their third birthday.

The LA issues findings of noncompliance to local SPAs that do not meet 100 percent compliance for a timely developed IFSP with transition steps and services consistent with the OSEP Policy Letter to Jennifer Nix issued in March 2023. The LA reviews corrective action plans and supports the effective and timely correction of noncompliance. All instances of child-specific noncompliance have been tracked by LA staff to ensure correction and that, although late, each individual child's IFSP developed with transition steps and services occurred or is no longer in Part C, consistent with the OSEP QA 23-01 memo 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 2023 data represent a modest improvement over last year, particularly given that there were more children requiring transition activities this year compared to last year. When noncompliant, DDD was cited separately from the TBEIS contractor to better address the root causes and local contributing factors within the program. ASDB does not provide service coordination and there were no instances of ASDB contributing to noncompliance with the transition. As part of the TBEIS contracts, performance-based metrics on transition compliance were embedded to enhance clarity and improve the LA's ability to hold local SPAs accountable through contract action moving forward.

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

- Twenty seven SPAs were at 100 percent compliance;

- Two SPAs were between 95-99 percent compliance;
- One SPA was between 90-94 percent compliance;
- Two SPAs were between 80-89 percent compliant; and
- One SPA was below 70 percent compliant.

Providers attribute some of the improvement over last year to the LA providing individual guidance to SPA's. Specifically, the LA dedicated time to provide individualized TA around transition planning meetings with SPAs during regular meetings with their leaders. Several times during the year, the LA reviewed with each SPA data including the status of transition planning meetings for individual families and specific service coordinators who appeared to need additional support.

Additionally, DDD restructured during FFY 2021 allowing better support to DDD service coordinators and their supervisors. The new structure has continued to be effective in supporting DDD, the SPA with the largest number of children and service coordinators in addressing issues and noncompliance more quickly than before resulting in improved compliance and faster correction of noncompliance.

The LA completed strategic enhancements to the data system with linking data with the State's SEA and Part B Program with the eventual goal of being able to further improve compliance and answer critical questions around compliance, quality, and outcomes. In late December 2022, data between Part C and Part B began daily live linking for every child newly referred to Part C. FFY 2023 marked the first full year that all children referred in that time period have been linked. Only children referred prior to December 2022 who remain open have not been linked and all children are expected to be linked by the end of December 2025.

These improvements to the data system will allow for better monitoring of transition activities. Part B data and development staff have been critical in supporting and cross-training as the LA implements newer technology during these multi-phase enhancements. The LA has provided an initial set of data to Part B while planning for joint evaluation of the data with the SEA.

The ICC Transition Committee has continued with its two ad hoc subcommittees, one focusing on improving compliance and one on improving quality practices. The compliance subcommittee has been focusing on data to determine what their next project should be and anticipates focusing on improving family outcomes in the next year. The quality practices group created two job aids outlining best practices for transition conferences, including a sample script and agenda for the Transition Conference to outline roles, responsibilities, and other best practices around transition. The group anticipates shifting focusing to child outcomes next year.

Correction of Findings of Noncompliance Identified in FFY 2022

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 2022 Findings of Noncompliance Verified as Corrected

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

Ten findings of noncompliance were issued in FFY 2022 based on data that were monitored in the last quarter of FFY 2021 (April 1, 2022 through June 30, 2022). 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 contact log, documentation of transition planning meetings, and the IFSPs with documentation of transition steps. 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 QA 23-01 memo.

Depending on the level and extent of the noncompliance, three to ten percent of a SPAs current caseload was reviewed by SPA staff after they identified they made corrections and that the SPA is now correctly implementing the regulatory requirements. The SPA then submits their documentation to LA staff to verify the accuracy of all the file reviews and data including the service coordinator contact log and any IFSP with transition steps. Once LA staff verify the SPAs' file reviews are accurate and confirm that the program has begun correctly implementing regulatory requirements, the LA's corrective action tracker is updated to include the date programmatic corrections were verified as being completed. When both programmatic and individual cases of noncompliance have been corrected, the SPA is notified in writing.

Three percent of the current caseload who were of transition age, meaning a minimum of two transition plans for the smallest programs/regions and up to four transition plans were required for programs between 90-99 percent compliant, five percent up to seven transition plans for SPAs who were between 80-89 compliant, and ten percent up to 13 PEA Notifications for SPAs below 80 percent compliance. Specifically, this meant the LA reviewed files for three percent of the current caseload for eight SPAs, five percent of the current caseload for one SPA, and one program required ten percent of the current caseload. The files were required to be 100 percent compliant for consecutive dates for IFSPs with new services that occurred, meaning that the SPA could not pick and choose only favorable records. If the LA finds one record is noncompliant in the SPA's file reviews or in the data, they must adjust their strategies and start again with the file reviews before resubmitting another set of records to the LA to confirm once their corrective actions have been implemented.

The LA verified the 10 SPAs with findings of noncompliance had demonstrated both correction of all individual cases of noncompliance and demonstrated they were now implementing the regulatory requirements correctly based on review of subsequent data. All the programs were able to demonstrate timely correction of the noncompliance within one year.

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

The LA maintained a list of each individual case of noncompliance for which the 10 SPAs were cited for noncompliance in FFY 2022 totaling 15 children. SPAs were required to submit data to verify the 15 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 QA 23-01 memo. Of the 15 individual cases, transition plans eventually occurred for 14 of the 15 children, although late, and one child was exited from Part C before transition planning occurred and no longer within the jurisdiction of Part C.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 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 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

Response to actions required in FFY 2022 SPP/APR

The State reported less than 100 percent compliance for FFY 2022, the State will report on the status of correction of noncompliance identified in FFY 2022 for this indicator in next year's SPP/APR because monitoring occurred in the final quarter of FFY 2022 (April 1, 2023 through June 30, 2023). SPAs are given 10 calendar days to enter the data by July 10, 2023 (within 10 days of the start of FFY 2023). The lead agency analyzes the data and issues findings of noncompliance letters in FFY 2023.

When reporting on the correction of noncompliance, the State will report, in next year's SPP/APR, that it has verified that each SPA with noncompliance 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 LA and SPA, consistent with OSEP QA 23-01. In next year's SPP/APR, the State will describe 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 = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}}{\text{\# of toddlers with disabilities exiting Part C at age 3}} \right]$ 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 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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 consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	89.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	86.45%	87.40%	93.38%	95.60%	95.39%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
900	991	95.39%	100%	97.93%	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.

72

Provide reasons for delay, if applicable.

Most children of transition-age had a notification to the LEA and SEA in a timely manner although 19 did not. The list below accounts for the reasons for the delay in noncompliant notifications to the LEA and SEA:

- Timely notification to the LEA but service coordinator delayed notification to the SEA for seven children;
- Timely notification to the LEA but service coordinator did not notify the SEA for four children;
- Service coordinator delays account for four delayed notifications to both the LEA and SEA;
- Late notification to the LEA and service coordinator did not document a notification to the SEA for one child; and
- Service coordinator did not document the notification for neither the LEA nor the SEA for three children.

Describe the method used to collect these data.

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

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

YES

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

YES

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

State database

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

The data reflect all children, statewide, potentially eligible for Part B and exiting from April 1, 2024 through June 30, 2024.

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

The data represent 25 percent of all children exiting during the year who are potentially eligible for Part B. The data are considered statistically representative of the full population of children exiting within 90 days of their third birthday throughout the entire year. Every service coordination providing SPA in the state participates in monitoring for this indicator annually, including TBEIS contracts and DDD.

Provide additional information about this indicator (optional).

The families of 1,364 children exited Part C between April 1, 2024, and June 30, 2024. Of those children, 1,078 were of transition age, between two years, three months, and three years of age. Of those 1,078 children, 69 children had their Part C eligibility established within 90 days of age three, 18 exited during transition before the PEA notification/referral was due to be completed. This leaves 991 children for whom there should have been a PEA and SEA notification/referral sent.

The LA issues findings of noncompliance to SPAs that do not meet 100 percent compliance for SEA and LEA notifications. The LA reviews corrective action plans and supports the effective and timely correction of noncompliance. All instances of child-specific noncompliance have been tracked by LA staff to ensure correction and that, although late, the individual child's notification to the SEA and LEA occurred or is no longer in Part C consistent with the OSEP QA 23-01 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 2023 data represents an improvement over last year's result. When noncompliant, DDD has been cited separately from the TBEIS contractor for noncompliance 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.

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

- Nineteen SPAs were at 100 percent compliance;
- Seven SPAs were between 95-99 percent compliance;
- Five SPAs was between 90-94 percent compliance; and
- Three SPA was between 80-89 percent compliance.

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

The LA ensures the SPA is implementing the regulatory requirement by verifying the accuracy of file reviews completed by the SPA. Staff at the LA review documents and notes from the file submitted electronically or through e-mail including the IFSP with transition steps, PEA Notification form, email or fax confirmation that the PEA was sent the LEA and SEA, service coordination log, and when applicable, the family's written opt-out. After verifying the accuracy of the SPA file reviews, reviewing subsequent data submitted in the statewide database, LA staff confirm the SPA is correctly implementing regulatory requirements. 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.

Providers attribute some of the improvement over last year to the LA providing individual guidance to SPA's. Specifically, the LA dedicated time to provide individualized TA around PEA notifications with SPAs during regular meetings with their leaders. Several times during the year, the LA reviewed with each SPA data including the status of PEA notifications for individual families and specific service coordinators who appeared to need additional support.

Additionally, DDD restructured during FFY 2021 allowing better support to DDD service coordinators and their supervisors. The new structure has continued to be effective in supporting DDD, the SPA with the largest number of children and service coordinators in addressing issues and noncompliance more quickly than before resulting in improved compliance and faster correction of noncompliance.

The LA completed strategic enhancements to the data system with linking data with the State's SEA and Part B Program with the eventual goal of being able to further improve compliance and answer critical questions around compliance, quality, and outcomes. In late December 2022, data between Part C and Part B began daily live linking for every child newly referred to Part C. FFY 2023 marked the first full year that all children referred in that time period have been linked. Only children referred prior to December 2022 who remain open have not been linked and all children are expected to be linked by the end of December 2025.

The LA is also preparing the data system to send notices to the PEA automatically. Structural changes are being made to the database's user interface to begin collecting contact information for the State's over 200 PEAs. Once the contact information is collected, the LA will be able to automate the PEA and SEA notifications for children of transition age. The LA has also been working with Part B to prepare for receiving the data due to the linking that has taken place.

These improvements to the data system will allow for better monitoring of transition activities. Part B data and development staff have been crucial in supporting and cross-training as the LA implements newer technology during these multi-phase enhancements. The LA has manually provided an initial set of data to Part B while planning for joint evaluation of the data with the SEA.

