

# UT Part C

# FFY2014 State Performance Plan / Annual Performance Report

## Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

### Executive Summary:

### Attachments

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### General Supervision System:

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

The Baby Watch Early Intervention Program (BWEIP) conducts annual focused monitoring activities with selected early intervention (EI) programs. The programs and areas of focus are determined annually based on state aggregated data, individual program data, and other information. EI programs and the Interagency Coordinating Council (ICC) may be included in determining which EI programs and focus activities will be reviewed. Focus activities may include off-site and on-site monitoring, as well as any additional activities that are deemed necessary and/or appropriate by the BWEIP. Off-site monitoring refers to the oversight of activities of EI programs by BWEIP to promote compliance, technical assistance, improvement strategies, corrective actions, sanctions or incentives to ensure timely correction of noncompliance and performance. On-site monitoring refers to any BWEIP oversight activities of EI programs provided at their locations to promote compliance and performance that may identify noncompliance, the need for CA technical assistance, improvement strategies and incentives or sanctions to ensure timely correction of all instances of noncompliance. Intensive activities may be necessary based on issues identified through general or focused monitoring activities, the complaints/resolution system, or other means. These activities may also include off-site and on-site monitoring, interviews, follow-up monitoring visits, and any additional activities determined necessary by the BWEIP.

Noncompliance may be identified at all levels within the State General Supervision System Framework through relevant activities. If the BWEIP finds noncompliance with any compliance indicator, the program will create a written notification of the finding of noncompliance. The BWEIP will then require a corrective action (CA) for full correction of all noncompliance from the individual EI program. All noncompliance, once it is identified and notification is given to the EI program, will be corrected as soon as possible, but in no case later than one year from the date of the written notification for findings of noncompliance. The BWEIP requires CA for all noncompliance. If noncompliance is not corrected within one year of the written finding of noncompliance, the BWEIP may impose sanctions and require that the EI program provide detail in the CA on how they will revise necessary policies, procedures, and/or practices that contributed to any noncompliance. The BWEIP will conduct several annual general supervision activities for each EI program to monitor the implementation of Individuals with Disabilities Improvement Act (IDEIA) and identify possible areas of noncompliance and low performance. The general activities include (a) collection and verification of the Baby and Toddler Online Tracking System (BTOTS) data for the SPP/APR compliance and results indicators, (b) program determinations, (c) review of the program data accountability plan, (d) fiscal management, (e) collection and verification of 618 data in BTOTS 618 data, and (f) targeted technical assistance and professional development.

The BWEIP will ensure timely dispute resolution through mediation and/or due process. All parties will be allowed to dispute any matter under Part C, including matters arising prior to the filing of a due process complaint, through a mediation process. The mediation process may be requested at any time, and may not be used to deny or delay a parent's right to a due process hearing or to deny any other rights afforded under Part C. Upon resolution by parties, a legally binding written agreement will be created to enforce confidentiality of all discussions that happened during the mediation process. The agreement will also prohibit the use of mediation documents to be used as evidence in any subsequent due process hearing or civil proceeding. This agreement will include signatures by the parent(s), as well as a representative from the BWEIP who is authorized to bind the agency. Finally, a written statement will be included, expressing that the written and signed agreement is enforceable in any state court of competent jurisdiction or in a district court of the United States.

Funding sources that support the BWEIP are the State Appropriation (State General Fund), IDEIA Part C Grant Award, Medicaid, Children's Health Insurance Program (CHIP), and Family Cost Participation Fees. Utah ensures that Federal funds made available to the state under Part C are implemented and distributed in accordance with the provisions of Part C. The BWEIP provides grants to agencies in the state to support and carry out the purposes and requirements of Part C and state regulations. The BWEIP will utilize its established system of payments and fees for EI services under Part C, including a schedule of sliding fees. Fees collected from a parent or the child's family to pay for EI services under the BWEIP's system of payments will be considered as program income. Finally, Medicaid and CHIP are programs within the Utah Department of Health. EI services, as specified in the child's IFSP, cannot be denied due to a parent's refusal to allow their public insurance to be billed for such services.

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**Technical Assistance System:**

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

The Lead Agency (LA) has multiple mechanisms in place to ensure the timely delivery of high quality, evidence-based technical assistance and support to early intervention (EI) programs.

**Data System.** The LA's comprehensive, statewide, web-based data system, the Baby and Toddler Online Tracking System (BTOTS), is used in all 15 EI program grantees and provides a detailed electronic child EI record from referral to exit. LA staff work closely with the BTOTS contractor to ensure ongoing fidelity of the database with current Part C regulations and LA policy and procedures. BTOTS generates alerts and reports to inform programs of timelines for events such as initial Individualized Family Service Plan (IFSP) meetings, new initial IFSP services, and transition conferences. Field definitions were recently written by LA staff and added throughout all areas of the database and include descriptions of the data entry field and associated regulatory and policy references. The LA supports grantees in their understanding and use of BTOTS through monthly conference calls to train and answer questions from their EI program staff and quarterly meetings with program administrators to update them on development progress, enhancement priorities, system security, etc. In addition, "Frequently Asked Questions" documents, a telephone helpline, and an electronic bug/error submission system are available to assist users with the BTOTS system.

**National and Local Technical Assistance Resources.** LA staff access both national (e.g., Early Childhood Technical Assistance Center, The Center for IDEA Early Childhood Data Systems, University of Kansas Early Childhood Personnel Center) and local (e.g., Utah Parent Center) resources to stay current with and research questions about Part C regulations, evidence-based practices, etc.

**Lead Agency Technical Assistance.** The Utah Part C Program Manager is the official LA liaison for all 15 EI program grantees and answers questions from program administrators related to Part C regulations and LA policy and procedures. LA staff are identified as points of contact based on their areas of knowledge and expertise and are the official contacts for program administrative and other staff to answer additional questions and concerns.

**Conferences and Trainings.** The Utah Part C Program Manager, Compliance and Education Team Manager, and Data Team/618 Data Manager all attend OSEP leadership and conferences, as well as other relevant national and local conferences and trainings, to stay current with the field.

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**Professional Development System:**

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

1. The BWEIP has a comprehensive system of personnel development (CSPD) for training all EI personnel who provide EI services to children and families.
2. The BWEIP has a system of providing information to primary referral sources with respect to the availability and nature of EI services in Utah through Child Find.
3. The CSPD system includes:
  - a. Training personnel to implement innovative strategies and activities for the recruitment and retention of EI staff;
  - b. Promoting the preparation of EI staff who are fully and appropriately qualified to provide EI services under part C;
  - c. Training personnel to coordinate transition services for infants and toddlers with disabilities who are transitioning from an EI service program to a preschool special education or appropriate community program; and
  - d. Establishment of a BWEIP credential program for all EI staff.
4. Pre-service Training:
  - a. A joint approval process has been developed between BWEIP and 8 programs at 3 Utah universities for

implementation of pre-service programs offering the Early Childhood Special Education degree and teaching licensure. The successful completion and graduation in those programs of study will result in the earning of a BWEIP credential at graduation.

5. In-Service Training:

a. The BWEIP shall coordinate a statewide program of approved in-service training leading toward credentialing. The training is based on

Utah's EI Core Competencies and relates specifically to the following:

- 1) Understanding the basic components of EI services available in the state;
- 2) Meeting the interrelated social/emotional, cognitive, communication, health, and physical development, of eligible children under part C;
- 3) Assisting families in enhancing the development of their children; and
- 4) Participating fully in the development and implementation of IFSP process.

6. BWEIP Credentialing Process:

a. All EI staff providing direct services to children and families or administering an EI program are required to earn and maintain a BWEIP credential. There are three (3) types of credentials:

- 1) EI I;
- 2) EI II; and
- 3) EI III.

b. If newly hired staff does not meet the requirements for an EI I or EI II, credential based on pre-service training they shall earn a credential within two

(2) years from date of hire.

c. EI I and EI II credentials are granted based on the successful completion of:

- 1) Completion of an approved college or university pre-service training program; or
- 2) BWEIP approved in-service program of studies that consists of training modules completed by the individual during direct instruction with groups of individuals training together; and electronic self study, and
- 3) Completion of a portfolio which documents the integration of core competencies into practice.

d. The EI III credential is a specialized administrative credential for those serving as EI program directors or coordinators. All contracted EI programs are required to have at least one (1) person holding an EI III credential who functions in an administrative capacity as the local program director or coordinator.

**B. Personnel Standards:**

1. The BWEIP shall have policies and procedures relating to the establishment and maintenance of qualification standards to ensure that staff necessary to carry out the purposes of part C are appropriately and adequately prepared and trained.

2. The BWEIP policies and procedures shall provide for the establishment and maintenance of qualification standards that are consistent with any state approved or state required certification, licensing, or other comparable requirements that apply to the profession, discipline, or area in which EI staff are providing EI services.

3. The Utah Qualification Standards for EI Staff table details Utah's entry-level requirements for qualified personnel (See [Attachment 1](#)).

4. The BWEIP considers EI staff with related academic degrees to be eligible to obtain an EI Specialist II credential either through completion of the BWEIP in-service training or demonstration of pre-approved, per-service coursework which meets the BWEIP's EI Core Competency requirements, including the following:

- a. Adaptive Physical Education;
- b. Child Development;
- c. Child Life;
- d. Communication Disorders Specialist;
- e. Early Childhood;
- f. Family Studies;

- g. Health;
- h. Music Therapy;
- i. Nursing;
- j. Psychology;
- k. Recreational Therapy;
- l. Social Work ;
- m. Sociology; and
- n. Other (as approved).

5. The BWEIP allows the use of paraprofessionals and assistants who are appropriately trained and supervised in accordance with state law, regulation, or written policy to assist in the provision of EI services.

6. Utah's EI Core Competencies: Utah's EI system utilizes a competency-based model of evaluating professional knowledge (See [EI I & II Competencies](#) for detailed information). The BWEIP has developed competencies in the following six key areas:

- a. Health;
- b. Child Development:
  - 1) Physical, motor and sensory;
  - 2) Cognitive;
  - 3) Social Emotional;
  - 4) Communication; and
  - 5) Adaptive.
- c. Development in Children with Special Needs;
- d. Family Involvement/Interaction with Families;
- e. Evaluation and Assessment; and
- f. Program Implementation.

7. The BWEIP's Credentialing Process: All EI staff is required to earn and maintain a BWEIP credential. If new staff are hired that do not meet the requirements for an EI I, EI II, or EI III credential based on pre-service training, they shall obtain a credential within two (2) years from date of hire.

- a. EI I and EI II credentials are granted based on the successful completion of:
  - 1) Approved in-service program of studies that consists of training modules completed by an individual on a self-study basis and by groups of individuals training together;
  - 2) Completion of a portfolio which documents the integration of core competencies into practice; or
  - 3) Completion of an approved college or university pre-service training program.
- b. The EI III credential is a specialized administrative credential for those serving as EI program directors or coordinators. All contracted EI programs are required to have at least one (1) person holding an EI III credential who functions in an administrative capacity as the local program director or coordinator.
- c. The Professional Authorization is for employees who are professionals in their field (with a college degree), who contract for very limited hours with an EI program and do not provide Service Coordination. The Professional Authorization is not transferable between EI programs and shall be renewed after 5 years.  
[Professional Authorization Criteria](#) (see attachment).

**8. EI Levels responsibilities and supervision (See Attachment 2)**

**V Authority:**

R §303.212

Utah Code, Titles 53A and 58 and the Utah State Board of Education Certification Standards

**FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

34 CFR §303.13: [Early intervention services](#)

34 CFR §303.118: [Comprehensive system of personnel development \(CSPD\)](#)

34 CFR §303.119: [Personnel standards](#)

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**Stakeholder Involvement:**  apply this to all Part C results indicators

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

Baby Watch solicited discussion and input from stakeholder groups for setting the Results Indicators 2, 3, 4, 5, and 6 targets for the FFY 2013-2018 State Performance Plan/Annual Performance Report (SPP/APR). Two meetings were held to present the data and seek involvement from stakeholder groups that are comprised of ICC members, parents, EI Provider Consortium and partnering agencies/programs; including Utah State Office of Education, Migrant and Homeless, Utah Parent Center, Bureau of Child Development, Children with Special Health Care Needs, Early Head Start, Child Protection, The Utah Parent Center, the Office of Home Visiting, Utah Schools for the Deaf and the Blind, Medicaid, CHIP, University Personnel Preparation Centers, Center for Persons with Disabilities and Utah Department of Insurance, and early intervention service coordinators, specialists, therapists and administrators. The BWEIP Provider Consortium was held in October 2014 and the Interagency Coordinating Council (ICC) was held November 2014

At each extended meeting Baby Watch Staff presented the historical data and targets for each of the five indicators, as well as local and national comparisons and the improvement activities that have contributed to the statewide performance for each. Each results indicator was discussed at length and is detailed in the corresponding stakeholder input section. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the six-year results indicator's targets.

In December 2014, draft document was compiled that combined the target setting recommendations and rationales from both stakeholder meetings. The draft document was sent out to both stakeholder groups for further comment and refinement. All feedback was received by January 2015 and was incorporated in the final SPP/APR documentation of targets and rationales.

Additionally at the two meetings described above the data were presented and discussions were held for the entire SPP/APR including the data for the Compliance Indicators 1, 7, 8A, 8B, 8C, and 10. Indicator 11, State Systemic Improvement Plan (SSIP) work will be described in detail separately The Grads 360 System including the introduction sections and the reduction in paperwork was also described. Both groups were invited to provide input on improvement strategies for Indicators 1-8. Comments were taken into consideration for the final APR documents.

On January 28<sup>th</sup>, 2015 the Executive Chair of the ICC signed and dated the *Annual Report Certification of the Interagency Coordinating Council Under Part C of the Individuals with Disabilities Education Act (IDEA)* asserting that the use of the State's Part C SPP/APR in lieu of submitting the ICC's own annual report, and confirms accuracy and completeness and provision to our Governor (attached). At the January meeting, the ICC elected to continue the work of the subcommittees focusing on Child Find, Transition/Families, and Comprehensive System of Personnel Development (CSPD). BWEIP staff continues to work with these subcommittees to provide additional data for their review and analysis, as well as suggestions for development of measurable, rigorous targets and improvement activities.

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**Reporting to the Public:**

How and where the State reported to the public on the FFY 2013 performance of each EIS Program or Provider 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 2013 APR, as required

**FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2013 APR in 2015, is available.

The FFY 2013 APR along with the FFY 2005-2013 SPP were been posted on the BWEIP website at [www.utahbabywatch.org](http://www.utahbabywatch.org) on April 15, 2015 under the public information section, State Performance Plan/Annual Performance Reports <http://utahbabywatch.org/publicinformation/spp.htm> and <http://utahbabywatch.org/publicinformation/apr.htm>. The BWEIP worked with the Department of Health's Public Information Officer to distribute the FFY 2013 APR and the FFY 2005-2013 SPP to stakeholder groups and the media, as appropriate.

Local program profiles of Indicators 1-8 were distributed to providers and posted to the BWEIP website under the local programs section in January 2015 <http://utahbabywatch.org/localprograms/index.htm>. Local BWEIPs also received their program determinations and notifications of noncompliance in January 2015.

Utah's Part C detemination from OSEP was posted to the the Baby Watch Website in June, 2015 at <http://utahbabywatch.org/publicinformation/utdetermination.htm>.

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**Actions required in FFY 2013 response**

None

**OSEP Response**

**Required Actions**

## Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

### Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		98.00%	95.00%	99.00%	98.00%	97.20%	99.50%	99.50%	98.89%	99.84%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

### FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

### FFY 2014 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 2013 Data*	FFY 2014 Target*	FFY 2014 Data
5374	5374	99.84%	100%	100%

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

- State monitoring
- 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).

July 1, 2014 -June 30,2015

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

The data was collected for this indicator for all Baby Watch Early Intervention programs through the statewide database, the Baby and Toddler Online Tracking System (BTOTS), and includes all children with IFSPs who received early intervention (EI) service from July 1, 2014 through June 30, 2015

Provide additional information about this indicator (optional)

**Infants and Toddlers with IFSPs who receive Early Intervention Service in a Timely Manner.**

**Explanation of Progress or Slippage in FFY 2014:**

The percentage of files in compliance increased from 99.9% in FFY 2013 to 100.0% in FFY 2014, an increase of 0.1%.

**Improvement Activities Completed in FFY 2014:**

During FFY 2014, the timely services standard was reinforced through corrective actions, technical assistance, and self-monitoring.

BWEIP encouraged EI providers to run and review BTOTS monitoring reports systematically for the timeliness indicators and bring alerts from the reports to their staff's attention. These activities were incorporated into all EI providers' required data accuracy plans.

During FFY 2014, providers were encouraged to analyze data by drilling down to the child level for reasons for delays and make necessary process adjustments to prevent future delayed service provision.

During FFY 2014, contact logs were developed and deployed BTOTS Web. The contact logs hold detailed information about family and provider circumstances, delays, and contact history.

**Actions required in FFY 2013 response**

None

**Correction of Findings of Noncompliance Identified in FFY 2013**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
8	8	null	0

**FFY 2013 Findings of Noncompliance Verified as Corrected**

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

**Correction of Findings of Noncompliance Made During FFY 2013 for FFY 2013 data (if State reported less than 100% compliance):**

BWEIP identified 8 findings of noncompliance for timely services during FFY 2013. All 8 findings of noncompliance and their full correction are detailed below.

- |  |          |
|--|----------|
| 1. Number of Findings <b>of Noncompliance the State Made During FFY 2013 for FFY 2013 data.</b>  | <b>8</b> |
| 1. Number of FFY2013 findings the State verified as timely corrected (verified as corrected within one year from the date of notification to the EIS program of the finding) | <b>8</b> |
| 1. Number of FFY 2013 findings <u>not</u> verified as corrected within one year [(1) minus (2)]  | <b>0</b> |

**Correction of FFY 2013 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:**

**FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

- 1. Number of FFY 2013 findings not timely corrected (same as the number from (3) above) 0
  
- 1. Number of FFY 2013 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction") 0
  
- 6. Number of FFY 2013 findings not verified as corrected [(4) minus (5)] 0

**Actions Taken if Noncompliance Not Corrected: N/A**

Verification of Correction of FFY 2013 findings of noncompliance (either timely or subsequent):

EI program compliance with timely service initiation requirements is a component of the annual database monitoring for each EI program for the full reporting period. These monitoring activities included a review by local programs of timely service initiation requirements through the review of data, written policies, and individual child files. Similarly, BWEIP staff also conducted on-site and off-site reviews of data, procedures, and individual child files. When noncompliance was identified, each program was required to respond in writing to a Corrective Action (CA) to address and correct all incidences of noncompliance.

There were 8 findings of noncompliance identified in FFY 2013 for this indicator identified through BTOTS database monitoring. Four EI programs received notifications of noncompliance in FFY 2013. All corrective action required by FFY 2013 identification has been completed by the EI programs and verified by BWEIP staff within one year of notification of the noncompliance.

BWEIP has implemented a two-pronged verification process to ensure that each EI program with a previous finding of noncompliance is (1) meeting regulatory requirements and (2) ensuring that in each instance of noncompliance, the EI program has initiated services, although late, for any child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the BWEIP.

- 1. Related to the three programs with findings under Indicator 1, BWEIP verified that each EI program with noncompliance under this indicator is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) in *34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1)* based on subsequently collected data.

When noncompliance was found, programs were required to submit to BWEIP the results of regular self-monitoring based on subsequently collected data. Programs also submitted narrative reports accounting for each specific instance of noncompliance and provided steps to ensure that the reasons for noncompliance are being addressed in order to prevent future occurrences. Programs demonstrated correction of noncompliance by performance at 100% for all children for at least one month.

By conducting ongoing monitoring, BWEIP further verified that each EI program with noncompliance under this indicator is correctly implementing the specific regulatory requirements.

- 1. For the 8 children/families impacted by noncompliance identified FFY 2013, BWEIP verified that the agency had initiated services, although late, for each child whose services were not initiated in a timely manner, unless the child was no longer within the jurisdiction of BWEIP, consistent with *OSEP Memorandum 09-02, dated October 17, 2008*.

**LATE NEW SERVICE STATUS FFY 2013**

Provider Delay	*Child no longer in Part C	1-5	6-15	16-25	26-35	36-45	45 +	Total
		Days Late						
Program	1					1		2
Program		1						1
Program	1		2		1		1	5
Totals								8

As EI programs conducted data monitoring, they were required to document the actual number of days after the IFSP service start date that the service was provided, if the service was not provided within 45 days. This was done to assure that services, although late, were provided for the child/family and as a way to encourage EI programs to analyze their data regularly. BWEIP has verified that each EI program with noncompliance under this indicator has met the requirements for each child, although late. The results of EI program data monitoring are validated by BWEIP through ongoing BTOTS and other monitoring.

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

BWEIP notified each EI program in writing of their findings of noncompliance and supplied Corrective Action Levels Templates as detailed below. (see attachment)

[Document Copy](#)

## FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

### Noncompliance Corrective Action Process Overview

As per OSEP instruction referenced on the enclosed FFY 2015 Corrective Action Overview, Baby Watch is required to make findings and inform programs of all noncompliance, as well as implement a corrective action and fully correct and verify correction of all noncompliance as soon as possible, but no later than June 30, 2015.

The purpose of the corrective action is to assist the program and BWEIP to understand and correct the underlying causes of the noncompliance so that the program can achieve the **100% Compliance** status. We are using this template to assist with that process. The template includes a corrective action level for each compliance indicator that is less than 100% for FFY 2013 and contains cells for you to supply current indicator data, analysis of the root cause/s for noncompliance, written implementation plan, reviews, reporting, and timelines.

To verify correction of noncompliance, Baby Watch must review data that demonstrate that your program has corrected each individual instance of noncompliance, unless the infant or toddler is no longer within the jurisdiction of your program. For timeline-specific indicators (Indicators 1, 7, 8a, 8b, and 8c), data must demonstrate that the required action (e.g., evaluation and initial IFSP) occurred, although late. In addition, Baby Watch must review subsequent data (following the identification of noncompliance) that demonstrate 100% compliance with the requirements. The requirements for the full correction each level of noncompliance is detailed in the following chart.

