

# STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on  
FFY 2021

Utah



**PART C DUE**  
**February 1, 2023**

U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202

## Introduction

### Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

### Intro - Indicator Data

#### Executive Summary

##### Executive Summary

Role of Utah's Lead Agency: The Utah Department of Health, Utah Department of Health and Human Services as of July 2022, is the State's Part C Lead Agency (LA) that operates the Baby Watch Early Intervention Program (Baby Watch). Baby Watch oversees Early Intervention (EI) service activities for infants and toddlers with disabilities up to three years of age and their families. Baby Watch has multiple mechanisms in place to ensure the timely delivery of high quality, evidence-based technical assistance and support to 15 local EI programs so that eligible children and their families achieve better outcomes.

Lead Agency Engagement with Partners: Baby Watch solicits ongoing stakeholder discussion and input from groups about setting policies, development and tracking of data measures, as well as methods for ensuring family awareness. Baby Watch is always engaging valuable partnerships, and continues to be successful in its mission to provide individualized support and services to Utah children and their families.

Quality Performance: As a goal, Baby Watch remains determined to meet or exceed indicator target levels. Program policies and processes focus on data being timely, complete, and accurate. Baby Watch contracts with local EI programs to provide services, and requires them to address data needs and follow through to verify correction of non-compliance.

State-identified Measurements: Baby Watch tracks a State-identified Measurable Result (SiMR) indicator seeking 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. In FFY 2021, this measure was determined using evaluation tool's (BDI-2 NU) entry and exit raw scores/Developmental Quotient. The calculation identified that 32.06 percent of children moved closer in functioning to that of same-aged peers, as reflected in Summary Statement 1 for indicator C11.

#### Additional information related to data collection and reporting

Although the COVID-19 pandemic has continued to bring about a variety of internal and external challenges to fulfill the mission of Early Intervention (EI) in Utah, local EI programs have maintained successful operations delivering services, collecting and entering data, and maintaining positive relationships with families. Baby Watch has continued to communicate/educate/evaluate partners and local EI programs to ensure quality data are reported, despite internal and external challenges described below.

Specific challenges include the following: Illness and hospitalizations impacting families attempting to maintain services; COVID-19 prevention measures, cancellation policy, and illnesses impacting local EI program staff; local EI program staff, including transition coordinator, resignations causing staff shortages; local EI program staff ensuring timely and thorough documentation; local EI programs note it is a challenge to address social-emotional growth, especially after the past 30 months; COVID-19 and quarantining has led to a decrease in exposure for our EI population to everyday social situations; necessity of report modification to incorporate new policy measures; COVID-19 impact on children with greater isolation from peer activities and relationships with daycare, church attendance, family gatherings, etc.; child progress data completeness and measurement, as evaluation tool was changed.

Although these challenges exist, local EI programs are continuing to find creative solutions to adapt and successfully provide EI services. This is evident in our FFY 2021 APR data.

#### General Supervision System

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

The Baby Watch Early Intervention Program (Baby Watch) oversees Early Intervention (EI) service activities in Utah for infants and toddlers up to three years of age and their families. During FFY 2021, Baby Watch sub-contracted with 13 local EI programs and directed two EI programs in-house under the Utah Department of Health to provide EI services throughout Utah. Baby Watch maintains and enforces policies to ensure local EI programs are aware of proper processes for services and data tracking. On an ongoing basis, the program performs surveillance and monitoring of EI services performed and program compliance with regulations and data requirements. Baby Watch also evaluates family perceptions of the impact of EI services, as well as partners with stakeholders.

Baby Watch quality and compliance is ascertained annually using State aggregated data, individual program data, input from partnering stakeholders, and other information. Local EI programs and the Interagency Coordinating Council (ICC) contribute to determining which focus activities will be reviewed with local EI programs. Focus activities may include off-site and on-site monitoring, as well as any additional activities that are deemed necessary and/or appropriate by Baby Watch. Off-site monitoring refers to the oversight of activities and provisions of technical assistance by Baby Watch to local EI programs to promote compliance, satisfactory performance, address improvement strategies or corrective actions, or other actions toward timely correction of noncompliance and improved performance.

On-site monitoring refers to any Baby Watch oversight activities of local EI programs provided at their locations and that may identify noncompliance, low performance, the need for technical assistance, and/or correction and improvement strategies to ensure the programs are meeting required activities and timelines set by Baby Watch. Intensive monitoring activities may be necessary based on issues identified through general or focused monitoring activities, the complaints/resolution system, or other means. On-site monitoring activities include interviews, follow-up monitoring visits as needed, quality assurance reports developed by the local EI program, and any additional activities determined necessary by Baby Watch.

Through relevant activities, noncompliance may be identified at all levels within the State General Supervision System Framework. If Baby Watch finds noncompliance with any requirement, the local EI program responsible is given a written notification of the finding of noncompliance. Baby Watch will then require a corrective action (CA) for full correction of all individual child noncompliance from the individual EI program. All noncompliance, once it is identified and notification is given to the local EI program, will be corrected and correction verified by the state as soon as possible, but in no case later than one year from the date of the written notification for findings of noncompliance. Baby Watch requires CA for all noncompliance. If noncompliance is not corrected within one year of the written finding of noncompliance, Baby Watch may impose sanctions and require that the EI program provide detail in the CA on how they will revise necessary policies, procedures, and/or practices that contributed to any noncompliance. Baby Watch conducts several

annual general supervision activities for each local EI program to monitor the implementation of the Individuals with Disabilities Act (IDEA) and identify possible areas of noncompliance and low performance. The general activities include: (a) collection and verification of the Baby and Toddler Online Tracking System (BTOTS) data for the SPP/APR compliance and results indicators, (b) program determinations, (c) review of the program data accountability plan, (d) fiscal management, (e) collection and verification of 618 data in BTOTS, (f) targeted technical assistance and professional development, and (g) identification and correction of any noncompliance on federal requirements.

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

Funding sources that support Baby Watch are the State Appropriation (State General Fund), IDEA 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. Baby Watch provides grants to local EI programs in the State to support and carry out the purposes and requirements of Part C Regulations and State policy. Baby Watch utilizes its established system of payments and fees for EI services under Part C, including a schedule of sliding fees. Fees collected from the child's family to pay for EI services under Baby Watch's system of payments are considered as program income. Finally, if a child is eligible for Medicaid or CHIP, Baby Watch can bill these public insurances for EI services received.

