Local Contributing Factors Tool
Compliance Indicators: 1, 7, & 8

Arizona Early Intervention Program

Purpose and Instructions

Each year, Early Intervention Programs (EIPs) may receive findings of as a result of the annual monitoring cycle. EIPs may need to develop and implement meaningful corrective action plans (CAPs) to ensure timely correction of noncompliance. The process of developing meaningful CAPs to ensure correction should involve investigating the underlying factors contributing to the program's/district's noncompliance.

An EIP will complete analysis on the indicator(s) for which the program/region has been found noncompliant. Throughout the investigation consideration should be given to the fact that many of the factors and solutions identified for one indicator may in fact impact performance in other indicators.

It is **recommended** that local EIPs use a team of relevant stakeholders (providers, supervisors, service coordinators, parents if available) to collect and analyze data in order to determine the factors contributing to the noncompliance. This analysis is essential and will help in the development of meaningful improvement activities designed to correct noncompliance according to tier but no later than one year from the date of your findings letter. Data collection can include review of local program data, review of local policies and procedures, review of child records, and interviews with parents and providers. The depth or scope of the analysis should be based upon the degree of noncompliance. Local EIPs may request technical assistance to develop meaningful CAPs and this tool can assist in that process.

The purpose of this document is to provide ideas for the types of questions a local team would consider in identifying factors contributing to noncompliance. Suggested questions are categorized into two main areas: 1) *Systems/Infrastructure* and 2) *Providers/Practice*. This is not meant to be an exhaustive list of questions. Some questions are designed to determine adequacy of local agency/regional management and oversight while others are geared for gathering information from service coordinators, providers and/or other stakeholders and about actual practices. Data collected from this analysis should be used to identify contributing factors that relate to program infrastructure, policies and procedures, funding, training and technical assistance, supervision, data, personnel and provider practices. These factors, once identified, can lead to the development of meaningful strategies for correction. Based upon the results of the examination and analysis of data, it is expected that strategies would only be developed in those areas contributing to the noncompliance.

The results of EIP investigation of contributing factors related to noncompliance can also assist the State in completing its analysis of statewide factors contributing to noncompliance for each compliance indicator.

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

Systems/Infrastructure	Providers/Practice
How do we ensure that services are provided in a timely manner? *Do we have clear policies and procedures in place related to the provision of timely services, including:* • *The State's definition of timely services?* • *The assignment of service providers in a manner that ensures provision of EI services in a timely manner?* *Do we have clear policies and procedures in place that describe quality practices that support efficiency in the provision of timely services? For example:* • *The needs of the child and family are matched with a primary provider who obtains support from a team of professionals from various disciplines.* • *IFSP services are designed to address the priorities of families (as well as needs of the child). Services are focused on supporting parents and caregivers in facilitating their child's learning through functional participation in naturally occurring everyday routines and activities (rather than provider-directed, high intensity, traditional clinic-based services).*	*Do our service coordinators and providers demonstrate understanding of policies and procedures related to providing timely IFSP services?* *Do our service coordinators and providers implement quality practices with an efficient flow of activity -- from obtaining parental consent for services through the initiation of each service within the State's established timeline? If not, why not? Where are the delays?* *Do our service coordinators and providers have efficient communication mechanisms to assure all the information is shared among the team, including the family, as needed? Are there efficient ways to access team members to initiate timely consultation with the child and family?* *Based on a review of child records, including those where there is noncompliance with timely services, and/or other available local data:* • *What types of services are not timely? All? Or just some types (e.g. OT, Speech)?* • *What percent of delays are related to services included in the initial IFSP? What are the reasons for those delays?*

Are our agreements/contracts with other agencies and providers effective in ensuring that IFSP services are provided in a timely manner?	• *What percent of delays are related to new services added throughout the year? What are the reasons for those delays?*
What opportunities do we make available for service coordinators and providers to receive training and TA on this requirement?	• *What is the range of delays for specific services? How many days?*
Is our monitoring and supervision for this requirement adequate (e.g., do we track service provider caseloads and have efficient mechanisms for scheduling and filling cancellations to ensure timely provision of services)?	• *In looking at disaggregated data, is there a difference in timeliness based on specific service coordinator? Based on specific provider? Based on some other variable in our program?*
Did we know we had a problem with our performance on timely services before the State issued a finding in this area?	*Based on provider/service coordinator interviews:* • *Why do our service coordinators and providers think we have delays in this area?*
Do we have valid and reliable data available on this indicator?	• *What do they think are the barriers to timely services?*
Do we have adequate numbers of personnel to provide services? If not, what strategies do we use to recruit and retain personnel?	• *What solutions do they think will address these barriers?*

Summary from Indicator 1 Analysis

- Based on the data/information identified above, what categories of factors/reasons (e.g. procedures, infrastructure, practice, training, technical assistance, data and supervision) relate to our current noncompliance? (It should be assumed that issues will not be identified in all categories of factors or reasons.)

