UT
Part C

FFY2016
State Performance Plan / Annual Performance Report
Executive Summary:

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.

Technical Assistance System:

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

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.

Attachments

No APR attachments found.

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.

Technical Assistance System:

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

The 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.
FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

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 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 conferences and trainings. The Utah Part C Program Manager is the official LA liaison for all 15 EI program grantees and answers questions from grantees about Part C regulations and LA policy. LA staff are identified as points of contact based on their areas of expertise and knowledge.

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
34 CFR §303.13: Early intervention services
34 CFR §303.118: Comprehensive system of personnel development (CSPD)
34 CFR §303.119: Personnel standards
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 meeting 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 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 25th, 2017 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.

The FFY 2015 APR along with the FFY 2005-2013 SPP were been posted on the BWEIP website at www.utahbabywatch.org on May 5, 2017 under the public information section, State Performance Plan/Annual Performance Reports http://health.utah.gov/cshcn/programs/babywatch.html

The BWEIP worked with the Department of Health’s Public Information Officer to distribute the FFY 2015 APR and the FFY 2013-2018 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 2017 http://health.utah.gov/cshcn/programs/babywatch.html. Local BWEIPs also received their program determinations and notifications of noncompliance in January 2017.

Utah’s Part C determination from OSEP was posted to the the Baby Watch Website in June, 2017 at http://health.utah.gov/cshcn/programs/babywatch.html.
States were instructed to submit Phase III Year Two of the State Systemic Improvement Plan (SSIP) by April 2, 2018. The State provided the required information.

In the FFY 2017 APR, the State must report FFY data for the State-identified Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities; (2) measures and outcomes that were implemented since the State’s last SSIP submission (i.e., April 2, 2018); and (3) a summary of the infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short- and long-term outcomes that are intended to impact the SiMR.

Required Actions
### Indicator 1: Timely provision of services

**Baseline Data:** 2005

**Monitoring Priority:** Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner.

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

#### Historical Data

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
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<td>95.00%</td>
<td>99.00%</td>
<td>98.00%</td>
<td>97.20%</td>
<td>99.50%</td>
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<td>100%</td>
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#### FFY 2016 - FFY 2018 Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

#### FFY 2016 SPP/APR Data

<table>
<thead>
<tr>
<th>Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner</th>
<th>Total number of infants and toddlers with IFSPs</th>
<th>FFY 2015 Data*</th>
<th>FFY 2016 Target*</th>
<th>FFY 2016 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>3939</td>
<td>3966</td>
<td>99.90%</td>
<td>100%</td>
<td>99.92%</td>
</tr>
</tbody>
</table>

**Number of documented delays attributable to exceptional family circumstances**

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

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Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

**Timeline for Provision of Services:**

Each EI service shall be provided as soon as possible and no later than within forty-five (45) days after the parent provides written consent for that service (Day one (1) of the forty-five (45) days being the day the consent is given).

**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).

Full reporting period of July 1, 2016 - June 30, 2017

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 Toddler Online Tracking System (BTOTS), and included all children with IFSPs who have received early intervention (EI) services from July 1, 2016 to June 30, 2017.

Provide additional information about this indicator (optional)

**Improvement Activities Completed in FFY 2016:**

During FFY 2016, 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.
Actions required in FFY 2015 response

none

Note: Any actions required in last year’s response table that are related to correction of findings should be responded to on the “Correction of Previous Findings of Noncompliance” page of this indicator. If your State’s only actions required in last year’s response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2015

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**FFY 2015 Findings of Noncompliance Verified as Corrected**

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

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

Verification of Correction of FFY 2015 findings of noncompliance (either timely or subsequent):

El 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 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 6 findings of noncompliance identified in FFY 2015 for this indicator identified through BTOTS database monitoring. Two EI programs received notifications of noncompliance in FFY 2015. All corrective action required by FFY 2015 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 two 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 20 U.S.C. 1416(a)(3)(A) and 1442 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 6 children/families impacted by noncompliance identified FFY 2015, 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 2015**

<table>
<thead>
<tr>
<th>Provider Delay</th>
<th>1-5 Days Late</th>
<th>6-15 Days Late</th>
<th>16-25 Days Late</th>
<th>26-35 Days Late</th>
<th>36-45 Days Late</th>
<th>45+ Days Late</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>1</td>
<td></td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Program</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Totals</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>

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**

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2015:**

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

**Document Copy**
As per OSEP instruction referenced on the enclosed FFY 2016 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, 2018.

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 2016 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.

Corrective Action Requirements for Noncompliance Identified for FFY 2015

<table>
<thead>
<tr>
<th>Compliance Level</th>
<th>Corrective Action Required?</th>
<th>EI Program Corrective Action Reporting to BWEIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% Compliance</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Meets Requirements</td>
<td>Yes</td>
<td>Data report to BWEIP showing correction for all individual instances (or completion, although late) for timeline indicators (1, 7, 8a-c)).</td>
</tr>
<tr>
<td>95% to 99.9% Compliance</td>
<td>Yes</td>
<td>Periodic self-review of monitoring report(s) in the indicator(s) of concern.</td>
</tr>
<tr>
<td>Needs Assistance</td>
<td>Yes</td>
<td>Analysis of cause(s) of noncompliance.</td>
</tr>
<tr>
<td>80% to 94.9% Compliance</td>
<td>Yes</td>
<td>Written implementation plan to address cause(s) with specified timeline, submitted to and approved by BWEIP.</td>
</tr>
<tr>
<td>Needs Intervention</td>
<td>Yes</td>
<td>Bi-monthly TA call with BWEIP.</td>
</tr>
<tr>
<td>70% to 79.9% Compliance</td>
<td>Yes</td>
<td>Onsite monitoring visit.</td>
</tr>
<tr>
<td>Needs Substantial Intervention</td>
<td>Yes</td>
<td>Onsite BWEIP TA.</td>
</tr>
<tr>
<td>&lt; 70% Compliance</td>
<td>Yes</td>
<td>Monthly TA call with BWEIP.</td>
</tr>
</tbody>
</table>

Baby Watch verified correction of noncompliance in each of the early intervention programs by reviewing data that demonstrated that each program has corrected each individual instance of noncompliance. Documentation is as follows:

Program 1:

After careful review of these 3 reported late services, San Juan School District Early Intervention Program has determined that the data in BTOTS was inaccurate and has since been corrected which exonerates San Juan School District from these 3 late services.

Child ID: SJ16015

3/31/16 SLP Frequency: 2 X M Service Provider: Teresa G. 5 Days Late: Corrected in BTOTS. Visits verified and noted below for Speech Services.

3/31/2016

Family reported out of county for entire month of April 2016.

5/1 1/2016

3/31/16 SLP Frequency: 2 X M Service Provider: Teresa G. 5 Days Late: Corrected in BTOTS. Visits verified and noted below for Speech Services.

5/1 1/2016

3/31/16 SLP Frequency: 2 X M Service Provider: Teresa G. 5 Days Late: Corrected in BTOTS. Visits verified and noted below for Speech Services.

5/1 1/2016

3/31/16 SLP Frequency: 2 X M Service Provider: Teresa G. 5 Days Late: Corrected in BTOTS. Visits verified and noted below for Speech Services.

5/1 1/2016

3/31/16 SLP Frequency: 2 X M Service Provider: Teresa G. 5 Days Late: Corrected in BTOTS. Visits verified and noted below for Speech Services.

5/1 1/2016

3/31/16 SLP Frequency: 2 X M Service Provider: Teresa G. 5 Days Late: Corrected in BTOTS. Visits verified and noted below for Speech Services.

5/1 1/2016

3/31/16 SLP Frequency: 2 X M Service Provider: Teresa G. 5 Days Late: Corrected in BTOTS. Visits verified and noted below for Speech Services.

5/1 1/2016

3/31/16 SLP Frequency: 2 X M Service Provider: Teresa G. 5 Days Late: Corrected in BTOTS. Visits verified and noted below for Speech Services.
SAN JUAN SCHOOL DISTRICT CORRECTIVE ACTION PLAN 2017-2018

San Juan School District will implement a single contact Visit Form Data Entry Protocol according to the plan and timeline below. The new Visit Form Data Entry Protocol will be that Kd Perkins, Special Education Administrative Professional, will enter all Early Intervention Service Visit Data into BTOTS and will track and verify this data against IFSP services. Furthermore, Jurea Ben and Tymra Butt will verify data during their monthly CAP and DAP protocol.