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.**

Lead Agency Technical Assistance. As the Utah Part C Lead Agency (LA), the Baby Watch Early Intervention Program (Baby Watch) has multiple mechanisms in place to ensure the timely delivery of high quality, evidence-based technical assistance and support to early intervention (EI) programs. The Utah Part C Program Manager is the official LA liaison for all 15 local EI programs 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. The Part C Data Manager continues to support the processes used to collect and utilize valid and reliable data, and works with Utah's local EI programs to provide program indicator data profiles, compliance indicator determinations, 618 data review, discussion on data/target-related changes, and other technical assistance. Baby Watch also employs a Senior Business Analyst to support technical system processes and two Compliance and Monitoring Specialists to ensure programs receive necessary feedback on their operations.

Data System. The LA's comprehensive, statewide, web-based data system, Baby and Toddler Online Tracking System (BTOTS) is used by all 15 Baby Watch local EI programs and provides a detailed electronic child EI record from time of referral to exit. LA staff work closely with the BTOTS developer to ensure ongoing fidelity of the database with current Part C regulations, as well as LA policy and procedures. BTOTS generates alerts and reports to inform local EI 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 to 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 conference calls, data system workgroups, user group enhancement meetings, and other feedback meetings as needed. Training and support to local EI program staff and administrators provides updates on development progress, enhancement priorities, system security, etc. In addition, "Frequently Asked Questions" documents, a telephone helpline, and an electronic bug submission system are available to assist end users with the BTOTS system.

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

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

#### **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.**

A Comprehensive System of Personnel Development (CSPD) is Utah's primary mechanism for improving the quality of services provided to young children and their families. The State's CSPD is comprised of five components including:

Leadership, Coordination, and Sustainability: Coordination of training and resources with other early childhood special education agencies and institutions of higher education

State of Utah Personnel Standards: An appropriate system of early intervention (EI) standards, content, and support to assist programs in preparing qualified personnel.

Pre-service Personnel Requirement: A minimum of a completed bachelor's degree from an accredited institution of higher education in a field of study related to EI.

In-service Personnel Development: An EI Specialist credential training program for new direct service employees, with required renewal training every five years.

Recruitment and Retention: Training local EI programs to implement innovative employee recruitment and retention strategies and activities

Utah's requirements for ALL direct service personnel job candidates include:

A completed bachelor's degree from an accredited institution of higher education in a field of study related to EI.

For direct service personnel in licensed professions, a current Division of Occupational & Professional Licensing (DOPL) license that has been verified by the local EI program on the DOPL website.

All new hires who provide direct services or serve as program directors/coordinators are required to earn and maintain an Early Intervention Specialist credential. An Early Intervention Specialist credential is a training certificate that indicates completion of Baby Watch Early Intervention Program's (Baby

Watch) Early Intervention Specialist training program. The credential is not a State-issued professional license and is not recognized by any other State or agency outside of Baby Watch. The two most common Early Intervention Specialist credential types are:  
Early Intervention Specialist: Required for ALL direct service providers unless they meet the specific criteria for another credential type. The Early Intervention Specialist credential training must be completed within 6 months of hire, and the credential must be renewed every 5 years.

Professional Authorization: The credential type for DOPL-licensed direct service providers who work less than 0.5 FTE (20 hrs/wk) in EI. Professional authorization training must be completed within 3 months of hire, and the professional authorization must be renewed every 5 years. Professional authorization holders are NOT authorized to provide service coordination.

The initial/new hire training requirements for each Early Intervention Specialist credential type are:

Early Intervention Specialist: The following training requirements must be completed within 6 months of hire.

Early Intervention Specialist Course: Learners must complete ALL topics and achieve a cumulative quiz score of at least 80%.

Self-Assessment: A reflection activity where employees rate their professional knowledge and skills

Individualized Credential Plan: A customized learning experience in which employees complete specific professional development opportunities to develop their professional knowledge and skills.

Service Observation: Supervised shadowing and observation of a wide range of EI services.

Service Demonstrations: Coach/supervisors observe direct service employees as they conduct and participate in three service visits: eligibility evaluation, IFSP meeting, and a home visit.

CPR training: First aid provided by a certified organization.

Renewal: 5 years from date issued. Credential expiration dates are tracked in BTOTS and printed on each employee's credential certificate.

Professional Authorization: The following training requirements must be completed within 3 months of hire.

Early Intervention Specialist Course: Learners must complete the assigned topics and achieve a cumulative quiz score of at least 80%.

Self-Assessment: A reflection activity where employees rate their professional knowledge and skills

CPR training: First aid training provided by a certified organization.

Renewal: 5 years from date issued. Credential expiration dates are tracked in BTOTS and printed on each employee's credential certificate.

Early Intervention Specialist credential renewal requirements are the same regardless of credential type. The following renewal requirements must be completed and a renewal application submitted to Baby Watch before the expiration date listed in BTOTS:

Early Intervention Specialist Course: Learners must complete the assigned topics and achieve a cumulative quiz score of at least 80%. Learners who score below 80% must remediate.

Self-Assessment: A reflection activity where employees rate their professional knowledge and skills

CPR training: Current first aid training provided by a certified organization, documented in the employee's BTOTS profile

DOPL License: Current license information entered in BTOTS (if applicable)

Professional Development: 75 hours in the past 5 years, with the date, hours, and description entered in the BTOTS Professional Development tab or a separate document. Hours can include classes, workshops, and conferences related to EI as well as program-level training opportunities. It is the responsibility of the local EI program to determine which professional development activities are related to EI and should count toward credential renewal.

Continuous employment at a local EI program in the 5 years from the date the credential was issued.

## PROCEDURE

Local EI programs must enter the following information into each employee's BTOTS profile as soon as possible upon hire and verify it periodically throughout the 5-year credential cycle:

Email address

Employment: Start date, Personnel Category, Position, and FTE. If an employee has multiple part-time positions at a local EI program, each position should be entered separately in BTOTS (e.g., administrator and direct service provider; service coordinator and interpreter, etc.).

Education: Institution, Level of Education, Field of Study, and Date Earned

DOPL License (if applicable): License Type, License number, Date Earned, and Expiration Date

CPR certification information

Local EI programs are responsible for verifying that the credential seeker has completed all of the initial or renewal training requirements before signing and submitting a credential application to Baby Watch.

Local EI programs are responsible for providing every new hire with a coach/supervisor who provides meaningful one-to-one mentoring and support throughout the credentialing process.

Baby Watch strongly recommends that all coaches/supervisors renew their credentials ahead of time, if they have not yet completed the current Early Intervention Specialist online training.