The ICC Transition Committee has continued with its two ad hoc subcommittees, one focusing on improving compliance and one on improving quality practices. The compliance subcommittee has been focusing on data to determine what their next project should be and anticipates focusing on improving family outcomes in the next year. The quality practices group created two job aids outlining best practices for transition conferences, including a sample script and agenda for the Transition Conference to outline roles, responsibilities, and other best practices around transition. The group anticipates shifting focusing to child outcomes next year.

LA staff collaborated with ADE staff to implement a community of practice focused on best practices in transition from early intervention. The community of practice provided the opportunities for EI providers, school districts and early head start providers to build local collaborative communities to ensure smooth and effective transitions for children and their families.

Correction of Findings of Noncompliance Identified in FFY 2022

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 2022 Findings of Noncompliance Verified as Corrected

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

Thirteen findings of noncompliance were issued in FFY 2022 based on data that were monitored in the last quarter of FFY 2021 (April 1, 2022 through June 30, 2022). 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 contact logs, PEA notification/referral, email or fax evidence of the referral being sent to both the LEA and SEA, and when applicable, the parent's written opt-out. 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 QA 23-01 memo.

Depending on the level and extent of the noncompliance, three to ten percent of a SPAs current caseload was reviewed by SPA staff after they identified they made corrections and that the SPA is now correctly implementing the regulatory requirements. The SPA then submits their documentation to LA staff to verify the accuracy of all the file reviews and data including the service coordinator contact logs, PEA notification/referral, email or fax evidence of the referral being sent to both the LEA and SEA, and when applicable, the parent's written opt-out. Once LA staff verify the Spas' file reviews are accurate and confirm that the program has begun correctly implementing regulatory requirements, the LA's corrective action tracker is updated to include the date programmatic corrections were verified as being completed. When both programmatic and individual cases of noncompliance have been corrected, the SPA is notified in writing.

Three percent of the current caseload who were of transition age, meaning a minimum of two PEA notifications for the smallest programs/regions and up to four PEA notifications were required for programs between 90-99 percent compliant, five percent up to seven PEA Notifications for SPAs who were between 80-89 compliant, and ten percent up to 13 PEA Notifications for SPAs below 80 percent compliance. Specifically, this meant the LA reviewed files for three percent of the current caseload for eight SPAs, five percent of the current caseload for three SPAs, and ten percent of the current caseload for two SPAs. The files were required to be 100 percent compliant for consecutive dates for IFSPs with new services that occurred, meaning that the SPA could not pick and choose only favorable records. If the LA finds one record is noncompliant in the SPA's file reviews or in the data, they must adjust their strategies and start again with the file reviews before resubmitting another set of records to the LA to confirm once their corrective actions have been implemented.

The LA verified the 13 SPAs with findings of noncompliance had demonstrated both correction of all individual cases of noncompliance and demonstrated they were now implementing the regulatory requirements correctly based on review of subsequent data. All the programs were able to demonstrate timely correction of the noncompliance within one year.

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

The LA maintained a list of each individual case of noncompliance for which the 13 SPAs were cited for noncompliance in FFY 2022 totaling 34 children. SPAs were required to submit data to verify the 34 individual cases of noncompliance had been corrected. LA staff reviewed data submitted by SPAs in the statewide database and information from child records, including service coordinator progress notes, PEA documentation, and documentation of correspondence with the LEA and SEA, to verify the SPAs corrected all individual cases of noncompliance consistent with the OSEP QA 23-01 memo. Of the 34 individual cases,

The LA verified each individual case of noncompliance was corrected, unless the child was no longer within the jurisdiction of Part C, as follows:

- Both LEA and SEA notification eventually occurred for 10 children, although late;
- The LEA notification had been timely for 19 children, the SEA notification eventually occurred, although late;
- The SEA notification had been timely for 2 children, the LEA notification eventually occurred, although late; and
- Three children were exited from Part C before the notification occurred and no longer within the jurisdiction of Part C.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 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 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01.

In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

The State reported less than 100 percent compliance for FFY 2022, the State will report on the status of correction of noncompliance identified in FFY 2022 for this indicator in next year's SPP/APR because monitoring occurred in the final quarter of FFY 2022 (April 1, 2023 through June 30, 2023). SPAs are given 10 calendar days to enter the data by July 10, 2023 (within 10 days of the start of FFY 2023). The lead agency analyzes the data and issues findings of noncompliance letters in FFY 2023.

When reporting on the correction of noncompliance, the State will report, in next year's SPP/APR, that it has verified that each SPA with noncompliance 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 LA and SPA, consistent with OSEP QA 23-01. In next year's SPP/APR, the State will describe 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 = $[(\# \text{ of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C at age 3})] \times 100$.
- B. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.
- C. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.

Account for timely 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 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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 consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	57.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	93.23%	90.77%	95.32%	94.57%	94.45%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency was required to conduct 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
797	972	94.45%	100%	95.49%	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.

85

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 40 did not. The list below accounts for the reasons for the delay in the non-compliant conferences:

- Service coordinator delays account for eight delayed conferences;
- Service coordinator did not document the reason for a delayed conference for 19 children; and
- Service coordinator did not document the conference occurring for 13 children.

Besides the delays attributed to Part C staff for the 40 children noted above, there were 50 documented delays attributable to exceptional family circumstances including one where services were suspended due to the family not responding to multiple attempts to contact. Other family delays reasons include canceling the conference, no showing the conference followed by not responding to provider's attempts to reschedule, requesting to reschedule conferences for dates less than 90 days before the child turned three, returning calls to reschedule conferences that had been canceled after they were due, families going on vacation, and changing their mind about transitioning to preschool altogether.

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, 2024, through June 30, 2024.

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

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

Provide additional information about this indicator (optional).

The families of 1,364 children exited Part C between April 1, 2024, and June 30, 2024. Of those children, 1,078 were of transition age, between two years, three months, and three years of age. Of those 1,078 children, 76 children had their initial IFSP meeting within 90 days of age three, 22 exited during transition before transition activities were due, and 8 children were eligible but exited before an initial IFSP was completed. An additional 85 families did not provide approval for the transition conference. This leaves 887 children for whom there should have been a transition conference at least 90 days before their third birthday.

The LA issues findings of noncompliance to local SPAs that do not meet 100 percent compliance for a timely transition conference consistent with the OSEP Policy Letter to Jennifer Nix issued in March 2023. The LA reviews corrective action plans and supports the effective and timely correction of noncompliance. All instances of child-specific noncompliance have been tracked by LA staff to ensure correction and that, although late, each individual

child's IFSP developed with transition steps and services occurred or is no longer in Part C, consistent with the OSEP QA 23-01 memo on timely corrections. For all SPAs, the LA offers TA and tracking tools to support improvement on transition activities. Additionally, the LA supports SPAs in developing their own training plans to support their providers.

Although the State did not meet the 100 percent compliance requirement, there was statewide improvement which is particularly important given that there were more children requiring transition activities this year compared to last year. Also, noteworthy this year, because of the improvement in the transition conference data, all three transition activities were over 95 percent.

When noncompliant, DDD was cited separately from the TBEIS contractor in order to better address the root causes and local contributing factors within the program. ASDB does not provide service coordination and there were no instances of ASDB contributing to noncompliance with the transition. As part of the TBEIS contracts, performance-based metrics on transition compliance were embedded to enhance clarity and improve the LA's ability to hold local SPAs accountable through contract action moving forward.

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

- Nineteen SPAs were at 100 percent compliance;
- Four SPAs were between 95-99 percent compliance;
- Seven SPAs were between 90-94 percent compliance;
- Three SPAs were between 80-89 percent compliance; and
- One SPA was between 70-79 percent compliance.

As outlined in the OSEP QA 23-01 memo, the LA requires SPAs to submit documentation of child-specific correction and subsequent data that reflect correction for each area of noncompliance for verification of the correction and subsequent implementation of the regulatory requirement for the entire program. The LA ensures the SPA is implementing the regulatory requirement by verifying the accuracy of file reviews completed by the SPA. Staff at the LA review documents and notes from the file submitted electronically or through e-mail including the IFSP with transition steps, transition conference documentation, invitation to the transition conference, email, fax, or other documentation showing the invitation was sent to the family and LEA, and service coordinator contact log. After verifying the accuracy of the SPA file reviews, reviewing subsequent data submitted in the statewide database, LA staff confirm the SPA is correctly implementing regulatory requirements. 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.

The LA completed strategic enhancements to the data system with linking data with the State's SEA and Part B Program with the eventual goal of being able to further improve compliance and answer critical questions around compliance, quality, and outcomes. In late December 2022, data between Part C and Part B began daily live linking for every child newly referred to Part C. FFY 2023 marked the first full year that all children referred in that time period have been linked. Only children referred prior to December 2022 who remain open have not been linked and all children are expected to be linked by the end of December 2025.

The LA added new fields to collect additional data about PEA participation in the transition conference. The LA has been working with SPAs to increase the amount of data reported about PEA participation. The additional data has allowed the LA to look more broadly at the related requirements under IDEA Part C to ensure a seamless transition for those toddlers who are potentially eligible for Part B in alignment with the Nix policy letter issued in March 2023. Specifically, this allows the LA to monitor data to ensure written notice of the transition conference to the family and other participants, which includes the PEA, early enough before the meeting date to ensure that they will be able to attend.

These improvements to the data system will allow for better monitoring of transition activities. Part B data and development staff have been crucial in supporting and cross-training as the LA implements newer technology during these multi-phase enhancements. The LA has manually provided an initial set of data to Part B while planning for joint evaluation of the data with the SEA.

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

Additionally, DDD restructured during FFY 2021 allowing better support to DDD service coordinators and their supervisors. The new structure has continued to be effective in supporting DDD, the SPA with the largest number of children and service coordinators in addressing issues and noncompliance more quickly than before resulting in improved compliance and faster correction of noncompliance.

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

The ICC Transition Committee has continued with its two ad hoc subcommittees, one focusing on improving compliance and one on improving quality practices. The compliance subcommittee has been focusing on data to determine what their next project should be and anticipates focusing on improving family outcomes in the next year. The quality practices group created two job aids outlining best practices for transition conferences, including a sample script and agenda for the Transition Conference to outline roles, responsibilities, and other best practices around transition. The group anticipates shifting focusing to child outcomes next year.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
16	16	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Sixteen findings of noncompliance were issued in FFY 2022 based on data that were monitored in the last quarter of FFY 2021 (April 1, 2022 through June 30, 2022). 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 contact logs, invitation to participate in a transition conference, IFSP with transition steps, and transition conference documentation, and when applicable, documentation of family delay. 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 QA 23-01 memo.