<table>
<thead>
<tr>
<th>Action</th>
<th>Persons Responsible</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tony Done, San Juan School District Special Education Director will inform Early Intervention Team Members of new Visit Form Data Entry Protocol.</td>
<td>Tony Done</td>
<td>Complete by 6/30/2017.</td>
</tr>
<tr>
<td>Jurea Ben and Tymra Butt will train Kd Perkins on BTOTS Visit Form Data Entry Procedures.</td>
<td>Jurea Ben</td>
<td>Complete by 7/31/2017.</td>
</tr>
<tr>
<td>Jurea Ben and Tymra Butt will train Kd Perkins on identifying required IFSP Services in BTOTS.</td>
<td>Jurea Ben</td>
<td>Complete by 7/31/2017.</td>
</tr>
<tr>
<td>Early Intervention Team Members will submit Visit Forms to Kd Perkins for BTOTS Data Entry every Friday.</td>
<td>Early Intervention Team Members</td>
<td>8/1/2017 and Ongoing.</td>
</tr>
<tr>
<td>Kd Perkins will enter Visit Forms data into BTOTS within one week and verify required visits occurred.</td>
<td>Kd Perkins</td>
<td>8/1/2017 and Ongoing.</td>
</tr>
<tr>
<td>If required visits are missing or lacking, Kd Perkins will notify Jurea Ben, Tymra Butt, and other necessary Early Intervention Team Members to immediately address and conduct required visits if necessary.</td>
<td>Early Intervention Team Members</td>
<td>8/1/2017 and Ongoing.</td>
</tr>
<tr>
<td>Jurea Ben and Tymra Butt will also verify required visits during their monthly CAP and DAP protocol.</td>
<td>Jurea Ben and Tymra Butt</td>
<td>7/1/2017 and Ongoing.</td>
</tr>
</tbody>
</table>

Program 2:

Subsequent Data showing full compliance of 100%. Training was completed and the months of Sept. 2016 and Oct 2016 were 100% compliant. Periodic training was conducted to insure understanding of the regulations as well as insure that service providers understand the requirements and expectations associated with indicator #1. Beginning July, a monthly audit was conducted and training provided as necessary to identify instances of non-compliance and facilitate compliance. In addition, there is periodic self-review of monitoring reports for services within 45 days.

Correction of Remaining FFY 2015 Findings of Noncompliance (if applicable): N/A

Correction of Any Remaining Findings of Noncompliance from FFY 2014 or Earlier (if applicable): N/A

OSEP Response

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2016 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 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

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)
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 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.

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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%.
  - 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.
Table 1. Indicator 2 Targets and Actual Target Data for Previous Ten Fiscal Years

<table>
<thead>
<tr>
<th>FFY (December 1 Count)</th>
<th>Indicator 2 Target</th>
<th>Indicator 2 Actual Target Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFY 2006 (December 1, 2006)</td>
<td>76.0%</td>
<td>71.00%</td>
</tr>
<tr>
<td>FFY 2007 (December 1, 2007)</td>
<td>76.5%</td>
<td>71.00%</td>
</tr>
<tr>
<td>FFY 2008 (December 1, 2008)</td>
<td>77.0%</td>
<td>71.00%</td>
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<tr>
<td>FFY 2009 (December 1, 2009)</td>
<td>77.5%</td>
<td>84.30%</td>
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<tr>
<td>FFY 2010 (December 1, 2010)</td>
<td>78.0%</td>
<td>89.20%</td>
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<td>FFY 2011 (December 1, 2011)</td>
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<td>94.30%</td>
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<td>79.5%</td>
<td>95.44%</td>
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<tr>
<td>FFY 2014 (December 1, 2014)</td>
<td>91.0%</td>
<td>95.87%</td>
</tr>
<tr>
<td>FFY 2015 (December 1, 2015)</td>
<td>92.0%</td>
<td>95.69%</td>
</tr>
<tr>
<td>FFY 2016 (December 1, 2016)</td>
<td>93.0%</td>
<td>95.59%</td>
</tr>
</tbody>
</table>

For three of the last ten 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 2005 through FFY 2010 were based “hand collected” data from years prior to the introduction of the Baby and Toddler Online Tracking System (BTOTS) database in 2005.

At 95.59%, the FFY 2016 percentage of infants and toddlers with IFSPs receiving early intervention services primarily in home or community-based settings exceeded the FFY 2016 Indicator 2 state target of 93.0%. FFY 2013, FFY 2014, FFY 2015 and FFY 2016 are the highest percentages in reporting years FFY 2006 through FFY 2006. At the local level, 13 of 15 Utah programs had percentages above the FFY 2016 Indicator 2 state target of 93.0%.
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

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>FFY</th>
<th>2004</th>
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<th>2007</th>
<th>2008</th>
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</table>

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

FFY 2016 - FFY 2018 Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Target ≥</td>
<td>67.00%</td>
<td>68.00%</td>
</tr>
<tr>
<td>A2</td>
<td>Target ≥</td>
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</tr>
<tr>
<td>B1</td>
<td>Target ≥</td>
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<td>74.50%</td>
</tr>
<tr>
<td>B2</td>
<td>Target ≥</td>
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<tr>
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<tr>
<td>C2</td>
<td>Target ≥</td>
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<td>59.50%</td>
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</tbody>
</table>

Target: 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 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.

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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 definatly 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 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

<table>
<thead>
<tr>
<th>Children</th>
<th>Percentage of Children</th>
</tr>
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<tbody>
<tr>
<td>17.00</td>
<td>0.57%</td>
</tr>
<tr>
<td>785.00</td>
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<td>808.00</td>
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<table>
<thead>
<tr>
<th>Numerator</th>
<th>Denominator</th>
<th>FFY 2015 Data</th>
<th>FFY 2016 Target</th>
<th>FFY 2016 Data</th>
</tr>
</thead>
<tbody>
<tr>
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<td>2174.00</td>
<td>67.45%</td>
<td>67.00%</td>
<td>63.11%</td>
</tr>
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</table>

**Reasons for A1 Slippage**

BWEIP's FFY 2016 data (60.86%) exceeded the 54.50% target for Summary Statement A2, and was a 2.42% improvement over FFY 2015 (58.44%).

Summary Statement A1 experienced some slippage, from 67.45% in FFY 2015 to 63.11% in FFY 2016. This is a decrease of 4.34%. This slippage may be the result of multiple factors including:

- A shortage of direct service personnel may have resulted in an increased number of children exiting early intervention with fewer than 6 months of consecutive service, who were therefore unable to be assigned an exit score.
- Some BWEIP programs served an increased number of children with severe disabilities, whose exit scores may not reflect significant developmental progress during their time in early intervention services.
- COS administration training was likely inconsistent across state EI programs, resulting in increased variability of child outcome exit scores.

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

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Percentage of Children</th>
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<td>0.54%</td>
</tr>
<tr>
<td>780.00</td>
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<tr>
<td>610.00</td>
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<td>1139.00</td>
<td>38.18%</td>
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<td>438.00</td>
<td>14.68%</td>
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<table>
<thead>
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<th>Denominator</th>
<th>FFY 2015 Data</th>
<th>FFY 2016 Target</th>
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<td>2983.00</td>
<td>54.04%</td>
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</table>

**Reasons for B1 Slippage**

BWEIP's FFY 2016 data (52.87%) exceeded the 49.00% target for Summary Statement B2, but was a 1.17% decrease from FFY 2015 (54.04%).