ALL direct service providers, regardless of employment type or FTE, are responsible for:

Monitoring their credential due dates and expiration dates in BTOTS, and for communicating proactively with their coaches/supervisors when extenuating circumstances prevent them from completing the required training on time

Completing the credential training requirements and submitting an application to Baby Watch BEFORE the due date or expiration date listed in BTOTS

Participating in at least 75 hours of professional development related to EI every five years, and documenting those professional development activities in the BTOTS Professional Development tab on an ongoing basis

Providing the local EI program with current information about the status of their DOPL license (if applicable), CPR certification, and education (if applicable)

Baby Watch will determine the most appropriate course of action when Early Intervention Specialist credentials are overdue or lapsed. These actions may include additional required training, reassignment of the employee's caseload, and involvement of Compliance & Monitoring.

## Broad Stakeholder Input:

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

The Baby Watch Early Intervention Program (Baby Watch) solicits ongoing stakeholder discussion and input from various groups on setting of policies, development and tracking of data measures and establishment of their targets, the development and implementation of the State's SSIP, and methods for ensuring family awareness. Baby Watch is always looking to facilitate valuable partnerships.

Stakeholders provide input on targets and discussion on data results for all indicators during the FFY 2020-2025 State Performance Plan/Annual Performance Report (SPP/APR) review sessions. On an ongoing basis, data findings and targets are discussed with stakeholder workgroups and committees. The Interagency Coordinating Council (ICC) is presented performance and data findings for the SPP/APR fiscal years and provides supportive insight for the calculated data. In particular, during multiple ICC meetings in 2021 through January 2023, the ICC was consulted on data findings, discussing new SPP/APR data requirements, and establishment of future targets.

Meetings continue to be held to present data and seek involvement from stakeholder groups that are comprised of ICC members, including parents, EI Provider Consortium members, and partnering agencies and programs including Utah State Board of Education, Migrant and Homeless, Utah Parent Center, 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.

During extended ICC meetings, Baby Watch staff present historical data and targets for APR indicators, as well as local and national comparisons and improvement activities that have contributed to statewide performance for each indicator. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the indicator's targets. Additionally, targets for indicator 11 are discussed and refined. These data are showcased through the State Systemic Improvement Plan. Much data is reflective of our State-identified Measurable Result (SiMR). Implication, impacts, and reasoning related to FFY 2020-2025 SiMR data was discussed in depth with the ICC.

On January 25, 2023, the 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 to use the State's Part C SPP/APR for FFY 2021 and confirms provision to our Governor (attached to APR).

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

YES

**Number of Parent Members:**

5

**Parent Members Engagement:**

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

Multiple presentations and discussions were held with workgroups and the ICC during FFY 2021. The NCSEAM survey instrument and data were discussed with stakeholders. Parent members provided feedback on the survey questions. Parents are always invited and encouraged to participate in discussions and ask questions. ICC minutes and presentations are distributed to all members following the meeting, and members are encouraged to ask questions for further clarification and information.

**Activities to Improve Outcomes for Children with Disabilities:**

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

The ICC has several subcommittees, including ICC members and public, that work on various tasks for the lead agency. There is culturally diverse parent representation from different geographical areas of the state and active participation on each of the subcommittees. An annual orientation is provided for ICC members during a scheduled meeting.

**Soliciting Public Input:**

**The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

Stakeholder and public comment is always formally requested during ICC meetings during a public comment period. During FFY 2021 and 2022, data was discussed during regularly scheduled meetings with stakeholder workgroup members and EI providers. During these meetings, targets for FFY 2020 through 2025 were discussed, data trends for APR indicators were analyzed and discussed, improvement strategies were vetted, and progress was evaluated.

**Making Results Available to the Public:**

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

Baby Watch maintains a comprehensive website ([babywatch.utah.gov](http://babywatch.utah.gov)) which is updated regularly with early intervention data, policy, and program information. The folder Track our Progress shares information about our federal applications, annual SPP/APP submissions, SSIP data and findings, program determinations, Baby Watch determinations, corrective action plans, and many other important documents. The Baby Watch website also has a Contact Us tab that provides an email and mailing address, and welcomes feedback from families about their Part C Early Intervention experience.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2020 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2020 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2020 APR in 2022, is available.**

The FFY 2020 SPP/APR has been posted on the Baby Watch website at <https://health.utah.gov/cshcn/programs/babywatch.html> under the Track Our Progress tab, State Performance Plan/Annual Performance Report (SPP/APR).

Local EI program profiles of indicator performance have been distributed to providers and posted to the Baby Watch website under the local EI programs section in August 2022 at <https://health.utah.gov/cshcn/pdf/BabyWatch/FFY%202020%20ALL%20PROFILES.pdf>. Local EI programs received their program profiles, determinations, and notifications of noncompliance in August 2022.

Utah's Part C determinations from OSEP are posted to the Baby Watch Website at <http://health.utah.gov/cshcn/programs/babywatch.html>.

**Intro - Prior FFY Required Actions**

None

## **Intro - OSEP Response**

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

## **Intro - Required Actions**

The State's IDEA Part C determination for both 2022 and 2023 is Needs Assistance. In the State's 2023 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2022 SPP/APR submission, due February 1, 2024, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

# Indicator 1: Timely Provision of Services

## Instructions and Measurement

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

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

### Data Source

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

### Measurement

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

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

### Instructions

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

Targets must be 100%.

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

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

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

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

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

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	98.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.10%	99.10%	98.40%	98.63%	98.51%

### Targets

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

### FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
6,188	6,534	98.51%	100%	98.91%	Did not meet target	No Slippage

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

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

275

**Provide reasons for delay, if applicable.**

Reasons for provider-caused delay were acquired through provider inquiry and review of child records. Provider-caused delays during FFY 2021 included: Staff shortages in local EI programs, provider cancellations, illness and hospitalizations impacting providers attempting to maintain services, local EI program visit scheduling and coordination challenges, local EI program staffing issues impacting availability and training of providers, and provider-caused gaps in service due to schedule misunderstandings or mistakes.

A family circumstance causing a documented delay was counted as "exceptional family delay." Reasons for documenting the cases as such were pulled from contact logs and visit notes. These findings indicate that reasons for family-caused delays include missed appointments, family cancelling/rescheduling the service, inconsistent response from families to schedule visits, families moving, and others, many of which had an underlying documented reason reflective of concern for their family health or local/State COVID-19 laws.

**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 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 on the IFSP).

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

State database

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

Full reporting period of July 1, 2021 - June 30, 2022

**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 local 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 their initial individual early intervention (EI) services from July 1, 2021 to June 30, 2022.