- What strategies related to these categories of factors/reasons should we include in our CAP? For each strategy, include who is responsible and the timeline for completing the strategy.

NOTE: Based upon the results of the investigation and analysis of data, it is expected that strategies would only be developed in those areas contributing to the noncompliance.

Indicator 1: Timely Services

Contributing Factor Area	Strategies	Who is responsible?	*Timeline*
Policies and Procedures			
Infrastructure			
Data			
Training/ Technical Assistance			
Supervision			
Provider Practices			

Will these strategies and timelines ensure that we can correct noncompliance according to tier but no later than one year from the date of your findings letter?

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within 45-days.

Systems/Infrastructure	Providers/Practice
How do we ensure that initial IFSP meetings are conducted within 45 days? *Do we have clear policies and procedures in place that support quality provider practices and efficiency in meeting the 45-day timeline? For example:* • *Service coordinators are assigned as soon as possible or no later than a specified number of days following referral.* • *A reasonable number of steps from the referral to the initial IFSP meeting are outlined along with timelines by which each step must be completed to ensure that all necessary activities are completed within the 45-day timeline.* ○ *How many different steps have we identified for completing all required activities from referral to the IFSP meeting? Can we combine any steps to streamline our process?*	*Do our service coordinators and providers have the necessary knowledge and skills to implement policies and procedures related to completing all required activities -- from referral through the initial IFSP meeting?* *Do our service coordinators and providers implement quality practices that ensure the 45-day timeline is met?* *Do our service coordinators and providers have efficient communication mechanisms to assure all the information is shared among the team, including the family, as needed?* *Are there mechanisms for reliably sharing child and family information? Do families have to repeat their story to multiple providers?* *Based on a review of child records, including those where there is noncompliance with timely services, and/or the local data available:* • *Within how many days following referral was the service coordinator assigned (e.g., regulations require as soon as possible after receiving the referral and as a result states frequently define "as soon as possible")?*

o *How many days do our procedures allow for each step in the process from referral to the initial IFSP meeting? Does the number of days allowed between each step ensure that the 45 day timeline requirement can be met?*

- *Service coordinators and service providers use information previously gathered from families/caregivers, referral sources, etc. rather than duplicate family and child assessments.*

- *Disciplines selected to conduct initial assessments are determined by the individual needs of the child, as reported by parents, referral source, and previous assessments/information available.*

- *Assessments are completed whenever possible as a team rather than through individual assessment times.*

Do we have efficient and effective procedures for serving children in foster care, protective services and homeless children -- including the timely sharing of information, obtaining consents and scheduling?

Are our agreements/contracts with other agencies and providers effective in ensuring the 45-day timeline is met?

Do we provide opportunities for service coordinators and providers to receive training and TA on this requirement?

- *Did the family identify its resources, priorities and concerns related to enhancing their child's development through a family-directed assessment? If yes, how many days from referral was the family assessment completed?*

- *What percent of the delay is related to the intake process? What are the reasons?*

- *What percent of delays are related to the process of scheduling and conducting the evaluation of the child? What are the reasons? Do our assessment teams appear to be individualized to address the individuals of children and families? Do the numbers of individuals conducting initial assessments seem appropriate to address the needs of children and families? Too few? Too many?*

- *What percent of the delays are related to the process of completing evaluation reports and scheduling the IFSP meeting? What are the reasons for those delays?*

- *In looking at disaggregated data, is there a difference in timeliness based on specific service coordinators? Based on specific evaluators? Based on some other variable in our program? What were the reasons?*

Is our monitoring and supervision adequate for this requirement (e.g., are we efficiently tracking caseloads and timelines in order to manage assignment of service coordinators/evaluation teams and scheduling and filling cancellations to ensure that we meet the 45-day timeline)? *Did we know we had a problem with our performance on timely evaluations and IFSP meetings before the State issued a finding?* *Do we have adequate numbers of providers to conduct evaluations and service coordinators to coordinate the IFSP process? If not, what are we doing to recruit and retain qualified personnel?* *Do we have valid and reliable data available to address this indicator?*	*Based on service coordinator/provider interviews:* • *Why do our service coordinators/providers think we have delays in this area?* • *What solutions do they think will address this issue?* • *Do service coordinators/providers know how to fully include families in the IFSP process, information sharing, and team decisions?* • *Do service coordinators/providers know how to adapt the IFSP process for culturally or linguistically diverse families?*

Summary from Indicator 7 Analysis

- Based on the data/information identified above, what categories of factors/reasons (e.g. procedures, infrastructure, practice, training, technical assistance, data and supervision) relate to our current noncompliance? (It should be assumed that issues will not be identified in all categories of factors or reasons.)