### OSEP Response

### Required Actions

## Indicator 2: Services in Natural Environments

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)

### Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥			76.00%	76.50%	77.00%	77.50%	78.00%	78.50%	79.00%	90.00%
Data		77.90%	78.35%	71.00%	71.00%	84.30%	89.20%	87.40%	94.30%	95.42%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

### FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥	91.00%	92.00%	93.00%	94.00%	95.00%

Key:

### Targets: Description of Stakeholder Input

Baby Watch solicited discussion and input from stakeholder groups for setting the Results Indicators 2, 3, 4, 5, and 6 targets for the FFY 2013-2018 State Performance Plan/Annual Performance Report (SPP/APR). Two meetings were held to present the data and seek involvement from stakeholder groups that are comprised of ICC members, parents, EI Provider Consortium and partnering agencies/programs; including Utah State Office of Education, Migrant and Homeless Education, Utah Parent Center, Bureau of Child Development, Children with Special Health Care Needs, Early Head Start, Child Protection, The Utah Parent Center, the Office of Home Visiting, Utah Schools for the Deaf and the Blind, Medicaid, CHIP, University Personnel Preparation Centers, Center for Persons with Disabilities and Utah Department of Insurance, and early intervention service coordinators, specialists, therapists and administrators. The BWEIP Provider Consortium was held in October 2014 and the Interagency Coordinating Council (ICC) was held November 2014.

At each extended meeting Baby Watch Staff presented the historical data and targets for each of the five indicators, as well as local and national comparisons and the improvement activities that have contributed to the statewide performance for each. Each results indicator was discussed at length and is detailed in the corresponding stakeholder input section. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the six-year results indicator's targets.

In December 2014, draft document was compiled that combined the target setting recommendations and rationales from both stakeholder meetings. The draft document was sent out to both stakeholder groups for further comment and refinement. All feedback was received by January 2015 and was incorporated in the final SPP/APR documentation of targets and rationales.

Stakeholder discussion and rationale for setting Indicator 2. targets.

- Targets met 2009 -2013
- Setting targets slightly lower than 2012 target of 94.3% and 2013 target of 95.4%.
- %'s have been trending upward since 2009, though 2012 and 2013 are the only years compared to actual target data > 90%.
- Nationally the mean % has stabilized for the last 3 years at 95%. [max is 100%] More than 95% of states targets are between 90% - 100%.

**FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

- Setting the target at 100% is not necessary or appropriate.
- The proposed targets will allow some wiggle room for the pattern of percentages jumping around a bit and allow for 5 years to make sure the upward trend is legitimate, stable, consistent, and systematic.

additional Stakeholder Comments

I think the percentage should increase .5% each year. We need to have a margin to individualize the location of services.

We discussed the proposed targets and results indicators as a Management team. We all agree that increasing targets by .25% rather than a full

percentage point would allow for individualized services to continue. We believe establishing targets striving for a 1% increase every year will at some

point cost programs the ability to individual services for families.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	<a href="#">Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings</a>	3,663	
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	<a href="#">Total number of infants and toddlers with IFSPs</a>	3,841	

**FFY 2014 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 2013 Data*	FFY 2014 Target*	FFY 2014 Data
3,663	3,841	95.42%	91.00%	95.37%

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

**Explanation of Slippage for FFY 2014:**

There was minimal slippage of -0.05% from FFY 2013 actual target data to FFY 2014 actual target data, with 95.42% compared to 95.37% of infants and toddlers with IFSPs who received EI services primarily in home or community-based settings in FFY 2013 and FFY 2014, respectively. As shown in Table 1, the Indicator 2 target for FFY 2014 was met and exceeded for the sixth time in nine federal fiscal years.

Table 1. Indicator 2 Targets and Actual Target Data for Previous Nine Fiscal Years

FFY (December 1 Count)	Indicator 2 Target	Indicator 2 Actual Target Data
FFY 2006 (December 1, 2006)	76.0%	72.0%
FFY 2007 (December 1, 2007)	76.5%	71.00%
FFY 2008 (December 1, 2008)	77.0%	71.00%
FFY 2009 (December 1, 2009)	77.5%	84.30%

## FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

FFY 2010 (December 1, 2010)	78.0%	89.20%
FFY 2011 (December 1, 2011)	78.5%	87.40%
FFY 2012 (December 1, 2012)	79.0%	94.30%
FFY 2013 (December 1, 2013)	79.5%	95.44%
FFY 2014 (December 1, 2014)	91.0%	95.37%

For three of the last nine reporting years (FFY 2006 through FFY 2008), the percentage of infants and toddlers with IFSPs receiving early intervention services primarily in home or community-based settings was static at approximately 71.00%. The Baby Watch Early Intervention Program (BWEIP) Indicator 2 targets for reporting years FFY 2006 through FFY 2012 were based on previous years' data, which was "hand-collected" and less systematic (prior to the introduction of the Baby and Toddler Online Tracking System (BTOTS) database in 2005.

At 95.37%, the FFY 2014 percentage of infants and toddlers with IFSPs receiving early intervention services primarily in home or community-based settings exceeded the FFY 2013 Indicator 2 state target of 91.0% and is identical to actual target data for FFY 2013. Both FFY 2014 and FFY 2013 are the highest percentages in reporting years FFY 2006 through FFY 2014. At the local level, 12 of 15 Utah programs had percentages above the FFY 2014 Indicator 2 state target of 91.0%.

To analyze this FFY 2014 Indicator 2 data, BWEIP implemented the same methodology and criteria with local programs that OSEP uses with states to identify significant year-to-year changes in their 618 data. The BWEIP Data Manager compared programs' FFY 2013 and FFY 2014 Indicator 2 data and flagged all significant changes (defined as either a frequency change of 10 or more children or percentage change of 10% or more) from the prior to the current reporting year. The results of this comparison are shown in Figure 1 below.

### Figure 1. Programs' Significant Year-to-Year Changes (FFY 2013 to FFY 2014) in Settings Data

In six of 15 programs, 100% of infants and toddlers received services in the natural environment (NE) in FFY 2013, five programs both in FFY 2013 and FFY 2014, and one for the first time in FFY 2014. As shown in Figure 1, seven programs showed no significant changes while eight showed significant increases from the last to the current federal fiscal year. No programs showed significant decreases. Programs with significant increases were required to submit to BWEIP an analysis and explanation of changes in their program's actual target data from FFY 2012 to FFY 2013.

- The eight programs with significant year-to-year increases in their FFY 2013 Indicator 2 percentages attributed their progress having more children under IFSP on December 1, 2014 compared to December 1, 2013.

The BWEIP reviewed the information and prepared a summary of significant year-to-year changes that was presented to providers in January 2016.

### Actions required in FFY 2013 response

None

### OSEP Response

### Required Actions

### Indicator 3: Early Childhood Outcomes

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)

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)? No

#### Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
A1	2013	Target ≥						81.00%	80.60%	80.60%		65.00%
		Data					81.10%	80.62%	71.37%	69.18%	69.00%	68.18%
A2	2013	Target ≥						65.00%	65.20%	65.20%		53.50%
		Data					64.80%	65.21%	61.25%	59.54%	58.78%	55.40%
B1	2013	Target ≥						85.00%	84.60%	84.60%		72.50%
		Data					84.71%	84.69%	78.29%	78.14%	76.79%	75.44%
B2	2013	Target ≥						60.00%	58.00%	58.00%		47.50%
		Data					59.95%	58.02%	54.26%	55.23%	52.59%	50.88%
C1	2013	Target ≥						84.00%	84.00%	84.00%		73.50%
		Data					84.10%	84.09%	75.50%	77.06%	76.33%	76.17%
C2	2013	Target ≥						68.00%	67.50%	67.50%		57.50%
		Data					67.50%	67.54%	62.75%	62.81%	61.53%	59.19%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

#### FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target A1 ≥	65.50%	66.00%	67.00%	68.00%	69.00%
Target A2 ≥	54.00%	54.50%	55.00%	55.50%	56.00%
Target B1 ≥	73.00%	73.50%	74.00%	74.50%	75.00%
Target B2 ≥	48.00%	48.50%	49.00%	49.50%	50.00%
Target C1 ≥	74.00%	74.50%	75.00%	75.50%	76.00%
Target C2 ≥	58.00%	58.50%	59.00%	59.50%	60.00%

Key:

#### Explanation of Changes

#### Targets: Description of Stakeholder Input

Baby Watch revised their baseline from FFY 2008 to FFY 2013 levels based on the decision to change outcome rating methodology in FFY 2007. The 2008 baseline percentages were based on only one year of data and represented a population

of less than 100 children. Additional explanation ion follows.

Baby Watch solicited discussion and input from stakeholder groups for setting the Results Indicators 2, 3, 4, 5, and 6 targets for the FFY 2013-2018 State Performance Plan/Annual Performance Report (SPP/APR). Two meeting were held to present the data and seek involvement from stakeholder groups that are comprised of ICC members, parents, EI Provider Consortium and partnering agencies/programs; including Utah State Office of Education, Migrant and Homeless, Utah Parent Center, Bureau of Child Development, Children with Special Health Care Needs, Early Head Start, Child Protection, The Utah Parent Center, the Office of Home Visiting, Utah Schools for the Deaf and the Blind, Medicaid, CHIP, University Personnel Preparation Centers, Center for Persons with Disabilities and Utah Department of Insurance, and early intervention service coordinators, specialists, therapists and administrators. The BWEIP Provider Consortium was held in October 2014 and the Interagency Coordinating Council (ICC) was held November 2014

At each extended meeting Baby Watch Staff presented the historical data and targets for each of the five indicators, as well as local and national comparisons and the improvement activities that have contributed to the statewide performance for each. Each results indicator was discussed at length and is detailed in the corresponding stakeholder input section. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the six- year results indicator's targets.

In December 2014, draft document was compiled that combined the target setting recommendations and rationales from both stakeholder meetings. The draft document was sent out to both stakeholder groups for further comment and refinement. All feedback was received by January 2015 and was incorporated in the final SPP/APR documentation of targets and rationales.

Stakeholder Indicator 3 discussion and target selection rationale.

- Utah percentages are higher than the national averages on all three SS1 (Greater than expected growth)
- Utah percentages are lower than the national averages on all three of the SS2 (Exited within age expectations)(although almost same for Outcome C (Action to Meet Needs)
- All 6 Summary Statements decreased from 2012-2013 to 2013-2014 but there were no statistically meaningful differences identified
- Statewide there are differences when comparing white to all other races; specifically there was a statistically meaningful difference for Outcome A, SS1 when comparing white to all other races; local meaningful differences were also identified but we a cautious interpreting because the numbers of children are smaller and therefore the confidence interval is rather wide
- Statewide there are differences when comparing English to Non English; specifically there was a statistically meaningful difference for Outcome B for both Summary Statements and for Outcome C for SS2 (Exited within age expectations). Local meaningful differences were also identified but we a cautious interpreting because the numbers of children are smaller and therefore the confidence interval is rather wide

A1 – 2011-2013 Actual data hovering around 68% - 69%.

A2 – 2008-2013 Actual data continuing to decrease.

B1 – 2008–2013 Actual data appeared to be stabilizing around 78%, then decreased the last 2 years in a row.

B2 – 2008-2013 Actual data continuing to decrease.

C1 - 2008-2013 Actual data seems to be settling in in the 75%-77% range.

C2 - 2008-2013 Actual data continuing to decrease.

All national SS2 data (mean) has been decreasing over the last six years

A1 - in national mean range

A2- Below the national mean range

B1- wll within the national mean range

B2- 2018 target at the current man level nationally, but given the trend data. The national mean looks like it will be going down too.

C1- in national mean range definitely above current mean

C2- within national mean range

Additional Stakeholder comments

Our overall feedback concerning COSF results and targets is that we believe Entry COSF scores may have been too high in the beginning.

We also discussed the growing numbers of children under 5 in our state and the high incidence of Autism in Utah. Social-Emotional and Language development may have moderate delays at entry but severe delays upon exiting the program. We also discussed Down syndrome. Infants are typical in their development upon entering the program and the gap widens after one year of age. How do we account for these variables? Exit scores will be lower.

FFY 2014 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	2670.00
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Outcome A: Positive social-emotional skills (including social relationships)

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	19.00	0.71%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	588.00	22.01%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	503.00	18.83%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	898.00	33.62%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	663.00	24.82%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
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 $(c+d)/(a+b+c+d)$ .	1401.00	2008.00	68.18%	65.50%	69.77%
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 $(d+e)/(a+b+c+d+e)$ .	1561.00	2671.00	55.40%	54.00%	58.44%

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	24.00	0.90%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	585.00	21.91%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	651.00	24.38%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1098.00	41.12%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	312.00	11.69%

**FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
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 (c+d)/(a+b+c+d).	1749.00	2358.00	75.44%	73.00%	74.17%
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 (d+e)/(a+b+c+d+e).	1410.00	2670.00	50.88%	48.00%	52.81%

**Outcome C: Use of appropriate behaviors to meet their needs**

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	17.00	0.64%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	528.00	19.77%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	492.00	18.42%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1140.00	42.68%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	494.00	18.49%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
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 (c+d)/(a+b+c+d).	1632.00	2177.00	76.17%	74.00%	74.97%
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 (d+e)/(a+b+c+d+e).	1634.00	2671.00	59.19%	58.00%	61.18%

**Was sampling used?** No

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)?** Yes

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

Comparison of last to this year's actual Summary Statement data.

A comparison of FFY 2013 to FFY 2014 actual summary statement data showed a mixture of progress and slippage overall across the two summary statements and three outcomes. For Outcome A, progress was observed for both summary statements (1.57% and 3.01% for Summary Statements #1 and #2, respectively). For Outcomes B and C, slippage was observed for Summary Statement #1 (-1.34% and -1.19% for Outcomes B and C, respectively) but progress was made for Summary Statement #2 (1.89% and 1.95% for Outcomes B and C, respectively).

In FFY 2014, the percentages of children reported in Summary Statement 1 ranged from 69.75% (Outcome A) to 74.98% (Outcome C), while for Summary Statement 2, the percentages ranged from 52.77% (Outcome B) to 61.14% (Outcome C).

**Table 3: FFY 2014 Utah Outcome Percentages Compared to FFY 2013 National Percentages**

Summary Statement 1

Summary Statement 2

## FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

	Utah	National	Utah	National
	FFY 2014	FFY 2013 <sup>1</sup>	FFY 2014	FFY 2013 <sup>1</sup>
Outcome A	69.75%	66%	58.41%	61%
Outcome B	74.10%	72%	52.77%	52%
Outcome C	74.98%	73%	61.14%	59%

<sup>1</sup>ECTA Center, Outcomes for Children Served Through IDEAs Early Childhood Programs: 2013-14, published July 2015

As shown in Table 3, when compared to the Early Childhood Technical Assistance Center (ECTA) 2013-14 analysis of national percentage averages, Utah's FFY 2014 summary statement data falls within or above the national ranges for Summary Statement 1. Five percentages, Summary Statement 1 for Outcomes A, B, and C, as well as Summary Statement 2 for Outcomes B and C are above, or equal to, the national averages.

From FFY 2013 to FFY 2014, the total number of children with child outcome scores increased from 2,451 to 2,670, an increase of  $n = 219$  children or 8.94% ( $[(2,670 - 2,451) / 2,451] \times 100\% = 8.94\%$ ). For the fourth time since Utah began using ECTA's methodology for collecting child outcomes information, FFY 2014 data included a full cohort of data for all the children entering and exiting early intervention. FFY 2014 targets for both Summary Statements 1 and 2 for all outcomes were met.

An examination of Utah's FFY 2014 progress category percentage patterns for the three outcomes confirmed they met the quality data progress category definitions outlined in the October 2014 Division of Early Childhood (DEC) Conference ECO Center presentation "National Picture – Child Outcomes for Early Intervention and Preschool Special Education: Implications and Use."

In FFY 2014, the total number of children exiting with an entry and an exit score and at least six consecutive months of service increased from 2,451 to 2,670 or 8.94%. In FFY 2014, the total number of children who exited early intervention FFY 2014 was 4,185. Thus in FFY 2014, 63.80% ( $[2,670 / 4,185] \times 100\% = 63.80\%$ ) of the children who exited early intervention had outcome data.

- *At least 28% of the population who exited early intervention is included in the scoring.* In

FFY 2014 in Utah, 63.80% of exited children received entry and exit scores.

- *Not more than 10% of children who exited early intervention are in Category a., which indicates they made no progress.* In FFY 2014 in Utah, less than 1% of children were in Category a. in each of the three outcome areas (Outcome A, 0.71%; Outcome B, 0.90%; and Outcome C, 0.64%).
- *Not more than 65% of children who exited early intervention are in Category e., which indicates they maintained functioning at a level comparable to same-aged peers.* In FFY 2014 in Utah, between 11% and 25% of children are in Category e. across the three outcome areas (Outcome A, 24.83%; Outcome B, 11.69%; and Outcome C, 18.5%).

### Discussion of a-e Progress Data for FFY 2014:

-

The number of children in the dataset and the number/percentage of children missing in the outcomes data.

Figure 1 shows Utah's sixth year of progress data for children exiting in FFY 2014.

In FFY 2014, all exiting children who met the age and service criteria received an exit score. Entry and exit outcome scores are collected in the Baby Toddler Online Tracking System (BTOTS) on all children. A BTOTS report is available to help programs identify children who had an entry score and who met the definition of "at least six consecutive months of service" but no exit score at the time of exit. Programs are encouraged to run the report at least monthly to locate any children who met the criteria for requiring an exit score but did not get one.

The percentages of children representing each progress category indicate a significant change in the development of the 2,670 children receiving services for FFY 2014. Overall, a larger percentage of children substantially increased their rate of growth than the percentage of children who functioned within age expectations at exit.

### The a-e progress data and data patterns.

The patterns in the number and percentages of children in four of the five progress categories (all but Category a.) showed variability across the three outcomes.

- Percentages for Categories, b., c., d., and e. showed differences across outcome areas:
  - Category a. percentages ranged from a low of 0.64% for Outcome C to a high of 0.90% for Outcome B. The percentage for Outcome A was 0.71%.
  - Category b. percentages were similar for Outcomes A (02%) and B (21.91%) but lower for Outcome C (19.78%).
  - Category c. percentages were similar for Outcomes A (84%) and C (18.43%) but higher for Outcome B (24.38%).
  - Category d. had the highest percentages of all five progress categories. Percentages ranged from a low of 63% for Outcome A to a high of 42.70% for Outcome C. The percentage for Outcome B was 41.12%.
  - Category e. percentages ranged from a low of 69% for Outcome B to a high of 24.83% for Outcome A. The percentage for Outcome C was 18.50%.

Utah has similar percentages of children in Categories a., b., and c. compared to the FFY2013 national average percentages. Utah's Category d. is higher while Category e. is lower than other states.

**Discussion of Improvement Activities Completed for FFY 2014:**

July 2014 – June 2015: Utah programs continued to conduct activities to improve their child outcomes data quality. For example, several reports are available in BTOTS to identify data red flags (e.g., children who had entry scores of 1, 2, or 3 but exited with scores of 5, 6, or 7) or ensure timely scoring (e.g, children who turned six months of age and need an entry score or children without an exit score who had six months of consecutive services and needed an entry score).

July 2014 – June 2015: BWEIP staff were available to provide training to programs upon request. Handouts from previous trainings were available on the BWEIP website ([www.utahbabywatch.org](http://www.utahbabywatch.org)). Some providers used their own staff to train their new staff on child outcomes measurement. Resources through the ECO Center and other states' websites were made available to all providers.

**Explanation of Progress that occurred for FFY 2014:**

BWEIP's actual target data exceeded target percentages for Summary Statements 1 and 2 for all outcome areas in FFY 2014. This time period is the seventh year of collecting child outcomes data using the same methodology, and the first year in the last four that targets were attained. Based on the similarity of actual target data across three-year time period from FFY 2011 through FFY 2013, BWEIP was able to establish valid target percentages for FFY 2014 through FFY 2018.

**Actions required in FFY 2013 response**

None

**OSEP Response**

**Required Actions**

## Indicator 4: Family Involvement

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)

### Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
A	2006	Target ≥					77.00%	78.00%	79.00%	80.00%	81.00%	84.00%
		Data			76.00%	78.00%	84.00%	86.00%	87.00%	86.60%	86.58%	87.71%
B	2006	Target ≥					74.00%	75.00%	76.00%	77.00%	78.00%	82.00%
		Data			73.00%	74.00%	81.00%	84.00%	84.00%	84.90%	84.84%	86.13%
C	2006	Target ≥					80.50%	81.00%	81.50%	82.00%	82.50%	92.00%
		Data			83.00%	82.00%	91.00%	92.00%	93.00%	92.20%	92.26%	92.12%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

### FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target A ≥	84.50%	85.00%	85.50%	86.00%	86.50%
Target B ≥	82.25%	82.50%	82.75%	83.00%	83.25%
Target C ≥	92.10%	92.20%	92.30%	92.40%	92.50%

Key:

### Targets: Description of Stakeholder Input

Baby Watch solicited discussion and input from stakeholder groups for setting the Results Indicators 2, 3, 4, 5, and 6 targets for the FFY 2013-2018 State Performance Plan/Annual Performance Report (SPP/APR). Two meetings were held to present the data and seek involvement from stakeholder groups that are comprised of ICC members, parents, EI Provider Consortium and partnering agencies/programs; including Utah State Office of Education, Migrant and Homeless, Utah Parent Center, Bureau of Child Development, Children with Special Health Care Needs, Early Head Start, Child Protection, The Utah Parent Center, the Office of Home Visiting, Utah Schools for the Deaf and the Blind, Medicaid, CHIP, University Personnel Preparation Centers, Center for Persons with Disabilities and Utah Department of Insurance, and early intervention service coordinators, specialists, therapists and administrators. The BWEIP Provider Consortium was held in October 2014 and the Interagency Coordinating Council (ICC) was held November 2014

At each extended meeting Baby Watch Staff presented the historical data and targets for each of the five indicators, as well as local and national comparisons and the improvement activities that have contributed to the statewide performance for each. Each results indicator was discussed at length and is detailed in the corresponding stakeholder input section. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the six-year results indicator's targets.