Summary Statement B1 experienced some slippage, from 70.56% in FFY 2015 to 68.72% in FFY 2016. This is a decrease of 1.84%. This slippage may be the result of multiple factors including:

- A shortage of direct service personnel may have resulted in an increased number of children exiting early intervention with fewer than 6 months of consecutive service, who were therefore unable to be assigned an exit score.
- Some BWEIP programs served an increased number of children with severe disabilities, whose exit scores may not reflect significant developmental progress during their time in early intervention services.
- COS administration training was likely inconsistent across state EI programs, resulting in increased variability of child outcome exit scores.
### Outcome C: Use of appropriate behaviors to meet their needs

<table>
<thead>
<tr>
<th></th>
<th>Number of Children</th>
<th>Percentage of Children</th>
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</thead>
<tbody>
<tr>
<td>a. Infants and toddlers who did not improve functioning</td>
<td>16.00</td>
<td>0.54%</td>
</tr>
<tr>
<td>b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</td>
<td>666.00</td>
<td>22.33%</td>
</tr>
<tr>
<td>c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it</td>
<td>485.00</td>
<td>16.26%</td>
</tr>
<tr>
<td>d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers</td>
<td>1210.00</td>
<td>40.56%</td>
</tr>
<tr>
<td>e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers</td>
<td>606.00</td>
<td>20.32%</td>
</tr>
</tbody>
</table>

#### Numerator

<table>
<thead>
<tr>
<th>C1</th>
<th>C2</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 (\frac{c+d}{a+b+c+d}).</td>
<td>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 (\frac{d+e}{a+b+c+d+e}).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Denominator</th>
<th>FFY 2015 Data*</th>
<th>FFY 2016 Target*</th>
<th>FFY 2016 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1695.00</td>
<td>2377.00</td>
<td>73.13%</td>
<td>75.00%</td>
<td>71.31%</td>
</tr>
<tr>
<td>1816.00</td>
<td>2983.00</td>
<td>62.22%</td>
<td>59.00%</td>
<td>60.88%</td>
</tr>
</tbody>
</table>

#### Reasons for C1 Slippage

BWEIP's FFY 2016 data (60.88%) exceeded the 59.00% target for Summary Statement C2, and was a 1.34% decrease from FFY 2015 (62.22%).

Summary Statement C1 experienced some slippage, from 73.13% in FFY 2015 to 71.31% in FFY 2016. This is a decrease of 1.82%. This slippage may be the result of multiple factors including:

- A shortage of direct service personnel may have resulted in an increased number of children exiting early intervention with fewer than 6 months of consecutive service, who were therefore unable to be assigned an exit score.
- Some BWEIP programs served an increased number of children with severe disabilities, whose exit scores may not reflect significant developmental progress during their time in early intervention services.
- COS administration training was likely inconsistent across state EI programs, resulting in increased variability of child outcome exit scores.

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

The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s part C exiting § 618 data.

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

Please note that this data about the number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program is optional in this FFY16 submission. It will be required in the FFY17 submission.

### Was sampling used?

**No**

### Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process?

**Yes**

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

Utah's Part C early intervention programs use the Early Childhood Outcomes Center (ECO) method of assigning a score to each child outcome measure. The BWEIP Child Outcome Summary Form (BWEIP COSF) is used to document the process, and includes a rational statement that explains and supports the score given. The BWEIP COSF is completed upon the child's entry and exit from EI services. Scores for the BWEIP COSF are entered into the Baby Toddler Online Tracking System (BTOTS) database, and used to calculate progress that each child makes.

Child outcome entry data is collected for all children with an IFSP. Child outcome exit data is collected for all children under IFSP, provided that they have received six consecutive months of EI services at the time of exit from EI.

### Actions required in FFY 2015 response

**none**

### OSEP Response

States must report the following data starting with the FFY 2017 SPP/APR submission, due February 2019: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the 7/5/2018
State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

<table>
<thead>
<tr>
<th>Required Actions</th>
</tr>
</thead>
</table>
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

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>FFY</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>A 2006</td>
<td>Target ≥ 76.00%</td>
<td>76.00%</td>
<td>78.00%</td>
<td>80.00%</td>
<td>81.00%</td>
<td>84.00%</td>
<td>86.58%</td>
<td>87.71%</td>
<td>87.73%</td>
<td>84.00%</td>
<td>84.50%</td>
<td></td>
</tr>
<tr>
<td>Data</td>
<td>76.00%</td>
<td>78.00%</td>
<td>80.00%</td>
<td>81.00%</td>
<td>84.00%</td>
<td>86.58%</td>
<td>87.71%</td>
<td>87.73%</td>
<td>84.00%</td>
<td>84.50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B 2006</td>
<td>Target ≥ 74.00%</td>
<td>74.00%</td>
<td>75.00%</td>
<td>76.00%</td>
<td>77.00%</td>
<td>78.00%</td>
<td>82.00%</td>
<td>82.25%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data</td>
<td>73.00%</td>
<td>74.00%</td>
<td>75.00%</td>
<td>76.00%</td>
<td>77.00%</td>
<td>78.00%</td>
<td>82.00%</td>
<td>82.25%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C 2006</td>
<td>Target ≥ 80.50%</td>
<td>80.50%</td>
<td>81.00%</td>
<td>81.50%</td>
<td>82.00%</td>
<td>82.50%</td>
<td>92.00%</td>
<td>92.10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data</td>
<td>83.00%</td>
<td>82.00%</td>
<td>91.00%</td>
<td>92.00%</td>
<td>93.00%</td>
<td>92.20%</td>
<td>92.26%</td>
<td>92.12%</td>
<td>92.45%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### FFY 2016 - FFY 2018 Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target A ≥ 85.50%</td>
<td>85.50%</td>
<td>86.00%</td>
<td>86.50%</td>
</tr>
<tr>
<td>Target B ≥ 82.75%</td>
<td>83.00%</td>
<td>83.25%</td>
<td></td>
</tr>
<tr>
<td>Target C ≥ 92.30%</td>
<td>92.40%</td>
<td>92.50%</td>
<td></td>
</tr>
</tbody>
</table>

**Key:**
- Target A ≥ 85.50%
- Target B ≥ 82.75%
- Target C ≥ 92.30%

### 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 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 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.
The .5% increments for A and B each year should be .1% increase like it is for C.
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. 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 .85, 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 .89, 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.

### Analyzed 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, 2,674 respondents completed at least one item and were included in the analysis. For analysis of the IFS, 2,661 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 understand 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>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Mailed</th>
<th>Returned</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>52</td>
<td>30</td>
<td>57.7%</td>
</tr>
<tr>
<td></td>
<td>1.2%</td>
<td>1.1%</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>71</td>
<td>34</td>
<td>47.9%</td>
</tr>
<tr>
<td></td>
<td>1.7%</td>
<td>1.3%</td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td>38</td>
<td>23</td>
<td>60.5%</td>
</tr>
<tr>
<td></td>
<td>0.9%</td>
<td>0.9%</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>830</td>
<td>512</td>
<td>61.7%</td>
</tr>
<tr>
<td></td>
<td>19.3%</td>
<td>19.1%</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>42</td>
<td>26</td>
<td>61.9%</td>
</tr>
<tr>
<td></td>
<td>1.0%</td>
<td>1.0%</td>
<td></td>
</tr>
<tr>
<td>Two or More Races</td>
<td>150</td>
<td>94</td>
<td>62.7%</td>
</tr>
<tr>
<td></td>
<td>3.5%</td>
<td>3.5%</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>3,116</td>
<td>1,955</td>
<td>62.7%</td>
</tr>
<tr>
<td></td>
<td>72.5%</td>
<td>73.1%</td>
<td></td>
</tr>
</tbody>
</table>

### Survey Language

<table>
<thead>
<tr>
<th>Language</th>
<th>Mailed</th>
<th>Returned</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>3,902</td>
<td>2,424</td>
<td>62.1%</td>
</tr>
<tr>
<td></td>
<td>90.5%</td>
<td>89.6%</td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td>397</td>
<td>250</td>
<td>63.0%</td>
</tr>
<tr>
<td></td>
<td>9.2%</td>
<td>9.3%</td>
<td></td>
</tr>
</tbody>
</table>
**Race/Ethnicity**

<table>
<thead>
<tr>
<th></th>
<th>Mailed</th>
<th>Returned</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>1,590</td>
<td>986</td>
<td>62.0%</td>
</tr>
<tr>
<td></td>
<td>35.4%</td>
<td>35.2%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2,709</td>
<td>1,688</td>
<td>63.0%</td>
</tr>
<tr>
<td></td>
<td>63.1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