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

Improvement Activities Completed in FFY 2021: During FFY 2021, BTOTS function was discussed to potentially require that local EI programs document reasons for changing any visit dates/details and understand that the changes would be tracked and monitored. During FFY 2021, the APR 1 report was modified to more accurately accentuate cases of provider-caused delay when families had also caused delays in another service. Additionally, in FFY 2021, BTOTS APR 1 report functions were optimized to enhance report function and eliminate any timing-out errors. The report was distributed for local EI program use in assessing their program delays. Additional methodology revision was reviewed and anticipated during future SPP baselines and target establishment.

Baby Watch 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 corrective action plans relating to data accuracy. Local EI programs were also encouraged to investigate cases by drilling down to the child level for reasons for delays and make necessary process adjustments to prevent future delayed service provision. Additionally, input from providers and other stakeholders was utilized to address BTOTS APR1 report function errors or enhancement requests.

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
87	87		0

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

Corrected Findings of Noncompliance Identified in FFY 2020

In FFY 2020, noncompliant cases were identified in 12 of the 15 Utah early intervention programs.

The Lead Agency reviewed noncompliant FFY 2020 cases to verify that they had been corrected by the local EI programs. Routine compliance and monitoring with each of the local EI programs continues to address improvement activities toward fulfilling all regulatory requirements. Local EI programs participated in monitoring provided by Baby Watch Training and Technical Assistance in FFY 2021, which addressed program adherence to their quality assurance plan items including collecting evidence of improvement. Discussions with local EI programs regarding their performance/compliance using program profile and determination data included follow-up questions regarding improvement from previous year corrective action plan findings and goals. Discussions identified that despite internal/external challenges (including due to COVID-19), programs maintain resolve to prevent future noncompliance. The 87 UT findings of noncompliance are corrected. Reasons for not meeting the timeline include: data entry errors, staff delays or needing to cancel/reschedule, and insufficient documentation of contact attempts.



The State has verified that each provider with each noncompliance reported by the State in FFY2020 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has initiated services for each child, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). Baby Watch monitored each program through the Baby and Toddler Online Tracking System (BTOTS), yearly program self-assessment, and on-site verification of data. The process included evaluating each program for an annual determination; notifying each program of any identified findings of non-compliance; and notifying each program of any required actions. Each program submitted a Corrective Action Plan for each finding of non-compliance identified in FFY2020 related to timely services on the IFSP. The Corrective Action Plan included a program analysis of the root cause for the non-compliance and action steps with responsible parties and dates to correct the identified issues that led to non-compliance. Upon completion of the Corrective Action Plan, the Lead Agency reviewed subsequent data that was 100% compliant to close each finding of non-compliance. As a result of the review of subsequent or updated data, it was verified within the 365-day timeframe for timely corrections and found that 100% compliance was achieved. The FFY 2020 program determinations are available on the Baby Watch website at <https://health.utah.gov/cshcn/pdf/BabyWatch/FFY%202020%20ALL%20PROFILES.pdf> and the corrective action plans can be provided upon request.

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

**Corrected Findings of Noncompliance Identified in FFY 2020**

The Lead Agency reviewed individual noncompliant FFY 2020 cases to verify that they had been corrected by the local EI programs. The Lead Agency reviewed subsequent data from after corrective actions took place and verified, based on that data, that previous noncompliance had been corrected. Corrected findings in FFY 2020 involved 87 individual cases of non-compliance. The State verified through the State's process of Focused Monitoring that the 87 children received the early intervention services on their IFSP, although late, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). As a result of the review of subsequent or updated data, it was verified that 100% compliance was achieved.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

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

**1 - Prior FFY Required Actions**

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

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

**Response to actions required in FFY 2020 SPP/APR**

**1 - OSEP Response**

**1 - Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

## Indicator 2: Services in Natural Environments

### Instructions and Measurement

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	77.90%

FFY	2016	2017	2018	2019	2020
Target>=	93.00%	94.00%	95.00%	95.00%	95.00%
Data	95.59%	94.42%	94.84%	95.24%	96.91%

### Targets

FFY	2021	2022	2023	2024	2025
Target >=	96.00%	96.00%	96.00%	96.00%	97.00%

### Targets: Description of Stakeholder Input

The Baby Watch Early Intervention Program (Baby Watch) solicits ongoing stakeholder discussion and input from various groups on setting of policies, development and tracking of data measures and establishment of their targets, the development and implementation of the State's SSIP, and methods for ensuring family awareness. Baby Watch is always looking to facilitate valuable partnerships.

Stakeholders provide input on targets and discussion on data results for all indicators during the FFY 2020-2025 State Performance Plan/Annual Performance Report (SPP/APR) review sessions. On an ongoing basis, data findings and targets are discussed with stakeholder workgroups and committees. The Interagency Coordinating Council (ICC) is presented performance and data findings for the SPP/APR fiscal years and provides supportive insight for the calculated data. In particular, during multiple ICC meetings in 2021 through January 2023, the ICC was consulted on data findings, discussing new SPP/APR data requirements, and establishment of future targets.

Meetings continue to be held to present data and seek involvement from stakeholder groups that are comprised of ICC members, including parents, EI Provider Consortium members, and partnering agencies and programs including Utah State Board of Education, Migrant and Homeless, Utah Parent Center, 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.

During extended ICC meetings, Baby Watch staff present historical data and targets for APR indicators, as well as local and national comparisons and improvement activities that have contributed to statewide performance for each indicator. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the indicator's targets. Additionally, targets for indicator 11 are discussed and refined. These data are showcased through the State Systemic Improvement Plan. Much data is reflective of our State-identified Measurable Result (SiMR). Implication, impacts, and reasoning related to FFY 2020-2025 SiMR data was discussed in depth with the ICC.

On January 25, 2023, the 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 to use the State's Part C SPP/APR for FFY 2021 and confirms provision to our Governor (attached to APR).

### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	4,774
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Total number of infants and toddlers with IFSPs	4,892

**FFY 2021 SPP/APR Data**

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
4,774	4,892	96.91%	96.00%	97.59%	Met target	No Slippage

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

Table 1. Indicator 2 Targets and Actual Target Data for Previous Ten Fiscal Years FFY (December 1 Count) Indicator 2 Target Indicator 2 Actual Target Data

FFY 2009 (December 1, 2009) 77.50% 84.30%  
 FFY 2010 (December 1, 2010) 78.00% 89.20%  
 FFY 2011 (December 1, 2011) 78.50% 87.40%  
 FFY 2012 (December 1, 2012) 79.00% 94.30%  
 FFY 2013 (December 1, 2013) 79.50% 95.44%  
 FFY 2014 (December 1, 2014) 91.00% 95.37%  
 FFY 2015 (December 1, 2015) 92.00% 95.69%  
 FFY 2016 (December 1, 2016) 93.00% 95.59%  
 FFY 2017 (December 1, 2017) 94.00% 94.42%  
 FFY 2018 (December 1, 2018) 95.00% 94.84%  
 FFY 2019 (December 1, 2019) 95.99% 95.24%  
 FFY 2020 (December 1, 2020) 95.00% 96.91%  
 FFY 2021 (December 1, 2021) 96.00% 97.59%

The Baby Watch Early Intervention Program (Baby Watch) Indicator 2 targets for reporting years FFY 2005 through FFY 2010 were based on “hand collected” data from years prior to the introduction of the Baby and Toddler Online Tracking System (BTOTS) database in 2005. For three of these 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%. Since these early years, performance on this indicator has successfully increased. The FFY 2021 percentage of infants and toddlers with IFSPs receiving early intervention services primarily in home or community-based settings (97.59%) exceeds the FFY 2020 percentage (96.91%) and the FFY 2021 target of 96.00 percent. This is the highest percentage, even over FFY 2013, FFY 2015, and FFY 2016 reporting percentages in reporting years FFY 2009 through FFY 2021.

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

**2 - Required Actions**

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

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

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

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

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

#### Summary Statements for Each of the Three Outcomes:

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

##### Measurement for Summary Statement 1:

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

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

##### Measurement for Summary Statement 2:

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

#### Instructions

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

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

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

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

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

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

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

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

### 3 - Indicator Data

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

NO

#### Targets: Description of Stakeholder Input

The Baby Watch Early Intervention Program (Baby Watch) solicits ongoing stakeholder discussion and input from various groups on setting of policies, development and tracking of data measures and establishment of their targets, the development and implementation of the State's SSIP, and methods for ensuring family awareness. Baby Watch is always looking to facilitate valuable partnerships.

Stakeholders provide input on targets and discussion on data results for all indicators during the FFY 2020-2025 State Performance Plan/Annual Performance Report (SPP/APR) review sessions. On an ongoing basis, data findings and targets are discussed with stakeholder workgroups and committees. The Interagency Coordinating Council (ICC) is presented performance and data findings for the SPP/APR fiscal years and provides supportive insight for the calculated data. In particular, during multiple ICC meetings in 2021 through January 2023, the ICC was consulted on data findings, discussing new SPP/APR data requirements, and establishment of future targets.

Meetings continue to be held to present data and seek involvement from stakeholder groups that are comprised of ICC members, including parents, EI Provider Consortium members, and partnering agencies and programs including Utah State Board of Education, Migrant and Homeless, Utah Parent Center, 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.

During extended ICC meetings, Baby Watch staff present historical data and targets for APR indicators, as well as local and national comparisons and improvement activities that have contributed to statewide performance for each indicator. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the indicator's targets. Additionally, targets for indicator 11 are discussed and refined. These data are showcased through the State Systemic Improvement Plan. Much data is reflective of our State-identified Measurable Result (SiMR). Implication, impacts, and reasoning related to FFY 2020-2025 SiMR data was discussed in depth with the ICC.

On January 25, 2023, the 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 to use the State's Part C SPP/APR for FFY 2021 and confirms provision to our Governor (attached to APR).

#### Historical Data

Outcome	Baseline	FFY	2016	2017	2018	2019	2020
A1	2013	Target>=	67.00%	68.00%	69.00%	69.00%	42.00%
A1	68.18%	Data	63.11%	64.33%	64.04%	54.94%	40.10%
A2	2013	Target>=	55.00%	55.50%	56.00%	56.50%	69.00%
A2	55.40%	Data	57.91%	59.90%	60.50%	65.28%	69.72%
B1	2013	Target>=	74.00%	74.50%	75.50%	75.50%	75.50%
B1	75.44%	Data	68.72%	68.85%	68.36%	70.77%	72.17%
B2	2013	Target>=	49.00%	49.50%	51.00%	51.50%	54.00%
B2	50.88%	Data	52.87%	52.50%	51.71%	52.87%	54.06%
C1	2013	Target>=	75.00%	75.50%	76.20%	76.20%	76.20%
C1	76.17%	Data	71.31%	71.13%	70.56%	72.46%	75.60%
C2	2013	Target>=	59.00%	59.50%	60.00%	60.50%	71.00%
C2	59.19%	Data	60.88%	60.99%	61.19%	69.72%	71.98%

#### Targets

FFY	2021	2022	2023	2024	2025
Target A1>=	42.25%	65.00%	66.00%	67.00%	68.25%
Target A2>=	70.00%	70.50%	71.00%	71.50%	72.00%
Target B1>=	75.50%	75.50%	75.50%	75.50%	75.50%
Target B2>=	55.00%	55.50%	56.00%	56.50%	57.00%
Target C1>=	76.20%	76.20%	76.20%	76.20%	76.20%

Target C2>=	72.00%	72.50%	73.00%	73.50%	74.00%
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**FFY 2021 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

1,913

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	63	3.29%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	332	17.35%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	56	2.93%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	152	7.95%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,310	68.48%

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	208	603	40.10%	42.25%	34.49%	Did not meet target	Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	1,462	1,913	69.72%	70.00%	76.42%	Met target	No Slippage

**Provide reasons for A1 slippage, if applicable**

Reasons for slippage in indicator A1 (Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program), included several aspects. Between FFY 2020 and 2021, Indicator A1 outcome score category percentage changes led to an overall percentage decrease. The Baby Watch Early Intervention Program (Baby Watch) analyzed the FFY 2020 and 2021 entry and exit data calculations for score computation errors and evaluated category changes. The proportion of children in Category A increased (2.75% to 3.29%), Category B decreased (22.74% to 17.35%), Category C decreased (4.87% to 2.93%), and Category D decreased (12.15% to 7.95%) between these years. COVID-19 impacted local EI programs to switch from in-home to virtual services. Many families suspended or discontinued services or were lost to follow-up during FFY 2021. As a result, more children left services during this timeframe without an exit score. In summary, while the total number of children with entry and exit scores increased during FFY 2021, the children who fell into the applicable categories for outcome A1 (categories C and D) decreased. Utah Part C intends to reset this baseline during FFY 2022, with data collection and analysis solely through the BDI-2 NU.