In December 2014, draft document was compiled that combined the target setting recommendations and rationales from both stakeholder meetings. The draft document was sent out to both stakeholder groups for further comment and refinement. All feedback was received by January 2015 and was incorporated in the final SPP/APR documentation of targets and rationales.

**FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

Stakeholder Indicator 4 discussion and target selection rationale.

A – 2009-2012 Targets met or exceeded. Actual data hovering around 86% right at the national mean.

B – 2009-2012 Targets met or exceeded. Actual data hovering around 84% approximately 2% - 4% below the national mean.

C – 2008-2012 Targets met or exceeded. Actual data hovering around 92% just slightly above the national mean.

additional stakeholder comment

The .5% increments for A and B each year should be .1% increase like it is for C.

**FFY 2014 SPP/APR Data**

Number of respondent families participating in Part C	2094.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1837.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	2094.00
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	1798.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	2094.00
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	1936.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	2094.00

	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	87.71%	84.50%	87.73%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	86.13%	82.25%	85.86%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	92.12%	92.10%	92.45%

**Describe how the State has ensured that any response data are valid and reliable, including how the data represent the demographics of the State.**

**Explanation of progress FFY 2014:**

During early April 2015, 3,737 Utah versions (English and Spanish) of the National Center for Special Education and Accountability Monitoring (NCSEAM) Family Surveys – Part C were mailed or hand-delivered to families of children ages birth to three with disabilities or delays and under an IFSP as of February 23, 2015, in all 29 Utah counties.

Of the surveys sent out, 2,098 were returned with at least one question answered, and 2,094 were returned with measurable data on the "Impact on Early Intervention Services on the Family" scale used for reporting the State Performance Plan/Annual Performance Report (SPP/APR) indicators 4a, 4b, and 4c. The response rate was 54%, a decrease of 9% over the 2014 response rate of 63%. The data met or exceeded the NCSEAM 2005 National Item Validation Study's standards for the internal consistency, completeness, and overall quality expected from this survey.

In 2015, Spanish language surveys represented 204 (9.7%) of the total responses, a decrease of 60 surveys (1.8%) from 264 (11.5%) in 2014. It is worth noting that in 2014, Spanish language represented 11% of the participants.

The percentages reported are calculated as the percent of families whose measures are at or above a standard that is specific to each indicator. In these analyses, the standards applied were those recommended by a nationally representative stakeholder group convened by NCSEAM. This group identified items that most closely represented the content of each of the indicators and recommended the level of agreement that should be required on these items. For Indicators 4a, 4b, and 4c, the recommended standards were operationalized as measures of 539, 556, and 516, respectively, because these are the calibrations of the items most closely related to the indicators. The percentages reported for each indicator are the percent of families with measures on the "Impact of Early Intervention Services on Family" scale that are at or above these levels.

**PART C Early Intervention Family Survey Report for Data Collected in 2015**

*Scale Information*

	FCSS	IFS
Number of Valid Responses	2,096	2,094
Mean Measure	733	748
Measurement SD	148	179
Measurement reliability	0.86-0.97	0.91-0.99

**Figure 1.**

**Impact of Early Intervention on the Family Scale, Utah 2011-2014.**

**Percent of families who report that early intervention has helped the family:**

The questionnaire used for this study was comprised of 24 items from the Family-Centered Services Scale (FCSS) and 20 items from the Impact on Family Scale (IFS) developed by the National Center for Special Education Accountability Monitoring (NCSEAM). These scales were developed to provide states with valid and reliable instruments to measure (a) positive outcomes that families experience as a result of their participation in early intervention and (b) families' perceptions of the quality of early intervention services. More information about these scales can be found at [www.accountabilitydata.org](http://www.accountabilitydata.org). A copy of the survey instrument used for this study is included in Appendix A.

Statistics used to express measurement reliability range from 0 (indicating lack of stability) to 1 (indicating perfect stability). The reliability of the FCSS as measured by the Rasch framework was .86, and the reliability of the FCSS as measured by Cronbach's alpha was .97 in this study. For the IFS, the reliability of the scale as measured by the Rasch framework was .91, and the reliability of the scale as measured by Cronbach's alpha was .99 in this study. These indices indicate that both scales have high reliability, or stability.

**Analysed Responses**

Responses were included in analyses for each scale if at least one of the items comprising a scale were completed by a respondent. For analysis of the FCSS, 2,096 respondents completed at least one item and were included in the analysis. For analysis of the IFS, 2,094 respondents completed at least one item and were included in IFS analyses.

**Methods of analysis**

A Rasch framework is used as the measurement approach by the NCSEAM. Appendix B contains more information about the Rasch model and the calibration methodology used for the IFS and FCSS.

**Standards**

The Utah Department of Health adopted the standards recommended by NCSEAM as a way of obtaining the percentages to be reported for Indicators 4a, 4b, and 4c.

To establish a recommended standard, NCSEAM assembled a group of nationally representative stakeholders, including parents of children with disabilities, state directors of special education, state early intervention coordinators, district and program personnel, advocates, attorneys, and community representatives. Participants were invited to examine a set of items from the IFS, laid out in their calibration order (see Table 6). The items towards the bottom of the scale, having lower calibrations, are items that families tend to agree with most. The items towards the top of the scale, having higher calibrations, are items that families tend to agree with least. Because of the robust structure of the scale, a respondent who agrees with a given statement will have a very high likelihood of agreeing, or agreeing even more strongly, with all the items below it on the scale.

For indicator 4a, the stakeholder group agreed that families needed to endorse all items up to and including the item, "Over the past year, early intervention services have helped me and/or my family know about my child's and family's rights concerning Early Intervention services." For indicator 4b, the stakeholder group agreed that families needed to endorse all items up to and including the item, "Over the past year, early intervention services have helped me and/or my family communicate more effectively with the people who

work with my child and family. For indicator 4c, the stakeholder group agreed that families needed to endorse all items up to and including the item, "Over the past year, early intervention services have helped me and/or my family understand my child's special needs." These standards were operationalized by designating as the numerical standard the measure that, in each case, corresponds to the threshold item's calibration. For indicators 4a, 4b, and 4c, the measures representing the standards are 539, 556, and 516, respectively. This ensures that in each case, families with a measure at or above the standard have a .95 likelihood of agreeing with the threshold item.

### Sample Characteristics and Response Rates

Table 2 below shows the sample breakdown, respondent breakdown, and response rates by ethnicity, survey language, and gender of child.

**Table 2. Sample Characteristics and Response Rates by Demographics**

	Mailed	Returned	Rate
American Indian or Alaska Native	42 1.1%	28 1.3%	66.7%
Asian	62 1.6%	38 1.8%	61.3%
Black or African American	33 0.9%	12 0.6%	36.4%
Hispanic/Latino	718 18.6%	387 18.4%	53.9%
Native Hawaiian or Other Pacific Islander	40 1.0%	20 1.0%	50.0%
Two or More Races	103 2.7%	57 2.7%	55.3%
White	2856 74.1%	1556 74.2%	54.5%
English	3509 91.0%	1894 90.3%	54.0%
Spanish	345 9.0%	204 9.7%	59.1%
Female	1364 35.4%	735 35.0%	53.9%

Male	2490	1363	54.7%
	64.6%	65.0%	

**Age When First Referred to Special Education**

Table 3, below, shows the distribution of responses by child's age when first referred to Early Intervention. Note, age at first referral is self-reported and not all respondents completed this item.

**Table 3. Child's Age at Referral**

Birth to 1 Year	723	34.5%
1 - 2 Years	741	35.3%
2 – 3 Years	471	22.4%
Missing	163	7.8%

**Properties of FCSS and IFS Scales**

Table 4 shows the scale properties for the FCSS and IFS. The mean of 748.4 for the IFS exceeds the threshold mean (600), indicating that the Utah Department of Health is helping families to achieve many positive outcomes.

**Table 4. Scale Properties**

FCSS	2,096	733.1	147.9	3.2	726.8 – 739.4
IFS	2,094	748.4	179.1	3.9	740.8 – 756.0

**Agreement with Items**

Table 5 shows the percentage of respondents who agree with the items on the FCSS in order of item calibration, and Table 6 shows the percentage of respondents who agree with the items on the IFS in item calibration order. The frequency distribution responses for both measures are provided in Appendix C.

As can be seen, the majority of families utilizing Early Intervention services in the BWEIP agree with the survey items, and with the exception of two items on the FCSS, the majority of families indicate strong or very strong agreement with the survey items.

Families with children in BWEIP showed less agreement with items regarding the community – that “someone from the Early Intervention program went into the community with me and my child to help us get involved in community activities and services”, that EI services have “helped me and/or my family be part of activities for children and families in my community”, EI services have “helped me and/or my family know about services in my community,” and “EI services “provide social and networking opportunities in the Early Intervention program.”

Additionally, less than half of the families indicated that “someone from the Early Intervention program helped me get in touch with other parents for help and support.”

**Table 5 – Percentage of Respondents Agreeing with Items on FCSS**

774	Q24 - Someone from the Early Intervention program: - went out into the community with me and my child to help us get involved in community activities and services.	42.9%	63.0%
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717	Q22 - Someone from the Early Intervention program: - helped me get in touch with other parents for help and support.	43.8%	68.6%
650	Q21 - Someone from the Early Intervention program: -asked what else the Early Intervention program could do to support my child and my family.	74.4%	94.1%
649	Q9 - I was asked whether I wanted help in dealing with stressful situations.	67.3%	88.0%
645	Q18 - My family was given information about: - how to be part of programs and get other services in the community.	67.2%	88.2%
636	Q17 - My family was given information about: - resources offered that support parents of children participating in this program. [Utah Item]	72.7%	92.0%
625	Q19 - My family was given information about: - how to advocate (speak up to get support) for my child and my family.	70.7%	90.4%
623	Q16 - My family was given information about: - community programs that are open to all children.	71.4%	91.0%
601	Q20 - My family was given information about: - who to call if I am not satisfied with the Early Intervention services my child receives.	67.7%	87.3%
584	Q23 - Someone from the Early Intervention program: - asked whether the services my family was receiving were meeting our needs.	75.3%	94.1%
576	Q7 - I was given help and information about the transition (when my child will leave Early Intervention for other settings or services).	75.8%	93.1%
563	Q10 - I was given choices concerning my family's services and supports.	79.8%	96.0%
547	Q4 - My service coordinator is available to speak with me on a regular basis.	84.7%	97.5%
546	Q13 - The services on our Individualized Family Service Plan (IFSP) have been provided in a timely manner.	87.5%	97.9%
545	Q14 - My family was* given information about: - changing routines, activities, and the physical setting that would help my child.	83.4%	96.5%
541	Q8 - My family's needs (such as transportation, child care, etc.) were considered when planning for my child's services.	83.9%	96.7%
533	Q11 - My family's daily routines were considered when planning for my child's services.	87.1%	97.6%
532	Q15 - My family was given information about: - the rights of parents regarding Early Intervention services.	87.3%	97.7%
523	Q6 - Written information I receive is written in an understandable way.	88.6%	98.3%
519	Q5 - My service coordinator is knowledgeable and professional.	89.5%	98.4%
512	Q1 - The Early Intervention service provider(s) that work with my child: - are dependable.	91.0%	98.1%
512	Q12 - I have felt part of the team when meeting to discuss my child.	88.4%	97.7%
498	Q3 - The Early Intervention service provider(s) that work with my child: - are good at working with my family.	93.2%	98.2%
493	Q2 - The Early Intervention service provider(s) that work with my child: - are easy for me to talk to about my child and my family.	92.9%	98.3%

Table 6 – Percentage of Respondents Agreeing with Items on IFS

678	Q25 – be part of activities for children and families in my community.	54.1%	79.5%
664	Q32 – provide social and networking opportunities in the Early Intervention program. [Utah Item]	60.8%	84.0%
656	Q26 – know about services in the community.	59.6%	85.1%
640	Q29 – know where to go for support to meet my family’s needs.	65.1%	89.1%
609	Q28 – know where to go for support to meet my child’s needs.	71.0%	92.7%
584	Q34 – be more effective in managing my child’s behavior.	76.2%	94.9%
576	Q33 – make changes in family routines that will benefit my child with special needs.	75.3%	94.5%
576	Q35 – do activities that are good for my child even in times of stress.	77.6%	95.8%
570	Q27 – improve my family’s quality of life.	76.7%	96.6%
565	Q36 – feel that I can get the services and supports that my child and family need.	78.8%	96.3%
563	Q30 – get the services that my child and family need.	76.0%	95.9%
559	Q31 – feel more confident in my skills as a parent.	78.6%	96.0%
556	Q39 – communicate more effectively with people who work with my child and my family.	79.3%	96.0%
553	Q37 – understand how the Early Intervention system works.	79.1%	96.7%
546	Q40 – understand the roles of the people who work with my child and my family.	78.4%	96.8%
539	Q41 – know about my child’s and family’s rights concerning Early Intervention services.	80.8%	96.9%
534	Q38 – be able to evaluate how much progress my child is making.	82.4%	96.9%
516	Q43 – understand my child’s special needs.	85.2%	97.6%
498	Q42 – do things with and for my child that are good for my child’s development.	87.8%	98.0%
498	Q44 – feel that my efforts are helping my child.	85.9%	97.9%

**Indicator 4**

Table 7 presents the percentage of families with an IFS measure that met or exceeded each of the three standards for Indicator #4, as well as the 95% confidence interval for the true population percentage. Due to the non-normality of the response distribution (as evidenced by percentages approaching 100), asymmetric confidence intervals were calculated using logit transformations, following the method used by the Utah Department of Health documented on the Indicator-Based Information System for Public Health (IBIS-PH) website (see Appendix D for method).

**Table 7. Percent of Respondents Meeting or Exceeding Indicator #4 Standards**

<b>Indicator 4A:</b>	87.7%	84.1% - 90.6%
Percent of families who report that early intervention services helped them know their rights		

**Indicator 4B:**

Percent of families who report that early intervention services helped them effectively communicate their children's needs	85.9%	82.1% - 89.0%
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**Indicator 4C:**

Percent of families who report that early intervention services helped them help their child develop and learn	92.5%	89.4% - 94.7%
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**Improvement Activities Completed, Contributing to Progress for FFY 2013:**

**Survey Implementation:**

FFY 2014: BWEIP monitored all programs for activities directed toward facilitation of the Utah NCSEAM Family Survey. Each program submits its plan to BWEIP annually for approval. The plans must contain a description of methods for survey promotion, distribution, follow-up, and collection. In general, programs increased the survey's visibility by making announcements and reminders in multiple formats such as newsletters, postcards, letters, flyers, and service providers' individual communications with families, prior to and during survey distribution and collection.

FFY 2014: Programs worked with their staff to ensure their understanding of the survey concepts and incorporating the principles in their interactions with families.

FFY 2014: Programs stressed the importance of survey participation to their staff and families.

FFY 2014: BWEIP distributed four survey announcements in both English and Spanish to all programs to be used in newsletters, postcards, and flyers.

FFY 2014: BWEIP shared information on successful strategies and problems experienced with programs.

FFY 2014: BWEIP monitored and reported back to each program weekly the number of returned surveys. Individual programs implemented strategies to remind families to respond and to return the survey.

FFY 2014: BWEIP also monitored the status of mailing addresses with the contractor, Thoroughbred. Address corrections were made and those dropped from the first mailing were recaptured in a second mailing.

FFY 2014: BWEIP provided survey results to each program as compared to the state SPP targets and Utah averages.

FFY 2014: BWEIP provided technical assistance and item by item review for several programs to determine problem areas.

FFY 2014: BWEIP publicly reported the local program survey results in comparison to the state SPP targets and Utah averages in the individual program profiles posted to [www.UtahBabyWatch.org](http://www.UtahBabyWatch.org) website and through a media advisory.

**Resolution of previously identified noncompliance for FFY 2013**

N/A

**Revisions to Improvement Activities for FFY 2014: N/A**

-

**Was sampling used?** No

**Was a collection tool used?** Yes

**Is it a new or revised collection tool?** No

Yes, the data accurately represent the demographics of the State

No, the data does not accurately represent the demographics of the State

**Actions required in FFY 2013 response**

None

**OSEP Response**

**Required Actions**

**Indicator 5: Child Find (Birth to One)**

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥			0.80%	0.82%	0.84%	0.86%	0.88%	0.90%	0.92%	0.83%
Data		0.66%	0.72%	0.64%	0.57%	0.59%	0.65%	0.80%	0.87%	0.86%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2014 - FFY 2018 Targets**

FFY	2014	2015	2016	2017	2018
Target ≥	0.84%	0.85%	0.86%	0.87%	0.88%

Key:

**Targets: Description of Stakeholder Input**

Baby Watch solicited discussion and input from stakeholder groups for setting the Results Indicators 2, 3, 4, 5, and 6 targets for the FFY 2013-2018 State Performance Plan/Annual Performance Report (SPP/APR). Two meetings were held to present the data and seek involvement from stakeholder groups that are comprised of ICC members, parents, EI Provider Consortium and partnering agencies/programs; including Utah State Office of Education, Migrant and Homeless, Utah Parent Center, Bureau of Child Development, Children with Special Health Care Needs, Early Head Start, Child Protection, The Utah Parent Center, the Office of Home Visiting, Utah Schools for the Deaf and the Blind, Medicaid, CHIP, University Personnel Preparation Centers, Center for Persons with Disabilities and Utah Department of Insurance, and early intervention service coordinators, specialists, therapists and administrators. The BWEIP Provider Consortium was held in October 2014 and the Interagency Coordinating Council (ICC) was held November 2014.

At each extended meeting Baby Watch Staff presented the historical data and targets for each of the five indicators, as well as local and national comparisons and the improvement activities that have contributed to the statewide performance for each. Each results indicator was discussed at length and is detailed in the corresponding stakeholder input section. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the six-year results indicator's targets.

In December 2014, draft document was compiled that combined the target setting recommendations and rationales from both stakeholder meetings. The draft document was sent out to both stakeholder groups for further comment and refinement. All feedback was received by January 2015 and was incorporated in the final SPP/APR documentation of targets and rationales.

Stakeholder Indicator 5 discussion and target selection rationale.

Recently trending upward (2011), want the trend to "take"

-Continues substantially below the national baseline of 1.06%

-2006-2012 targets not met

additional stakeholder comments

The .5% increments for A and B each year should be .1% increase like it is for C.

Given that this is an area we have struggled with, establishing targets increasing by .02% is attainable and realistic. I'm interested in how programs nationwide are serving the birth-12 mo. population at a greater percentage, (possibly eligibility criteria). Our program has established a goal of increasing referrals for birth-12 months. We're hopeful that programs across the board could share their efforts and successes in targeting this population.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	<a href="#">Number of infants and toddlers birth to 1 with IFSPs</a>	427	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	4/3/2014	<a href="#">Population of infants and toddlers birth to 1</a>	50,629	null

**FFY 2014 SPP/APR Data**

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
427	50,629	0.86%	0.84%	0.84%

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

Explanation of Progress for FFY 2014:

The SPP target for December 1, 2014 of 0.84% was met. As part of the review of Indicator 5 data, BWEIP considers year-to-year changes (from the previous to the current year) in the percentage of infants served and the infant population, as well as the absolute number of infants served. The absolute number of infants served in Utah decreased negligibly by -0.002%  $[(427 - 428) / 428 = -1 / 428 = -0.002\%]$  from December 1, 2013 to December 1, 2014. The infant population in Utah increased by 1.15%  $[(50,629 - 50,052) / 50,052 = 577 / 50,052 = 1.15\%]$  from December 1, 2013 to December 1, 2014.

Year-to-year changes in the number of infants served, infant population, and percentage of infants served for 2004-2014 are shown in Table 1. Over this time period, the number of infants served by providers showed a downward trend from 2004 through 2010, but increased to a record high of 438 infants in 2012. In 2014, a decrease of one infant from the 2011 count was observed (a decrease from 428 to 427 infants served). Utah experienced significant population growth in the first decade of the 21<sup>st</sup> century, but the infant population has been trending downward each year since the record high in 2008. Infant population figures from the 2010 Census appear to reflect more accurately the current number of infants in the state than the intercensal estimates used for the latter part of the previous decade. Targets for this indicator have not been met from 2005-2012 but were met in both 2013 and 2014.

Another consideration in analyzing and understanding these year-to-year changes is that BWEIP began electronic data collection in 2005, with the introduction of the Baby and Toddler Online Tracking System (BTOTS) statewide. As with targets for APR Indicator 2, Indicator 5 targets for 2005-2010 were set based on data that was "hand-collected" prior to 2005.

Table 1. Year-To-Year Changes of Number of Infants Served, Infant Population, and Percentage of Infants Served for FFY 2005-2013

Reporting Date	# Infants Served	% Change in # Infants	Infant Population <sup>1</sup>	% Change in Population Target	% Infants Served <sup>2</sup>
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FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

	Served					
December 1, 2004	360 <sup>3</sup>		50,051 (50,755)		N/A	0.72%
December 1, 2005	320 <sup>4</sup>	-11.1%	49,602 (50,813)	-0.9%	0.78%	0.65%
December 1, 2006	349 <sup>4</sup>	9.1%	52,310 (48,886)	5.5%	0.80%	0.67%
December 1, 2007	339 <sup>4</sup>	-2.9%	53,376	2.0%	0.82%	0.64%
December 1, 2008	324 <sup>5</sup>	-4.4%	57,069	6.9%	0.84%	0.57%
December 1, 2009	339 <sup>6</sup>	4.6%	57,018	-0.1%	0.86%	0.59%
December 1, 2010	344 <sup>7</sup>	1.5%	52,675	-7.6%	0.88%	0.65%
December 1, 2011	410 <sup>8</sup>	19.2%	51,126	-2.9%	0.90%	0.80%
December 1, 2012	438 <sup>9</sup>	6.8%	50,276	-1.7%	0.92%	0.87%
December 1, 2013	428 <sup>10</sup>	-2.3%	50,052	-0.45%	0.83%	0.86%
December 1, 2014	427 <sup>11</sup>	-0.002%	50,629	1.15%	0.84%	0.84%

<sup>1</sup>Two sets of population figures are shown, July 2008-2009 and pre-July 2008 Subcounty Population Estimates; pre-July 2008 estimates are shown in parentheses. 2010-2011 population figures come from the 2010 U.S. Bureau of the Census.