****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**

<table>
<thead>
<tr>
<th>Age at Referral</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 1 Year</td>
<td>903</td>
<td>36.2%</td>
</tr>
<tr>
<td>1 - 2 Years</td>
<td>901</td>
<td>36.2%</td>
</tr>
<tr>
<td>2 – 3 Years</td>
<td>527</td>
<td>21.1%</td>
</tr>
<tr>
<td>Missing</td>
<td>161</td>
<td>6.5%</td>
</tr>
</tbody>
</table>

**Properties of FCSS and IFS Scales**

Table 4 shows the scale properties for the FCSS and IFS. The mean of 755.9 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**

<table>
<thead>
<tr>
<th>Scale</th>
<th>n</th>
<th>Mean</th>
<th>S.D.</th>
<th>S.E.</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCSS</td>
<td>2,096</td>
<td>738.1</td>
<td>146.8</td>
<td>2.9</td>
<td>732.4 – 743.8</td>
</tr>
<tr>
<td>IFS</td>
<td>2,094</td>
<td>755.9</td>
<td>175.8</td>
<td>3.5</td>
<td>749.0 – 762.8</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Item</th>
<th>%</th>
<th>Strongly/Very Strongly Agree %</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>45.0%</td>
<td>64.3%</td>
</tr>
<tr>
<td>Q22 - Someone from the Early Intervention program: - helped me get in touch with other parents for help and support.</td>
<td>45.7%</td>
<td>71.2%</td>
</tr>
<tr>
<td>Q21 - Someone from the Early Intervention program: - asked what else the Early Intervention program could do to support my child and my family.</td>
<td>74.9%</td>
<td>94.6%</td>
</tr>
<tr>
<td>Q9 - I was asked whether I wanted help in dealing with stressful situations.</td>
<td>69.2%</td>
<td>89.2%</td>
</tr>
<tr>
<td>Q18 - My family was given information about: - how to be part of programs and get other services in the community.</td>
<td>67.9%</td>
<td>89.2%</td>
</tr>
<tr>
<td>Q17 - My family was given information about: - resources offered that support parents of children participating in this program. [Utah Item]</td>
<td>73.8%</td>
<td>91.8%</td>
</tr>
<tr>
<td>Q19 - My family was given information about: - how to advocate (speak up to get support) for my child and my family.</td>
<td>72.0%</td>
<td>92.4%</td>
</tr>
<tr>
<td>Q16 - My family was given information about: - community programs that are open to all children.</td>
<td>71.9%</td>
<td>91.4%</td>
</tr>
<tr>
<td>Item</td>
<td>Stem:</td>
<td>601 Q20 - My family was given information about: - who to call if I am not satisfied with the Early Intervention services my child receives.</td>
</tr>
<tr>
<td>------</td>
<td>-------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>584</td>
<td>Q23 - Someone from the Early Intervention program: - asked whether the services my family was receiving were meeting our needs.</td>
<td>77.9%</td>
</tr>
<tr>
<td>576</td>
<td>Q7 - I was given help and information about the transition (when my child will leave Early Intervention for other settings or services).</td>
<td>76.7%</td>
</tr>
<tr>
<td>563</td>
<td>Q10 - I was given choices concerning my family’s services and supports.</td>
<td>80.4%</td>
</tr>
<tr>
<td>547</td>
<td>Q4 - My service coordinator is available to speak with me on a regular basis.</td>
<td>84.3%</td>
</tr>
<tr>
<td>546</td>
<td>Q13 - The services on our Individualized Family Service Plan (IFSP) have been provided in a timely manner.</td>
<td>87.0%</td>
</tr>
<tr>
<td>545</td>
<td>Q14 - My family was given information about: - changing routines, activities, and the physical setting that would help my child.</td>
<td>82.5%</td>
</tr>
<tr>
<td>541</td>
<td>Q8 - My family’s needs (such as transportation, child care, etc.) were considered when planning for my child’s services.</td>
<td>82.6%</td>
</tr>
<tr>
<td>533</td>
<td>Q11 - My family’s daily routines were considered when planning for my child’s services.</td>
<td>86.6%</td>
</tr>
<tr>
<td>532</td>
<td>Q15 - My family was given information about: - the rights of parents regarding Early Intervention services.</td>
<td>86.6%</td>
</tr>
<tr>
<td>523</td>
<td>Q6 - Written information I receive is written in an understandable way.</td>
<td>88.7%</td>
</tr>
<tr>
<td>519</td>
<td>Q5 - My service coordinator is knowledgeable and professional.</td>
<td>88.5%</td>
</tr>
<tr>
<td>512</td>
<td>Q1 - The Early Intervention service provider(s) that work with my child: - are dependable.</td>
<td>91.3%</td>
</tr>
<tr>
<td>512</td>
<td>Q12 - I have felt part of the team when meeting to discuss my child.</td>
<td>88.6%</td>
</tr>
<tr>
<td>498</td>
<td>Q3 - The Early Intervention service provider(s) that work with my child: - are good at working with my family.</td>
<td>92.2%</td>
</tr>
<tr>
<td>493</td>
<td>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.</td>
<td>93.1%</td>
</tr>
</tbody>
</table>

Table 6 – Percentage of Respondents Agreeing with Items on IFS

<table>
<thead>
<tr>
<th>Item</th>
<th>Stem:</th>
<th>678 Q25 – be part of activities for children and families in my community.</th>
<th>54.6%</th>
<th>79.9%</th>
</tr>
</thead>
<tbody>
<tr>
<td>664</td>
<td>Q32 – provide social and networking opportunities in the Early Intervention program. [Utah Item]</td>
<td>61.0%</td>
<td>84.9%</td>
<td></td>
</tr>
<tr>
<td>656</td>
<td>Q26 – know about services in the community.</td>
<td>58.6%</td>
<td>86.1%</td>
<td></td>
</tr>
<tr>
<td>640</td>
<td>Q29 – know where to go for support to meet my family’s needs.</td>
<td>67.6%</td>
<td>89.8%</td>
<td></td>
</tr>
<tr>
<td>609</td>
<td>Q28 – know where to go for support to meet my child’s needs.</td>
<td>73.6%</td>
<td>93.1%</td>
<td></td>
</tr>
<tr>
<td>584</td>
<td>Q34 – be more effective in managing my child’s behavior.</td>
<td>77.3%</td>
<td>96.0%</td>
<td></td>
</tr>
<tr>
<td>576</td>
<td>Q33 – make changes in family routines that will benefit my child with special needs.</td>
<td>76.6%</td>
<td>95.9%</td>
<td></td>
</tr>
<tr>
<td>576</td>
<td>Q35 – do activities that are good for my child even in times of stress.</td>
<td>78.8%</td>
<td>96.6%</td>
<td></td>
</tr>
<tr>
<td>570</td>
<td>Q27 – improve my family’s quality of life.</td>
<td>78.1%</td>
<td>96.8%</td>
<td></td>
</tr>
<tr>
<td>565</td>
<td>Q36 – feel that I can get the services and supports that my child and family need.</td>
<td>79.3%</td>
<td>97.2%</td>
<td></td>
</tr>
<tr>
<td>563</td>
<td>Q30 – get the services that my child and family need.</td>
<td>76.7%</td>
<td>96.1%</td>
<td></td>
</tr>
<tr>
<td>559</td>
<td>Q31 – feel more confident in my skills as a parent.</td>
<td>81.0%</td>
<td>97.3%</td>
<td></td>
</tr>
<tr>
<td>556</td>
<td>Q39 – communicate more effectively with people who work with my child and my family.</td>
<td>80.2%</td>
<td>97.3%</td>
<td></td>
</tr>
<tr>
<td>553</td>
<td>Q37 – understand how the Early Intervention system works.</td>
<td>79.0%</td>
<td>97.2%</td>
<td></td>
</tr>
<tr>
<td>546</td>
<td>Q40 – understand the roles of the people who work with my child and my family.</td>
<td>80.4%</td>
<td>97.9%</td>
<td></td>
</tr>
<tr>
<td>539</td>
<td>Q41 – know about my child’s and family’s rights concerning Early Intervention services.</td>
<td>81.0%</td>
<td>97.5%</td>
<td></td>
</tr>
<tr>
<td>534</td>
<td>Q38 – be able to evaluate how much progress my child is making.</td>
<td>83.3%</td>
<td>97.7%</td>
<td></td>
</tr>
<tr>
<td>516</td>
<td>Q43 – understand my child’s special needs.</td>
<td>85.3%</td>
<td>98.4%</td>
<td></td>
</tr>
<tr>
<td>498</td>
<td>Q42 – do things with and for my child that are good for my child’s development.</td>
<td>87.5%</td>
<td>98.8%</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Indicator 4A:</th>
<th>Percentage</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of families who report that early intervention services helped them know their rights</td>
<td>88.6%</td>
<td>85.3% - 91.1%</td>
</tr>
<tr>
<td>Indicator 4B:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of families who report that early intervention services helped them effectively communicate their children’s needs</td>
<td>86.6%</td>
<td>83.2% - 89.4%</td>
</tr>
<tr>
<td>Indicator 4C:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of families who report that early intervention services helped them help their child develop and learn</td>
<td>94.1%</td>
<td>91.5% - 95.9%</td>
</tr>
</tbody>
</table>