Depending on the level and extent of the noncompliance, three to ten percent of a SPAs current caseload was reviewed by SPA staff after they identified they made corrections and that the SPA is now correctly implementing the regulatory requirements. The SPA then submits their documentation to LA staff to verify the accuracy of all the file reviews and data including the service coordinator contact logs, invitation to participate in a transition conference, IFSP with transition steps, and transition conference documentation, and when applicable, documentation of family delay. Once LA staff verify the Spas' file reviews are accurate and confirm that the program has begun correctly implementing regulatory requirements, the LA's corrective action tracker is updated to include the date programmatic corrections were verified as being completed. When both programmatic and individual cases of noncompliance have been corrected, the SPA is notified in writing.

Three percent of the current caseload of children who were of transition age meaning a minimum of two transition conferences for the smallest programs/regions and up to four transition conferences were required for programs between 90-99 percent compliant, five percent up to seven transition conferences for SPAs who were between 80-89 compliant, and ten percent up to 13 transition conferences for SPAs below 80 percent compliance. Specifically, this meant the LA reviewed files for three percent of the current caseload for ten SPAs, five percent of the current caseload for three SPAs, and ten percent of the current caseload for three SPAs. The files were required to be 100 percent compliant for consecutive dates for IFSPs with new services that occurred, meaning that the SPA could not pick and choose only favorable records. If the LA finds one record is noncompliant in the SPA's file reviews or in the data, they must adjust their strategies and start again with the file reviews before resubmitting another set of records to the LA to confirm once their corrective actions have been implemented.

The LA verified the 16 SPAs with findings of noncompliance had demonstrated both correction of all individual cases of noncompliance and demonstrated they were now implementing the regulatory requirements correctly based on review of subsequent data. All the programs were able to demonstrate timely correction of the noncompliance within one year.

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

The LA maintained a list of each individual case of noncompliance for which the 13 SPAs were cited for noncompliance in FFY 2022 totaling 41 children. SPAs were required to submit data to verify the 41 individual cases of noncompliance had been corrected. LA staff reviewed data submitted by SPAs in the statewide database and information from child records, including service coordinator progress notes, transition conference documentation, and IFSP documentation, to verify the SPAs corrected all individual cases of noncompliance consistent with the OSEP QA 23-01 memo. Of the 41 individual cases, transition conferences eventually occurred for 35 children, although late, and five children were exited from Part C before the transition conference occurred and no longer within the jurisdiction of Part C.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 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 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

Response to actions required in FFY 2022 SPP/APR

The State reported less than 100 percent compliance for FFY 2022, the State will report on the status of correction of noncompliance identified in FFY 2022 for this indicator in next year's SPP/APR because monitoring occurred in the final quarter of FFY 2022 (April 1, 2023 through June 30, 2023). SPAs are given 10 calendar days to enter the data by July 10, 2023 (within 10 days of the start of FFY 2023). The lead agency analyzes the data and issues findings of noncompliance letters in FFY 2023.

When reporting on the correction of noncompliance, the State will report, in next year's SPP/APR, that it has verified that each SPA with noncompliance 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 LA and SPA, consistent with OSEP QA 23-01. In next year's SPP/APR, the State will describe 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 baselines 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 baselines and targets and report them in the corresponding SPP/APR.

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

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

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2022 SPP/APR

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 baselines or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and report them in the corresponding SPP/APR.

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1 Mediations held	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.a.i Mediations agreements related to due process complaints	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

The FFY 2023 SPP/APR including the development and implementation of Indicator 11, the SSIP, and new Indicator 12 on General Supervision was developed with extensive stakeholder engagement throughout the year. The information was gathered through phone calls with families, workgroups, inter-agency meetings, routine and ad hoc meetings with SPAs, ICC meetings, state partners, and other stakeholders.

For the fourth time in this SPP/APR cycle, LA staff also facilitated an annual meeting to review preliminary FFY 2023 in November 2024, where targets, data, and root causes for slippage or progress were discussed. Stakeholders provided feedback on targets during the meeting with an option for those that did not wish to talk during the meeting or those that could not attend the meeting provided written feedback in the form of a survey. For the FFY 2023 submission, most 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. Participation in this year's meeting doubled the participation from last year with 58 people including:

- Current and former parents, foster parents, and family members of children that received EIS;
- ICC members appointed by the Governor as well as committee members appointed by the ICC Chairperson;
- SPA leaders;
- Service coordinators and practitioners;
- Staff from other programs within the LA including DDD and child care;
- Staff from ASDB including teachers for the deaf/hard of hearing and teachers of the blind/visually impaired;
- Staff from Raising Special Kids, the State's IDEA Part D program;
- Other State agency partners including the ADHS, Arizona Health Care Cost Containment System (AHCCCS) (the State's Medicaid agency), Arizona Commission for the Deaf and Hard of Hearing, First Things First (the State's early childhood board);
- Representatives from Early Head Start and the Arizona Early Head Start Association;
- Representation from the State Education Agency (SEA), ADE; and
- Community leaders from other early childhood programs.

Participants in the annual Stakeholders' Target Review Meeting included metropolitan, urban, suburban, rural, and Tribal communities located throughout the State representing various geographical areas as well as tribal lands. Some participants represented the whole state while other participants brought in perspective representing specific counties with all 15 represented. During the annual stakeholder target review meeting, information from other stakeholders obtained through workgroups, inter-agency meetings, information from SPAs, ICC members, referral sources, and other community partners was shared to gather additional information included in this report.

The LA receives extensive support from national TA centers including the Early Childhood Technical Assistance (ECTA) Center, the Center for IDEA Early Childhood Data Systems (DaSy Center), Center for IDEA Fiscal Reporting (CIFR) and the CADRE. LA staff have regular meetings with TA providers to discuss strategies regarding analysis of each indicator and potential improvement strategies for the system of early intervention. 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 TA to local SPAs for continuous improvement.

The relationship between Part C and B staff continues to be a strength for transition improvement activities while having regular meetings to address questions and issues early. Several Part B staff participate in ICC committees and the LA is working with the Governor's Office of Boards and Commissions to get the new Part B 619 Coordinator appointed to the ICC. The LA and SEA have completed 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. With data now linked using a common identifier between the systems, Part B and C can audit and evaluate transition activities. The LA is working on the data system foundations to be able to transition from manual to automatic PEA and SEA notifications.

The ICC has several vacancies and awaiting appointment for applicants including for roles as family members both for children under age six and under age 12, State legislator, Part B 619 Coordinator, Agency for Health Insurance, Office of the Coordinator of Education of Homeless Children and Youth, State Foster Care Representative and Mental Health Agency. The LA has regularly reviewed and discussed the vacancies with the ICC members. The SCRL has also met regularly with the Governor's Office of Boards and Commissions to check the status of the vetting process and provide support and information as needed to help fill the vacancies.

The Family Engagement Committee also started its first line review of the Child and Family Rights booklet to provide suggestions in making the booklet easier for families to understand their rights in plain language. The LA is now considering the recommendations made by the Family Engagement Committee and any action the LA takes will be reported in the next submission of the SPP/APR.

The Transition Committee created a draft Transition Conference Agenda and Script to support service coordinators when conducting the transition conference. The documents outline required activities, best practices for ensuring a smooth and effective transition conference, as well as a sample script for service coordinators to ensure all activities are completed.

The Development Committee updated the ICC Bylaws with the creation of the ICC Committee Role Explanations which included the addition of a vice chair for each ICC committee.

The Fiscal Committee had several major accomplishments including submitting a letter to the LA's leadership to engage in solution building with the billing system to improve timely reimbursement for services. The Fiscal committee collaborated with the Family Engagement Committee to develop budget recommendations to fund ICC activities including parent involvement.

A local program providing private listening and spoken language services worked with legislators to pass HB2137 which amended Arizona Revised Statute 41-2022 in several ways including showing families how to access an electronic community resource guide. While many provisions of HB2137 are already required under IDEA Part C, it also codifies them under State law to ensure families receive more consistent support around community resources and language acquisition information. The community resource guide required under HB2137 has been aligned with the central directory of resources under IDEA Part C found at <<https://des.az.gov/services/developmental-disabilities/early-intervention/resources>>. The full text of ARS 41-2022, which includes the revisions from HB2137 can be found at <<https://www.azleg.gov/ars/41/02022.htm>>.

The largest children's hospital network in the State approached the LA to specifically improve the transition between hospital to home and community-based services including early intervention because staff and social workers noticed that the process could be improved for some of the most fragile infants. As a result of the feedback provided, the LA has provided support to its TBEIS contractors in their Part C eligibility processes and collaborated with DDD to streamline their processes after Part C eligibility. The LA created a system for improving records requests for the hospital. Regular meetings have improved communication between all parties as part of regular ongoing collaboration.

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

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2018	2019	2020	2021	2022
Target>=					
Data					

Targets

FFY	2023	2024	2025
Target>=			

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

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

10 - Prior FFY Required Actions

None

10 - OSEP Response

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2024). 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 2023 APR, report on anticipated outcomes to be obtained during FFY 2024, i.e., July 1, 2024-June 30, 2025).

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2023 APR, report on activities it intends to implement in FFY 2024, i.e., July 1, 2024-June 30, 2025) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

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

The statewide SiMR is that children in the ADES/AzEIP who entered the program below age expectations, will have substantially increased their rate of growth in positive social emotional skills (including social relationships) by the time they exit the program. (Outcome A, Summary Statement 1).

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

NO

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

NO

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

NO

Please provide a link to the current theory of action.

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

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2014	72.01%

Targets

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

FFY 2023 SPP/APR Data

The number of infants and toddlers with IFSPs who demonstrate substantial improvement in positive socialemotional skills (including social relationships)	The number of infants and toddlers with IFSPs who entered early intervention below age expectations	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,997	3,120	64.08%	66.70%	64.01%	Did not meet target	No Slippage

Provide the data source for the FFY 2023 data.

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

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

Data regarding child outcomes is accumulated at the initial IFSP and at a minimum of every six months to capture ratings throughout the duration of time a child is receiving early intervention services, including when a family relocates or loses contact with the providers. Ratings at multiple points in time were captured for 2,185 children with some children having up to 8 periodic ratings. This ensured that 3,681 children had at least one entry and exit rating.

The IFSP team reviews relevant information to assess a child's functioning in relation to same-age peers during the initial IFSP and then records the information on the COS page within the IFSP. The team utilizes a decision tree and multiple sources of information to determine the rating. After the rating is completed, the service coordinator enters the initial ratings in the data system. During the annual review or periodic reviews, as appropriate, IFSP teams may update the child's COS rating. The service coordinator enters all COS ratings into the data system. The data system generates an on-demand COS report which Service Provider Agency leadership uses to verify data accuracy, completeness, and review for program improvement. The LA analyzes this data as a part of measuring progress toward the SiMR.