<sup>2</sup>Source: (a) For 2004-2005 and 2006 data, DANS Table 8-4; percentages shown are based on U.S. Census Bureau Subcounty Population Estimates released July 2008. (b) For 2007 data, U.S. Department of Education, Office of Special Education Programs (OSEP), Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2007. (c) For 2008 data, U.S. Department of Education, Office of Special Education Programs (OSEP), Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2008. (d) For 2009 data, U.S. Department of Education, Office of Special Education Programs (OSEP), Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2009. (e) For 2010 data, U.S. Department of Education, Office of Special Education Programs (OSEP), Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2010. (f) For 2011 data, U.S. Department of Education, Office of Special Education Programs (OSEP), Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2011. (g) For 2012 data, U.S. Department of Education, Office of Special Education Programs (OSEP), EDFacts Metadata and Process System (EMAPS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2012. (h) For 2013 data, U.S. Department of Education, Office of Special Education Programs (OSEP), EDFacts Metadata and Process System (EMAPS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2013.

<sup>3</sup>Revised Table 1 submitted to OSEP and Westat October 20, 2005.

<sup>4</sup>Revised Table 1 submitted to OSEP and Westat April 21, 2008.

<sup>5</sup>Revised Table 1 submitted to OSEP and Westat September 9, 2009.

<sup>6</sup>Revised Table 1 submitted to OSEP and DAC April 2, 2010.

<sup>7</sup>Revised Table 1 submitted to OSEP and DAC May 24, 2011.

<sup>8</sup>Revised Table 1 submitted to OSEP and DAC February 28, 2012.

<sup>9</sup>Revised Table 1 submitted to EMAPS February 27, 2013.

<sup>10</sup>Revised Table 1 submitted to EMAPS June 30, 2014.

<sup>11</sup>Revised Table 1 submitted to EMAPS June 8, 2015.

Improvement Activities Completed for FFY 2014 For APR Indicators 5 and 6:

BWEIP continued involvement with agencies and providers statewide that refer to early intervention including the foster care system; hospitals; NICU's; birthing centers; family and pediatric practices; public clinics; homeless shelters; Children with Special Health Care Needs; Head Start; Women, Infants, and Children; Newborn Hearing Screening; Voices for Utah Children; Utah Family Voices; Family Investment Coalition; Utah Schools for the Deaf and the Blind; Office of Child Care; Office of Home Visiting; Hispanic Community

**FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

Center; Indian Health Services; United Way "Help Me Grow"; Children's Health Insurance Program; Infant Mental Health; Utah Autism Council; and Legislative Coalition for Persons with Disabilities.

Referrals by the Division of Child and Family Services to EI programs following screening, as required by the Child Abuse Prevention and Treatment Act interagency agreements, continue statewide. Preparation work is in process for electronic CAPTA referrals to begin July 2015.

The United Way "Help Me Grow 211" is the central directory for referrals to the BWEIP.

Continued focus on improving the numbers of children served birth to 12 months by working on the following goals.

- Increasing appropriate infant referrals;
- Increasing awareness in social media and marketing that includes developmental milestones with information regarding possible developmental red flags, including linking to "Know The Sign Act Early";
- Continuing to analyze BTOTS data in relationship to referrals and enrollment for children birth to one.
- Increasing professional development activities within programs (quality of movement, eligibility, infant development, feeding, prematurity, and clinical opinions etc.);
- Exploring eligibility requirements and assessment measures for infants;
- Providing developmental charts to each area hospital – these charts would have program contact information in a go-home in a packet that would be given to all new moms;
- Assessing barriers to enrollment;
- Exploring impact of program resources of increased referrals and enrollment; and
- Reviewing SPP targets.

During FFY 2014, BWEIP reviewed BTOTS reports for the state as a whole and each program to determine how families heard about early intervention. Programs are encouraged to review these reports periodically to make necessary child find activity adjustments.

As seen in Table 2, referral sources remain fairly constant between all referrals and referrals found eligible. Overall, 62% of all children referred to BWEIP come from health care providers and hospitals. Of the referrals from health care providers and hospitals 69% are found eligible for early intervention services.

Table 2. How Families Heard about Early Intervention in Utah during FFY 2014, by \*Children Referred and by Children found Eligible Birth to Age Three

How Families Heard About Early Intervention	*Children Referred	Children Referred and Found Eligible		Eligible Referrals %
		N	%	

	<b>N</b>	<b>%</b>			
Health Care Provider	3,777	52%	2,682	54%	71%
Family or Friend	768	10.5%	517	10%	67%
Early Intervention Provider	619	8.3%	503	10%	81%
Hospital	661	9.5%	442	9%	67%
Sibling in Early Intervention	463	6%	344	7%	74%
School or Child Care Provider	310	4.2%	200	4%	65%
Social Service Agency	314	4.2%	93	2%	30%
Media	391	5.3%	187	4%	48%
<b>*Total</b>	<b>7,303</b>	<b>100%</b>	<b>4,968</b>	<b>100</b>	<b>68%</b>

\* Referral source may not be available for all children. Some children referred during the last two months of the FFY 2014 may not have been found eligible until early FFY 2015, while some children found eligible in FFY 2014 may have been referred in late FFY 2013.

	<b>Referred</b>	<b>Found</b>
<b>Eligible</b>		
Health Care Provider	53%	50%
Family or Friend	13%	15%
Early Intervention Provider	9%	9%
Hospital	8%	11%
Sibling in Early Intervention	6%	6%
School or Child Care Provider	5%	4%
Social Service Agency	3%	2%
Media	4%	3%
<b>Total</b>	<b>100%</b>	<b>100%</b>

As seen in Table 3, the majority of children are between the ages of one and three (74%), when referred to BWEIP, while infants less than 12 months old comprise 26% of referrals.

Table 3. BWEIP Age at Referral during FFY 2014

Age at Referral	Number Referred	% Referred
Birth to One Year	1,891	26%
One to Two Years	2,533	35%
Two to Three Years	2,878	39%
<b>Total Birth to Three Years</b>	<b>7,302</b>	<b>100%</b>

As presented in Table 4, the majority (74.1%) of the total number of children found eligible in FFY 2014 are between ages one and three. Children between ages two and three comprise the largest group at 39.4%. Infants, the smallest percentage at 25.8% has decreased from 27.6% in FFY 2013.

Table 4. BWEIP Age at Eligibility During FFY 2013 and FFY 2014

Age at Eligibility	Number Eligible 2013	Number Eligible		% Eligible	
		2014	2013	2013	2014
Birth to One Year	1,285	1,283	27.6%	25.8%	
One to Two Years	1,441	1,557	31.0%	31.3%	

**FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

Two to Three Years	1,927	2,128	41.4%	42.8%
<b>Total Birth to Age Three</b>	<b>4,653</b>	<b>4,968</b>	<b>100%</b>	<b>100%</b>

As shown in Table 5, in FFY 2014 68% of children referred to early intervention were found eligible as was the case in FFY 2013. Children between two and three years of age show the highest rate of eligibility at 74% followed by infants, birth through 12 months at 68%. Of the infants referred and found eligible the percentage decreased by approximately 2% at 68% as compared to 70% in FFY 2013. The number of eligible infants decreased by 2, from 1,185 in FFY 2013 to 1,283 in FFY 2014, while the number of infants referred increased by 50, from 1,841 in FFY 2013 and 1,891 in FFY 2014.

**Table 5. BWEIP Percentage of Referred Children Found Eligible during FFY 2014**

<b>Age at Eligibility</b>	<b>Number Referred</b>	<b>Number Eligible</b>	<b>% Referred Found Eligible</b>
Birth to One Year	1,891	1,283	68%
One to Two Years	2,533	1,557	61%
Two to Three Years	2,878	2,128	74%
<b>Total Birth to Three Years</b>	<b>7,302</b>	<b>4,968</b>	<b>68%</b>

**Actions required in FFY 2013 response**

None

**OSEP Response**

**Required Actions**

**Indicator 6: Child Find (Birth to Three)**

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥			1.88%	1.86%	1.90%	1.92%	1.95%	1.96%	1.97%	2.10%
Data		1.90%	1.84%	1.92%	1.88%	1.96%	2.13%	2.17%	2.34%	2.37%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2014 - FFY 2018 Targets**

FFY	2014	2015	2016	2017	2018
Target ≥	2.15%	2.20%	2.25%	2.30%	2.35%

Key:

**Targets: Description of Stakeholder Input**

Baby Watch solicited discussion and input from stakeholder groups for setting the Results Indicators 2, 3, 4, 5, and 6 targets for the FFY 2013-2018 State Performance Plan/Annual Performance Report (SPP/APR). Two meetings were held to present the data and seek involvement from stakeholder groups that are comprised of ICC members, parents, EI Provider Consortium and partnering agencies/programs; including Utah State Office of Education, Migrant and Homeless, Utah Parent Center, Bureau of Child Development, Children with Special Health Care Needs, Early Head Start, Child Protection, The Utah Parent Center, the Office of Home Visiting, Utah Schools for the Deaf and the Blind, Medicaid, CHIP, University Personnel Preparation Centers, Center for Persons with Disabilities and Utah Department of Insurance, and early intervention service coordinators, specialists, therapists and administrators. The BWEIP Provider Consortium was held in October 2014 and the Interagency Coordinating Council (ICC) was held November 2014.

At each extended meeting Baby Watch Staff presented the historical data and targets for each of the five indicators, as well as local and national comparisons and the improvement activities that have contributed to the statewide performance for each. Each results indicator was discussed at length and is detailed in the corresponding stakeholder input section. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the six-year results indicator's targets.

In December 2014, draft document was compiled that combined the target setting recommendations and rationales from both stakeholder meetings. The draft document was sent out to both stakeholder groups for further comment and refinement. All feedback was received by January 2015 and was incorporated in the final SPP/APR documentation of targets and rationales.

Stakeholder Indicator 6 discussion and target selection rationale.

-Jumped upward and targets met 2009 - 2012

-Below the national mean but in the 2%-3% range where the majority of states are.

-SSIP activities may increase retention of some families in the target population.

additional stakeholder comments

This is difficult for some programs.

We are performing at the proposed targets established within the 2%-3% range where the majority of states find themselves. An increase of .05% is realistic and sustainable. We have been increasing the percentage of infants and toddlers with IFSPs over the past several years. We may want to revisit our target if we find that SSIP activities increase referrals and retention of some families in the target population.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	<a href="#">Number of infants and toddlers birth to 3 with IFSPs</a>	3,841	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2014	7/2/2015	<a href="#">Population of infants and toddlers birth to 3</a>	150,634	

**FFY 2014 SPP/APR Data**

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
3,841	150,634	2.37%	2.15%	2.55%

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

Explanation of Progress for FFY 2014:

The SPP target for December 1, 2014 of 2.15% was met. As part of the review of Indicator 6 data, BWEIP considers year-to-year changes (from the previous to the current year) in the percentage of infants and toddlers served and the birth to three population, as well as the absolute number of infants and toddlers served. The absolute number of 0- to 3-year-olds served in Utah increased by 8.0%  $[(3,841 - 3,558) / 3,558 = 283 / 3,558 = 8.0\%]$  from December 1, 2013 to December 1, 2014. The birth to three population in Utah increased by 0.25%  $[(150,634 - 150,265) / 150,265 = 369 / 150,265 = 0.25\%]$  from December 1, 2013 to December 1, 2014.

Year-to-year changes in the number of infants and toddlers served the birth to three population, and percentage of infants and toddlers served for 2004-2014 are shown in Table 1. Over this time period, providers in Utah have increased the number of infants and toddlers they served every year. During this same timeframe, Utah experienced significant population growth, with the birth to three population increasing every year until 2010, when it began trending downward. The birth to three population figures from the 2010 Census appear to reflect more accurately the current number of 0- to 3-year-olds in the state than the intercensal estimates used for the latter part of the previous decade. Targets for this indicator were met and exceeded every year except for FFY 2006-2007 and FFY 2008-2009.

Another consideration in analyzing and understanding these year-to-year changes is that the BWEIP began electronic data collection in 2005, with the introduction of the Baby Toddler Online Tracking System (BTOTS) statewide. As with targets for APR Indicator 2, Indicator 5 targets for 2005-2010 were set based on data that was "hand-collected" prior to 2005.

The background and historical information detailed as part of Indicator 5 applies to Indicator 6 as well. Please refer to Indicator 5. pp 1-2.

Table 1. Year-To-Year Changes in the Number of 0- to 3-Year-Olds Served, 0- to 3-Year-Old Population, and 0- to 3-Year-Old Percentage Served for FFY 2004-2014

Reporting Date	# 0-3 Served	% Change in # 0-3 Served	0-3 Population <sup>1</sup>	% Change in 0-3 Population	Target	% 0-3 Served <sup>2</sup>
December 1, 2004	2,524 <sup>3</sup>		145,226 (146,965)			1.74%
December 1, 2005	2,676 <sup>4</sup>	6.0%	148,204 (150,943)	2.1%	1.80%	1.81%
December 1, 2006	2,777 <sup>4</sup>	3.8%	152,227 (150,581)	2.7%	1.88%	1.82%

**FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

December 1, 2007	2,989 <sup>4</sup>	7.6%	155,483	2.1%	1.86%	1.92%
December 1, 2008	3,117 <sup>5</sup>	4.3%	165,985	6.8%	1.90%	1.88%
December 1, 2009	3,284 <sup>6</sup>	5.4%	167,932	1.2%	1.92%	1.96%
December 1, 2010	3,384 <sup>7</sup>	3.1%	159,028	-5.3%	1.95%	2.13%
December 1, 2011	3,392 <sup>8</sup>	0.24%	156,106	-1.8%	1.96%	2.17%
December 1, 2012	3,577 <sup>9</sup>	5.4%	152,262	-2.5%	1.97%	2.34%
December 1, 2013	3,558 <sup>10</sup>	-0.53%	150,265	-1.33	2.10%	2.37%
December 1, 2014	3,841 <sup>11</sup>	8.0%	150,634	0.25%	2.15%	2.55%

<sup>1</sup>Two sets of population figures are shown, July 2008-2009 and pre-July 2008 Subcounty Population Estimates; pre-July 2008 estimates are shown in parentheses. 2010-2011 population figures come from the 2010 U.S. Bureau of the Census.

<sup>2</sup>Source: (a) For 2004-2005 and 2006 data, DANS Table 8-4; percentages shown are based on U.S. Census Bureau Subcounty Population Estimates released July 2008. (b) For 2007 data, U.S. Department of Education, Office of Special Education Programs (OSEP), Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2007. (c) For 2008 data, U.S. Department of Education, Office of Special Education Programs (OSEP), Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2008. (d) For 2009 data, U.S. Department of Education, Office of Special Education Programs (OSEP), Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2009. (e) For 2010 data, U.S. Department of Education, Office of Special Education Programs (OSEP), Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2010. (f) For 2011 data, U.S. Department of Education, Office of Special Education Programs (OSEP), Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2011. (g) For 2012 data, U.S. Department of Education, Office of Special Education Programs (OSEP), EDFacts Metadata and Process System (EMAPS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2012. (h) For 2013 data, U.S. Department of Education, Office of Special Education Programs (OSEP), EDFacts Metadata and Process System (EMAPS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2013.

<sup>3</sup>Revised Table 1 submitted to OSEP and Westat October 20, 2005.

<sup>4</sup>Revised Table 1 submitted to OSEP and Westat April 21, 2008.

<sup>5</sup>Revised Table 1 submitted to OSEP and Westat September 9, 2009.

<sup>6</sup>Revised Table 1 submitted to OSEP and DAC April 2, 2010.

<sup>7</sup>Revised Table 1 submitted to OSEP and DAC May 24, 2011.

<sup>8</sup>Revised Table 1 submitted to OSEP and DAC February 28, 2012.

<sup>9</sup>Revised Table 1 submitted to EMAPS February 27, 2013.

<sup>10</sup>Revised Table 1 submitted to EMAPS June 30, 2014.

<sup>11</sup>Revised Table 1 submitted to EMAPS June 8, 2015.

Improvement Activities Completed and Discussion for Indicator 5 applies to Indicator 6 as well.

**Please refer to Indicator 5.**

**Actions required in FFY 2013 response**

None

**OSEP Response**

**Required Actions**

**FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 7: 45-day timeline**

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)

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		96.60%	98.00%	96.50%	97.00%	98.80%	99.60%	99.70%	100%	100%

Key:  Gray – Data Prior to Baseline

**FFY 2014 - FFY 2018 Targets**

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

**FFY 2014 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 2013 Data*	FFY 2014 Target*	FFY 2014 Data
4358	4358	100%	100%	100%

**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.*

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

- State monitoring
- 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).

July 1, 2014 - June 30, 2015

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

The data was collected for this indicator for all Baby Watch Early Intervention programs through the statewide database, the Baby and Toddler Online Tracking System (BTOTS), and includes all newly-referred children who were found eligible and for whom an initial IFSP was required to be conducted during the time period July 1, 2014 through June 30, 2015.

**Actions required in FFY 2012 response**

None

**Correction of Findings of Noncompliance Identified in FFY 2013**

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

**OSEP Response**

**Required Actions**

## Indicator 8A: Early Childhood Transition

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 SEA and the 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)

### Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		97.00%	90.00%	98.70%	97.00%	95.60%	100%	100%	100%	100%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

### FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

### FFY 2014 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.

Yes

No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
3,191	3,191	100%	100%	100%

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)	null
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### What is the source of the data provided for this indicator?

State monitoring

 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).

July 1, 2014 - June 30, 2015

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

The data for the FFY 2014 APR submission for this indicator includes all children 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 exiting Part C where These children that were at least 33 months old and exited EI from July 1, 2014 through June 30, 2015.

**Actions required in FFY 2013 response**

None

**Correction of Findings of Noncompliance Identified in FFY 2013**

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

**OSEP Response**

**Required Actions**

## Indicator 8B: Early Childhood Transition

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 SEA and the 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)

### Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		93.00%	97.87%	94.70%	94.80%	99.30%	100%	100%	100%	100%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

### FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

### FFY 2014 SPP/APR Data

Data include notification to both the SEA and LEA

- Yes
- No

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 2013 Data*	FFY 2014 Target*	FFY 2014 Data
3,086	3,191	100%	100%	100%

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 when calculating the FFY 2014 Data)	105
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### Describe the method used to collect these data

The data for the FFY 2014 APR submission for this indicator includes all children 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 exiting Part C where These children that were at least 33 months old and exited EI from July 1, 2014 through June 30, 2015.

**Do you have a written opt-out policy? Yes**

**Is the policy on file with the Department? Yes**

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

- State monitoring
- 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).**

July 1, 2014 - June 30, 2015

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

The data for the FFY 2014 APR submission for this indicator includes all children 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 exiting Part C where These children that were at least 33 months old and exited EI from July 1, 2014 through June 30, 2015.

**Actions required in FFY 2013 response**

None

**Correction of Findings of Noncompliance Identified in FFY 2013**

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

**OSEP Response**

**Required Actions**

## Indicator 8C: Early Childhood Transition

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 SEA and the 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)

### Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		86.00%	92.00%	100%	95.00%	93.00%	97.00%	99.60%	99.51%	100%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

### FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

### FFY 2014 SPP/APR Data

#### Explanation of Alternate Data

2709 children exited at age three, 482 children exited between 27 months and 33 months and therefore were not eligible for a transition conference at the time of exit.

2709 + 482 = 3191

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services



Yes



No

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least 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 2013 Data*	FFY 2014 Target*	FFY 2014 Data
1,854	2,709	100%	100%	99.37%

**FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

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 when calculating the FFY 2014 Data)	495
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 at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B)	346

**Explanation of Slippage**

**Explanation of Slippage in FFY 2014:**

The percentage of records in compliance decreased from 100.00% in FFY 2013 to 99.37% in FFY 2014, an decrease of 0.63%.

Of 1,868 records reviewed in BTOTS that required a transition conference, 1,854 showed that a transition conference was held in a timely manner. Table 1 lists the 14 late transition conferences, delay reasons, and the number of days transition conferences were late, unless the child was no longer under the jurisdiction of BWEIP.

Table 1. Delay Reasons and Length of Delay for Late Transition Meetings, FFY 2014

Delay Reasons for Late Transition Meetings							Child No Longer in EI	Total
Provider Schedule								
# Days Late	1-5	6-10	31-45	46-60	61-75	76-90	Over 90	Not Held
# Late Event	5	2	1	1	0	0	0	14

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

- State monitoring
- 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).**

July 1, 2014 - June 30, 2015

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

The data was collected for this indicator for all Baby Watch Early Intervention programs through the statewide database, the Baby and Toddler Online Tracking System (BTOTS), and includes all children who were potentially eligible for Part B and for whom transition conferences were due from July 1, 2014 through June 30, 2015.

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

**Improvement Activities Completed in FFY 2014:**

FFY 2014: BWEIP continues to encourage EI providers to analyze data by drilling down to the child level for reasons for delays and make necessary process adjustments to prevent future delayed transition conferences. These activities were incorporated into all EI providers' data accuracy plans.

FFY 2014: TA on transition logs and report drill down is ongoing. The contact logs contain detailed information about family and provider circumstances, delays, and contact history.