Improvement Activities Completed, Contributing to Progress for FFY 2016 Survey Implementation:

FFY 2016: 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 2016: Programs worked with their staff to ensure their understanding of the survey concepts and incorporating the principles in their interactions with families.

FFY 2016: Programs stressed the importance of survey participation to their staff and families.

FFY 2016: BWEIP distributed four survey announcements in both English and Spanish to all programs to be used in newsletters, postcards, and flyers.

FFY 2015: BWEIP shared information on successful strategies and problems experienced with programs.

FFY 2016: 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 2016: 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 2016: BWEIP provided survey results to each program as compared to the state SPP targets and Utah averages.

FFY 2016: BWEIP provided technical assistance and item by item review for several programs to determine problem areas.

FFY 2016: 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 website and through a media advisory.

Resolution of previously identified noncompliance for FFY 2015: N/A

Revisions to Improvement Activities for FFY 2016: N/A

498 Q44 – feel that my efforts are helping my child. 86.7% 98.3%

Actions required in FFY 2015 response

none

OSEP Response

Required Actions
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 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.
<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
<th>Data</th>
<th>Overwrite Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>SY 2016-17 Child Count/Educational Environment Data Groups</td>
<td>7/12/2017</td>
<td>Number of infants and toddlers birth to 1 with IFSPs</td>
<td>481</td>
<td>null</td>
</tr>
<tr>
<td>U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2016</td>
<td>6/22/2017</td>
<td>Population of infants and toddlers birth to 1</td>
<td>51,162</td>
<td>null</td>
</tr>
<tr>
<td>TBD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### FFY 2016 SPP/APR Data

<table>
<thead>
<tr>
<th>Number of infants and toddlers birth to 1 with IFSPs</th>
<th>Population of infants and toddlers birth to 1</th>
<th>FFY 2015 Data</th>
<th>FFY 2016 Target</th>
<th>FFY 2016 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>481</td>
<td>51,162</td>
<td>1.01%</td>
<td>0.86%</td>
<td>0.94%</td>
</tr>
</tbody>
</table>

**Compare your results to the national data**

According to 2016 Part C Child Count and Settings data (published 1/1/2017), the nationwide percentage of infants birth to 1 receiving early intervention services was 1.24%. The percentage of infants birth to 1 receiving early intervention services in Utah in 2016 was 0.94%. Utah’s 2016 percentage is 0.30% below the national average. This percentage difference is consistent with the 2015 and 2014 data, when Utah was 0.19% and 0.31% below the national average.

**Actions required in FFY 2015 response**

none

**OSEP Response**

none

**Required Actions**

none
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**

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Target ≥</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Data</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>FFY</th>
<th>2015</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Target ≥</td>
<td>2.20%</td>
<td></td>
</tr>
<tr>
<td>Data</td>
<td>2.75%</td>
<td></td>
</tr>
</tbody>
</table>

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

### FFY 2016 - FFY 2018 Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target ≥</td>
<td>2.25%</td>
<td>2.30%</td>
<td>2.30%</td>
</tr>
</tbody>
</table>

**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 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 Insurace, 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

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
<th>Data</th>
<th>Overwrite Data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7/5/2018
### FFY 2016 SPP/APR Data

<table>
<thead>
<tr>
<th>Number of infants and toddlers birth to 3 with IFSPs</th>
<th>Population of infants and toddlers birth to 3</th>
<th>FFY 2015 Data</th>
<th>FFY 2016 Target</th>
<th>FFY 2016 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,262</td>
<td>152,646</td>
<td>2.75%</td>
<td>2.25%</td>
<td>2.79%</td>
</tr>
</tbody>
</table>

### Compare your results to the national data

According to 2016 Part C Child Count and Settings data (published 1/1/2017), the nationwide percentage of infants birth to 3 receiving early intervention services was 3.12%. The percentage of infants birth to 3 receiving early intervention services in Utah in 2016 was 2.79%. Utah's 2016 percentage is 0.33% below the national average. This percentage difference is consistent with average of the 2015 and 2014 data, which was also 0.33% below the percentage of children served nationwide.

### Actions required in FFY 2015 response

none

### OSEP Response

null

### Required Actions

null
Indicator 7: 45-day timeline

Baseline Data: 2005

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

<table>
<thead>
<tr>
<th>Baseline Data: 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
</tr>
<tr>
<td>Data</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FFY</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
</tr>
<tr>
<td>Data</td>
<td>100%</td>
</tr>
</tbody>
</table>

Key: [Gray] Data Prior to Baseline  [Yellow] Baseline

### FFY 2016 - FFY 2018 Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

### FFY 2016 SPP/APR Data

<table>
<thead>
<tr>
<th></th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted</td>
</tr>
<tr>
<td></td>
<td>FFY 2015 Data*</td>
</tr>
<tr>
<td></td>
<td>FFY 2016 Target*</td>
</tr>
<tr>
<td></td>
<td>FFY 2016 Data</td>
</tr>
<tr>
<td>FFY 2016</td>
<td>4,371</td>
</tr>
</tbody>
</table>

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.

556

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).

Full reporting period of 7/01/2016 to June 30, 2017

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, 2016 through June 30, 2017.

Actions required in FFY 2015 response

none

Note: Any actions required in last year’s response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State’s only actions required in last year’s response are related to findings of noncompliance, a text field will not be displayed on this page.
## Correction of Findings of Noncompliance Identified in FFY 2015

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### OSEP Response

**Required Actions**

---
Indicator 8A: Early Childhood Transition

Baseline Data: 2005

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

**Historical Data**

**Baseline Data: 2005**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Data</td>
<td>97.00%</td>
<td>90.00%</td>
<td>98.70%</td>
<td>97.00%</td>
<td>95.60%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**FFY 2015**

<table>
<thead>
<tr>
<th>FFY</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
</tr>
<tr>
<td>Data</td>
<td>100%</td>
</tr>
</tbody>
</table>

Key: 
- Gray – Data Prior to Baseline
- Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

<table>
<thead>
<tr>
<th>FFY</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**FFY 2016 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

<table>
<thead>
<tr>
<th>Number of children exiting Part C who have an IFSP with transition steps and services</th>
<th>Number of toddlers with disabilities exiting Part C</th>
<th>FFY 2015 Data*</th>
<th>FFY 2016 Target*</th>
<th>FFY 2016 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,614</td>
<td>3,624</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Number of documented delays attributable to exceptional family circumstances

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

10

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).

Full reporting period of July 1, 2016 to June 30, 2017.