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

NO

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

NO

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

YES

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

COVID-19 did not impact data completeness or the State's ability to collect the data for this indicator. In terms of validity and reliability, stakeholders considered the variance between assessments completed in-person versus by alternative means as more nuanced information as behaviors may be difficult to interpret virtually. The SiMR data has generally decreased over time, particularly as data completeness increases and generally matches national trends in many other states also experiencing a decrease over time. While it's not yet substantiated how COVID-19 impacted reliability as stakeholders hypothesize, the LA plans to conduct long-term analysis of the COVID-19 impact on Child Outcomes ratings and monitor for any changes as in-person services have now resumed. The LA will also analyze data anomalies and outcomes as more data is available regarding adjusting from a pandemic to endemic.

Section B: Implementation, Analysis and Evaluation

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

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

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

NO

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

Accountability:

Develop an integrated comprehensive monitoring plan:

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

Enhance capacity of SPA leaders to use data informed practices:

Since 2021, users have had access to run seven on demand reports including compliance, results, and demographic data. During FFY 2023, the LA completed several projects impacting the collection and reporting of data. Two new reports including one for tracking families' insurance consent decisions and insurance waivers and the other for caseload assignments for providers including aggregated service delivery counts provided for each child. In 2024, the LA provided targeted TA based on the analyzed COS Data derived from the updated Child Outcomes Report. In addition to the reports, LA provided universal TA through monthly data manager and fiscal meetings, and targeted TA to SPAs individual issues to maximize their impact. The LA continued with its monthly programmatic meetings to provide targeted TA on topics identified through its integrated monitoring system that address updated guidance provided by OSEP. The LA utilizes dashboards for internal staff data analysis and provides SPAs with personalized dashboard reporting on a regular basis. LA not only reviews data with DDD leadership regularly but DDD accesses the dashboards on-demand to measure and drive staff performance. The dashboards cover a variety of measures including noncompliance, referrals, evaluations, initial IFSPs, delay reasons, 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.

The relationship between Part C and Part B staff continues to be a strength for transition improvement activities as regular scheduled meetings and collaboration strategies address issues early. Several Part B staff participate in ICC committees and the LA is working with the Governor's Office of Boards and Commissions to appoint the new Part B 619 Coordinator to the ICC. The LA and SEA have completed 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. With data now linked using a common identifier between the systems, Part B and Part C can audit and evaluate transition activities.

The LA is working on data system foundations for ability to transition from manual to automatic PEA and SEA notifications.

Improve data collection procedures and analysis to improve COS data:

LA recognized that while there has been improved completeness for COS data, consistency in data collection and potential anomalies continues to be an area of improvement. COS data now includes additional data around child outcomes including participants and sources of evidence. The COS report that was introduced in September 2022 has allowed for improved analysis of the COS Data. LA staff continues to provide universal and targeted TA to ensure improved consistency of data collection and understanding of COS analysis amongst SPA leaders. The LA has adapted a tool from the DASY Center and ECTA Center on COS pattern checking to address anomalies to support SPAs. In early 2025, the LA will be utilizing the adapted tool to lead a COS Community of Practice with SPAs to support SPA leadership in identifying and addressing data anomalies related to their program. The LA is considering changes in policy requiring formal assessment to support consistent and reliable COS data for children found eligible based on established conditions.

The LA launched the first phase of additional features to the statewide database to collect documents using Hyland OnBase Software connected through an application programming interface with the current data system. The initial phase includes storage of historical SPP/APRs, logos, brochures, technical assistance bulletins, and personnel documents. The next phase expected in FFY 2024 will include collection and storage of child and fiscal records.

Practices:

The LA created a new division, the Child and Community Services Division (CCSD), which includes the Part C program, Child Care Administration, and the Division of Community Assistance and Development. The new division increases interagency alignment and enhances coordination between programs that have parallel strategies regarding community impact, child and family support. The new division leadership has extensive knowledge of early childhood development and was previously the Arizona Part C Coordinator, which brings valued experience and support for enhanced data informed practices.

With funding support from the ARPA grant, LA staff partnered with the ADES Office of Professional Development (OPD) to design a computer based professional development curriculum for early intervention providers adapted from the ECPC Curriculum Modules: Initial Practice-Based Professional Preparation Standards. The LA identified a significant need to develop a curriculum suited to a virtual platform for ease of accessibility and monitoring processes. The first module has been completed with the remainder of the curriculum to be completed by the end of 2025. In addition, the LA with support from ADES OPD is creating an interactive virtual training on procedural safeguards to supplement its current training. The training will be based on the National Information Center for Children and Youth with Disabilities' Introduction to Procedural Safeguards module. In 2023, the LA began to create the framework for a series of supplementary TA on its evidence-based service delivery approach based on the primary service provider approach to be delivered in 2025. While the development of these trainings is occurring, LA staff are supporting SPAs with their Professional Development (PD) requirements and partnering with other agencies for PD opportunities.

Due to character limitations in this reporting tool, the second half of the Practices and 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 internal integrated comprehensive monitoring plan continues to be developed and expanded with an expected completion in 2025. In FFY 2023, the LA staff piloted intensive onsite documentation validation for one federal compliance indicator and one state priority indicator while continuing to monitor the other indicators through SPA submission of files. The files were reviewed by LA with SPAs and their staff to verify the timeliness, completeness, appropriate use of delay reasons and accuracy of the data submitted. The LA staff used the opportunity to provide immediate feedback and discussion of programmatic correction. Additional direct targeted TA was provided around data and fiscal practices. The LA enhanced and expanded internal monitoring tools for standardized and consistent monitoring across all SPAs. The LA released external monitoring tools to provide guidance and support for SPAs to ensure that child specific and programmatic correction of noncompliance was in alignment with federal regulations and state policy. A series of in-depth and targeted TA was provided to SPAs specifically around the 45 Day Timeline, Transition Activities and the appropriate use of Family Delay to ensure a thorough description of federal regulations and state expectations. Expanded TA guidance on the provision of timely services was provided in the fall of 2023. LA staff plan to continue reviewing and reflecting on all necessary improvements with SPA leaders and the ICC as part of the finalization of ongoing work product regarding the integrated comprehensive monitoring plan. The targeted technical assistance led to an increase in transition compliance with indicator 8A increasing from 98.42% to 98.87%, 8B increasing from 95.30% to 97.93% and Indicator 8C increasing from 94.45% to 95.49%. As a result of the updated correction of noncompliance guidance, the majority of the service providing agencies were able to correct FFY 2022 noncompliance in less than six months.

Enhance capacity of SPA leaders to use data informed practices:

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

Improve data collection procedures and analysis to improve COS data:

LA staff continued to provide universal and targeted TA throughout FFY 2023 to ensure improved consistency of data collection and understanding of

COS analysis among SPA leaders. The LA has adapted a tool from the DASY Center and ECTA Center on COS pattern checking to address anomalies to support SPAs. In early 2025, the LA will be utilizing the adapted tool to lead a COS Community of Practice with SPAs to support SPA leadership in identifying and addressing data anomalies for each specific program. The LA launched the first phase of additional features to the statewide database to collect documents using Hyland OnBase Software connected through an application programming interface with the current data system. The initial phase includes storage of historical SPP/APRs, logos, brochures, technical assistance bulletins, and personnel documents. The next phase expected in FFY 2024 will include collection and storage of child and fiscal records. OnBase will be integrated into the LA's existing application as a central repository for all child records allowing providers to have real-time equitable access to documents, eliminating some of the silos that occur when each agency has records housed in individual databases. With real-time access to documents, IFSP teams will have more data to apply during assessments thus improving the accuracy and completeness of COS data collection.

The LA and SEA have completed 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. With data now linked using a common identifier between the systems, Part B and Part C can audit and evaluate transition activities. The LA is working on the data system foundations to be able to transition from manual to automatic PEA and SEA notifications.

Practices:

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

The LA staff provided PD to its SPAs through a series of monthly presentations that included detailed procedural steps for Early Intervention activities from initial referral through transition utilizing evidenced based practices to increase high quality services.

LA staff continue to partner with the ADES OPD to design a computer based professional development curriculum for early intervention providers adapted from the ECPC Curriculum Modules: Professional Standards which are based on the EI/ECSE Standards (2020). The LA identified a significant need to develop a curriculum suited to a virtual platform for ease of accessibility and monitoring processes. The curriculum is scheduled to be completed by the end of 2025. An initial framework for the professional development needs has been designed. While the development is occurring, LA staff are supporting SPAs with their Professional Development (PD) requirements and partnering with other agencies for PD opportunities.

LA staff partnered with the ADE to implement the 2024 EI/ECSE Summit, a three-day virtual summit that focused on early intervention outcomes, transition, child find, family engagement and professional development. Families, community partners and EI providers joined the summit to participate in round table discussions. The 2024 EI/ECSE Summit was one of the most successful summits with a full day devoted to early intervention practices. LA staff continues its participation with ADE for the next summit in Spring of 2025. LA staff collaborated with ADE staff to implement a community of practice focused on best practices in transition from early intervention. The community of practice provided the opportunities for EI providers, school districts and early head start providers to build local collaborative communities to ensure smooth and effective transitions for children and their families.

Fiscal:

Due to character limitations in this reporting tool, the Fiscal short-term or intermediate outcomes will be documented in the final section of this indicator under "Provide additional information about this indicator (optional)".

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

YES

Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

Accountability:

Develop an integrated comprehensive monitoring plan:

In FFY 2023, the LA staff redesigned onsite monitoring activities and piloted intensive onsite documentation validation for one federal compliance indicator and related requirements while continuing to monitor the other indicators through SPA submission of files. The files were reviewed by LA staff with the SPAs and their staff to verify the timeliness, completeness, appropriate use of delay reasons and accuracy of the data submitted. The LA staff used the opportunity to provide immediate feedback and discussion of programmatic correction. Additional direct targeted technical assistance was provided around data and fiscal practices. The LA enhanced and expanded internal monitoring tools for standardized and consistent monitoring across all SPAs. The LA released external monitoring tools to provide guidance and support for SPAs to ensure that child specific and programmatic correction of noncompliance was in alignment with federal regulations and state policy. A series of in-depth and targeted TA based on results of file reviews was provided to SPAs specifically around the 45 Day Timeline, Transition Activities and the appropriate use of Family Delay to ensure a thorough understanding of federal regulations and state expectations. Expanded TA guidance on the provision of timely services was completed in the fall of 2023. LA staff plan to continue reviewing and reflecting on all necessary improvements with SPA leaders and the ICC as part of the finalization of ongoing work product regarding the integrated comprehensive monitoring plan.