Baby Watch modified the method of calculating child functioning in the Baby & Toddler Online Tracking System (BTOTS) to determine entry and exit raw scores and developmental quotients. Historically, the COS assessment was the only tool used to determine child exit scores for children. For FFY 2020, child functioning was calculated using both COS and Battelle Developmental Inventory, Second Edition, Normative Update (BDI 2-NU). Therefore, ascertainment of a new baseline for this measure is not appropriate as this is not a new method of calculation. As expected, 2021 data reflected the downward impact of the switch to the BDI-2 NU, a standardized evaluation tool, to calculate entry and exit raw scores and developmental quotients. This tool is more objective than COS, a subjective assessment tool, which results in less valid and accurate outcomes. Although race/ethnicity information is typically reported by families at time of referral, Baby Watch is currently developing additional methods of gathering this information prior to child exit. Baby Watch will discontinue using the COS when the final group of children who received COS entry scores in FFY 2018 age out of service during late FFY 2021. Baby Watch has continued to consult with the Interagency Coordinating Council (ICC) to gather input on the best way to transition from COS to BDI-2 NU child outcome measurements. We have revised indicator A1 targets to reflect improvement over the State's FFY 2013 baseline data. We intend to reestablish the baseline for indicator A1 in FFY 2022. This will be a result of fully transitioning from using the COS tool to using the BDI-2 NU to evaluate child progress. Utah Part C is concluding that the sensitivity of the BDI-2 NU social-emotional domain, particularly for these age groups, is low. Baby Watch is currently exploring various tools to measure social-emotional progress more comprehensively.

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	21	1.10%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	315	16.47%

<b>Outcome B Progress Category</b>	<b>Number of Children</b>	<b>Percentage of Total</b>
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	507	26.50%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	404	21.12%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	666	34.81%

<b>Outcome B</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2020 Data</b>	<b>FFY 2021 Target</b>	<b>FFY 2021 Data</b>	<b>Status</b>	<b>Slippage</b>
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	911	1,247	72.17%	75.50%	73.06%	Did not meet target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	1,070	1,913	54.06%	55.00%	55.93%	Met target	No Slippage

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

<b>Outcome C Progress Category</b>	<b>Number of Children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	6	0.31%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	119	6.22%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	268	14.01%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	317	16.57%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,203	62.89%

<b>Outcome C</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2020 Data</b>	<b>FFY 2021 Target</b>	<b>FFY 2021 Data</b>	<b>Status</b>	<b>Slippage</b>
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	585	710	75.60%	76.20%	82.39%	Met target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	1,520	1,913	71.98%	72.00%	79.46%	Met target	No Slippage

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

<b>Question</b>	<b>Number</b>
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	5,144
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.	2,104

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

Instruments:

- 1- Child Outcome Summary (COS) Assessment: Historically, the COS assessment was the only tool used to determine child exit scores for children.
- 2- The Battelle Developmental Inventory, Second Edition, Normative Update (BDI 2-NU) was exclusively implemented in November 2018.

Procedures:

Although this information is typically reported by families at time of referral, Baby Watch is currently developing additional methods of gathering this information prior to child exit. Baby Watch will discontinue using the COS when the final group of children who received COS entry scores in FFY 2018 age out of service during late FFY 2021. Baby Watch has continued to consult with the Interagency Coordinating Council (ICC) to gather input on the best way to transition from COS to BDI-2 NU child outcome measurements.

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

The calculated data completeness percentage of infants and toddlers with completed entry and exit scores (1913) out of all who exited the Part C program during the reporting period (5144) appears to be low (37.19%). However, during this period there were 2104 infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program. The data completeness percentage would be much higher if the 2104 infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program, and therefore could not receive an exit score, were subtracted from the total number of children who exited during FFY 2021 (62.9%).

In regards to A1 and B1 not meeting established targets, Utah will continue to address this through several means:

- 1) Discussion with stakeholders and programs
- 2) Change of tool used to complete the ECO rating
- 3) Emphasis on providing services to children whose functioning is at a level nearer to same-aged peers, but not quite meeting. Baby Watch will continue to encourage conversation with parents to ensure that although their children may be meeting outcomes, parents are informed about their child's next developmental milestones and encouraged to utilize Utah's 12 months of eligibility.

**3 - Prior FFY Required Actions**

None

**3 - OSEP Response**

**3 - Required Actions**



## Indicator 4: Family Involvement

### Instructions and Measurement

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

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2016	2017	2018	2019	2020
A	2006	Target>=	85.50%	86.00%	86.50%	90.00%	93.00%
A	76.00%	Data	88.69%	95.85%	96.01%	96.49%	93.77%
B	2006	Target>=	82.75%	83.00%	83.25%	88.00%	76.00%
B	###C04BBA SEDA TA###	Data	87.19%	93.72%	93.49%	94.68%	76.88%
C	2006	Target>=	92.30%	92.40%	92.50%	93.00%	85.00%

C	83.00 %	Data	93.31%	96.24%	96.43%	96.05%	85.02%
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**Targets**

FFY	2021	2022	2023	2024	2025
Target A>=	94.00%	94.50%	95.00%	95.50%	96.00%
Target B>=	77.00%	77.50%	78.00%	78.50%	79.00%
Target C>=	85.25%	85.50%	85.75%	86.00%	86.25%

**Targets: Description of Stakeholder Input**

The Baby Watch Early Intervention Program (Baby Watch) solicits ongoing stakeholder discussion and input from various groups on setting of policies, development and tracking of data measures and establishment of their targets, the development and implementation of the State's SSIP, and methods for ensuring family awareness. Baby Watch is always looking to facilitate valuable partnerships.

Stakeholders provide input on targets and discussion on data results for all indicators during the FFY 2020-2025 State Performance Plan/Annual Performance Report (SPP/APR) review sessions. On an ongoing basis, data findings and targets are discussed with stakeholder workgroups and committees. The Interagency Coordinating Council (ICC) is presented performance and data findings for the SPP/APR fiscal years and provides supportive insight for the calculated data. In particular, during multiple ICC meetings in 2021 through January 2023, the ICC was consulted on data findings, discussing new SPP/APR data requirements, and establishment of future targets.

Meetings continue to be held to present data and seek involvement from stakeholder groups that are comprised of ICC members, including parents, EI Provider Consortium members, and partnering agencies and programs including Utah State Board of Education, Migrant and Homeless, Utah Parent Center, 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.

During extended ICC meetings, Baby Watch staff present historical data and targets for APR indicators, as well as local and national comparisons and improvement activities that have contributed to statewide performance for each indicator. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the indicator's targets. Additionally, targets for indicator 11 are discussed and refined. These data are showcased through the State Systemic Improvement Plan. Much data is reflective of our State-identified Measurable Result (SiMR). Implication, impacts, and reasoning related to FFY 2020-2025 SiMR data was discussed in depth with the ICC.