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 Toddler Online Tracking System (BTOTS), and included all children with IFSPs who have received early intervention (EI) services from July 1, 2016 to June 30, 2017.
**Actions required in FFY 2015 response**

*Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.*

### Correction of Findings of Noncompliance Identified in FFY 2015

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
</tbody>
</table>

**OSEP Response**

**Required Actions**
Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

### Historical Data

**Baseline Data: 2005**

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data</td>
<td>Gray – Data Prior to Baseline</td>
<td>Yellow – Baseline</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**FFY 2016 - FFY 2018 Targets**

<table>
<thead>
<tr>
<th>FFY</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

### FFY 2016 SPP/APR Data

Data include notification to both the SEA and LEA

- **Yes**
- **No**

<table>
<thead>
<tr>
<th>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</th>
<th>Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B</th>
<th>FFY 2015 Data*</th>
<th>FFY 2016 Target*</th>
<th>FFY 2016 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,524</td>
<td>3,624</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Number of parents who opted out**

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

- **100**

Describe the method used to collect these data

The data for the FFY 2015 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, 2016 though June 30, 2017.

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?

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**
Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Full reporting period of July 17, 2016 to June 30, 2017

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 Toddler Online Tracking System (BTOTS), and included all children with IFSPs who have received early intervention (EI) services from July 1, 2016 to June 30, 2017.

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2015

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

OSEP Response

Required Actions
**Indicator 8C: Early Childhood Transition**

**Baseline Data:** 2005

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

### Historical Data

**Baseline Data: 2005**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Data</td>
<td>86.00%</td>
<td>92.00%</td>
<td>95.00%</td>
<td>93.00%</td>
<td>97.00%</td>
<td>99.62%</td>
<td>99.51%</td>
<td>100%</td>
<td>99.37%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FFY 2016 - FFY 2018 Targets**

<table>
<thead>
<tr>
<th>FFY</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

### FFY 2016 SPP/APR Data

**Explanation of Alternate Data**

The prepopulated number from Indicators 8a and 8b represent children enrolled at and before 27 months of age with transition steps started. 930 of those children exited Part C services after 27 months of age, but before 33 months of age, when the transition conference was due.

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.

#### 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

<table>
<thead>
<tr>
<th>FFY 2015</th>
<th>FFY 2016 Target</th>
<th>FFY 2016 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,866</td>
<td>2,694</td>
<td>99.10%</td>
</tr>
</tbody>
</table>

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

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

305

#### 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" field to calculate the numerator for this indicator.

523

**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).

7/5/2018
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 Toddler Online Tracking System (BTOTS), and includes all children with IFSPs who have received early intervention (EI) services from July 1, 2016 to June 30, 2017.

Actions required in FFY 2015 response

None

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2015

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>22</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

FFY 2015 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 2015 data (if State reported less than 100% compliance):

BWEIP identified 22 findings of noncompliance for timely transition conferences in FFY 2015.

1. Number of findings of noncompliance the State made during FFY 2015. 22

   1. Number of FFY 2015 findings the State verified as timely corrected (corrected within one year from the date of notification to the EI program of the finding). 22

      1. Number of FFY 2015 findings not verified as corrected within one year ([4.] minus [2.]). 0

      1. Number of FFY 2015 findings not timely corrected (same as the number from [3.]) above. 0

      1. Number of FFY 2015 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction"). 0

      6. Number of FFY 2015 findings not verified as corrected ([4.] minus [5.]). 0

FFY 2015 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

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

Verification of Correction of FFY 2015 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.

There were twenty-two findings of noncompliance in two EI programs for this indicator identified through the data base monitoring. The two EI programs received notification in FFY 2015. All corrective action required by FFY 2015 notification has been completed by EI programs and the correction of noncompliance 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 held a transition conference, although late, for any child whose transition conference was not conducted in a timely manner, unless the child is no longer within the jurisdiction of the BWEIP.

1. Related to the two programs with findings under Indicator 8c. BWEIP verified that each EI program with noncompliance under this indicator is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) in 20 U.S.C. 1416(a)(3)(A) and 1442 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 recurrences. 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 twenty-two children/families impacted by noncompliance identified in FFY 2015, BWEIP verified that the agency had conducted a transition conference, although late, for each child whose conference was not conducted 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.
Table 2. Delay Reasons and Length of Delay for Late Transition Conferences, FFY 2015

<table>
<thead>
<tr>
<th># Days</th>
<th># Late Event</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>6-10</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>11-20</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>22</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>41-50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Held</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2015:

BWEIP notified each EI program in writing of its findings of noncompliance, as well as supplied Corrective Action Levels Templates as detailed below.

Document Copy

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, 2017.

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 2015 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 of each level of noncompliance is detailed in the following chart.

Corrective Action Requirements for Noncompliance Identified in FFY 2015

<table>
<thead>
<tr>
<th>Compliance Level</th>
<th>Corrective Action Required?</th>
<th>EI Program Corrective Action Reporting to BWEIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% Compliance</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Meets Requirements</td>
<td></td>
<td>Data report to BWEIP showing correction for all individual instances (or completion, although late) for timeline indicators (1, 7, 8a-c)).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Subsequent data report at 100% for each indicator of concern per BWEIP specification.</td>
</tr>
<tr>
<td>Needs Assistance</td>
<td>Yes</td>
<td>Analysis of cause(s) of noncompliance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Written implementation plan to address cause(s) with specified timeline, submitted to and approved by BWEIP.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TA conference call(s) as needed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Onsite BWEIP TA as needed.</td>
</tr>
<tr>
<td>Needs Intervention</td>
<td>Yes</td>
<td>Data report to BWEIP showing correction for all individual instances (or completion, although late) for timeline indicators (1, 7, 8a-c).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Subsequent data report at 100% for each indicator of concern per BWEIP specification.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Analysis of cause(s) of noncompliance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Written implementation plan to address cause(s) with specified timeline, submitted to and approved by BWEIP.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bi-monthly TA call with BWEIP.</td>
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<td></td>
<td>Onsite monitoring visit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Onsite BWEIP TA.</td>
</tr>
<tr>
<td>Needs Substantial Intervention</td>
<td>Yes</td>
<td>Data report to BWEIP showing correction for all individual instances (or completion, although late) for timeline indicators (1, 7, 8a-c).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Subsequent data report at 100% for each indicator of concern per BWEIP specification.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Analysis of cause(s) of noncompliance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Written implementation plan to address cause(s) with specified timeline, submitted to and approved by BWEIP.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monthly TA call with BWEIP.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Onsite monitoring visit(s).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monthly review and reporting to BWEIP of monitoring report(s) for the indicator(s) of concern.</td>
</tr>
</tbody>
</table>
Program 1:
Final written progress with subsequent data showed full compliance by 6/30/17: Although late, all transitions occurred.

Provider Circumstances
CU14118 Provider Circumstances Scheduling difficulties
CU13070 Provider Circumstances Holiday and/or seasonal breaks for school district. Central's EI does not have extended Holiday or Seasonal breaks.
CU15041 Provider Circumstances Scheduling difficulties
CU15040 Provider Circumstances Scheduling difficulties
CU13084 Provider Circumstances Scheduling difficulties
CU13068 Provider Circumstances Scheduling difficulties

Program 2:
Final written progress with Subsequent Data showing full compliance of 100% by 6/30/17: Timely Transition Report run for 7/01/16 - 4/30/17 indicates not late transition meetings due to provider circumstances.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Timely Conference</td>
<td>16</td>
<td>61.54%</td>
</tr>
<tr>
<td>Family Circumstances</td>
<td>5</td>
<td>19.23%</td>
</tr>
<tr>
<td>Never Occurred</td>
<td>2</td>
<td>7.69%</td>
</tr>
<tr>
<td>Late Enrollment</td>
<td>3</td>
<td>11.54%</td>
</tr>
<tr>
<td>Total</td>
<td>26</td>
<td></td>
</tr>
</tbody>
</table>

Correction of Remaining FFY 2014 Findings of Noncompliance (if applicable): N/A
Correction of Any Remaining Findings of Noncompliance from FFY 2013 or Earlier (if applicable): N/A

OSEP Response

Required Actions
### Indicator 9: Resolution Sessions

**Explanation of why this indicator is not applicable**

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

This indicator is not applicable.

### OSEP Response

This Indicator is not applicable to the State.