- What strategies related to these categories of factors/reasons should we include in our CAP? For each strategy, include who is responsible and the timeline for completing the strategy.

NOTE: Based upon the results of the investigation and analysis of data, it is expected that strategies would only be developed in those areas contributing to the noncompliance.

Indicator 7: Timely IFSP (45-day timeline)

Contributing Factor Area	Strategies	Who is responsible?	*Timeline*
Policies and Procedures			
Infrastructure			
Data			
Training/ Technical Assistance			
Supervision			
Provider Practices			

Will these strategies and timelines ensure that we can correct noncompliance according to tier but no later than one year from the date of your findings letter?

Indicator 8A: Percent of all children exiting AzEIP who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including IFSPs with transition steps and services.

Systems/Infrastructure	Providers/Practice
How does our agency coordinate with other agencies to support children and families during transition?	*Do service coordinators and providers have the necessary knowledge and skills to develop meaningful IFSP transition steps? Do service coordinators and providers understand:*
Do we have clear policies and procedures in place regarding sharing information with families about potential service options for their children when they exit early intervention, including transition steps in the IFSP, and expectations about what quality transition steps should include?	• *The related requirements and our policies and procedures regarding the content of the IFSP, including steps to prepare children and families for transition?* • *What information and resources should be shared with families to help them make decisions about potential service options when their child ages out of early intervention?*
Do we provide sufficient opportunities for service coordinators and providers to receive training and TA on this requirement, including the discussion of transition with families and developing meaningful IFSP transition steps?	• *How to coordinate with other programs or agencies in supporting children and families to ensure smooth transition to various settings or next steps?*
Do we have adequate numbers of personnel to provide transition services? If not, what are we doing to recruit and retain qualified personnel?	*Looking at child records where children have recently transitioned:*
Is our monitoring and supervision adequate to ensure that transition steps are included on the IFSP and that the steps are appropriate?	• *Do the child records include transition plans with appropriate steps to be taken to support the transition of the child (e.g. discussions with and training of parents regarding future placements and other matters related to the child's transition; procedures to prepare the child for*

Did we know we had a problem with our performance on IFSP transition steps before the State issued a finding?	*changes in service delivery, including steps to help the child adjust to, and function in, a new setting)?* • *Is there evidence that the family provided consent for the transmission of information about the child to the local school?* • *In looking at disaggregated data, including child records where transition steps are not included, is there a pattern as to whether or not transition steps are included in the IFSP based upon the service coordinator? Based on some other variable in our program?* *Based on service coordinator/provider interviews:* • *Why do our service coordinators/providers think we have delays in this area?* • *What solutions do they think will address this issue?*

Summary From Indicator -8A Analysis

- Based on the data/information identified above, what categories of factors/reasons (e.g. procedures, infrastructure, practice, training, technical assistance, data and supervision) relate to our current noncompliance? (It should be assumed that issues will not be identified in all categories of factors or reasons.)

- What strategies related to these categories of factors/reasons should we include in our CAP? For each strategy, include who is responsible and the timeline for completing the strategy.

NOTE: Based upon the results of the investigation and analysis of data, it is expected that strategies would only be developed in those areas contributing to the noncompliance.

Indicator 8A: Transition Planning Meeting

Contributing Factor Area	Strategies	Who is responsible?	*Timeline*
Policies and Procedures			
Infrastructure			
Data			
Training/ Technical Assistance			
Supervision			
Provider Practices			

Will these strategies and timelines ensure that we can correct noncompliance according to tier but no later than one year from the date of your findings letter?

Indicator 8B: Percent of all children exiting AzEIP who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including notification to PEA if child is potentially eligible for Part B.

Systems/Infrastructure	Providers/Practice
How does our agency coordinate with ADE to ensure that PEAs are notified of potentially eligible children?	*Do service coordinators and providers have the necessary knowledge and skills to provide notification of potentially eligible children to PEAs? Do service coordinators and providers understand:*
Are there clear policies and procedures in place regarding steps to take in notifying the PEAs of potentially eligible children, including an opt-out policy (consistent with state policy)?	• *Policies and procedures related to notifying the PEA of potentially eligible children, including the opt-out provision if appropriate?*
Do we provide sufficient opportunities for service coordinators/providers to receive training and TA on this requirement?	• *What information to share with families, including the family's right to decline notification to the PEA (opt-out)?*
Do we have a process in place and procedures to ensure that notification is provided to PEAs in a timely manner?	• *What information is shared with the PEA to fulfill the notification requirement and under what conditions information should be shared?*
Is our monitoring and supervision adequate to ensure that notification is provided to PEAs of all potentially eligible children? Including implementing opt-out provisions, if appropriate?	• *How to coordinate with the PEA in the sharing of data for notification?*
Did we know we had a problem with our performance in providing notification to the PEA before the State issued a finding?	*Based upon review of child records, including those where notification was not provided:* • *Is there evidence in the record that the PEA was notified that the child is potentially eligible for Part B?*