On January 25, 2023, the 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 to use the State's Part C SPP/APR for FFY 2021 and confirms provision to our Governor (attached to APR).

**FFY 2021 SPP/APR Data**

The number of families to whom surveys were distributed	4,483
Number of respondent families participating in Part C	1,975
Survey Response Rate	44.06%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,338
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,435
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	1,101
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1,435
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	1,218
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1,435

Measure	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	93.77%	94.00%	93.24%	Did not meet target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family	76.88%	77.00%	76.72%	Did not meet target	No Slippage

Measure	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
effectively communicate their children's needs (B1 divided by B2)					
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	85.02%	85.25%	84.88%	Did not meet target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

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

### Survey Response Rate

FFY	2020	2021
Survey Response Rate	51.96%	44.06%

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

To increase response rate over the FFY 2020-2025 period, Baby Watch will continue to plan and prepare for the family survey with local EI programs. Programs having the lowest response rates during the previous survey collection period will be focused on and preparations will be taken in order to improve response rate. Baby Watch will train as to the methodology of survey collection to limit biases and ensure that programs thoroughly know proper protocol, and potentially increase response rates among all families.

Data from FFY 2021 identifies that local early intervention programs in urban areas disproportionately had fewer responses compared with frontier or rural programs. Prior to the FFY 2022 NCSEAM Family Survey, Baby Watch requested that local EI programs ensure all family email addresses are current and up to date, which will naturally increase the number of urban families who successfully receive the email survey link. Baby Watch has also encouraged urban providers to have conversations with families about the importance of the survey and the power of their voice. Local EI programs have also received communication from Baby Watch regarding the importance of participation from all families, including those with culturally diverse backgrounds, being critical in determining strategies to support ongoing improvement of early intervention services across the state.

### Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

NCSEAM Survey Utilized for FFY 2021 Data Collection

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 utilized 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.

Of the delivered anonymous survey links, nearly one-half (n=1975, 44.1%) were accessed and language selected by the family members. Fewer surveys were applicable (n=1435), meaning they consisted of at least one response to NCSEAM survey questions. The response rate of applicable responses was 32.0 percent.

Analysis of nonresponse bias identified that if families served by urban local EI programs responded in like proportion as rural programs, indicator 4A, 4B, and 4C percentages would have decreased overall. Comparison of percentages of families responding in any level of agreement to the measure indicators (non-Rasch) are as follows: Rural (4A=99.2%, 4B=94.3%, 4C=96.8%) and Urban (4A=96.4%, 4B=93.1%, 4C=95.1%). During FFY 2023, Baby Watch will assess family perceptions through qualitative data collection in an attempt to better understand family concerns.

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

The demographics of responding families appear to be representative of actively enrolled children in the Baby & Toddler Online Tracking System (BTOTS). Geographic status of regions where programs serve was collected and analyzed (n=1435), with results (Urban=70%, Rural=26%, Frontier=5%). FFY 2021 618 Child Count survey data assessed (Urban=74%, Rural=22%, Frontier=4%) comparatively identified slightly more children served in urban areas.

For the FFY 2021 survey, the instrument utilized child-level primary language (English/Spanish) demographics and race/ethnicity data collection. FFY 2021 survey data identified that the count of respondents with English as their primary language was 1335 (93.0%), compared with Spanish as their primary language (7.0%, n=100). The proportion of Spanish language respondents with applicable responses to the survey shows an increasing trend with 7.0 percent in 2021, compared with 6.5 percent in FFY 2020, 5.9 percent in FFY 2019, and 4.5% in FFY 2018.

Nearly one in four respondents (22.4%) reported that their child was of Hispanic, Latino, or Spanish origin; one in nine (10.9%) reported that their child's

race was other than white. Utah's 2021 population estimates indicate that 14.8 percent of the population is Hispanic or Latino and that 9.7 percent are other than white race.

Additionally, a majority of all respondents reported that their child has private health insurance (68.4%), while fewer report to have other health insurance such as Medicaid (34.3%), Children's Health Insurance Program (1.0%), or no insurance at all (1.5%). Only 1.3% reported to not know their child's health insurance status.

A higher percentage of those reporting to have private health insurance also report English as their primary language (68.0%), rather than Spanish as their primary language (21.0%). Few respondents identifying English as their primary language (1.1%) or Spanish as their primary language (6.0%) report to have no health insurance.

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).**

The ECTA response rate and representative calculator was utilized to apply proportional testing and determine if the surveys received were representative of the target population. Results show that data were representative by English (3% difference) and by Spanish (-2% difference) as the primary language. Results by race/ethnicity show that African American/Black (1% difference), American Indian or Alaska Native (1% difference), Asian (0% difference), Native Hawaiian or Pacific Islander (0% difference), and White (1% difference) were each representative. More than one race was not representative (4% difference). The data by Hispanic (-2% difference) and not Hispanic (2% difference) ethnicity were representative. Additional data analyses were highlighted addressing geographic distribution of respondents reporting to the survey link designated for a particular local EI program (i.e., urban/rural/frontier) compared to the target group. Using the ECTA representative calculations, difference between the target population and respondents for urban local EI programs (-4% difference) and rural local EI programs (4% difference) were not representative, though frontier (0% difference) were representative.

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

The Baby Watch Early Intervention Program (Baby Watch) held stakeholder meetings regarding development of the survey instrument and revised the tool to include other parent-reported demographic data including race/ethnicity. This data was collected during FFY 2021.

Utah's NCSEAM method also includes program-specific survey links that are used when families do not receive an electronic survey and would like to participate. As virtual services were approved during COVID-19, an increased number of email addresses have been verified and collected.

Through June 2022, the Utah Department of Health, Baby Watch, implemented a multilingual electronic survey using a tool developed by the National Center for Special Education and Accountability Monitoring (NCSEAM) to assess perceptions from family members of children enrolled in Part C early intervention. A link to the survey was distributed through electronic mail or web link means to 4,483 families of Utah children meeting certain criteria: being ages birth to three, having disabilities or delays, being under an individualized family service plan as of April 28, 2022, and having a documented email address.

In addition, the lead agency has supplemented the NCSEAM electronic survey analyses using RASCH during FFY 2022 as stakeholders support.

Survey question response identifying agreement with indicator 4A, 4B, and/or 4C

4A: A response of "agree," "strongly agree," or "very strongly agree" with this item on the NCSEAM survey's Impact of EI Services on Your Family scale: "Over the past year, Early Intervention services have helped me and/or my family: know about my child's and family's rights concerning Early Intervention services." A Rasch framework is used as the measurement approach by the NCSEAM. The percentages reported are calculated as the percent of families whose measures are at or above a standard that is specific to each indicator. In FFY 2021, 1,338 of 1,435 (93.24%) met or exceeded Rasch standards of agreement with this measure.