**Correction of Findings of Noncompliance Made During FFY 2013 data (if State reported less than 100% compliance):**

BWEIP identified no findings of noncompliance for timely transition conferences in FFY 2013.

:

1. Number of findings of **noncompliance the State made during FFY 2013.**

**0**

**FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

- 1. Number of FFY 2013 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding) 0
  
- 1. Number of FFY 2013 findings not verified as corrected within one year [(1.) minus (2.)] 0
  
- 1. Number of FFY 2013 findings not timely corrected (same as the number from (3.) above) 0
  
- 1. Number of FFY 2013 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction") 0
  
- 6. Number of FFY 2013 findings not verified as corrected [(4.) minus (5.)] 0

**FFY 2013 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected: N/A**

**Actions Taken if Noncompliance Not Corrected: N/A**

**Verification of Correction of FFY 2013 findings of noncompliance (either timely or subsequent):**

EI program compliance with transition conference requirements is a component of the annual database monitoring for each EI program for the full 12-month reporting period. These monitoring reviews included a review by each local program of timely transition conference requirements through the review of data, written policies, and individual child files. Similarly, BWEIP staff also conducted on-site and off-site reviews of data, procedures, and individual child files. When noncompliance was identified, each program was required to respond in writing to a Corrective Action (CA) to address and correct all incidences of noncompliance.

**Actions required in FFY 2013 response**

None

**Correction of Findings of Noncompliance Identified in FFY 2013**

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

**OSEP Response**

Because the State reported less than 100% compliance for FFY 2014, the State must report on the status of correction of noncompliance identified in FFY 2014 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2015 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2014 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2015 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 2014, although its FFY 2014 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2014.

**Required Actions**

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## Indicator 9: Resolution Sessions

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 are adopted).

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

### Historical Data

Baseline Data:

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥										
Data										

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

### FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥					

Key:

### Targets: Description of Stakeholder Input

### Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/5/2015	<a href="#">3.1(a) Number resolution sessions resolved through settlement agreements</a>	null	null
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/5/2015	<a href="#">3.1 Number of resolution sessions</a>	null	null

### FFY 2014 SPP/APR Data

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
null	null			

**Actions required in FFY 2013 response**

None

**OSEP Response**

This indicator is not applicable to the State.

**Required Actions**

## Indicator 10: Mediation

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)

### Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥			0%	0%	0%	0%	0%	0%	0%	
Data		0%	0%	0%	0%	0%	0%	0%	0%	

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

### FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥					

Key:

### Targets: Description of Stakeholder Input

N/A

### Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/5/2015	<a href="#">2.1.a.i Mediations agreements related to due process complaints</a>	n	null
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/5/2015	<a href="#">2.1.b.i Mediations agreements not related to due process complaints</a>	n	null
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/5/2015	<a href="#">2.1 Mediations held</a>	n	null

### FFY 2014 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
0	0	0			

**Actions required in FFY 2013 response**

None

**OSEP Response**

The State reported fewer than ten mediations held in FFY 2014. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

**Required Actions**

## Indicator 11: State Systemic Improvement Plan

Monitoring Priority: General Supervision

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

### Reported Data

Baseline Data: 2013

FFY	2013	2014
Target		65.00%
Data	65.00%	70.78%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  
Blue – Data Update

### FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	65.00%	65.00%	66.00%	67.00%

Key:

### Description of Measure

#### State Identified Measureable Result (SIMR)

As a result of data analysis and in-depth discussion that has occurred over the past year by the SSIP Core Work Team, SSIP Leadership Team, and the SSIP Broad Stakeholder Group, Utah's SiMR is to "substantially increase the rate of growth in positive social-emotional skills (including social relationships) for culturally diverse infants and toddlers with disabilities in Utah by the time they exit Part C." These children will move closer in functioning to that of same-aged peers, as reflected in Summary Statement 1.

### Targets: Description of Stakeholder Input

Complete overview attached

and detailed stakeholder participation chart

## Overview: Utah's Part C State Systemic Improvement Plan (SSIP)

#### Utah Early Intervention System

The Utah Department of Health (UDOH) is the state's lead agency for the Individuals with Disabilities Education Act (IDEA) Part C program for the state of Utah. Within UDOH, the Baby Watch Early Intervention Program (BWEIP) is part of the Bureau of Child Development (BCD).

During Federal Fiscal Year 2013 (FFY13), BWEIP granted contracts to 15 statewide local early intervention agencies (EIS) for the purpose of ensuring all families have equitable access to a locally-coordinated system of early intervention services. The types of organizations that administered one or more local early intervention programs included two local health departments; four local school districts; six nonprofit agencies; and two universities. As a result, over 10,000 infants and toddlers and their families received early intervention services throughout FFY13.

In order to ensure services are coordinated and follow IDEA Part C requirements, each EIS provider conforms to the rules, regulations, and policies set by the BWEIP through contract performance and compliance.

#### State Systemic Improvement Plan (SSIP) Leadership and Work Teams

BWEIP followed Office of Special Education Programs (OSEP) and Early Childhood Technical Assistance (ECTA) guidance and recognized that four levels of leadership and work teams would benefit and make possible SSIP planning, development, and implementation. Previous projects have had positive results utilizing the diverse expertise, knowledge, and perspectives of state and local agencies and their stakeholders. From the introduction of Results Driven Accountability (RDA) and beginning phase of the SSIP process, BWEIP involved the state Interagency Coordinating Council (ICC), which consists of parents and agency leaders and local EIS administrators and providers, and child and family advocates as stakeholders.

**FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

*SSIP BWEIP Team*

BWEIP state staff organized a SSIP BWEIP Team to begin the development of Phase I of the SSIP. The SSIP BWEIP Team consisted of senior staff including the Part C Program Manager, Project Coordinator (Education and Compliance), Data Team/618 Data Manager, Comprehensive System of Personnel Development (CSPD) Coordinator, and the ICC Program Specialist.

The BWEIP SSIP Team, in addition to the SSIP Broad Stakeholder Group, convened a twenty-six member SSIP Leadership Team. Seven representatives of the Leadership Team agreed to serve for one year with the SSIP BWEIP Team to form the SSIP Core Work Team. The levels of involvement of the three SSIP teams and the Broad Stakeholder Group are shown in Table 1.

**Figure 1.** Utah's SSIP Teams and Broad Stakeholder Group

Activities	SSIP BWEIP Team Program Manager, Data Team, Education and Compliance Team	SSIP Core Work Team BWEIP Staff, ECTA Staff, Representatives of the SSIP Leadership Team (four that are parents of a special needs child)	SSIP Leadership Team BWEIP Staff, ECTA Staff, Representatives of State Agencies, Parent Advocacy, ICC Members, EI Service Providers and Administrators	Broad Stakeholder Group BWEIP Staff, ECTA Staff, BCD staff, All ICC members, All EI Service Providers and EI Program Administrators
<i>Designate SSIP BWEIP staff</i>	large-Check-Mark-Sign-166.6-4261[1]			
<i>SSIP Introduction</i>	large-Check-Mark-Sign-166.6-4261[1]			large-Check-Mark-Sign-166.6-4261[1]
<i>Initial Draft SSIP Phase 1 Activities and Timeline</i>	large-Check-Mark-Sign-166.6-4261[1]			
<i>Invitation to participate in SSIP Leadership Team</i>	large-Check-Mark-Sign-166.6-4261[1]			large-Check-Mark-Sign-166.6-4261[1]
<i>Orientation to SSIP Phase 1.</i>	large-Check-Mark-Sign-166.6-4261[1]		large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]
<i>Analyze key data</i>	large-Check-Mark-Sign-166.6-4261[1]		large-Check-Mark-Sign-166.6-4261[1]	
<i>In-depth low performance analysis</i>	large-Check-Mark-Sign-166.6-4261[1]		large-Check-Mark-Sign-166.6-4261[1]	
<i>Broad Infrastructure Analysis</i>	large-Check-Mark-Sign-166.6-4261[1]		large-Check-Mark-Sign-166.6-4261[1]	
<i>Report analyses</i>	large-Check-Mark-Sign-166.6-4261[1]		large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]
<i>SSIP Core Work Team formation</i>	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]	
<i>Define and limit scope of the SSIP</i>	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]		
<i>Further refinement of COSF data (Meaningful Differences )</i>	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]		

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

<i>Determine SiMR focus</i>	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]
<i>Refine SiMR Selection</i>	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]		
<i>Report SiMR Selection</i>	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]
<i>Devise Root Cause Analysis for SiMR</i>	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]		
<i>Train EIS Programs to Conduct Root Cause Analysis</i>		large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]
<i>Synthesize Root Cause Analysis conducted by EI Programs</i>	large-Check-Mark-Sign-166.6-4261[1]			
<i>Discuss results of Root Cause Analysis</i>	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]		
<i>Report results of Root Cause Analysis</i>	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]
<i>Discussion to determine broad- coherent improvement strategies to address the SiMR</i>	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]		
<i>Report on improvement strategies to address the SiMR</i>	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]
<i>Refine coherent Improvement strategies</i>	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]		
<i>Report out on the Final SSIP Document</i>	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]	large-Check-Mark-Sign-166.6-4261[1]

In addition to the SSIP BWEIP Team and SSIP Broad Stakeholder Group, we convened a 26-member SSIP Leadership Team and a seven-member SSIP Core Work Team, as shown in Figure 1.

*SSIP Leadership Team*

The SSIP BWEIP Team wanted to assemble an SSIP Leadership Team with a representative group of stakeholders. BWEIP notified stakeholders statewide of the opportunity to join the SSIP Leadership Team, distributing invitations by email with an RSVP requested. The invitation was reiterated after the presentations of the ECTA SSIP overview at both the spring 2014 ICC and EIS provider meetings. Potential stakeholders with early intervention experience and expertise were strongly encouraged to consider joining the SSIP Leadership Team.

Twenty-six stakeholders responded positively to the notice of invitation and identified their early intervention interest, knowledge, and experience. These stakeholders included individuals representing the ICC, State lead agencies, local EIS providers, the Utah Parent Center (UPC), Early Head Start, higher education personnel preparation, and the BCD. Five respondents indicated they were also parents of a special needs child or a child who had received early intervention services.

A daylong in-person kickoff meeting occurred in July 2014 with the full SSIP Leadership Team in attendance. Continued SSIP Leadership Team statewide participation after that time was made possible by meetings occurring by teleconference and webinar.

SSIP Leadership Team meetings began in June 2014 and have continued to occur up to the present time. During summer and fall 2014, meetings were held at least monthly, with more frequent meetings occurring as the work has required. During teleconference and webinar meetings, participants actively engaged in data and early intervention practice discussions that led to reasoned conclusions and action steps, when needed. The SSIP Leadership Team has been integral to addressing Phase I requirements by providing insight, expertise, and feedback reflecting their diverse perspectives.

*SSIP Core Work Team*

The 26-member SSIP Leadership Team designated a SSIP Core Work Team from its members to serve for at least one year and represent the larger body in the Phase 1 SSIP day-to-day work and process decisions. The SSIP Core Team members identified knowledge and interest in Part C data and data analysis tools, Annual Performance Report (APR), and child outcomes summary process.

The SSIP Core Work Team consisted of representatives from the Utah Parent Center; Easter Seals Rocky Mountain Region; ECTA; Utah State University Center for Disability Services; EIS administrators from programs varying in size and geographic location; and the SSIP BWEIP Team. Five SSIP Core Work Team members are parents of a child with special needs. The SSIP Core Work Team worked routinely by telephone and email to move the process forward in a timely manner and kept both the SSIP Leadership Team and the Broad Stakeholder Group updated as process decisions occurred.

*SSIP Broad Stakeholder Group Involvement*

The SSIP Broad Stakeholder Group was comprised administrators and staff from the 15 Utah EIS providers and the Utah Schools for the Deaf and the Blind, Parent Infant Program; and all ICC members, including parents, advocacy group, UDOH leadership, state agency, and education representatives.

To obtain broad stakeholder input, BWEIP used its quarterly EIS provider meetings and the five annual ICC meetings. BWEIP introduced the SSIP concept and Phase I requirements in October and November 2013. The EIS provider meeting participants typically ranged from 50 to 60 EIS administrators, service coordinators, and early interventionists, with approximately 45 individuals regularly attending ICC meetings. These nine annual meetings have served for an efficient way to provide information, gather feedback and wide ranging perspectives regarding SSIP related activities, data, infrastructure, root causes, improvement strategies, and planning timelines. These meetings include large and small group processes that encourage the in-depth discussions that were needed to generate stakeholder ownership of the SSIP process and encourage the willingness implement changes in early intervention process. Support of the Broad Stakeholder Group was integral to the work of the SSIP Core Work Team and ultimately the SSIP.

The SSIP was incorporated as an ongoing portion of both groups’ full and half-day meetings in the fall 2013 and have continued to occur to date. All SSIP Broad Stakeholder Group meetings were available in person and by telephone and webinar.

**State Identified Measureable Result (SiMR)**

As a result of data analysis and in-depth discussion that has occurred over the past year by the SSIP Core Work Team, SSIP Leadership Team, and the SSIP Broad Stakeholder Group, Utah’s SiMR is to “substantially increase the rate of growth in positive social-emotional skills (including social relationships) for culturally diverse infants and toddlers with disabilities in Utah by the time they exit Part C.” These children will move closer in functioning to that of same-aged peers, as reflected in Summary Statement 1.

Guidance and Technical Assistance

During the Mountain Plains Regional Resource Center (MPRRC) fall 2013 meeting, BWEIP began discussions with MPRRC staff and member states regarding SSIP-related planning and possible next steps. Because of the timelines set for completion of Phase I activities, BWEIP staff determined it was imperative for planning and organizing statewide work as soon as possible. With foundational information from the 2013 OSEP Leadership Meeting, and knowledge about the new RDA structure and new SSIP requirement, BWEIP sought technical assistance from ECTA staff. At the April 2014 MRPCC regional meeting, the BWEIP team worked closely with Early Childhood Outcomes (ECO) and ECTA staff to develop a draft Phase I timeline; discuss and adopt the SSIP Core Work Team concept; and plan child outcome data drill down as a possible focus area for improvement.

ECTA and the Center for Early Childhood Data Systems (DaSy) staff have assisted the SSIP Core Work Team and SSIP Leadership Team through all aspects of Phase I activities. They have served in multiple roles essential to our progress such as participating in and/or facilitating all of the SSIP Core Work Team teleconference and webinar meetings. ECTA staff hosted most of the webinars, during which data and documents were routinely shared.

**Overview**

**Data Analysis**

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

**Complete Data Section is also attached**

**1a/b How key data were identified, disaggregated, and analyzed.**

In April 2014, we began intensive data analysis for the SSIP by re-reviewing state (aggregate) child outcomes data that had been previously submitted for Indicator 3 in our FFY11 and FFY12 Annual Performance Reports (APR). These data are summarized in Table 1 below.

Table 1. APR Indicator 3 Targets and Actual Data for Part C Children Exiting in FFY11 and FFY12

Summary Statements	FFY11		FFY12	
	Target (%)	Actual % (n=2,447)	Target (%)	Actual % (n=2,698)
Outcome A: Positive social-emotional skills (including social relationships)				

**FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

1. 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 exited the program.	80.60%	69.18%	80.90%	69.06%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program.	65.20%	56.54%	65.50%	57.47%
<b>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</b>				
1. 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 exited the program.	84.60%	78.14%	84.90%	77.25%
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program.	58.00%	54.23%	58.30%	51.68%
<b>Outcome C: Use of appropriate behaviors to meet needs</b>				
1. 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 exited the program.	84.00%	77.06%	84.30%	76.30%
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program.	67.50%	62.81%	67.80%	60.79%

FFY11 was the first year since child outcomes data collection began in FFY07 that Utah’s data reflected a full cohort of children exiting Part C with child outcomes ratings. In FFY12, there was a slight increase in the number of children with entry and exit scores at exit, which paralleled the child count increase observed during this time period. Targets were not met in any outcome areas for both summary statements in FFY11 and FFY12, and were reset in FFY13.

Although there was non-significant slippage across the actual summary statement data in all outcome areas from FFY11 to FFY12, the same two trends were observed each year. First, Summary Statement 1 percentages were higher than Statement 2 percentages in all three outcome areas. This pattern is not unexpected, given the population of infants and toddlers in early intervention, many of whom are more likely to increase their rate of growth while served but may still not be functioning within age expectations at exit. Second, for Summary Statement 1, Outcome A percentages were lower than either Outcomes B or C percentages, while for Summary Statement 2, Outcome B percentages were lower than either Outcomes A or C percentages. Utah’s EIS providers report that assessments for young children are lacking in sensitivity in the measurement of social/emotional development. In a recent needs assessment of Utah’s Comprehensive System of Personnel Development (CSPD), EIS providers report feeling inadequately prepared to recognize and address developmental delays and progress in this area. In summary, this review of aggregate data identified Outcomes A and B as being possible areas of focus for further drill down.

We also reviewed aggregate national and Utah child outcome trends for FFY12 across all outcome areas for both summary statements. These data are shown in Figures 1 and 2. Following the trend observed for Utah’s Table 1. data for FFY11 and FFY12, national FFY12 percentages were higher for Summary Statement 1 than Summary Statement 2. Comparing Utah to national FFY12 data, Utah’s Summary Statement 1 percentages in the three outcome areas were approximately 1-2% higher than the corresponding national average percentages. For Summary Statement 2, Utah’s data were 5-9% higher in all outcome areas than the national data.

Figure 1. Comparison of FFY12 National and Utah Summary Statement 1 Child Outcomes Data

Figure 2. Comparison of FFY12 National and Utah Summary Statement 2 Child Outcomes Data

The next step in our SSIP data analysis process was to select variables by which to disaggregate FFY12 and FFY13 child outcomes data. When child outcomes reporting was introduced in FFY07, Utah’s statewide data system, the Baby and Toddler Tracking System (BTOTS), was enhanced to enable the collection of child outcome entry and exit ratings, and the calculation and reporting of progress categories and summary statement percentages. These data can be run for any desired time period, both in aggregate, i.e., state, for the Annual Performance Report (APR), and disaggregated by EIS provider, for public reporting of program profiles. Because each of our 15 EIS providers has non overlapping service boundaries, our program level data is equivalent to disaggregating by geographic region. We did consider several other variables, however, for disaggregation: (1) primary setting; (2) race/ethnicity; (3) gender; (4) primary language; (5) age; and (6) child/family socioeconomic status. The first five variables were readily available in BTOTS, however, socioeconomic status was not.

Disaggregating child outcomes data by the child’s primary service setting was eliminated immediately as a possibility. Our settings data would have shown too little variability to

have been informative as most of our 15 EIS providers deliver the majority of IFSP services, as measured using the December 1 child count, in the natural environment.

Race/ethnicity, gender, and primary language variables were identified as viable options for disaggregation, particularly because they are all “static” child characteristics across enrollment and a specified time period such as a fiscal year. They also lend themselves easily to dichotomization for disaggregation. For race/ethnicity, we were interested in examining child outcomes for White children vs. children of all other races and ethnicities. Gender is, of course, already a dichotomous variable (i.e., male, female) so no further adjustment was necessary. [Given that almost twice as many boys as girls are enrolled in Part C services in Utah, we wondered if there might be differences in developmental progress by gender but also wondered how we could address such differences in our SSIP and SIMR.] Thirty-two primary languages are currently reported for children served in Utah Part C in a “typical” year, with English being the most frequently occurring and Spanish, a distant second most frequently occurring, primary language. We considered disaggregating primary language using three categories—English, Spanish, and “all other languages”—but the frequencies of each of the Spanish and “all other languages” categories were low or zero in some EIS programs so it did not make sense to examine them separately. We thus decided to dichotomize primary language into “English” and “non-English” categories only.

We also considered, but decided against, disaggregating our child outcomes data by child age because it is also a non-static child characteristic over time. Using age as a variable would have required a rule to determine what age or age range to assign to a child in a specified time period such as a fiscal year. This exact issue was raised by the Infant Toddler Coordinators’ Association in 2014 when OSEP proposed that states begin reporting cumulative child count data by child age. OSEP decided against disaggregating cumulative child count data by age.

Finally, examining child outcomes by child/family socioeconomic status was of interest and we spent a great deal of time investigating the viability of disaggregating child outcomes in this manner. Only the annual family fee amount was captured electronically in BTOTS, with family income and family size variables available only on paper. We attempted to create a proxy variable for child/family socioeconomic status by using the annual family fee amount in conjunction with the child public insurance eligibility status, which is also in BTOTS. We were hoping to be able to identify a child/family for a specified fiscal year in one of three ways: having no fee; having a fee between \$10 and \$200; or being public insurance-eligible. We encountered two main setbacks. First, in many cases, a child may be public insurance-eligible in the first year of life based on medical conditions and/or diagnoses rather than because of family income, and we could not distinguish definitively between the two possibilities from information currently in BTOTS. The second issue was that a child’s public insurance eligibility status is not always static over a specified time period such as a fiscal year; it is determined using family income on a month-to-month basis if a child is not eligible due to medical conditions. Thus we needed an algorithm to flag a child/family as public insurance-eligible or not for a specified time period. In addition, the annual family fee amount might change over the course of a year if a family’s income changed or they encountered extenuating circumstances that would alter the fee, resulting in the dilemma of which fee amount to choose to represent the child/family’s socioeconomic status in the time period of interest. We discussed the merits of several rules, but in the end, concluded we did not have sufficient or reliable data to disaggregate child outcomes data by socioeconomic status at this point in time.

In summary, we chose to disaggregate child outcomes data in four ways for our SSIP data analysis: 1) by EIS program; 2) by race/ethnicity (White vs. all other races/ethnicities); 3) by primary language (English vs. non English); and 4) by gender (male vs. female).