	• In accordance with the opt-out policy, is there evidence in the record that the family was given the opportunity to request their child's name and contact information not be sent to the PEA? If so, was the parent's preference followed? *• Is there evidence in the record that the parent provided consent for the transmission of confidential information (other than notification information) about the child to the PEA before it was transmitted?* *Based on service coordinator/provider interviews:* *• Why do our service coordinators/providers think we have problems with notification?* *• What solutions do they think will address this issue?*

Summary from Indicator 8B Analysis

- Based on the data/information identified above, what categories of factors/reasons (e.g. procedures, infrastructure, practice, training, technical assistance, data and supervision) relate to our current noncompliance? (It should be assumed that issues will not be identified in all categories of factors or reasons.)

- What strategies related to these categories of factors/reasons should we include in our CAP? For each strategy, include who is responsible and the timeline for completing the strategy.

NOTE: Based upon the results of the investigation and analysis of data, it is expected that strategies would only be developed in those areas contributing to the noncompliance.

Indicator 8B: PEA Notification

Contributing Factor Area	Strategies	Who is responsible?	*Timeline*
Policies and Procedures			
Infrastructure			
Data			
Training/ Technical Assistance			
Supervision			
Provider Practices			

Will these strategies and timelines ensure that we can correct noncompliance according to tier but no later than one year from the date of your findings letter?

Indicator 8C: Percent of all children exiting AzEIP who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including conducting a transition conference.

Systems/Infrastructure	Providers/Practice
How does our agency coordinate with other agencies to support children and families preparing for, and during, the transition conference?	*Do service coordinators and providers have the necessary knowledge and skills related to carrying out a meaningful and timely transition conference? Do service coordinators and providers understand:*
Are there agreements in place with the PEA to ensure timely scheduling so that the transition conference can occur in a timely manner and all participants can attend?	• *The related requirements and our policies and procedures related to timely transition conferences?*
Based on the above agreements, do we have clear policies and procedures in place regarding timely transition conferences, including sharing information with families about potential service options for their children when they exit early intervention, when and how to invite participants to the transition conference, and what needs to occur at the transition conference?	• *What information and resources should be shared with families to help them make decisions about service options when their child ages out or exits from early intervention?* • *How to coordinate with the PEA and other programs or agencies in planning and conducting the transition conference?*
	• *How to support and prepare families for the transition conference?*
Do we provide sufficient opportunities for service coordinators and providers to receive training and TA on this requirement, including what information to share with families about potential service options for the child when they exit AzEIP and the purpose of the transition conference?	*In looking at child records where children have recently transitioned, including those where transition conferences are not timely:*

Do we have adequate numbers of personnel to plan and conduct transition conferences for children transitioning to Part B or other services? If not, what are we doing to recruit and retain qualified personnel? *Is our monitoring and supervision adequate to ensure that transition conferences are carried out in a timely manner (e.g., do we track when transition conferences are due and ensure that service coordinators schedule the transition conference within the required timelines to ensure compliance)?* *Did we know we had a problem with our performance on timely transition conferences before the State issued a finding?*	• *Is there documentation that the PEA was invited to the transition planning conference? Were they invited early enough to allow them to attend?* • *Is there documentation as to who attended the transition planning conference? If so, who typically participates? Who does not?* • *Is there documentation that the child's program options for the period from the child's third birthday through the remainder of the school year were reviewed?* • *Is there evidence that the parent declined the transition conference, if applicable?* • *Looking at child records where the transition planning conference was not held, or not held within the required timeline, what were the reasons?* *Based on service coordinator/provider interviews:* • *Why do our service coordinators/providers think we have problems with timely transition conferences?* • *What solutions do they think will address this issue?*

Summary from Indicator 8C Analysis

- Based on the data/information identified above, what categories of factors/reasons (e.g. procedures, infrastructure, practice, training, technical assistance, data and supervision) relate to our current noncompliance? (It should be assumed that issues will not be identified in all categories of factors or reasons.)

- What strategies related to these categories of factors/reasons should we include in our CAP? For each strategy, include who is responsible and the timeline for completing the strategy.

NOTE: Based upon the results of the investigation and analysis of data, it is expected that strategies would only be developed in those areas contributing to the noncompliance.

Indicator 8C: Transition Conference

Contributing Factor Area	Strategies	Who is responsible?	*Timeline*
Policies and Procedures			
Infrastructure			
Data			
Training/ Technical Assistance			
Supervision			
Provider Practices			

Will these strategies and timelines ensure that we can correct noncompliance according to tier but no later than one year from the date of your findings letter?