Enhance capacity of SPA leaders to use data informed practices:

The LA staff supported SPAs by using the data on the redesigned COS report to analyze data and address anomalies in order to improve data quality and thus impact the global child outcomes. The TA provided around COS data does not seem to be having the impact of improving child outcomes, so the LA is planning to go further into COS data anomalies during a newly minted Community of Practice around Child Outcomes data anomalies. The Community of Practice will use the DaSy Center and ECTA tool for Pattern Checking and delve into two patterns of data anomalies during the course of eight months beginning in January 2025 to further enhance the capacity of SPA leaders to critically examine their data and make targeted program improvement plans based on their own specific data anomalies impacting the COS ratings and SIMR data.

Improve data collection procedures and analysis to improve COS data:

The LA staff provided universal and targeted TA throughout FFY 2023 to ensure improved consistency of data collection and support SPAs in enhancing their understanding of the COS rating scale and how one domain influences the progress in other developmental domains. The LA has adapted a tool from the DaSy Center and ECTA Center on COS pattern checking to address anomalies to support SPAs. The LA continues to work on design and development of the OnBase System to ensure its flexibility for continued modernization and alignment with new information that will be gained through the other SSIP strategies over the course of the next several years. In 2024, the LA deployed the initial phase of the OnBase System which will begin allowing for document storage.

The LA and SEA have completed 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. With data now linked using a common identifier between the systems, Part B and Part C can audit and evaluate transition activities. The LA is working on the data system foundations to be able to transition from manual to automatic PEA and SEA notifications.

Practices:

Increase professional development opportunities regarding selected evidence based practices to increase high quality services:
The LA staff provided PD to its SPAs through a series of monthly presentations that included detailed procedural steps for Early Intervention activities from initial referral through transition utilizing evidenced based practices to increase high quality services.

LA staff is partnering with the ADES OPD to design a computer based professional development curriculum for early intervention providers adapted from the ECPC Curriculum Modules: Professional Standards. The LA identified a significant need to develop a curriculum suited to a virtual platform for ease of accessibility and monitoring processes. The four-module curriculum is scheduled to be completed by the end of 2025. The first module will be released in early 2025.

LA staff partnered with the ADE to implement the 2024 EI/ECSE Summit, a three-day virtual summit with a full day devoted to early intervention topics. The summit focused on early intervention outcomes, transition, child find, family engagement, early identification of developmental delays and professional development. Families, community partners and EI providers joined the summit to participate in round table discussions. In addition, LA staff have collaborated with ADE staff to implement a transition community of practice focused on best practices in transition from early intervention. The community of practice provides the opportunity for EI providers, school districts and early head start providers to build local collaborative communities to ensure smooth and effective transitions for children and their families.

Develop Fidelity Measures for evidence-based practice:

The LA staff provided a series of monthly presentations that included detailed procedural steps for Early Intervention activities from initial referral through transition utilizing evidenced-based practices. In 2025, LA staff will continue with the monthly presentations with expanded guidance on the use of the PSP approach. LA staff will continue the goal of partnering with SPA leaders, stakeholders, CSPD subcomponent groups and PD developers to update the fidelity measurement tools to more accurately measure the efficacy of the evidence-based practices within Arizona.

Fiscal:

The fiscal team also conducted site visits with the providers where technical assistance was given around identifying funding sources on the IFSP. Service Coordinators were provided guidance around their role in the Payor of Last Resort requirements, such as including Consent to Bill Insurance forms and explaining the Family Guide to Funding document.

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

The internal integrated comprehensive monitoring plan continues to be developed and expanded with an expected completion in 2025. The LA is considering the feasibility of potential changes to the monitoring cohorts of programs with the upcoming SPA contract solicitation in order to better integrate and streamline various monitoring and business processes.

The LA is planning to explore COS data anomalies with SPAs through facilitation of a Community of Practice around Child Outcomes data anomalies. The Community of Practice will use the DaSy Center and ECTA tool for Pattern Checking and delve into two patterns of data anomalies during the course of eight months beginning in January 2025 to further enhance the capacity of SPA leaders to critically examine their data and make targeted program improvement plans based on their own specific data anomalies impacting the COS ratings and SIMR data.

LA staff is partnering with the ADES OPD to design a computer based professional development curriculum for early intervention providers adapted from the ECPC Curriculum Modules: Professional Standards. The LA identified a significant need to develop a curriculum suited to a virtual platform for ease of accessibility and monitoring processes. The four-module curriculum is scheduled to be completed by the end of 2025. The first module will be released in early 2025. In addition, the LA is working with the ADES OPD to create an interactive virtual training on procedural safeguards to supplement its current training. The training will be based on the National Information Center for Children and Youth with Disabilities Introduction to Procedural Safeguards training.

While the virtual training development is occurring, LA staff are supporting SPAs with their Professional Development (PD) requirements and partnering with other agencies for PD opportunities. The LA created the framework to provide a 2025 series of supplementary TA on its evidenced based service delivery approach.

LA staff will continue to provide PD through its participation with ADE at the 2025 EI/ECSE Summit. In 2025, LA will offer PD focused on early identification of developmental delays through a series of presentations around providing services utilizing the states identified evidence-based models.

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

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

Provide a summary of each evidence-based practice.

Resource-Based Practices:

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

NLE Practices:

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

done.

PSP Approach to Early Intervention Services:

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

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

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

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

LA staff and stakeholders will develop a fidelity assessment, begin collecting data, and report on baseline data and data collection procedures in the next SSIP submission.

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

No additional data were collected during this reporting period.

Provide a summary of the next steps for each evidence-based practice 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. The LA is creating professional development modules based on the ECPC Curriculum Modules: Professional Standards to provide additional PD for our SPAs. The LA is researching adding the Pyramid Model framework to promote social and emotional development.

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 2025 including implementation of PD modules, development of two new reports, and launch of the OnBase System. The integrated comprehensive monitoring plan has been targeted for 2025. Timelines for other activities and strategies have been adjusted based on the completion of these key projects that must be completed first.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The FFY 2023 SPP/APR including the development and implementation of Indicator 11, the SSIP, and new Indicator 12 on General Supervision was developed with extensive stakeholder engagement throughout the year. The information was gathered through phone calls with families, workgroups, inter-agency meetings, routine and ad hoc meetings with SPAs, ICC meetings, state partners, and other stakeholders.

For the fourth time in this SPP/APR cycle, LA staff also facilitated an annual meeting to review preliminary FFY 2023 in November 2024, where targets, data, and root causes for slippage or progress were discussed. Stakeholders provided feedback on targets during the meeting with an option for those that did not wish to talk during the meeting or those that could not attend the meeting provided written feedback in the form of a survey. For the FFY 2023 submission, most 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. Participation in this year's meeting doubled the participation from last year with 58 people including:

- Current and former parents, foster parents, and family members of children that received EIS;
- ICC members appointed by the Governor as well as committee members appointed by the ICC Chairperson;
- SPA leaders;
- Service coordinators and practitioners;
- Staff from other programs within the LA including DDD and child care;
- Staff from ASDB including teachers for the deaf/hard of hearing and teachers of the blind/visually impaired;
- Staff from Raising Special Kids, the State's IDEA Part D program;
- Other State agency partners including the ADHS, Arizona Health Care Cost Containment System (AHCCCS) (the State's Medicaid agency), Arizona Commission for the Deaf and Hard of Hearing, First Things First (the State's early childhood board);
- Representatives from Early Head Start and the Arizona Early Head Start Association;
- Representation from the State Education Agency (SEA), ADE; and
- Community leaders from other early childhood programs.

Participants in the annual Stakeholders' Target Review Meeting included metropolitan, urban, suburban, rural, and Tribal communities located throughout the State representing various geographical areas as well as tribal lands. Some participants represented the whole state while other

participants brought in perspective representing specific counties with all 15 represented. During the annual stakeholder target review meeting, information from other stakeholders obtained through workgroups, inter-agency meetings, information from SPAs, ICC members, referral sources, and other community partners was shared to gather additional information included in this report.

The LA receives extensive support from national TA centers including the Early Childhood Technical Assistance (ECTA) Center, the Center for IDEA Early Childhood Data Systems (DaSy Center), Center for IDEA Fiscal Reporting (CIFR) and the CADRE. LA staff have regular meetings with TA providers to discuss strategies regarding analysis of each indicator and potential improvement strategies for the system of early intervention. 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 TA to local SPAs for continuous improvement.

The relationship between Part C and B staff continues to be a strength for transition improvement activities while having regular meetings to address questions and issues early. Several Part B staff participate in ICC committees and the LA is working with the Governor's Office of Boards and Commissions to get the new Part B 619 Coordinator appointed to the ICC. The LA and SEA have completed 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. With data now linked using a common identifier between the systems, Part B and C can audit and evaluate transition activities. The LA is working on the data system foundations to be able to transition from manual to automatic PEA and SEA notifications.

The ICC has several vacancies and awaiting appointment for applicants including for roles as family members both for children under age six and under age 12, State legislator, Part B 619 Coordinator, Agency for Health Insurance, Office of the Coordinator of Education of Homeless Children and Youth, State Foster Care Representative and Mental Health Agency. The LA has regularly reviewed and discussed the vacancies with the ICC members. The SCRL has also met regularly with the Governor's Office of Boards and Commissions to check the status of the vetting process and provide support and information as needed to help fill the vacancies.

The Family Engagement Committee also started its first line review of the Child and Family Rights booklet to provide suggestions in making the booklet easier for families to understand their rights in plain language. The LA is now considering the recommendations made by the Family Engagement Committee and any action the LA takes will be reported in the next submission of the SPP/APR.

The Transition Committee created a draft Transition Conference Agenda and Script to support service coordinators when conducting the transition conference. The documents outline required activities, best practices for ensuring a smooth and effective transition conference, as well as a sample script for service coordinators to ensure all activities are completed.

The Development Committee updated the ICC Bylaws with the creation of the ICC Committee Role Explanations which included the addition of a vice chair for each ICC committee.

The Fiscal Committee had several major accomplishments including submitting a letter to the LA's leadership to engage in solution building with the billing system to improve timely reimbursement for services. The Fiscal committee collaborated with the Family Engagement Committee to develop budget recommendations to fund ICC activities including parent involvement.

A local program providing private listening and spoken language services worked with legislators to pass HB2137 which amended Arizona Revised Statute 41-2022 in several ways including showing families how to access an electronic community resource guide. While many provisions of HB2137 are already required under IDEA Part C, it also codifies them under State law to ensure families receive more consistent support around community resources and language acquisition information. The community resource guide required under HB2137 has been aligned with the central directory of resources under IDEA Part C found at <<https://des.az.gov/services/developmental-disabilities/early-intervention/resources>>. The full text of ARS 41-2022, which includes the revisions from HB2137 can be found at <<https://www.azleg.gov/ars/41/02022.htm>>.