Given the significant amount of data to review—three child outcome areas with two summary statements each for four disaggregated variables and 15 EIS providers in two time periods—we put considerable thought into how to compile, analyze, and present the data in a coherent manner before any preparation began. We anticipated making the data available to three main audiences—BWEIP office staff; individual EIS providers; and the broader stakeholder group (which included EIS providers)—all of whom might have slightly different needs and interests. We did not think it was necessary to de-identify data, i.e., remove provider names and the number of children exiting with outcome scores for each provider, for internal BWEIP use or when we gave EIS providers their own child outcomes data. However, we did want to anonymize information shared publically with the broader stakeholder group, at least until EIS providers had had the opportunity to review and digest their own data and decide whether full disclosure was appropriate. To anonymize our data, we randomly assigned each EIS provider a letter that was used consistently instead of the program name and removed n’s throughout all analyses.

We selected different approaches to analyze our disaggregated child outcomes data. We used histograms to examine child outcomes data disaggregated by EIS providers. Figure 3 shows an example of year-to-year comparisons of one EIS provider’s data—percentages for Outcome A, Summary Statement 2—for the time period FFY09-12 to corresponding state (aggregate) data. Histograms such as the one shown in Figure 3 were created for each EIS provider compared to aggregate data for the FFY09-12 time period for all of the six possible child outcome area-summary statement combinations.

Figure 3. Example of Year-to-Year Comparisons for a Single EIS Provider

Figure 4 is an example of side-by-side comparisons of multiple EIS providers in FFY12 showing percentages for Outcome A for Summary Statement 2. The EIS provider data is ordered from lowest to highest and the state average is included as the right-most percentage as a reference point. Histograms such as the one shown in Figure 4 were created showing all 15 EIS providers’ FFY12 data compared to aggregate data for all of the six possible child outcome area-summary statement combinations.

Figure 4. Example of Side-by-Side Comparisons of Multiple EIS Providers’ Data for FFY12

We used both histograms and the “meaningful differences” calculator to examine differences in the categories of each disaggregated variable—race/ethnicity, primary language, and gender—across EIS providers and state by outcome area and summary statement. Figure 5 is an example of side-by-side comparisons of multiple EIS providers in FFY12 showing percentages for Outcome A for Summary Statement 2, disaggregated by race/ethnicity. For each EIS program, the blue histogram bar represents the percentage for White children who exited within age expectations for Outcome A, while the red diamond represents the corresponding percentage of children of all other races and ethnicities. The EIS provider data is ordered by the randomly-assigned letter ID and the state average is included as the right-most percentage in the histogram, as a reference point. Histograms such as the one shown in Figure 5 were created showing all 15 EIS providers’ FFY12 data compared to aggregate data for the three disaggregated variables for all of the six possible child outcome area-summary statement combinations.

Figure 5. Example of Side-by-Side Comparisons of Multiple EIS Providers’ Data Disaggregated by Race/Ethnicity for FFY12

**FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

We used the ECO Center's Meaningful Differences Calculator in our data analysis in several ways: (1) to compare state (aggregate) child outcomes data year to year for multiple years (FFY11 to FFY12, FFY12 to FFY13); (2) to compare EIS program data to state data for FFY12 and FFY13; and (3) to compare state and EIS program data for the disaggregated variables for FFY12 and FFY13. After reviewing histograms for state and EIS program data disaggregated by gender and acknowledging our discomfort writing a SiMR and implementing improvement strategies targeted at either boys or girls, we decided not to analyze this variable using the Meaningful Differences Calculator. Table 2 is an example of how the Meaningful Differences Calculator was used with FFY12 state data, disaggregated by race/ethnicity, to determine whether there were differences by outcome area and summary statement.

Results of the meaningful differences analyses were summarized and shared with EIS providers and the broader stakeholder group in the format shown in Table 2, which is an example of FFY12 state end EIS program data disaggregated by race/ethnicity. Summary tables such as the one shown in Table 3 were distributed for all time periods and disaggregated variables.

Table 2. Example of Analyzing FFY12 State Data Disaggregated by Race/Ethnicity Using the Meaningful Differences Calculator

		FFY12 State Summary Statement Percentages, Disaggregated by Race/Ethnicity						
		White			All Other Races/Ethnicities			
	Child Outcome	The number of children the summary statement is based on	SS %	Confidence interval Summary Statement	The number of children the summary statement is based on	SS %	Confidence interval Summary Statement	Meaningful difference between White and All Other Races/Ethnicities?
SS 1	Outcome A	1,705	69.81%	± 1.83%	644	67.09%	± 3.04%	No
	Outcome B	1,705	77.14%	± 1.68%	644	77.53%	± 2.71%	No
	Outcome C	1,705	76.61%	± 1.69%	644	75.45%	± 2.79%	No
SS 2	Outcome A	1,705	58.06%	± 1.97%	644	55.90%	± 3.22%	No
	Outcome B	1,705	51.26%	± 1.99%	644	52.80%	± 3.23%	No
	Outcome C	1,705	59.94%	± 1.95%	644	63.04%	± 3.13%	No

Table 3. Example of a Summary of Meaningful Differences Results for State and EIS Program Data Disaggregated by Race/Ethnicity

Summary of Meaningful Differences Results for FFY12 State and EIS Program Child Outcomes Data, Disaggregated by Race/Ethnicity						
	Summary Statement 1			Summary Statement 2		
	Outcome A	Outcome B	Outcome C	Outcome A	Outcome B	Outcome C
State						
Program A						
Program B						
Program C		X			X	X
Program D					X	X
Program E	X					
Program F				X	X	X
Program G						
Program H	X					
Program I	X	X	X	X	X	X
Program J		X				
Program K			X	X		
Program L						
Program M						X
Program N						X
Program O	X			X		

Note: "X" denotes a meaningful difference between White children and children of all other races and ethnicities.

Another piece of the SSIP data analysis we undertook was a review of how many children exiting Part C had higher child outcome exit scores than entry scores to identify any differences across outcome areas. We were interested whether children entered early intervention services in any outcome area functioning at age level, which we defined as having an entry rating of a 6 or a 7, but exited not having made developmental progress, which we defined as having an exit rating of 5 or below. We examined this data in aggregate and disaggregated by EIS program for FFY11 and FFY12. The aggregate data for this analysis is presented in Table 4, and shows the number of children in each outcome area whose entry-exit rating pattern was high to low. (Note a child could show this pattern of scores in one outcome area or in all three.) In both time periods, many more children exited early intervention with a lower exit rating than their entry rating in Outcome A than either Outcome B or Outcome C. This result was very intriguing and we will be undertaking further analysis in Phase 2 of the SSIP to look at child age at the time the entry score was generated, how the child qualified for early intervention (standard score, qualifying medical condition, or informed clinical opinion), race/ethnicity, primary language and gender. Although only FFY11 and FFY12 data were available at the time we ran this analysis, we have subsequently run FFY13 data and found similar trends across the three outcome areas.

Table 4. Frequency of High Child Outcome Entry vs. Low Child Outcome Exit Ratings, FFY11 and FFY12

Child Outcome Exit Rating	Child Outcome Entry Rating											
	FFY11						FFY12					
	Outcome A		Outcome B		Outcome C		Outcome A		Outcome B		Outcome C	
	6	7	6	7	6	7	6	7	6	7	6	7
5	79	20	23	9	42	6	63	14	32	5	45	10
4	19	7	6	3	6	1	15	6	9	2	6	2
3	8	5	5	7	1	0	8	2	4	1	4	1
2	3	1	1	2	0	0	3	1	1	0	0	0
1	2	0	1	1	0	0	1	0	0	0	0	0
Totals	111	33	36	15	49	7	90	23	46	8	55	13
	144		51		56		113		54		68	

1c Data quality

We have very few concerns about how child outcomes data is entered in BTOTS, however, because of the “human element” involved in generating child outcomes entry and exit ratings, we are more focused on the impact of data quality.

Overall, BTOTS is a robust data system that supports child outcomes data entry very well.

Several database processes are in place to ensure child outcomes data are collected for the children of the appropriate age.

- a. Child outcome entry ratings are required for children between six and thirty months of age at the time an initial Individualized Family Service Plan (IFSP) is entered in BTOTS. Children older than 30 months of age at the time of the initial IFSP are flagged as not needing any child outcome ratings. BTOTS generates an alert to remind the user to add the entry rating for children who were younger than six months of age at the initial IFSP as soon as the six-month age criterion is met.
- b. The child outcomes decision tree is embedded in BTOTS to assist the user in entering and generating ratings. It is also included it as part of the paper “Child Outcomes Summary Form” for easy reference in the field.
- c. A child outcomes calendar graphic is included in the data system that shows the user which months a child has received one or more IFSP services that count toward the “six consecutive months of IFSP services” definition. It indicates whether an exit rating would be required for a child, if he or she exited early intervention at the point of time the calendar is being viewed. The calendar graphic is displayed during the exit/deactivation process in BTOTS to alert the user that the child being exited needs an exit rating. BTOTS allows the user to finish the exit/deactivation process without entering a child outcomes exit rating but generates an alert to remind the user that it must be entered within 30 days of exit.

We have state and program-level aggregate child outcomes reports that can be run by both state and EIS program staff for any time period of interest.

- a. Missing child outcomes exit ratings are monitored using a report that identifies which children

have exited Part C services in a specified time period and do not have but require a child outcomes exit rating. This report must be run by programs regularly as they are required to have no missing child outcomes data for every APR and program profile reporting period.

- b. Reports showing progress categories and summary statement percentages are used for APR reporting and generating program profiles.

As part of our SSIP activities this year, we added in BTOTS state and program-level disaggregated (by race/ethnicity, primary language, and child gender) child outcomes reports that are available state and at the program level.

This year, we reevaluated our child outcomes policy and decided to change BTOTS so that EIS providers were required to generate exit ratings for all children transferring in-state who met the criterion of having received “six consecutive months of IFSP services” at the time of transfer. In reviewing our child outcomes data, we had identified many children whose families did not want to continue Part C services or who were lost to contact after transfer without child outcome exit ratings, despite having received sufficient months of IFSP services. The BTOTS process as we had set it up initially reduced the total number of exiting children for whom we were to be able to measure developmental progress. Under the new BTOTS process, if a child continues in early intervention services in the receiving program after transferring, then we label the child outcomes exit rating generated by the sending program at the time of transfer as an interim or “ongoing” exit rating and require that the receiving program generate an exit rating when the child turns three or exits the program.

Due to EIS program staff turnover, we are aware of data quality issues arising from lack of familiarity with and understanding of both our data system and the child outcomes philosophy and methodology. During the preparation of our February 2014 APR, we noticed that child outcomes Summary Statement 2 percentages for four EIS providers were in the 80% to 92% range and were higher than the corresponding state Summary Statement 2 percentages in all three outcome areas. We reviewed their SFY13 618 exiting data and found that in each program, the highest percentage of children had exited from Part C services eligible for Part B. We then discussed each EIS provider’s child outcomes and exiting data with the EIS director and compliance staff and noted the lack of correspondence between having exiting children who are Part B eligible and having child outcomes progress ratings in all areas for these same children showing they are functioning within age expectations at the time of exit. We asked them to review with their staff the child outcomes methodology, including using the decision tree to generate ratings, and then to review entry and exit ratings for all children who had exited Part B eligible and report back to us on their findings and strategies to address.

In our follow-up conversations with these EIS providers, we concluded there were multiple issues affecting programs’ understanding of the child outcomes methodology that were impacting data quality. We noted that program staff often did not “think functionally” but focused primarily on developmental testing instead of considering all data sources when they were generating child outcome ratings. Next, some staff did not understand key terms such as “foundational skills” and “intermediate foundational skills” from the child outcomes decision tree. They also told us they had a hard time judging the frequency of a child’s skill use and level of functioning across settings and situations. Finally, when thinking about progress over time, they were more apt to compare a child’s functioning at the time of exit to his or her functioning at the time of entry rather than to the functioning of a typically developing child of the same age.

Although these child outcomes data quality issues were most obviously apparent with the four EIS providers, we surmised that similar issues were likely to be occurring to some degree with other providers. We believed that all EIS providers, as well as BWEIP state office staff, could benefit from a child outcomes “refresher.” We worked extensively with Kathy Gillespi from ECTA to prepare a two-hour statewide mandatory child outcomes training that addressed the issues identified and many others. Materials were shared with all EIS provider staff prior to the two sessions in June 2014, one of which was recorded for future reference. One of the strategies we have discussed is to use this training to develop a CSPD credentialing requirement for all new early intervention staff.

1d Considering compliance data

This section addresses: “As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement.” (Indicator 11)

SPP/APR compliance data obtained from the BTOTS for FFY10-13 show a high level of statewide compliance for the timeliness Indicators 1 (Timely Services); 7 (Timely Initial IFSP); 8a (Transition Steps and Services); 8b (Notification to the SEA/LEA); and 8c (Timely Transition Conference). BWEIP has a system in place that identifies and corrects non-compliance, ensuring any individual instance of noncompliance is corrected in a timely manner, and is currently being implemented appropriately. APR Indicator 2 (IFSP Services in the Natural Environments) has steadily increased and from FFY08 low of 71% to the FFY13 high of 95.4%.

The performance on these SPP/APR indicators and the monitoring of fiscal contract requirements, all contribute to maintaining a high level of compliance. These program structures ensure there are rules, processes, and methods in place that support compliance and improve performance.

The lack of administrative complaints, requests for mediation, and/or requests for due process hearings further supports the notion that these structures are sufficient, and that minimal noncompliance at the local EIS level should not be a barrier to the effective implementation of SSIP improvement activities.

**1e Additional Data**

*Fishbone Analysis*

Through broad data and infrastructure analysis, as well as stakeholder input, primary concerns and a potential focus for improving child outcomes were selected. Specific improvement strategies were chosen following the determination of SiMR. The SiMR was determined by disaggregating state and local Child Outcome Summary Form (COSF) data by race/ethnicity, primary language, and gender. After reviewing the data, the following SiMR was determined: By FFY18, BWEIP will increase child social relationships (Outcome A) by substantially increasing rate of growth (SS1) for children of culturally diverse backgrounds, which will be measured by child outcomes ratings.

After further discussion by the SSIP Core Work Team, it was concluded that a root cause analysis be conducted in order to identify local EIS program infrastructure and practices contributing to the low performance of the selected SiMR. The SSIP Core Work Team invited all 15 EIS providers to participate in a root cause analysis to address the identified SiMR. The chosen method of root cause analysis was a Fishbone Diagram (see attachment). Training on how to conduct a Fishbone Analysis was presented to EIS programs at their consortium on December 10, 2014. Six of the 15 local EIS programs chose to participate in the Fishbone Diagram activity, and included representation from both large and small EIS programs. When the Fishbone analysis process was finished, conclusions about the common causes and contributing factors for the SiMR were drawn, as shown in Table 1. The common identified causes were: (1) culture; (2) socioeconomic status; (3) education level of the family; (4) staff training; and (5) evaluation tool. Next EIS providers outlined contributing factors for each of the five causal areas.

**Culture:** Language barriers, traditions, role identities, religious differences, limited networking opportunities, relationship building/trust, and decreased acceptance and tolerance from family and/or providers.

**Socioeconomic Status:** Poverty, high stress, transportation issues and distance from services, unstable housing, and access to fewer resources (i.e. daycare, toys, food, etc.).

**Education Level of the Family:** Low motivation, fewer opportunities, limited financial resources, literacy barriers, lack of follow through with activities, and decreased parental understanding.

**Staff:** Cultural experiences, biases, extent of training on functional social emotional outcomes and evidence based practices, on the evaluation tool, and flexibility in schedule to meet family's needs.

**Assessment Tool:** Parent vs. provider report, variation of tools, lack of culturally appropriate and social emotional sensitive assessment tools, evaluator personalities during the initial vs. exit COSF, culturally and language inappropriateness, over vs. under reporting, and subjectivity of assessment tool.

The SSIP Core Work Team participated in a telephone/webinar discussion on March 5, 2015 to review the root causes, strengths and weaknesses from infrastructure analysis and the CSPD needs assessment results. The review resulted in grouping the coherent improvement strategies into focus areas of action that should result in a positive impact on the SiMR. The specific focus areas included: (1) assessment; (2) professional development; (3) family engagement; and (4) collaboration.

The coherent improvement strategies within the Theory of Action were presented to the SSIP Broad Stakeholder Group at the March 25, 2015 ICC meeting.

Table 1. Causes and Contributing Factors

Culture	SES Status	Education Level of the Family	Staff	Assessment Tool
Language Barriers	Poverty	Low Motivation	Cultural Experiences	Parent Report vs. Provider Report
Traditions	High Stress	Fewer Opportunities	Biases	Variation of Tools Used
Role Identities	Transportation Issues and Distance from Available Services	Limited Financial Resources	Training on the Evaluation Tool(s)	Evaluator Personalities during the Initial vs. Exit COSF
Religious Differences	Unstable Housing	Literacy Barriers	Flexibility in Schedule to Meet Family's Needs	Culturally and Language Inappropriateness
Limited Networking Opportunities	Fewer Available Resources	Lack of Follow-Through with Activities		Over vs. Under Reporting
Relationship Building/Trust		Decreased Parental Understanding		Subjectivity of the Tool
Decreased Acceptance/Tolerance from Family and/or Providers				

1f Stakeholder involvement in data analysis

In early April 2014, Baby Watch Early Intervention Program (BWEIP) staff attended ECTA regional SSIP Kickoff in Arizona. During the meeting ECTA and OSEP staff worked closely with the BWEIP to form a plan for SSIP Phase I. When we returned to Utah the SSIP BWEIP Team, drafted the SSIP Phase I. timeline, planned for broad data analysis and enhanced stakeholder involvement detailed in the preceding Overview section. SSIP BWEIP Team and our ECTA advisor decided it would be best to take a first pass and compile the data in a manageable form to present to the stakeholders.

**SSIP Leadership Team Meeting – July 14, 2014**

Prior to the SSIP Leadership Team meeting, data packets we compiled and sent to attendees. A conference call was held on June 26, 2014 to prepare attendees for an initial meeting of the SSIP Leadership Team.

Our ECTA advisor traveled to Utah to facilitate the activities planned for the day-long working meeting which included: a detailed overview of SSIP process; review of broad data analysis; identification of current practices and initiatives; identification of system strengths and challenges; an opportunity to provide input on a potential measurable result focus; and delineation of next steps, including forming a core work team.

As detailed in the previous section, the broad data review focused Utah APR Indicator 3(a) social-emotional skills and relationships, (b) knowledge and skills, and (c) action to meet needs. The participants also discussed progress data reflected in child outcomes Summary Statement 1, the percentage of children that substantially increased their rate of growth; and Summary Statement 2, the percentage of children that exit at age expectations. The data sparked many lively debates and the agenda was continued on two subsequent conference calls. At the end of the day, the SSIP Leadership Team concluded from this broad data analysis of child outcome data to:

- Consider disaggregating data by (1) primary setting; (2) race/ethnicity; (3) gender; (4) primary language; (5) age; and (6) child/family socioeconomic status;
- Look more closely at the differences between SS1 and SS2; and, that
- Family outcome data would not be included in the analysis as it could not be linked with child outcome data.

State Leadership Team Call – July 30, 2014 continuation of data discussion

State Leadership Team Call – August 14, 2014 continuation of data discussion

Core Work Team Call – September 9, 2014 continuation of data discussion

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SSIP Broad Stakeholder Group Meeting - October 21, 2014

SSIP Stakeholder Meeting - SSIP Core Work Team presented the “meaningful differences” results to guide a discussion on recommendation for the SiMR. Each EIS program was given a packet with the “meaningful differences” data for their program and the state. As noted above, an extensive amount of data analysis had been conducted during the last seven months with no clear path to the SiMR. A sense of frustration was evident. Overall to date the data had revealed the following:

Utah percentages are higher than the national averages on all three SS1 (Greater than expected growth); Utah percentages are lower than the national averages on all three of the SS2 (Exited within age expectations)(although almost same for Outcome C (Action to Meet Needs); All 6 Summary Statements decreased from 2012-2013 to 2013-2014 but there were no statistically meaningful differences identified; Statewide there are differences when comparing white to all other races; specifically there was a statistically meaningful difference for Outcome A, SS1 when comparing white to all other races; local meaningful differences were also identified but we a cautious interpreting because the numbers of children are smaller and therefore the confidence interval is rather wide; and, Statewide there are differences when comparing English to Non English; specifically there was a statistically meaningful difference for Outcome B for both Summary Statements and for Outcome C for SS2 (Exited within age expectations). Local meaningful differences were also identified but we were cautious in interpreting it because the numbers of children are smaller and therefore the confidence interval is rather wide.

As discussed in the data analysis section, the ECO “meaningful differences calculator” revealed information that we could use to develop our SiMR. The SSIP Stakeholder Group discussed the feasibility of selecting: Statewide - Child Outcome A. Social Emotional (SS2); or Subpopulation - Child Outcome A. Social Emotional (SS1) culturally diverse children

The group reached the conclusion that trying to make substantial gains in (SS2) exiting within age expectations would be very difficult given the nature of the population in early intervention. The Broad Stakeholder Group recommended the Subpopulation - Child Outcome A. Social Emotional (SS1) culturally diverse children as the focus for the SiMR.

In conclusion Stakeholders were involved in the data analysis in a variety of ways. The ECTA advisor and SSIP BWEIP Team worked together to plan activities, assemble resources, summarize and analyze information gathered, and facilitate SSIP Leadership Team meetings and calls. The SSIP Leadership Team also actively engaged in data analysis two in meetings and several calls. The SSIP Core Work Team trained the EIS programs to conduct the root cause analysis on cultural differences. Six local EIS programs participated in that process. The SSIP Leadership Team, through their representation on the SSIP Core Work Team, provided input and direction on data analysis, data disaggregation, infrastructure analysis, SiMR, root cause analysis, hypothesis, coherent improvement strategies and the theory of action. Over 340 EIS providers and administrators responded to the Comprehensive System Personnel Development (CSPD) Redesign Needs Assessment. The broad stakeholder groups at their respective EIS and ICC quarterly meetings received updates on the SSIP progress.