### Required Actions
**Indicator 10: Mediation**

**Baseline Data:** 2005

**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**

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Target ≥</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Data</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
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</tbody>
</table>

**2015**

<table>
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<th>FFY</th>
<th>Target ≥</th>
<th>Data</th>
</tr>
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<td>2015</td>
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<td>0%</td>
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</tbody>
</table>

**Data Update**

<table>
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<tr>
<th>FFY</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target ≥</td>
<td>0%</td>
</tr>
<tr>
<td>Data</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Key:**

- Gray – Data Prior to Baseline
- Yellow – Baseline
- Blue – Data Update

### FFY 2016 - FFY 2018 Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target ≥</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Key:**

**Explanation of Changes**

N/A

**Targets: Description of Stakeholder Input**

N/A

### Prepopulated Data

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
<th>Data</th>
<th>Overwrite Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests</td>
<td>11/1/2017</td>
<td>2.1.a.i Mediations agreements related to due process complaints</td>
<td>n</td>
<td>null</td>
</tr>
<tr>
<td>SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests</td>
<td>11/1/2017</td>
<td>2.1.b.i Mediations agreements not related to due process complaints</td>
<td>n</td>
<td>null</td>
</tr>
<tr>
<td>SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests</td>
<td>11/1/2017</td>
<td>2.1 Mediations held</td>
<td>n</td>
<td>null</td>
</tr>
</tbody>
</table>

### FFY 2016 SPP/APR Data

<table>
<thead>
<tr>
<th>2.1.a.i Mediations agreements related to due process complaints</th>
<th>2.1.b.i Mediations agreements not related to due process complaints</th>
<th>2.1 Mediations held</th>
<th>FFY 2015 Data*</th>
<th>FFY 2016 Target*</th>
<th>FFY 2016 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
<td>0.00%</td>
<td></td>
</tr>
</tbody>
</table>

### Actions required in FFY 2015 response

none

7/5/2018
The State reported fewer than ten mediations held in FFY 2016. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

Required Actions
Reported Data

Baseline Data: 2013

<table>
<thead>
<tr>
<th>FFY</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>65.00%</td>
<td>65.00%</td>
<td>65.00%</td>
<td>65.00%</td>
</tr>
<tr>
<td>Data</td>
<td>65.00%</td>
<td>70.78%</td>
<td>67.11%</td>
<td>67.11%</td>
</tr>
</tbody>
</table>

Key: [Gray – Data Prior to Baseline] [Yellow – Baseline]

FFY 2017 - FFY 2018 Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>66.00%</td>
<td>67.00%</td>
</tr>
</tbody>
</table>

Key:

Description of Measure

Utah’s State-Identified Measureable Result (SIMR)

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

Please see attached document for additional details.

Stakeholder Involvement in the SSIP Evaluation

Throughout the current reporting year, stakeholders have continued to be involved in Utah’s ongoing development and implementation of the SSIP. Stakeholders are informed about SSIP work and processes through webinars, as well as from state and nationally organized trainings. Stakeholder survey responses provide valuable feedback regarding decision making and implementation for the state’s SSIP work.

Stakeholder work groups have been organized to participate in and support decision-making processes. Activities have resulted in identifying a variety of social-emotional screeners, assessments, and evaluations that are sensitive to infants and toddlers’ social-emotional development, and are culturally appropriate, as well as focus on parent-child relationships. Work groups have continued to promote social-emotional outcomes for the development of infants and toddlers that also improve social-emotional relationships for children of culturally diverse backgrounds. In addition, community partners have collaborated with Baby Watch to participate in and increase child-find activities, as well as identify resources and create materials to support families who have children with special needs. Details of how stakeholders have been informed, contributed to, and are actively involved in the ongoing implementation of the SSIP are described throughout this report.

Overview

Please see attached document for SSIP details.

Executive Summary

The second year of the Implementation and Evaluation phase of Utah’s State Systemic Improvement Plan (SSIP) began February 1, 2017 and ended January 31, 2018. Within this timeframe, the Baby Watch Early Intervention Program (BWEIP) experienced organizational changes that have impacted the progress of Utah’s SSIP work. In January 2017 Baby Watch moved to the Children with Special Health Care Needs (CSHCN) bureau, still within the Utah Department of Health, but under new leadership and management. Following this transition, Baby Watch did not hire a Program Manager/Part C Coordinator until May 2017.

Throughout the reporting year, the State of Utah Office of the Legislative Auditor General conducted a Performance Audit of the Division of Family Health and Preparedness, of which Baby Watch is a part. The results of the audit were reported to the Utah Legislature in November 2017. Under new leadership, and based on audit recommendations, Baby Watch began to restructure in order to ensure that Utah continues to provide high-quality Part C services for all eligible children throughout the state, no matter what geographic region their family lives in. Although there have been barriers in carrying forward the SSIP work, Baby Watch has optimized limited program resources to have a positive impact on the State-Identified Measurable Result (SIMR).

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 Measureable 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.

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.
The percent of children who were functioning within age expectations in Outcome A by the time they exited the program.

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.

Target (%) | Actual % (n=2,447) | Target (%) | Actual % (n=2,698)
--- | --- | --- | ---
80.60% | 69.18% | 80.90% | 69.06%

2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program.

Target (%) | Actual % (n=2,447) | Target (%) | Actual % (n=2,698)
--- | --- | --- | ---
65.20% | 56.54% | 65.50% | 57.47%

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

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.

Target (%) | Actual % (n=2,447) | Target (%) | Actual % (n=2,698)
--- | --- | --- | ---
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.

Target (%) | Actual % (n=2,447) | Target (%) | Actual % (n=2,698)
--- | --- | --- | ---
58.00% | 54.23% | 58.30% | 51.68%

Outcome C: Use of appropriate behaviors to meet needs

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.

Target (%) | Actual % (n=2,447) | Target (%) | Actual % (n=2,698)
--- | --- | --- | ---
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.

Target (%) | Actual % (n=2,447) | Target (%) | Actual % (n=2,698)
--- | --- | --- | ---
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.

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 EIS providers deliver the majority of IISP 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 IISP 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 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 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...
Summary of Meaningful Differences Results for FFY12 State and EIS Program Child Outcomes Data, Disaggregated by Race/Ethnicity

<table>
<thead>
<tr>
<th>SS 1</th>
<th>SS 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome A</strong></td>
<td>1,705</td>
</tr>
<tr>
<td><strong>Outcome B</strong></td>
<td>1,705</td>
</tr>
<tr>
<td><strong>Outcome C</strong></td>
<td>1,705</td>
</tr>
<tr>
<td><strong>Meaningful difference between White and All Other Races/Ethnicities?</strong></td>
<td>No</td>
</tr>
</tbody>
</table>

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

## Table 4. Frequency of High Child Outcome Entry vs. Low Child Outcome Exit Ratings

<table>
<thead>
<tr>
<th>Child Outcome Exit Rating</th>
<th>FFY11</th>
<th>FFY12</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Outcome A</td>
<td>Outcome B</td>
<td>Outcome C</td>
</tr>
<tr>
<td>5</td>
<td>6,7</td>
<td>6,7</td>
<td>6,7</td>
</tr>
<tr>
<td>4</td>
<td>19,7</td>
<td>6,3</td>
<td>6,1</td>
</tr>
<tr>
<td>3</td>
<td>8,5</td>
<td>5,7</td>
<td>1,0</td>
</tr>
<tr>
<td>2</td>
<td>3,1</td>
<td>1,2</td>
<td>0,0</td>
</tr>
<tr>
<td>1</td>
<td>2,0</td>
<td>1,1</td>
<td>0,0</td>
</tr>
<tr>
<td>Totals</td>
<td>111,33</td>
<td>36,15</td>
<td>49,7</td>
</tr>
</tbody>
</table>

### 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 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 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 for their respective states.

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 for their respective states.