The largest children's hospital network in the State approached the LA to specifically improve the transition between hospital to home and community-based services including early intervention because staff and social workers noticed that the process could be improved for some of the most fragile infants. As a result of the feedback provided, the LA has provided support to its TBEIS contractors in their Part C eligibility processes and collaborated with DDD to streamline their processes after Part C eligibility. The LA created a system for improving records requests for the hospital. Regular meetings have improved communication between all parties as part of regular ongoing collaboration.

Several stakeholders including SPAs and community partners, reported the lingering effects of the pandemic had some impact on the number of children reaching the level of same-aged peers on their outcomes, particularly positive social-emotional skills with more families having less frequent and fewer contacts with friends and families. Some families remained hesitant to have in-person services, favoring continuation of alternative delivery methods, which limited the number of in-person services that were provided. Stakeholders have occasionally reported a misunderstanding that Part C services are not provided in person. Stakeholders discussed with the LA that some families were offered only virtual services when they preferred in-person services.

Stakeholders also noted that many free community activities have not restarted or may be permanently closed, limiting social opportunities for families. With fewer free community activities and high costs of other activities, many families are limiting the number of activities which also results in the loss of potential social opportunities at those activities.

Pre-pandemic reasons including the rates of autism, neonatal abstinence syndrome, and increased use of electronic devices, tablets, and smartphones are likely contributing to the continued decrease in children reaching the same-age functioning of peers. While it was likely a cause in the pre-pandemic environment, parents with untreated mental health issues may also be contributing although because of the spotlight on improving mental health as part of many social services pandemic recovery strategies it may be more recognized as an influential factor now. It's also unknown if the number of parents who are working from home may also be contributing to delays in social emotional skills because an infant or toddler may perceive a parent to be available although they may not be able to interact with their child or have delays in responsiveness in the way the child expects while the parent is working acting as a real-life version of the still-face experiment.

Stakeholders at one hospital expressed concerns with children who are pending discharge from the Neonatal Intensive Care Unit (NICU) and need additional support to be ready in the home. The concerns identified misunderstandings, miscommunication, and misinformation with service coordinators after a referral has been made creating occasional delays.

The largest FFY 2023 feedback opportunity was the Stakeholders Meeting in November 2024, attended by 58 participants including eight family members. The family members, which included parents, grandparents, and foster parents brought their experience as families of children in early intervention as well as experiences as members of the ICC, parent centers, and other advocacy organizations. Parents represented various parts of the State including northern, central, and southern as well as urban, suburban, rural, and Tribal communities. There was a robust discussion regarding data

results, performance issues, evidence-based activities, identifying barriers and potential solutions, and setting targets for the next several years. The Part C Data Manager used the Data Meeting Protocol developed by the IDEA Data Center to support stakeholders in making decisions about target setting, contributing factors, potential improvement strategies, and improving compliance. Stakeholders were encouraged to review targets to ensure they were both rigorous and achievable. The consensus amongst the stakeholders was that the current target trajectory may be rigorous, but it is not achievable. Many stakeholders felt that keeping the targets too high for child outcomes would lead to practitioners in the field feeling defeated about efforts, which resulted in a consensus to make targets more realistic and achievable in order to give practitioners the ability to reach the target. Some stakeholders are concerned that lowering the targets would lead to practitioners not trying hard enough to support families or send the wrong message to practitioners and families. Similar to last year, one stakeholder shared, they felt the LA reset the baseline and changed targets too early in the past and that additional data should be collected before the LA considers changing targets again. Other stakeholders rallied around that comment with many expressing opinions that they would like to see the impact of the LA's upcoming Community of Practice that will be centered around child outcomes data anomalies before making recommendations to reset the baseline or change targets. More than two-thirds of stakeholders responding to the survey advised the LA to keep current targets the same and to increase targets next year as planned, while a quarter of stakeholders suggested collecting additional data before making a decision on amendments. Only two stakeholders proposed to reset the baseline now to make it more achievable. A final opportunity for stakeholder feedback was provided, which resulted in 23 people participating in a written survey including six family members. The LA did not make any changes to the target this year nor are there plans to increase next year based on the majority of stakeholder feedback. The LA will continue to monitor the impact of programmatic changes before making baseline and target adjustments.

The CSPD is made up of six workgroups with participants from Part B, all three of Arizona's public universities, community college representatives, Head Start, parents, Arizona's parent training and information center, and ADHS licensing program, along with other early childhood programs. One of the workgroups has continued a monthly community of practice for pre-service IHE faculty to raise awareness of early intervention and integrate more early intervention content in curriculum to train faculty on the professional standards students need to learn to work in the field. Faculty have requested more information about Part C and early intervention. The LA's CSPD Coordinator has presented and provided opportunities for students and faculties to network, create connections for feedback and establish volunteer and intern opportunities. Arizona's CSPD workgroups have assisted in soliciting feedback for the fifth annual recruitment and retention survey to help the LA understand vacancies, level of education, pre-service preparedness, and retention rates, and why personnel stay in and leave the field. Workgroups are working on analyzing survey data to create an updated annual infographic. Additionally, workgroups developed recruitment flyers for Early Childhood Special Educators, Developmental Special Instructors and Service Coordinators to support recruitment of providers for early intervention, ECSE, and early childhood education. The Personnel Standards group is providing input to create standardized job descriptions for service coordinators and developmental special instructor that are aligned with the EI/ECSE professional standards. The CSPD workgroups provide a consistent place for stakeholder feedback to the LA.

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

The LA leadership and staff 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. Stakeholder groups were engaged to complete the System Framework Self-Assessments to identify strengths, gaps and prioritize improvement strategies for the SSIP.

The ICC holds quarterly meetings open to the public. Each of its standing committees meet on a regular basis for open, public meetings, dependent upon their work. Additionally, the LA has ensured that American Sign Language interpreters are available at all ICC meetings. The SCRL provides support to the ICC and conducts the ongoing recruitment of parents, family members, early intervention service providers, civic leaders, and community individuals. The SCRL recruits with an intentional focus on engaging diverse ethnicities and cultures for membership reflective of the demographics served by the LA throughout the State. All members of the Council are Governor-appointed and meet the requirements as defined in IDEA, Part C. The organizational structure includes an Executive Committee with four standing committees charged with the tasks of oversight, problem-solving, and identifying evidence-based practices in their respective areas. The four standing committees are Development, Fiscal, Family Engagement, and Transition. Ad hoc committees may be formed and assigned tasks on an as-needed basis. The ICC and standing committee chairs solicit public input and comments at every meeting. The SPP/APR were discussed and presented at the November 2023 Stakeholder and January 2024 ICC meetings. The Family Engagement Committee and Transition Committee were provided data during the year to support target setting, analyzing data, developing improvement strategies, and evaluating progress throughout the year. The LA has requested the ICC to provide assistance to develop family feedback forums. Based on feedback from stakeholders, the ICC Family Engagement Committee is partnering with the ICC Fiscal Committee to explore the possibility of offering compensation to families for their participation in the ICC and/or subcommittees. Community feedback is discussed during each Family Engagement Committee and shared with the LA. The Family Engagement Committee incorporates family story presentations for ICC meetings. Three families shared their experiences which were utilized for program improvement and analysis. The Family Engagement Committee oversees the ICC Facebook page, which has 535 followers, and updated the ICC Facebook Guidelines this year. The Family Engagement Committee is in the process of developing an informational "rack card" that highlights the functions of the ICC and will be used for family and community outreach to recruit participants. The Transition Committee provided the LA with drafts of a Transition Conference Agenda and Transition Conference Script. The LA used these drafts and public comments made by a family member during public comments at an ICC council meeting to create Transition Conference Agenda and Transition Conference Script Job Aids. In February 2023, the LA entered into an agreement with the U.S. General Services Administration Technology Transformation Services Public Benefits Studio in order to pilot the use of the Notify.gov, a one-way text messaging application in order to better engage families in services and system improvements. Public Benefits Studio staff trained LA staff in best practices for text messages and campaign planning.

LA staff continues to utilize the ECPC framework for CSPD. The CSPD workgroups are comprised of family members, LA staff, SPA providers, Part B 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. Within CSPD, 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. Over the last year of implementation, the CSPD workgroups completed a self-assessment and developed annual action plans to identify continued system priorities. They have created valuable products to support recruitment and facilitated a collaboration between the LA and Arizona State University to develop an early intervention specialization program. Faculty have requested to continue to receive more information about Part C and early intervention. The CSPD workgroups provide a consistent place for stakeholder feedback to the LA.

The largest FFY 2023 feedback opportunity was the Stakeholders Meeting in November 2024, attended by 58 participants including eight family members. There was a robust discussion regarding data results, performance issues, evidence-based activities, identifying barriers and potential solutions, and setting targets for the next several years. The Part C Data Manager used the Data Meeting Protocol developed by the IDEA Data Center to support stakeholders in making decisions about target setting, contributing factors, potential improvement strategies, and improving compliance. A final opportunity for stakeholder feedback was provided, which resulted in 23 people participating in a written survey including six family members. The family members, which included parents, grandparents, and foster parents brought their experience as families of children in early intervention as well as experiences as members of the ICC, parent centers, and other advocacy organizations. Parents represented various parts of the State including northern, central, and southern as well as urban, suburban, rural, and Tribal communities.

The SCRL gathers input during community events and presentations with various stakeholders throughout the State. In addition, the LA now has a Tribal Liaison that supports targeted outreach efforts, Child Find activities and provides community education and awareness on early childhood issues on tribal lands. Both the SCRL and Tribal Liaison compile information, areas of concerns and lessons learned from interactions with stakeholders which supports the LA's leadership team with implementation of improvement strategies.

The LA meets with hospital staff and newborn support groups around the state to identify areas in need of support. In FFY 2023, hospital staff identified there were misunderstandings, miscommunication and misinformation with both their staff and with SPAs in the early identification of very young children.

LA has continued to update the website to be more curated for families at various stages. The website has been enhanced to allow for smoother navigation of information on child and family rights, family videos, requests for records, requests for public awareness materials, and contacting the LA for support. Family videos have been reviewed for language accessibility and needed revisions.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

Stakeholders have occasionally reported a misunderstanding that Part C services are not provided in person. The LA has analyzed data, and provided TA to SPA leadership on the percentage of services provided in person and to address questions around technological barriers for alternative service deliveries. The LA is in process of analyzing data anomalies and reviewing national data trends to understand the impact of COVID-19 versus issues that were present pre-pandemic. The LA reviews data on services delivered in-person and through alternative means regularly and continues to provide TA to SPAs around trends as the program moves to a post-pandemic hybrid system of delivery. While the majority of services are provided in-person, some families have remained hesitant to have in-person services. The LA issued guidance that alternative service deliveries are not based on provider convenience or preference but rather family need and is addressing this concern with SPAs as identified. Additionally, the LA's SCRL has been networking with stakeholders throughout the state to debunk broader misinformation that in-person services are not the primary service delivery model. The LA has identified the appropriate use of alternative services as a state priority and will be including it in FFY 2024 monitoring.