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## Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

complete section also attached

### SSIP Component 2: Analysis of State Infrastructure to Support Improvement and Build Capacity

#### 2(a) How Infrastructure Capacity was Analyzed

The systematic process used to analyze our infrastructure included a broad analysis of the strengths, weaknesses, opportunities, and threats (SWOT) of each OSEP-recommended system component (e.g., Accountability, Data System, Fiscal, Governance, Quality Standards, Professional Development, and Technical Assistance). After the key factors for each component were listed, the SSIP Leadership Team discussed each factor in terms of whether it was a strength or a challenge in our early intervention system toward the goal of increasing positive child outcomes. At the time of that discussion, our SiMR had not yet been finalized. The strengths and challenges were further delineated into strengths that could be built upon and challenges that could be mitigated.

Calls were held during April, May, and June 2014 with our national TA expert and the SSIP Leadership Team to plan an in-person stakeholder workshop and pre-workshop conference call. All stakeholders, including ICC members and EIS providers, were invited to participate in the SSIP Leadership Team. The pre-workshop conference call was held on June 21, 2014, with the stakeholder workshop facilitated by the national TA expert occurring July 15, 2014. At the workshop, approximately 26 stakeholders participated in a facilitated activity in which small groups discussed each system component, asked questions and gave input to other workshop attendees and the SSIP BWEIP Team. In addition, participants were asked for information about any state and local initiatives they thought might relate to the SSIP work. Participants had a large amount of information to discuss and share on the day of the workshop. The SSIP BWEIP Team consolidated and compiled the results of the SWOT analysis from the July 2014 workshop, identifying themes for each system component. In a call on August 14, 2014, facilitated by ECTA personnel, the SSIP Leadership Team identified those ideas that they felt would influence or impede improvement strategies in social-emotional development of culturally diverse children. During the call, some very encouraging initiatives were highlighted, while some of the most common barriers to improvements were acknowledged.

The SSIP BWEIP Team compiled and shared results on the SSIP Core Work Team call on September 3, 2014. The infrastructure analysis summary was reviewed to assess whether there were other hypotheses in addition to those developed in the data analysis (1a) regarding possible root causes for challenges in social-emotional development of culturally diverse children. As a result of the call, an infrastructure analysis summary was developed identifying the issues raised by stakeholders as most likely to leverage and hinder SiMR improvement activities for social-emotional development of culturally diverse children.

This analysis was also used by members of the SSIP Core Work Team in presentations for SSIP Leadership Team and the SSIP Broad Stakeholder Group to the ICC in November 2014 and an EIS provider consortium meeting in December 2014. The EIS provider consortium meets bi-monthly without BWEIP to discuss relevant early intervention topics and to share strategies. EIS provider consortium was also asked to participate and train members of the SSIP Core Work Team “fish bone” methodology to analyze root causes of factors might be influencing the social-emotional development of children from diverse cultural backgrounds to inform possible SiMR improvement strategies. “Fish bone” methodology Figure 1.

## When to Use a Fishbone Diagram

When identifying possible causes for a problem.

Especially when a team’s thinking tends to fall into ruts.

## Fishbone Diagram Procedure

Materials needed: flipchart or whiteboard, marking pens.

1. Agree on a problem statement (effect). Write it at the center right of the flipchart or whiteboard. Draw a box around it and draw a horizontal arrow running to it.
2. Brainstorm the major categories of causes of the problem. If this is difficult use generic headings:
  - Methods
  - Machines (equipment)
  - People (manpower)
  - Materials
  - Measurement
  - Environment
3. Write the categories of causes as branches from the main arrow.
4. Brainstorm all the possible causes of the problem. Ask: “Why does this happen?” As each idea is given, the facilitator writes it as a branch from the appropriate category. Causes can be written in several places if they relate to several categories.
5. Again ask “why does this happen?” about each cause. Write sub-causes branching off the causes. Continue to ask “Why?” and generate deeper levels of causes. Layers of branches indicate causal relationships.
6. When the group runs out of ideas, focus attention to places on the chart where ideas are few.

## Fishbone Diagram Example

This fishbone diagram was drawn by a manufacturing team to try to understand the source of periodic iron contamination. The team used the six generic headings to prompt ideas. Layers of branches show thorough thinking about the causes of the problem.

Fishbone Diagram Example

**Fishbone Diagram Example**

For example, under the heading “Machines,” the idea “materials of construction” shows four kinds of equipment and then several specific machine numbers.

Note that some ideas appear in two different places. “Calibration” shows up under “Methods” as a factor in the analytical procedure, and also under “Measurement” as a cause of lab error. “Iron tools” can be considered a “Methods” problem when taking samples or a “Manpower” problem with maintenance personnel.

Excerpted from Nancy R. Tague’s [The Quality Toolbox](#), Second Edition, ASQ Quality Press, 2005, pages 247–249.

## SSIP Component 2: Analysis of State Infrastructure to Support Improvement and Build Capacity

### 2(b) Description of State Systems

#### Governance

Utah’s Part C Early intervention program, BWEIP, is housed within the Bureau of Child Development the Utah Department of Health. BWEIP operates under federally-approved policies and procedures and Utah Administrative Code that are in compliance with IDEA Part C Regulations. At the local EIS level, collaboration in delivering early intervention services, including social-emotional supports, is supported in communities by strong local interagency agreements. The mission of the Bureau of Child Development is to support the health and development of Utah families and their children, birth through seven, and is accomplished through the following programs and activities:

- Baby Watch Early Intervention Program;
- Child Care Licensing Program;
- Office of Home Visiting; and
- Early Childhood Utah – Developmental Screening.

This governance structure promotes ongoing partnerships between the statewide programs providing services to young children and their families.

#### Fiscal

The BWEIP administers all funds received for the delivery of EI services. Funding is received from various sources, creating a system of payments and fees. The State has in place interagency agreements, contracts, and grants establishing financial responsibility and funding sources for BWEIP services. Funding sources that support the BWEIP are:

- a. State Appropriation (State General Fund);
- b. IDEA Part C Grant Award;
- c. Medicaid;
- d. Children's Health Insurance Program (CHIP); and,
- e. Family Cost Participation Fees.

The BWEIP ensures that Federal funds made available to the State under Part C are implemented and distributed in accordance with the provisions of Part C. BWEIP provides grants to agencies in the state to support and carry out the purposes and requirements of Part C and state regulations. Grants are awarded yearly to EI agencies providing services throughout the state by way of an annual application process. If the need arises to identify a new EI provider agency, the BWEIP develops and disseminates a Request for Application to any interested party in the state. Prospective agencies submit a response to the Request for Application for approval through a competitive review process conducted by the BWEIP. A grant is developed with an agency who has received an approved application through this process. The General and Special Provisions of each EI grant include specifications that cover: a. Submission of Reports and Payment; b. Record Keeping, Audits, & Inspections; c. Federal OMB Cost Principles and Accounting Procedures; d. Requirements to abide by all pertinent State and Federal regulations including Part C of IDEA. BWEIP is required to ensure that only individuals or organizations with a legal status recognized by the State of Utah may provide EI services. BWEIP is allowed to access other responsible sources for payment for specific EI services such as Medicaid, CHIP and parent fees BWEIP's methods for state interagency coordination to ensure payor of last resort include interagency and intra-agency agreements that ensure the provision of and financial responsibility for EI services provided under Part C. BWEIP is housed within the Utah Department of Health, which is responsible for entering into formal interagency agreements with other State public agencies involved in the State's EI system. Each agreement defines the financial responsibility of each agency for paying for EI services, and the resolution of disputes BWEIP's interagency agreements include a mechanism to ensure that no services that a child is entitled to receive under Part C are delayed or denied because of disputes between agencies regarding financial or other responsibilities, and are consistent with the BWEIP policies, including those regarding the use of insurance to pay for Part C services. The BWEIP assures that federal funds are not comingled with BWEIP funds and are used to supplement the level of BWEIP and local EI funds expended for infants and toddlers with disabilities and their families and in no case to supplant those State and local funds. BWEIP tracks the total amount of BWEIP and local EI funds budgeted for expenditures in the current fiscal year for EI services for children eligible under this part and their families to assure that they are at least equal to the total amount of BWEIP and local funds actually expended for EI services for these children and their families in the most recent preceding fiscal year. The Utah Department of Health charges indirect costs to the Part C grant as approved by a current indirect cost Negotiation Rate Agreement with the U.S. Department of Health & Human Services. The Utah Department of Health does not charge rent, occupancy, or space maintenance costs directly to the Part C grant.

BWEIP utilizes a system of payments and fees for EI services, including a schedule of sliding fees as a cost participation fee. Fees collected from a parent or the child's family to pay for EI services. Fees are considered as EIS program income.

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#### *Quality Standards*

BWEIP uses OSEP and ETCA guidance documents such as the Individualized Family Service Plan (IFSP) Process and Resource Guide, the Procedural Safeguards Technical Assistance Guide, and various practice guides to set quality standards. BWEIP also relies on the Division of Early Childhood (DEC) Recommended Practices and the "Seven Key Principles of Early Intervention" to assist in setting standards for service provision.

#### *Professional Development*

EIS providers assure BWEIP, through contracts and participation in the CSPD credentialing system, that all Part C providers, including service coordinators, are highly qualified personnel. BWEIP's policy and guidance on the CSPD Credentialing System and personnel standards (the minimum education and state licensure/certification/registration) is posted on the BWEIP website, which can be found at <http://utahbabywatch.org/docs/foreproviders/policies/Final%20Policies/Comprehensive%20System%20of%20Personnel%20Development%207%2013.pdf> The BWEIP CSPD Coordinator oversees the credentialing of EIS providers in Utah. Utah's statewide database, the Baby and Toddler Online Tracking System (BTOTS), provides a statewide registration and tracking system for EIS staff credentials, renewals, and ongoing professional development.

BWEIP has designed nine early intervention modules for EIS providers and coordinators. The modules include an overview of early intervention; evaluation and assessment/eligibility determination; IFSP development and review; cognitive development, social emotional development; motor development; communication development; family partnerships/service coordination; and health. These topics impact the identification, service provision, and outcomes of infants and toddlers with delays in the area of social-emotional development.

BWEIP offers ongoing professional development to local EIS providers statewide through mandatory quarterly meetings, topical webinars, and national training brought to Utah (e.g., Routines Based Interviewing (RBI), Pip Campbell, the Play Project, etc.). BTOTS training videos and topical community training opportunities are announced through the BWEIP listserv. BWEIP presented an interactive webinar for the Summary of Functional Performance and the COSF Rating Process. The training, which was specialized to Utah Part C, was developed in collaboration with ECTA. The first presentation was geared for EIS administrators and was presented during an April 2014 EIS grantee meeting. The presentation was further refined for EIS providers and was delivered through two additional statewide webinars. A recording of the webinar, "Child Outcomes Rating Refresher" was posted in June 2014 <http://utahbabywatch.org/foreproviders/training/cosf/intro.htm>.

Curriculum developed by the Utah Parent Center (UPC) explaining Part C and transition are on the UCP and BWEIP websites. BWEIP staffs assist EIS providers and their staff in

identifying state and national resources for local training needs, as well as tailoring resources to help communities improve child outcomes including social-emotional development. BWEIP is also a co-sponsor, participant, and planner for the statewide BCD Home Visitors Conference each year, where a variety of Part C and Early Childhood topics are presented by state and national experts. IFSP development using Routines Based Assessments (RBI) has been a focus at the 2013 and 2014 conferences.

### *Data*

The BWEIP's comprehensive, statewide, web-based data system, BTOTS, is used by all EIS providers and includes a detailed electronic child record from referral to exit. BWEIP staff work closely with the BTOTS contractor to ensure ongoing fidelity of BTOTS with current Part C regulations and BWEIP policy and procedures. BTOTS generates alerts and reports for timelines of events such as initial IFSP meetings, new initial IFSP services, and transition conferences. Field definitions were recently added throughout all areas of BTOTS and include descriptions of the data entry field and associated regulatory and policy references. BWEIP supports EIS providers and staff in their understanding and use of BTOTS through monthly teleconferences to train them and answer questions. At BWEIP's quarterly Grantee Meetings with EIS administrators, updates are given about development progress, enhancement priorities, system security, etc. In addition, "Frequently Asked Questions" documents, a telephone helpline, and an electronic bug/error submission system are available to assist EIS providers with BTOTS.

### *Technical Assistance*

**National and Local Technical Assistance Resources.** BWEIP staff access both national (e.g., ECTA, DaSy, and University of Kansas Early Childhood Personnel Center) and local (e.g., UPC) resources to stay current with and research questions about Part C regulations, evidence-based practices, etc.

**Lead Agency Technical Assistance.** The Utah Part C Program Manager is the official liaison for all 15 EIS providers and answers questions from administrators related to Part C regulations and BWEIP policy and procedures. BWEIP staff offers EIS providers assistance by email, telephone, and on-site, depending on the request. BWEIP staff members are identified as points-of-contact based on their areas of knowledge and expertise and are the official contacts to answer additional EIS provider questions and concerns. Targeted technical assistance is provided to an individual, a selected group of EISs, or on a statewide basis as needs are identified. Monitoring data and areas of concern may be used to identify and provide TA. On-site targeted technical assistance is provided more frequently when BWEIP or an EIS has identified an issue or set of issues that require focused attention. The TA visit may center on the exploration of factors that may be contributing to the presenting performance or system concern/issue. Information, resources, and supports are provided based on the contributing factors or identified concerns and issues.

**Conferences and Trainings.** In order to stay current with the field the Utah Part C Program Manager, Compliance and Education Team Manager, and Data Team/618 Data Manager all attend OSEP Leadership conferences, workshops, and webinars, as well as other relevant national and local conferences and trainings.

In addition to the quarterly BWEIP EIS Grantee Meeting, the bi-monthly EIS Provider Consortium meetings occur statewide on a rotating host/location schedule. Updates on implementing evidence-based practices in Part C, discussion, and resource sharing occur at these meetings. These meetings are expected to be one of the main venues for assisting with implementing improvement strategies in social-emotional development and cultural sensitivity.

EIS providers assure BWEIP through grant provisions that their service providers are appropriately supervised. BWEIP provides a variety of written guidance, electronic training, webinar recordings, and state and national resources on the website that can be used as the basis for topical TA. These mechanisms will be used to guide implementation of improvements in culturally-sensitive service toward social-emotional development.

### *Accountability and Monitoring*

BWEIP conducts annual focused monitoring activities with selected EIS providers. The selection of EIS programs and areas of focus are determined annually, based on state aggregated data, individual program data, and other information. Focus activities may include off-site and on-site monitoring, as well as any additional activities that are deemed necessary and/or appropriate by BWEIP. Off-site monitoring refers to the oversight of EIS provider activities by BWEIP to promote compliance, technical assistance, improvement strategies, corrective actions, sanctions or incentives to ensure timely correction of noncompliance and performance. On-site monitoring refers to any BWEIP oversight activities of EIS providers conducted at their locations to promote compliance and performance that may identify noncompliance, the need for corrective action (CA) TA, improvement strategies, and incentives or sanctions to ensure timely correction of all instances of noncompliance. Intensive activities may be necessary based on issues identified through general or focused monitoring activities, the complaints/resolution system, or other means, and may also include off-site and on-site monitoring, interviews, follow-up monitoring visits, and any additional activities, as determined necessary by BWEIP.

Noncompliance may be identified at all levels within the State General Supervision System Framework through relevant activities. If BWEIP finds noncompliance with any compliance indicator, The BWEIP will create a written notification of the finding of noncompliance and will then require a CA for full correction of all noncompliance from the individual EIS. All noncompliance, once it is identified and notification is given to the EIS provider, will be corrected as soon as possible, but in no case later than one year from the date of the written notification for findings of noncompliance. BWEIP requires CA for all noncompliance. BWEIP may impose sanctions if noncompliance is not corrected within one year of the written finding of noncompliance, and require that the EIS provide detail in the CA on how they will revise necessary policies, procedures, and/or practices that contributed to any noncompliance. BWEIP will conduct several annual general supervision activities for each EIS to monitor the implementation of IDEA and identify possible areas of noncompliance and low performance. The general activities include (1) collection and verification of BTOTS data for the SPP/APR compliance and results indicators; (2) program determinations; (3) review of the program data accountability plan; (4) fiscal management; (5) collection and verification of 618 data in BTOTS; and (6) targeted TA and/or professional development.

### **Annual Determination Process**

BWEIP makes an annual determination of EIS programs' efforts in implementing the requirements and purposes of IDEA, Part C. Each EIS provider's APR data is aggregated by BWEIP for annual reporting purposes. This aggregated data is used by OSEP to make BWEIP's annual determination. BWEIP disaggregates and evaluates the APR data to make EIS annual determinations based on the criteria established in the federal regulations. The enforcement actions and sanctions applied to BWEIP are also applied to EIS programs.

### **Dispute Resolution Options**

BWEIP will ensure timely dispute resolution through mediation and/or due process. All parties will be allowed to dispute any matter under Part C, including matters arising prior to the filing of a due process complaint, through a mediation process. The mediation process may be requested at any time, and may not be used to deny or delay a parent's right to a due process hearing or to deny any other rights afforded under Part C. Upon resolution by parties, a legally binding written agreement will be created to enforce confidentiality of all discussions that happened during the mediation process. The agreement will also prohibit the use of mediation documents to be used as evidence in any subsequent due process hearing or civil proceeding. This agreement will include signatures by the parent(s), as well as a representative from the BWEIP who is authorized to bind the agency. Finally, a written statement will be included, expressing that the written and signed agreement is enforceable in any state court of competent jurisdiction or in a district court of the United States.

## SSIP Component 2: Analysis of State Infrastructure to Support Improvement and Build Capacity

2(c) Systems Strengths and Areas for Improvement

## FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

The Infrastructure Analysis Summary included ideas that stakeholders (SSIP Core Work Team and SSIP Leadership Team) felt would immediately or indirectly influence or impede improvement in relationship to our SiMR, social-emotional development for culturally diverse infants and toddlers. The direct influences and impediments are discussed here as the main strengths and areas for improvement that were identified.

### *Accountability/Monitoring*

**Strengths.** BWEIP's web-based database, BTOTS, gives staff the ability to monitor progress towards improved social-emotional development for different sub-populations by EIS, and statewide levels at any interval needed. Reports on COSF rating progress are also immediately available on all these levels. Technical assistance is available to EIS programs from BWEIP down to the individual child level progress toward social-emotional development. Written practice guides in the form of web tutorials provide a mechanism for gathering and using data to inform the COSF rating and write functional outcomes.

**Areas for Improvement.** Challenges to improve social-emotional development in this infrastructure area were cited as limitations of tools used for assessment of social-emotional development, cultural diversity, and quality and consistency of data entry and COSF ratings.

### *Data*

**Strengths.** BTOTS is a comprehensive database that contains all children's records and provides real-time information on progress toward improved social-emotional development, including IFSP services, IFSP outcomes, IFSP outcomes progress, all assessment scores, visit notes, and entry and exit COSF scores including a written rationale.

### **Areas for Improvement.**

Additional data reports and prompts could easily be added.

### *Governance*

#### **Strengths.**

BWEIP sits in the Bureau of Child Development (BCD) in the Utah Department of Health. The mission of the BCD is to support the health and development of Utah families and their children. The bureau also houses the Utah evidenced-based Home Visiting Program, a Developmental Screening program, Early Childhood Utah – a statewide interagency body whose function is to work to improve Utah's early childhood system, the Longitudinal Data System Project, the Child Care Licensing Program, and the Strengthening Families Protective Factors project. BWEIP has many natural and planned opportunities to interface with these programs and projects. BWEIP is a partner on the activities of all these projects. These partnerships allow us to maximize the use of resources and funding and facilitates interagency agreements.

BWEIP enjoys a very close working relationship with the Utah Schools for the Deaf and the Blind (USDB). USDB receives funds from the Utah Legislature to provide vision and hearing services to children birth to three in Utah. USDB works in conjunction with EIS providers by providing hearing and vision specialist staff for BWEIP children. USDB and the local EIS provider use the same Individualized Service Plan. USDB also uses BWEIP's data database - BTOTS - to enter information such as evaluations, assessments, and services delivered. BWEIP is able to use BTOTS to monitor the USDB program in the same way as it does for the EIS programs.

**Areas for Improvement.** Several team members mentioned that it would be nice to determine a way to share resources more easily and have a method for keeping agencies and programs up dated as to availability and qualifications.

### *Fiscal*

**Strengths.** In 2014, OSEP funded, for the first time, a fiscal TA initiative that provided resources and assistance to selected state Part C programs. Twenty-eight states applied for this opportunity and BWEIP was one of 10 states accepted. Some of the areas that were addressed during the year-long finance project were an in-depth articulation of major funding sources with successful state examples of utilization; business case development; and knowledge of insurance terminology and billing. The 10 states participated in two off-site meetings, webinars, phone calls, and were assigned a fiscal mentor. The fiscal TA initiative application required each state to conduct an in-depth self-assessment of the service delivery structure, current finance system, funding sources, data system, challenges, current initiatives, and expectations. BWEIP organized a State Finance Team consisting of state, UDOH Finance, Medicaid, and a local EIS provider staff as well as a group of fiscal collaborators as key informants to work on the BWEIP finance plan.

**Areas for Improvement.** Many concerns for improvement were cited in this discussion. Sources of public funding such as the State General Fund are not systematically automatically available to keep up with the growth and cost of the BWEIP. The Utah Department of Health must decide if a request can or should be made and then a complicated rationalization process takes place. Although child count and costs continue to rise BWEIP cannot automatically see an increase from the State General Fund. The Utah Legislature is now requiring additional information such as the cost of services. For this purpose, BWEIP secured an outside evaluator to conduct a cost study of intervention services in each location of the state. The results are pending, but it is anticipated that the information will provide data to demonstrate the need for additional funding. It will also inform BWEIP as to the differing costs of doing business in various areas of the state. This will be used in providing grants to EIS programs in the future as well as information for BWEIP to help determine the viability of billing parents' private insurance; something BWEIP would like to consider as an additional funding source. Increasing caseloads with static federal funding was an issue brought up by the stakeholders. In addition, providers are implementing the new fee scale for the System of Payment and Fees policy and some families choose to reduce or refuse services rather than pay a fee.