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.
percentages in all three outcome areas. We reviewed their SFY13 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 EI provider's child outcomes and exiting data with the EI provider 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 EI 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 EI providers, we surmised that similar issues were likely to be occurring to some degree with other providers. We believed that all EI providers, as well as WEIEP 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 EI 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.
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.
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

<table>
<thead>
<tr>
<th>Culture</th>
<th>SES Status</th>
<th>Education Level of the Family</th>
<th>Staff</th>
<th>Assessment Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language Barriers</td>
<td>Poverty</td>
<td>Low Motivation</td>
<td>Cultural Experiences</td>
<td>Parent Report vs. Provider Report</td>
</tr>
<tr>
<td>Traditions</td>
<td>High Stress</td>
<td>Fewer Opportunities</td>
<td>Biases</td>
<td>Variation of Tools Used</td>
</tr>
<tr>
<td>Role Identities</td>
<td>Transportation Issues and Distance from Available Services</td>
<td>Limited Financial Resources</td>
<td>Training on the Evaluation Tool(s)</td>
<td>Evaluator Personaliites during the Initial vs. Exit COSF</td>
</tr>
<tr>
<td>Religious Differences</td>
<td>Unstable Housing</td>
<td>Literacy Barriers</td>
<td>Flexibility in Schedule to Meet Family’s Needs</td>
<td>Culturally and Language Inappropriateness</td>
</tr>
<tr>
<td>Limited Networking Opportunities</td>
<td>Fewer Available Resources</td>
<td>Lack of Follow-Through with Activities</td>
<td>Over vs. Under Reporting</td>
<td></td>
</tr>
<tr>
<td>Relationship Building/Trust</td>
<td>Decreased Parental Understanding</td>
<td></td>
<td></td>
<td>Subjectivity of the Tool</td>
</tr>
<tr>
<td>Decreased Acceptance/Tolerance from Family and/or Providers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

If 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 were 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

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 caution 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 Statewide - Child Outcome B. Knowledge and Skills (SS2); or, SubpopulaƟon - 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 SubpopulaƟon - 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.

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.

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
When identifying possible causes for a problem.

### Fishbone Diagram Procedure

- **Materials needed:** flipchart or whiteboard, marking pens.
- **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.
- **Brainstorm the major categories of causes of the problem.** If this is difficult use generic headings:
  - Methods
  - Machines (equipment)
  - People (manpower)
  - Materials
  - Measurement
  - Environment
- **Write the categories of causes as branches from the main arrow.**
- **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.
- **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.
- **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.

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.


### 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;
enforcement actions and sanctions applied to BWEIP are also applied to EIS programs. 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 criteria 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 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:

- Review of the EIS’s data collection and verification processes;
- Review of the EIS’s fiscal management practices;
- Review of the EIS’s compliance with IDEA requirements.

The EIS must notify the BWEIP of any 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 notified to the EIS provider, will be monitored to ensure compliance.

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 websites and electronic resources, as well as any additional activities that are determined necessary by BWEIP.

Lead Agency Technical Assistance
National and Local Technical Assistance Resources
National Agency Technical Assistance Resources.
EIS 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.

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 member from the 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 hosts/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 providers and programs are based on federal regulations, based on state data, local 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 EIS provider oversight activities conducted at their locations to promote compliance and performance that may identify noncompliance, the need for corrective action (CA) TA, improvement strategies, or incentives or sanctions to ensure timely correction of all instances of noncompliance. Active 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 and Accountability
At all levels within the State, BWEIP relies on the EIS to notify the BWEIP of any finding of noncompliance and will work to ensure that the EIS provider is in compliance. BWEIP will conduct a written notification of the finding of noncompliance and will then require a CA for full correction of all noncompliance from the individual EIS.

Dispute Resolution Options
BWEIP makes an annual determination of EIS programs’ efforts in implementing the requirements and purposes of IDEA, Part C. Each EIS provider’s ADR protocol is aggregated by BWEIP for annual reporting purposes. This aggregated data is used by OSEP to make BWEIP’s annual determination. BWEIP disagrees and evaluates the ADR 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.
SSFIP Component 2: Analysis of State Infrastructure to Support Improvement and Build Capacity

2(c) Systems Strengths and Areas for Improvement

The Infrastructure Analysis Summary included ideas that stakeholders (SSFIP Core Work Team and SSIP Leadership Team) felt would immediately or indirectly influence or impede improvement in relationship to our SMIR, 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, assessment scores, visit notes, and entry and exit COSF ratings 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 evidence-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 facilitate integration 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 vision and hearing specialist services for EIS providers. 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 be able to share resources more easily and have a method for keeping agencies and programs up to date 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 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. 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 rating due to inconsistent technical assistance. BWEIP would like to create standards for general TA and focus monitoring as well travel to other states for their technical assistance.

SSFIP 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.

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

2(e) Stakeholders Involved

Stakeholders involved in developing SSIP thus far include:

- National TA center consultants
- BWEIP’s 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 agencies

7/6/2018
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)).

State Identified Measureable Result (SIMR)

3(a) SIMR Statement:

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

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 111 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.
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:

- Culture: Language barriers, traditions, role identities, religious differences, limited networking opportunities, relationship building/trust, and decreased acceptance and tolerance from family and/or providers.
- SES 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 the evaluation tool, and flexibility in schedule to meet family’s needs.
- 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 EHS’s, then 2) EHS’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
- Early Head Start
- Head Start
- Infant Mental Health
- Autism Screening/ UREMD
- 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
FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

4. Collaboration was identified as a strategy because, as indicated in section 4(d), 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.

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Component 5: 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 focus areas of action 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(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 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 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.
(c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.

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

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

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

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
Phase III submissions should include:

- Data-based justifications for any changes in implementation activities.
- Data to support that the State is on the right path, if no adjustments are being proposed.
- Descriptions of how stakeholders have been involved, including in decision-making.

A. Summary of Phase 3

1. Theory of action or logic model for the SSIP, including the SiMR.
2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies.
3. The specific evidence-based practices that have been implemented to date.
4. Brief overview of the year’s evaluation activities, measures, and outcomes.
5. Highlights of changes to implementation and improvement strategies.

See attachment:
A. SSIP Phase III Summary and Program Update, Utah Part C

B. Progress in Implementing the SSIP

1. Description of the State’s SSIP implementation progress: (a) Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed and (b) Intended outputs that have been accomplished as a result of the implementation activities.
2. Stakeholder involvement in SSIP implementation: (a) How stakeholders have been informed of the ongoing implementation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP.

See attachments:
B3. Progress in Implementing the SSIP Family Engagement Strand, Utah Part C and FE1. FE2. FE3.
B4. Progress in Implementing the SSIP Community Strand, Utah Part C

C. Data on Implementation and Outcomes

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan: (a) How evaluation measures align with the theory of action, (b) Data sources for each key measure, (c) Description of baseline data for key measures, (d) Data collection procedures and associated timelines, (e) Sampling procedures, (f) Planned data comparisons, and (g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements.
2. How the State has demonstrated progress and made modifications to the SSIP as necessary: (a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR, (b) Evidence of change to baseline data for key measures, (c) How data support changes that have been made to implementation and improvement strategies, (d) How data are informing next steps in the SSIP implementation, and (e) How data support planned modifications to intended outcomes (including the SiMR)—rationale or justification for the changes or how data support that the SSIP is on the right path.
3. Stakeholder involvement in the SSIP evaluation: (a) How stakeholders have been informed of the ongoing evaluation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP.

See attachments:
A. SSIP Phase III Summary and Program Update, Utah Part C
B3. Progress in Implementing the SSIP Family Engagement Strand, Utah Part C and FE1. FE2. FE3.
B4. Progress in Implementing the SSIP Community Strand, Utah Part C

D. Data Quality Issues: Data limitations that affected reports of progress in implementing the SSIP and achieving the SIMR

1. Concern or limitations related to the quality or quantity of the data used to report progress or results
2. Implications for assessing progress or results
3. Plans for improving data quality
E. Progress Toward Achieving Intended Improvements

1. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SIMR, sustainability, and scale-up
2. Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects
3. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SIMR
4. Measurable improvements in the SIMR in relation to targets

F. Plans for Next Year

1. Additional activities to be implemented next year, with timeline
2. Planned evaluation activities including data collection, measures, and expected outcomes
3. Anticipated barriers and steps to address those barriers
4. The State describes any needs for additional support and/or technical assistance

OSEP Response

Required Actions
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**: Lead Agency Director

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

Name: Lisa Davenport

Title: Program Manager, Part C Coordinator

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