SPAs have shared concerns about personnel shortages and challenges in hiring qualified personnel. The LA utilized a portion of its ARPA funding to develop a Workforce Enhancement Initiative to support recruitment and retention efforts. The SPAs utilized the funding for professional development, training opportunities, enhanced recruitment strategies, and hiring bonuses. The CSPD Recruitment and Retention workgroup provided 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.

The largest children's hospital network in the State approached the LA to specifically improve the transition between hospital to home and community-based services including early intervention support as staff and social workers recognized needed process improvement for the most fragile infants. As a result of stakeholder feedback, The LA began regularly meeting with hospital staff and newborn support groups around the state to identify areas in need of support. The partnership resulted in the LA providing support to its TBEIS contractors in their Part C eligibility processes and enhanced collaboration with DDD to streamline their processes after to Part C eligibility. The LA conducted a targeted TA presentation with a member from a community organization as a guest speaker on the importance of early identification of developmental delays. The LA invited stakeholders to present at the 2024 EI/ECSE Summit. Hospital staff presented on "Newborn Screenings" and "Special Considerations for NICU Babies".

The LA identified that there was a lack of SPA understanding of what constituted an established condition after receiving feedback from stakeholders. The LA provided expanded guidance and clarification for its SPAs to ensure that infants and toddlers that meet its eligibility requirements are accurately identified.

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

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

Additional Implementation Activities

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

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

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

Not applicable, the evaluation plan remains the same. Only the LA's logo and Part C Coordinator's name have been updated.

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 second half of practices and the fiscal infrastructure improvement strategies will be documented in this section. The majority of the "Provide a summary of each infrastructure improvement strategy implemented in the reporting period" is documented in the above section.

Infrastructure Improvement Strategies implemented in the Reporting Period**Practices Continued:**

The CSPD is made up of six workgroups with participants from Part B, all three of Arizona's public universities, community college representatives, Head Start, parents, Arizona's parent training and information center, and ADHS licensing program, along with other early childhood programs. The LA's CSPD Coordinator has presented and provided opportunities for students and faculties to network, create connections for feedback and establish volunteer and intern opportunities. Arizona's CSPD workgroups have assisted in soliciting feedback for the fifth annual recruitment and retention survey to help the LA understand vacancies, level of education, pre-service preparedness, and retention rates, and why personnel stay in and leave the field. Workgroups are working on analyzing survey data to create an updated annual infographic. Additionally, workgroups developed recruitment flyers for Early Childhood Special Educators, Developmental Special Instructors and Service Coordinators to support recruitment of providers for early intervention, ECSE, and early childhood education. The Personnel Standards group is providing input to create standardized job descriptions for service coordinators and developmental special instructionist that are aligned with the EI/ECSE professional standards. The CSPD Pre-service workgroup implemented an ECHO knowledge sharing model that connected local universities, community colleges, specialty schools, and EI providers to collaborate together. The first series focused on how faculty from Institutes of Higher Education (IHEs) can incorporate early intervention into their existing curriculum. The second series, which ran from October 2023-April 2024 focused on the seven DEC Standards and how faculty can incorporate the standards into their teaching as they prepare students to work in EI.

In FFY 2023, the LA participated in an interagency Professional Development Advisory Committee (PDAC) which includes various early childhood professionals and a consulting company, who worked to develop a statewide framework for Arizona's early care and education workforce. Now that the framework has been completed, the PDAC will move into the implementation phase beginning in FFY 2024. The LA will participate in the Steering Committee beginning in January 2025, which will be composed of state agency professional development leaders with the goal of implementing the strategies in the framework.

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

In February 2023, the LA entered into an agreement with the U.S. General Services Administration Technology Transformation Services Public Benefits Studio in order to pilot the use of the Notify.gov, a one-way text messaging application in order to better engage families in services and system improvements. Public Benefits Studio staff trained LA staff in best practices for text messages and campaign planning. After receiving clearance and administrative approval, the LA plan plans to evaluate pilot effectiveness and further engage families through text messaging beginning in FFY 2024. This will allow the LA to communicate with families.

Fiscal:

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

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

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

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

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

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

The ICC provided vital feedback to the LA in revising "A Family's Guide to Funding Early Intervention Services in Arizona" which is used to inform families about funding sources and fiscal sustainability. The ICC's Fiscal and Family Engagement Committees provided essential input into the revision

to ensure it was up-to-date and more family friendly. The LA published the updates in August 2022 to allow more meaningful conversations between service coordinators and families about funding streams in Arizona leading to improved fiscal sustainability.

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

Compliance indicator: This SPP/APR indicator focuses on the State lead agency's exercise of its general supervision responsibility to monitor its Early Intervention Service (EIS) Providers and EIS Programs for requirements under Part C of the Individuals with Disabilities Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1416(a) and 1435(a)(10); 34 C.F.R. §§ 303.120 and 303.700). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

Percent = [(b) divided by (a)] times 100

States are required to complete the General Supervision Data Table within the online reporting tool.

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage. OSEP assumes that the State's FFY 2023 data for this indicator is the State's baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

Starting with the FFY 2023 SPP/APR, States are required to report on the correction of noncompliance related to compliance indicators 1, 7, 8a, 8b, and 8c based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 12, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

In the last row of this General Supervision Data Table, States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (2, 3, 4, 5, 6, 9, 10, and 11), fiscal and other areas.

If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2022	100.00%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

Indicator 1. 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)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
10	0	10	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 1 due to various factors (e.g., additional findings related to other IDEA requirements).

There are no differences in the number of findings reported in this data table and the number of findings reported in Indicator 1. The LA reviewed data from the data system and from file reviews.

The LA reviewed IFSPs and service delivery documentation. While generally, they meet the minimum requirements of IDEA Part C if the parent did not consent in writing prior to the service being delivered, the SPA was cited under Indicator 1 rather than as a related requirement.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

Ten findings of noncompliance were issued in FFY 2022 based on data that were monitored in the last quarter of FFY 2021 (April 1, 2022 through June 30, 2022). Each SPA was required to develop CAP when findings of noncompliance were issued.

To verify correction of noncompliance, the LA required each of the 10 SPAs to self-report when programmatic corrections had been made by completing file reviews. The SPAs completed file reviews for three to ten percent of their current caseload, using the number of children currently assigned to their program. Whether a program was required to complete file reviews for three, five, or ten percent of their caseload was based on the level and extent of noncompliance. The percentage and number of files SPAs self-reported and how many were in each category is further detailed in this report under Indicator 1: Timely Services. The SPA then submitted all their file reviews to LA to verify the accuracy and validate that they were now implementing the regulatory requirements.

The LA verified that each of the 10 SPAs cited in FFY 2022 timely corrected their noncompliance (at 100% compliance) and were correctly implementing the timely services requirements

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The LA maintained a list of each individual case of noncompliance for which the 10 SPAs were cited for noncompliance in FFY 2022 totaling 36 children. SPAs were required to submit data to verify the 36 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 and provider progress notes, service delivery documentation, and IFSP documentation, to verify the SPAs corrected all individual cases of noncompliance consistent with the OSEP QA 23-01 memo. Of the 36 individual cases, service delivery eventually occurred for 21 children, although late, and 15 children were exited from Part C before the services occurred and no longer within the jurisdiction of Part C.

Indicator 7. Percent of eligible infants and toddlers with IFSPs for whom initial evaluation, initial assessment, and the initial IFSP meeting were conducted within Part C’s 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
10	0	10	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 7 due to various factors (e.g., additional findings related to other IDEA requirements).

There are no differences in the number of findings reported in this data table and the number of findings reported in Indicator 7. The LA reviewed data from the data system and from file reviews. The documentation for eligibility and initial IFSPs reviewed met the requirements of IDEA Part C. The LA used information from monitoring to provide targeted TA to SPAs around eligibility and IFSP documentation. The LA also provided TA and support to SPAs for referrals that were delayed due to exceptional family circumstances to ensure that the documentation was high quality and that the next step of the referral process was completed as soon as possible after the exceptional family circumstance had resolved.

One written complaint from a parent alleged the LA’s procedures were not followed during the 45-day timeline resulting in the child not being determined eligible for Part C. In reviewing the data and records provided for the 45-day timeline, it appeared the eligibility decision occurred timely under IDEA Part C requirements and the LA’s, but the child did not meet the eligibility criteria for State’s Part C program. The family withdrew the written complaint and ultimately, the LA did not issue a finding of noncompliance to the SPA in this situation.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

Ten findings of noncompliance were issued in FFY 2022 based on data that were monitored in the last quarter of FFY 2021 (April 1, 2022 through June 30, 2022). Each SPA was required to develop CAP when findings of noncompliance were issued.

To verify correction of noncompliance, the LA required each of the 10 SPAs to self-report when programmatic corrections had been made by completing file reviews. The SPAs completed file reviews for three to ten percent of their current caseload, using the number of children currently assigned to their program. Whether a program was required to complete file reviews for three, five, or ten percent of their caseload was based on the level and extent of noncompliance. The percentage and number of files SPAs self-reported and how many were in each category is further detailed in this report under Indicator 7: 45-Day Timeline. The SPA then submitted all their file reviews to LA to verify the accuracy and validate that they were now implementing the regulatory requirements.

The LA verified that each of the 10 SPAs cited in FFY 2022 timely corrected their noncompliance (at 100% compliance) and were correctly implementing the 45-Day Timeline requirements.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The LA maintained a list of each individual case of noncompliance for which the 10 SPAs were cited for noncompliance in FFY 2022 totaling 23 children. The 10 SPAs were required to submit data to verify the 23 individual cases of noncompliance had been corrected. LA staff reviewed files including the State database, prior written notices, IFSPs, home visit logs, and service coordinator progress notes for all 23 of the individual cases to determine that eligibility decision and initial IFSPs occurred, although late. There were no instances of a child-specific noncompliance for children who are no longer within the jurisdiction of Part C.

Indicator 8A. 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. (20 U.S.C. 1416(a)(3)(B) and 1442).

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
10	0	10	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8A due to various factors (e.g., additional findings related to other IDEA requirements).

There are no differences in the number of findings reported in this data table and the number of findings reported in Indicator 8A. The LA reviewed data from the data system and from file reviews. It was determined that there was not enough information to issue findings of noncompliance to SPAs equitably based on the limited amount of data in the database. Some SPAs included more information than the LA requested during file reviews and thus the LA had more information from some SPAs than others to review related requirements for 8A.