### *Quality Standards*

**Strengths.** The team approach to early intervention, serves as a check for appropriate high-quality services for each child and family. The standardized system supports quality standards across EIS programs. Monitoring reports on many quality standards are available at the BWEIP and EIS level.

**Areas for Improvement.** Due to lack of governance over developing quality standards in early intervention, concerns discussed were inconsistency in access and delivery of services. Also, lack of financial resources were an issue in providing any standard of evidence-based practices and quality trained culturally competent staff, especially in infant mental health. Expectations for enhanced high quality standards, must be supported by mechanisms including, policy, contracts, practice guides and training.

### *Professional Development*

**Strengths.** EIS providers have a basic understanding of typical child development necessary for developing COSF ratings. BWEIP has recently focused attention to the implementation and availability of refresher COSF training. BWEIP and the ICC formed a subcommittee for the redesign and enhancement CSPD system in January 2014. BWEIP's Redesigned EI Credential project will facilitate the acquisition of initial competence and confidence of an early intervention provider through 1) Standardized Timely Orientation, 2) Individualized, Accountable Mentoring, and 3) Enhanced Competencies. Examples of enhanced competencies: Depth of training in the areas of social-emotional development including infant mental

health, cultural competency and, the COSF process, philosophy, methodology, and scoring.

*Technical Assistance*

**Strengths.** Immediate TA is available at the state, EIS program, and EIS provider level to support improving progress in the area of social-emotional development for culturally diverse children.

**Areas for Improvement.** There were concerns about accuracy and consistency of COSF ratings due to inconsistent technical assistance. BWEIP would like to create standards for general TA and focus monitoring as well travel to onsite locations statewide at regular intervals.

SSIP Component 2: Analysis of State Infrastructure to Support Improvement and Build Capacity

**2(d) State-level Improvement Plans and Initiatives**

The most often cited statewide programs and initiatives that may assist with improving social-emotional development were the UDOH/BCD home visiting program that includes the Parents as Teachers (PAT) and the Nurse Family Partnership (NFP) models.

The Bureau of Child Development (BCD) is also developing a home visiting plan that will involve the broader early learning community, including the BWEIP to set standards and offer resources for all home visitors. This is part of BCD's overall Child Development Plan. There will be opportunities for collaboration when home visitors and child care providers participate in training in how to support social-emotional development for young children.

The BWEIP coordinator is on the Board of the Utah Association of Infant Mental Health (UAIMH), an affiliate of the World Association of Mental Health. UAIMH provides support to all public agencies, providers, and parents in regards to topics related to the social-emotional health of infants and toddlers. The purpose of UAIMH is to support and assist with the integration of provider mental health competencies into practice.

SSIP Component 2: Analysis of State Infrastructure to Support Improvement and Build Capacity

**2(e) Representatives Involved**

Stakeholders involved in developing SSIP thus far include:

- National TA center consultants
- BCD administration
- BWEIP staff, including administration, program, data, compliance, child find/education, personnel development, finance, parent participation and ICC support staff
- SSIP Work Group and Core Work Team, including representatives of county health departments, school districts, universities, nonprofit agencies, parent resource center, human services, EI service providers, family service coordinators and program administrators, and parents
- ICC participants including representatives of state government, state agencies such as Dept. of Health (DOH), Dept. of Human Services, higher education, Part B 619 Coordinator, family advocates, community support agencies, health care providers, and family members

Additional stakeholders that will participate in Phase II include representatives from:

- Autism Utah
- Utah Children
- Parent groups
- Infant Mental Health
- The Children's Center
- University of Utah
- Utah Valley University
- Primary Children's Hospital
- DOH Maternal Child Health Program
- Early Childhood Utah
- Medical Home Partnerships
- BCD Office of Home Visiting
- DOH Family Support
- Autism Project staff – Utah Regional Leadership Education in Neurodevelopmental and Related Disabilities program at Utah State University

SSIP Component 2: Analysis of State Infrastructure to Support Improvement and Build Capacity

**2(f) Stakeholder Involvement in Infrastructure Analysis**

The stakeholders above were involved in the infrastructure analysis in a variety of ways. The SSIP Core Work Team members, consisting of BWEIP staff, representatives from and EISs and the ICC worked together to plan activities, assemble resources, summarize and analyze information gathered. The SSIP Core Work Team kept the SSIP Leadership Team, SSIP Broad Stakeholder Group, and BCD administrators informed. The SSIP Core Work Team assisted in planning and analysis of information on calls and helped update stakeholders at ICC and EIS meetings. The broad stakeholders generated state and local information and reviewed SSIP progress at the May 2014, September 2014, November 2014, and January 2015 meetings.

**State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families**

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

*Statement***Component 3: State Identified Measurable Result (SIMR)****3(a) SIMR Statement:****State Identified Measureable Result (SIMR)**

As a result of data analysis and in-depth discussion that has occurred over the past year by the SSIP Core Work Team, SSIP Leadership Team, and the SSIP Broad Stakeholder Group, Utah's SIMR is to "substantially increase the rate of growth in positive social-emotional skills (including social relationships) for culturally diverse infants and toddlers with disabilities in Utah by the time they exit Part C." These children will move closer in functioning to that of same-aged peers, as reflected in Summary Statement 1.

*Description*

See attached Graph

**Component 3: State Identified Measurable****Component 3: State Identified Measurable Result (SIMR)****3(b) Data and Infrastructure Analysis Substantiating the SIMR:**

Multiple data sources were used to inform the SiMR, including multiple BTOTS COSF data reports, statewide and local, aggregated and disaggregated at the program level and sub-populations; analyses using the Meaningful Differences Calculator; discussion with all 15 EIS providers regarding implementation and ongoing Child Outcomes Summary Form process; statewide data illustrating statewide areas of risk; and multiple meetings, teleconferences and electronic communication with the SSIP Core Work Team, SSIP Leadership Team, and the SSIP Broad Stakeholder Group.

State infrastructure analysis was also used to identify the SiMR. Infrastructure analysis activities included a SWOT analysis with EIS providers and ICC members; identification of potential strengths and challenges by the SSIP Leadership Team, EIS providers and the SSIP Core Work Team; and a statewide CSPD needs assessment survey that 340 respondents (Utah EIS administrators and providers) regarding their readiness and competence to implement potential improvement strategies.

The SSIP Core Work Team generated a list of current initiatives and priorities to share with the SSIP Leadership Team. The SSIP Leadership Team then reviewed the initiatives and priorities within the SSIP Core Work Team to analyze which activities have a similar focus and could be leveraged within the areas of social-emotional development, and cultural sensitivity in family-centered EI services.

The process used to identify and develop the SiMR solicited input from a variety of stakeholder groups, including: BWEIP and UDOH staff, national TA providers, the SSIP Leadership Team, the SSIP Core Work Team, including parents, local EIS providers, the ICC, other state agencies and parent support programs. The activities used to guide this process are identified in the section above on multiple data sources.

**Component 3: State Identified Measurable Result (SIMR)****3(c) SIMR as Child-Family Level Outcome**

By utilizing Summary Statement 1 of APR Indicator 3, the progress achieved in the SiMR will be a direct result of the developmental gains made by individual children. While the focus of implementation in Utah is a sub-population of children from diverse cultures, all children and families should benefit from the improved training and competence of early intervention providers. Additionally, the focus on cultural diversity regarding assessment, family engagement, communication, and IFSP services and goals should substantially increase the rate of growth in acquisition of knowledge and skills; and use of appropriate behavior to meet a child's needs for the culturally diverse subpopulation.

**Component 3: State Identified Measurable Result (SIMR)****3(d) Stakeholder involvement in Selecting SIMR**

Both internal and external stakeholders were recruited to participate in the development and selection of the SiMR. BWEIP shared information about the SSIP with internal and external stakeholders and gathered input and feedback regarding details of current work in other programs and agencies statewide. Stakeholders with knowledge and expertise in early intervention were invited to participate on the SSIP Leadership and Core Work Teams. Additional external stakeholders including parents and the ICC participated in the infrastructure analysis activities.

**Component 3: State Identified Measurable Result (SiMR)**

**3(e) Base line Data and Targets**

Baseline data and targets are also described in Component 2 Data.

2014 Baseline 65%

2015 Target 65%

2016 Target 65%

2017 Target 66%

2018 Target 67%

**Selection of Coherent Improvement Strategies**

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

**Component 4:**

**Selection of Coherent Improvement Strategies**

**4(a) How Improvement Strategies were Selected**

The following root causes for Utah's lower Summary Statement 1 (SS1) data in child outcome 1a (social-emotional skills and social relationships) for children from diverse cultural backgrounds were identified through the broad and in-depth data analysis that occurred from April 2014 through March 2015:

The SSIP Core Work Team invited each EIS program in a root cause analysis to address the identified SiMR. The chosen method of root cause analysis was a Fishbone Diagram. Training on how to conduct a Fishbone Analysis was presented at an EIS provider meeting. Six of the fifteen local EIS programs chose to participate in the Fishbone Diagram activity, and included representation from both large and small programs within the state. Upon completion of the Fishbone analysis process, common causes and contributing factors for the SiMR were concluded (Table 1). The common identified causes were: 1) culture; 2) SES status; 3) education level of the family; 4) staff training; and 5) evaluation tool. Next, the programs outlined contributing factors for each of the five identified causal areas.

1. *Culture*: Language barriers, traditions, role identities, religious differences, limited networking opportunities, relationship building/trust, and decreased acceptance and tolerance from family and/or providers.
2. *SES Status*: Poverty, high stress, transportation issues and distance from services, unstable housing, and access to fewer resources (i.e. daycare, toys, food, etc.).
3. *Education Level of the Family*: Low motivation, fewer opportunities, limited financial resources, literacy barriers, lack of follow through with activities, and decreased parental understanding.
4. *Staff*: Cultural experiences, biases, extent of training on the evaluation tool, and flexibility in schedule to meet family's needs.
5. *Assessment Tool*: Parent vs. provider report, variation of tools, evaluator personalities during the initial vs. exit COSF, culturally and language inappropriateness, over vs. under reporting, and subjectivity of assessment tool.

The SSIP Core Work Team then brainstormed barriers that could be changed by BWEIP and EIS providers to address the root causes.

The minimal use of a sensitive assessment tool to identify social-emotional concerns, including language, and culture barriers could cause the following:

- Limited writing of functional Individualized Family Service Plan (IFSP) outcomes for social-emotional concerns for children from diverse backgrounds
- Insufficient training and use of evidence-based practices
- Communication issues between provider and family
- Need for increased parent involvement during assessments
- Inconsistent team knowledge of typical social-emotional development
- Need for culturally competent staff and services
- Knowledge and access to inclusive community resources
- Insufficient understanding of the Child Outcome Summary (COSF) rating process

During a Core Work Team call in March 2015, the root causes analysis was reviewed and the group began to think about general improvement strategies. Current improvement strategies and ongoing initiatives and their potential impact on social emotional development for children from diverse cultures were reviewed. The team was asked to continue to brainstorm and send back to the group additional strategies based on the trends from the root cause analysis and the strengths in the infrastructure analysis. BWEIP staff

subsequently added elements to the list of improvement strategies that incorporated where appropriate the DEC recommended practices.

Through phone calls and email the SSIP Core Work Team generated some specific improvement strategies that were organized under the following categories:

**1. Assessment**

Identify and establish the use of valid, reliable, culturally sensitive assessment measure and methods that ensure an accurate assessment of social emotional skills needs of children ages birth to three.

**2. Professional Development and Qualified Personnel**

Strive to retain and educate early intervention staff by redesigning and enhancing the CSPD system to support the creation of high quality, functional IFSP outcomes and strategies related to social emotional skills and relationships, and implementation of evidence based practices that address family centered routines based early intervention services, and family engagement including cultural competence training in the Four Areas of Resiliency.

**3. Family Engagement**

Develop a role/job description for “cultural guides” who work in conjunction with the EI team during assessment and intervention.

**4. Collaboration**

Identify agencies at the state and local levels that already provide support and information for diverse cultures in Utah, sharing resources with Early Head Start (EHS), evidenced-based home visiting.

These broad improvement strategies generated by the SSIP Core Work Team were presented to the SSIP Broad Stakeholders Group in March, 2015. The implementation of these strategies will lead to the following: 1) BWEIP enhancing infrastructure to support EIS's, then 2) EIS's supporting and supervising personnel to provide appropriate assessments, evidence-based services, family supports, then 3) providers implementing, appropriate assessments evidence-based services and culturally appropriate supports for all children and families, then 4) all families increasing their capacity to support their children's social-emotional development, resulting in 5) improved social-emotional outcomes for all children regardless of cultural background.

**4(b) How Improvement Strategies are Sound, Logical and Aligned**

The improvement strategies are sound and logical because they were created based on the root cause and infrastructure analyses. The SSIP Core Work Team with the guidance of technical assistance, spent time developing solid strategies that should lead to improvement of children's social-emotional development regardless of culture.

The strategies are aligned because each strategy interrelates with all the others. The fidelity of implementation will be supported through a redesigned and enhanced system of professional development. Joining with other state initiatives that support social-emotional development will help BWEIP leverage resources for training and the preparation of qualified personnel. Through these qualified personnel, assessment processes will be improved, evidence-based practices will be implemented, families will receive culturally appropriate supports and accountability measures focusing on a well-qualified workforce, improved results will be strengthened. Individual strategies will not be carried out in isolation.

In addition, stakeholders identified current state and local initiatives that address children's social-emotional and cultural diversity concerns. Partnering with existing initiatives was identified as an improvement strategy.

During the infrastructure analysis, stakeholders identified existing state and local initiatives that could support SSIP efforts. Also, during an ICC meeting in November 2014, members identified additional initiatives. State initiatives and programs that include infant and toddler's social-emotional development and cultural sensitivity include the following:

- Home visiting
  - Parents as Teachers
  - Nurse Family Partnerships
- Early Head Start
- Head Start
- Infant Mental Health
- Autism Screening/ URLEND
- Early Childhood Utah
- Help Me Grow
- Universal Developmental Screening efforts
- Utah – Governor's Success Initiative

Representatives from a number of these initiatives have been invited and have agreed to participate in Phase II SSIP activities.

**4(c) Strategies that Address Root Causes and Build Capacity**

1. **Assessments** were chosen as an improvement strategy because there were a number of concerns about assessment practices identified through the root cause and infrastructure analyses.

The following are the root causes that this strategy addresses:

- Minimal use of a sensitive assessment tool to identify social-emotional concerns
- Lack of culturally sensitive assessment tools
- Insufficient understanding of the COSF rating process
- Need for increased parent involvement during assessment

In addition, the infrastructure analysis identified the following needs in this area:

- Concerns about accuracy and consistency of COSF ratings
- Limitations of tools used for assessment of social-emotional development
- Limitations of culturally sensitive assessment tools

Cultural competency

2. **Professional Development** was chosen as an improvement strategy because it was identified in both the root cause and infrastructure analyses that more training is needed in a variety of topics.

The specific root causes this strategy addresses are:

- Cultural competency
- COSF rating process
- Need for culturally competent staff and service

In addition, the infrastructure analysis identified the following training needs:

- Limited writing of functional IFSP outcomes for social emotional concerns
- Typical social-emotional development of children
- Desire for statewide mentorship program
- Inconsistent team knowledge of typical social-emotional development
- Insufficient knowledge and use of evidence based practices

3. **Family Engagement** was selected as a strategy because.

The specific root causes this strategy addresses are provider and family:

- Understanding and communication
- Scheduling flexibility
- Trust
- Motivation and follow through
- Role identities and traditions
- Literacy and language

In addition, the infrastructure analysis identified the following needs in this area:

- Fee structure
- Expectations

4. **Collaboration** was identified as a strategy because, as indicated in section 4(b), there are a number of state and local initiatives that align with the SSIP efforts toward improvement. By partnering with existing initiatives, BWEIP will be able to utilize these resources to work toward improved child outcomes.

#### 4(d) Strategies Based on Data and Infrastructure Analyses

As reflected in section 4(a), through the data and infrastructure analyses, root causes were identified which informed the selection of improvement strategies.

For example, one theme that emerged from both the root cause and infrastructure analyses was the need for an enhanced CSPD system and more training. The following topics were identified:

1. Assessments for social-emotional development
2. Well qualified, stable workforce through orientation, mentoring, and training
3. Cultural competency
4. Family engagement
5. Writing functional outcomes specific to social-emotional development
6. Evidence-based practices that address social-emotional concerns
7. COSF rating process
8. Community collaboration

As a result, these topics are embedded in the broad improvement strategies.

## Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

[Utah BWEIP Theory of Action](#) Utah BWEIP Theory of Action



Provide a description of the provided graphic illustration (optional)

Description of Illustration

description also attached

### Component 5: Theory of Action

#### 5(a) Graphic Illustration

The Theory of Action is divided into four focus areas of action:

1. Assessment
2. Professional Development/Qualified Personnel
3. Family Engagement
4. Collaboration

The focus areas of action are a starting point for the Theory of Action that originated from the broad improvement strategies. The Theory of Action describes a flow of action steps from the Baby Watch Early Intervention Program (BWEIP), to local Early Intervention Service (EIS) programs, to EIS providers, to children and families, to the State Identified Measurable Result.

#### 5(b) How Improvement Strategies will Lead to Improved Results

The first focus of action of the Theory of Action is Assessment. BWEIP will identify and enhance statewide implementation of culturally appropriate functional assessments that are sensitive to a child's social emotional development. EIS program administrators will be better able to provide ongoing support and supervision of these processes for their providers. EIS providers will be equipped to appropriately assess a child's social emotional development to inform the COSF rating process and IFSP development. Families will be able to participate in intervention services that will increase their capacity to support their child's social-emotional development. Children will demonstrate improvement in their social-emotional skills and social relationships.

The second focus of action is Professional Development and Retention of Qualified Early Intervention Professionals. The BWEIP/ICC/EIS committee will redesign and enhance the comprehensive system of professional development (CSPD) to include a standard orientation process, an individualized mentorship plan and instruction of evidenced based practices that support cultural diversity and social emotional development. EIS program administrators will utilize a system to ensure that practices are implemented with fidelity, and assure ongoing support and supervision of providers. EIS providers will receive the necessary training and follow-up support to provide evidence-based practices. As a result, families will receive culturally competent, evidence-based services, which will lead to children demonstrating improvement in their social-emotional skills and social relationships.

The third focus of action is Family Engagement. BWEIP and EIS's will develop a role/job description for "cultural guides" who work in conjunction with EI team during assessment and intervention. EIS providers will be able to recognize a family's needs, strengths, and natural skills. Language and cultural barriers will be reduced, more natural networking opportunities will occur, and there will be increased trust and acceptance between families and providers. Children will demonstrate improvement in their social-emotional skills and social relationships.

The fourth focus of action is Collaboration. BWEIP and EIS's will identify agencies and programs at the state and local levels who currently provide support to diverse cultures in Utah. EIS providers will have community resources to support infants, toddlers and their families of various cultural backgrounds. Families will utilize community resources to address their needs, resulting in decreased family stressors allowing them to better support their child's social emotional development. As a result, children will demonstrate improvement in their social-emotional skills and social relationships.

#### 5(c) Stakeholder Involvement in Developing the Theory of Action

The Theory of Action was developed based on the input stakeholders provided regarding root cause and infrastructure analysis, CSPD needs assessment, and improvement strategies. The SSIP Core Work Team, mapped the elements for the Theory of Action from the focus areas, to the initial broad strategies, the immediate improvement products, and the intended outcome for children and families. The Theory of Action was presented to the Broad Stakeholders Group at an ICC meeting on March 25, 2015.

## Infrastructure Development

(a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.

(b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the

## FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.

(c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.

(d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

### See attached documents:

Theory of Action

Utah SSIP Phase II Logic Model

Introduction, WorkTeams, Strategies Overview

Improvement Strategy 1. Assessment Implementation and Evaluation Plan

Improvement Strategy 2. Professional Development Implementation and Evaluation Plan

Improvement Strategy 3. Family Engagement Implementation and Evaluation Plan

Improvement Strategy 4. Community Collaboration Implementation and Evaluation Plan

## Support for EIS programs and providers Implementation of Evidence-Based Practices

(a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.

(b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.

(c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

### See attached documents:

Theory of Action

Utah SSIP Phase II Logic Model

Introduction, WorkTeams, Strategies Overview

Improvement Strategy 1. Assessment Implementation and Evaluation Plan

Improvement Strategy 2. Professional Development Implementation and Evaluation Plan

Improvement Strategy 3. Family Engagement Implementation and Evaluation Plan

Improvement Strategy 4. Community Collaboration Implementation and Evaluation Plan

## Evaluation

(a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.

(b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.

(c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).

(d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

### See attached documents:

Theory of Action

Utah SSIP Phase II Logic Model

Introduction, WorkTeams, Strategies Overview

Improvement Strategy 1. Assessment Implementation and Evaluation Plan

Improvement Strategy 2. Professional Development Implementation and Evaluation Plan

Improvement Strategy 3. Family Engagement Implementation and Evaluation Plan

Improvement Strategy 4. Community Collaboration Implementation and Evaluation Plan

### **Technical Assistance and Support**

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

**See attached documents:**

Theory of Action

Utah SSIP Phase II Logic Model

Introduction, WorkTeams, Strategies Overview

Improvement Strategy 1. Assessment Implementation and Evaluation Plan

Improvement Strategy 2. Professional Development Implementation and Evaluation Plan

Improvement Strategy 3. Family Engagement Implementation and Evaluation Plan

Improvement Strategy 4. Community Collaboration Implementation and Evaluation Plan

### **OSEP Response**

### **Required Actions**

## Certify and Submit your SPP/APR

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.

**Selected:** 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: Catherine Hoelscher

Title: Program Coordinator

Email: choelsch@utah.gov

Phone: 801-414-7531