The LA reviewed the documentation of transition planning meetings. While generally, they meet the requirements of IDEA Part C for a transition plan and content of the IFSP, if the transition steps were not documented on the date of the meeting, they were subsequently updated at a later meeting. In other cases, the transition planning meeting did not have steps unique to the child and family but were updated at later meetings. In both these cases, the LA cited them under Indicator 8A as a delayed meeting rather than separately as a related requirement.

The LA did consider issuing findings of noncompliance to one SPA as part of the dispute resolution process because the parent alleged there was not a seamless transition to Part B. In reviewing the data for transition activities, it appeared the service coordinator did complete transition activities timely, including the transition plan, although the quality of the steps was not able to be verified. The family’s allegations occurred several years after the child was no longer within the jurisdiction of Part C and after the allowed time period for filing a timely written complaint. The LA assisted the family with sharing their concerns with Part B staff. Ultimately, the LA did not issue a finding of noncompliance to the SPA in this situation.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

Ten findings of noncompliance were issued in FFY 2022 based on data that were monitored in the last quarter of FFY 2021 (April 1, 2022 through June 30, 2022). Each SPA was required to develop CAP when findings of noncompliance were issued.

To verify correction of noncompliance, the LA required each of the 10 SPAs to self-report when programmatic corrections had been made by completing file reviews. The SPAs completed file reviews for three to ten percent of their current caseload of children who were transition age, using the number of children currently assigned to their program. Whether a program was required to complete file reviews for three, five, or ten percent of their caseload was based on the level and extent of noncompliance. The percentage and number of files SPAs self-reported and how many were in each category is further detailed in this report under Indicator 8A: Transition Planning. The SPA then submitted all their file reviews to LA to verify the accuracy and validate that they were now implementing the regulatory requirements.

The LA verified that each of the 10 SPAs cited in FFY 2022 timely corrected their noncompliance (at 100% compliance) and were correctly implementing the transition planning requirements

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The LA maintained a list of each individual case of noncompliance for which the 10 SPAs were cited for noncompliance in FFY 2022 totaling 15 children. SPAs were required to submit data to verify the 15 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 QA 23-01 memo. Of the 15 individual cases, transition plans eventually occurred for 14 of the 15 children, although late, and one child was exited from Part C before transition planning occurred and no longer within the jurisdiction of Part C

Indicator 8B. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

B. Notified (consistent with any opt-out policy) the SEA and 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. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
13	0	13	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8B due to various factors (e.g., additional findings related to other IDEA requirements).

There are no differences in the number of findings reported in this data table and the number of findings reported in Indicator 8B. The LA reviewed data from the data system and from file reviews. It was determined that there was not enough information to issue findings of noncompliance to SPAs equitably based on the limited amount of data in the database. Some SPAs included more information than the LA requested during file reviews and thus the LA had more information from some SPAs than others to review related requirements for 8B.

As part of a written complaint, one parent alleged there was not a seamless transition to Part B for their child. In reviewing the data for transition activities, it appeared the service coordinator did complete transition activities timely, including both the PEA and SEA notification, although the quality of the steps was not able to be verified. The family's allegations occurred several years after the child was no longer within the jurisdiction of Part C and after the allowed time period for filing a timely written complaint. The LA assisted the family with sharing their concerns with Part B staff. Ultimately, the LA did not issue a finding of noncompliance to the SPA in this situation.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

Thirteen findings of noncompliance were issued in FFY 2022 based on data that were monitored in the last quarter of FFY 2021 (April 1, 2022 through June 30, 2022). Each SPA was required to develop CAP when findings of noncompliance were issued.

To verify correction of noncompliance, the LA required each of the 13 SPAs to self-report when programmatic corrections had been made by completing file reviews. The SPAs completed file reviews for three to ten percent of their current caseload of children who were transition age, using the number of children currently assigned to their program. Whether a program was required to complete file reviews for three, five, or ten percent of their caseload was based on the level and extent of noncompliance. The percentage and number of files SPAs self-reported and how many were in each category is further detailed in this report under Indicator 8B: PEA Notification/Referral. The SPA then submitted all their file reviews to LA to verify the accuracy and validate that they were now implementing the regulatory requirements.

The LA verified that each of the 13 SPAs cited in FFY 2022 timely corrected their noncompliance (at 100% compliance) and were correctly implementing the PEA notification/referral requirements.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The LA maintained a list of each individual case of noncompliance for which the 13 SPAs were cited for noncompliance in FFY 2022 totaling 34 children. SPAs were required to submit data to verify the 34 individual cases of noncompliance had been corrected. LA staff reviewed data submitted by SPAs in the statewide database and information from child records, including service coordinator progress notes, PEA documentation, and documentation of correspondence with the LEA and SEA, to verify the SPAs corrected all individual cases of noncompliance consistent with the OSEP QA 23-01 memo. Of the 34 individual cases,

The LA verified each individual case of noncompliance was corrected, unless the child was no longer within the jurisdiction of Part C, as follows:

- Both LEA and SEA notification eventually occurred for 10 children, although late;
- The LEA notification had been timely for 19 children, the SEA notification eventually occurred, although late;
- The SEA notification had been timely for 2 children, the LEA notification eventually occurred, although late; and
- Three children were exited from Part C before the notification occurred and no longer within the jurisdiction of Part C.

Indicator 8C. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

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)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
16	0	16	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8C due to various factors (e.g., additional findings related to other IDEA requirements).

There are no differences in the number of findings reported in this data table and the number of findings reported in Indicator 8C. The LA reviewed data from the data system and from file reviews. It was determined that there was not enough information to issue findings of noncompliance to SPAs equitably based on the limited amount of data in the database. Some SPAs included more information than the LA requested during file reviews and thus the LA had more information from some SPAs than others to review related requirements for 8C.

The LA completed strategic enhancements to the data system during the middle of FFY 2022 with linking data with the State's SEA and Part B Program with the eventual goal of being able to further improve compliance and answer critical questions around compliance, quality, and outcomes. In late December 2022, data between Part C and Part B began daily live linking for every child newly referred to Part C. FFY 2023 marked the first full year that all children referred in that time period have been linked. Only children referred prior to December 2022 who remain open have not been linked and all children are expected to be linked by the end of December 2025.

The changes to the data system allowed the LA to add new fields to collect additional data from all SPAs about related requirements for indicator 8C. The LA will be able to identify whether the LEA was able to participate in the transition conference. Additionally, this allows the LA to monitor data to ensure written notice of the transition conference to the family and other participants, which includes the LEA, early enough before the meeting date to ensure that they will be able to attend. Service coordinators also navigate complex situations in which a family may change their mind once and sometimes more often on whether they would like a transition conference with the LEA. This makes recording the data more complicated than the data system was originally designed. The LA added new transition conference delay reasons in the data system to more effectively analyze the impact of this on compliance data. The LA has been working with SPAs to increase the amount of data reported about PEA participation but did not have sufficient data to issue findings of noncompliance to SPAs on related requirements this year.

As part of the dispute resolution process one parent alleged there was not a seamless transition to Part B for their child. In reviewing the data for transition activities, it appeared the service coordinator did complete transition activities timely although the quality of the steps was not able to be verified. The family's allegations occurred several years after the child was no longer within the jurisdiction of Part C and after the allowed time period for filing a timely written complaint. The LA assisted the family with sharing their concerns with Part B staff. Ultimately, the LA did not issue a finding of noncompliance to the SPA in this situation.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

Sixteen findings of noncompliance were issued in FFY 2022 based on data that were monitored in the last quarter of FFY 2021 (April 1, 2022 through June 30, 2022). Each SPA was required to develop CAP when findings of noncompliance were issued.

To verify correction of noncompliance, the LA required each of the 10 SPAs to self-report when programmatic corrections had been made by completing file reviews. The SPAs completed file reviews for three to ten percent of their current caseload of children who were transition age, using the number of children currently assigned to their program. Whether a program was required to complete file reviews for three, five, or ten percent of their caseload was based on the level and extent of noncompliance. The percentage and number of files SPAs self-reported and how many were in each category is further detailed in this report under Indicator 8C: Transition Conference. The SPA then submitted all their file reviews to LA to verify the accuracy and validate that they were now implementing the regulatory requirements.

The LA verified that each of the 16 SPAs cited in FFY 2022 timely corrected their noncompliance (at 100% compliance) and were correctly implementing the transition conference requirements.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The LA maintained a list of each individual case of noncompliance for which the 13 SPAs were cited for noncompliance in FFY 2022 totaling 41 children. SPAs were required to submit data to verify the 41 individual cases of noncompliance had been corrected. LA staff reviewed data submitted by SPAs in the statewide database and information from child records, including service coordinator progress notes, transition conference documentation, and IFSP documentation, to verify the SPAs corrected all individual cases of noncompliance consistent with the OSEP QA 23-01 memo. Of the 41 individual cases, transition conferences eventually occurred for 35 children, although late, and five children were exited from Part C before the transition conference occurred and no longer within the jurisdiction of Part C.

Optional for FFY 2023, 2024, and 2025:

Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).

Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected

Explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

Total for All Noncompliance Identified (Indicators 1, 7, 8A, 8B, 8C, and Optional Areas):

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
59	0	59	0	0

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
59	59		100%	100.00%	Met target	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	0.00%
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Provide additional information about this indicator (optional)

In the FFY 2022, section 618 dispute resolution report, the LA noted that 3 reports with findings of noncompliance were issued. The LA received written, signed complaints at the very end of FFY 2022 (one dated May 26, 2023 and two on June 14, 2023. Both IDEA Part C and the LA's policy allows for 60 days after a complaint is filed to carry out the investigation and issue a written decision. While the complaints were received and reported in the FFY 2022 dispute resolution, the actual reports with findings of noncompliance were issued in FFY 2023 and will be reported as part of next year's SPP/APR Indicator 12.

Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023).	59
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding)	59
3. Number of findings <u>not</u> verified as corrected within one year	0

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	0
5. Number of written findings of noncompliance (Col. A) the State has verified as corrected beyond the one-year timeline ("subsequent correction") - as reported in Indicator 1, 7, 8A, 8B, 8C	0
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 1	0
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 7	0
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8A	0
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8B	0
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8C	0
6f. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Other Areas - <u>All other findings</u>	
7. Number of findings <u>not</u> yet verified as corrected	0

Subsequent correction: If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

Not applicable.

12 - OSEP Response

12 - 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 by the Lead Agency Director to Certify

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

Name:

Ena Binns

Title:

Part C Coordinator

Email:

Ebinns@azdes.gov

Phone:

(602)532-9960

Submitted on:

02/03/25 8:39:07 PM