4B: A response of "agree," "strongly agree," or "very strongly agree" with this item on the NCSEAM survey's Impact of EI Services on Your Family scale: "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." A Rasch framework is used as the measurement approach by the NCSEAM. The percentages reported are calculated as the percent of families whose measures are at or above a standard that is specific to each indicator. In FFY 2021, 1,101 of 1,435 (76.72%) met or exceeded Rasch standards of agreement with this measure.

4C: A response of "agree," "strongly agree," or "very strongly agree" with this item on the NCSEAM survey's Impact of EI Services on Your Family scale: "Over the past year, Early Intervention services have helped me and/or my family understand my child's special needs." A Rasch framework is used as the measurement approach by the NCSEAM. The percentages reported are calculated as the percent of families whose measures are at or above a standard that is specific to each indicator. In FFY 2021, 1,218 of 1,435 (84.88%) met or exceeded Rasch standards of agreement with this measure.

#### **4 - Prior FFY Required Actions**

None

#### **4 - OSEP Response**

In its description of strategies that will be implemented which are expected to increase the response rate year over year, the State did not specifically address strategies to increase the response rate for those groups that are underrepresented, as required by the Measurement Table.

The State analyzed the response rate to identify potential nonresponse bias; however, the State did not identify steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services, as required by the Measurement Table.

The State reported that the data for this indicator were collected from a response group that was representative of the population. However, in its narrative, the State reported that data were not representative by more than one race (4% difference). Therefore, OSEP is unclear whether the response group was representative of the population. OSEP notes that the State did not include strategies or improvement activities to address this issue in the future.

#### **4 - Required Actions**

In the FFY 2022 SPP/APR, the State must report whether the FFY 2022 data are from a response group that is representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services.

In addition, the State must describe strategies which are expected to increase the response rate for those groups that are underrepresented. The State must also analyze the response rate to identify potential nonresponse bias and report on steps taken to reduce any identified bias and promote response from a broad cross section of families.

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

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	0.66%

FFY	2016	2017	2018	2019	2020
Target >=	0.86%	0.87%	0.88%	1.05%	1.15%
Data	0.94%	1.03%	1.05%	1.11%	1.09%

### Targets

FFY	2021	2022	2023	2024	2025
Target >=	1.15%	1.20%	1.20%	1.20%	1.20%

### Targets: Description of Stakeholder Input

The Baby Watch Early Intervention Program (Baby Watch) solicits ongoing stakeholder discussion and input from various groups on setting of policies, development and tracking of data measures and establishment of their targets, the development and implementation of the State's SSIP, and methods for ensuring family awareness. Baby Watch is always looking to facilitate valuable partnerships.

Stakeholders provide input on targets and discussion on data results for all indicators during the FFY 2020-2025 State Performance Plan/Annual Performance Report (SPP/APR) review sessions. On an ongoing basis, data findings and targets are discussed with stakeholder workgroups and committees. The Interagency Coordinating Council (ICC) is presented performance and data findings for the SPP/APR fiscal years and provides supportive insight for the calculated data. In particular, during multiple ICC meetings in 2021 through January 2023, the ICC was consulted on data findings, discussing new SPP/APR data requirements, and establishment of future targets.

Meetings continue to be held to present data and seek involvement from stakeholder groups that are comprised of ICC members, including parents, EI Provider Consortium members, and partnering agencies and programs including Utah State Board of Education, Migrant and Homeless, Utah Parent Center, 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.

During extended ICC meetings, Baby Watch staff present historical data and targets for APR indicators, as well as local and national comparisons and improvement activities that have contributed to statewide performance for each indicator. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the indicator's targets. Additionally, targets for indicator 11 are discussed and refined. These data are showcased through the State Systemic Improvement Plan. Much data is reflective of our State-identified Measurable Result (SiMR). Implication, impacts, and reasoning related to FFY 2020-2025 SiMR data was discussed in depth with the ICC.

On January 25, 2023, the 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 to use the State's Part C SPP/APR for FFY 2021 and confirms provision to our Governor (attached to APR).

### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey;	07/06/2022	Number of infants and toddlers birth to 1 with IFSPs	565

Source	Date	Description	Data
Section A: Child Count and Settings by Age			
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 1	44,946

**FFY 2021 SPP/APR Data**

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
565	44,946	1.09%	1.15%	1.26%	Met target	No Slippage

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

According to IDEA 2021 Part C Child Count and Settings data (developed November 2022), the national average percentage of all children under the age of one receiving early intervention services was 1.25%. The percentage of infants birth to 1 receiving early intervention services in Utah in 2021 was 0.01 percent higher (1.26%). This percentage difference is lowest out of the last five years (2021 – 0.01%, 2020 - 0.05%, 2019 - 0.26%, 2018 - 0.20%, 2017 - 0.22%).

Data trends indicate that FFY 2021 was the highest percentage of infants and toddlers birth to one with IFSPs (1.26%), above 2020 (1.09%), 2019 (1.11%), 2018 (1.05%), and 2017 (1.03%). Despite challenges from COVID-19, the Baby Watch Early Intervention Program moved forward with its goal to increase referrals for this age group and worked with other programs to understand potential ways to be increasingly successful at finding children.

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

**5 - Required Actions**

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

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 3 with IFSPs.

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

#### Data Source

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

#### Measurement

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

#### Instructions

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

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

## 6 - Indicator Data

Baseline Year	Baseline Data
2005	1.90%

FFY	2016	2017	2018	2019	2020
Target >=	2.25%	2.30%	2.35%	3.10%	3.20%
Data	2.79%	2.93%	3.06%	3.21%	3.03%

#### Targets

FFY	2021	2022	2023	2024	2025
Target >=	3.20%	3.20%	3.30%	3.30%	3.30%

#### Targets: Description of Stakeholder Input

The Baby Watch Early Intervention Program (Baby Watch) solicits ongoing stakeholder discussion and input from various groups on setting of policies, development and tracking of data measures and establishment of their targets, the development and implementation of the State's SSIP, and methods for ensuring family awareness. Baby Watch is always looking to facilitate valuable partnerships.

Stakeholders provide input on targets and discussion on data results for all indicators during the FFY 2020-2025 State Performance Plan/Annual Performance Report (SPP/APR) review sessions. On an ongoing basis, data findings and targets are discussed with stakeholder workgroups and committees. The Interagency Coordinating Council (ICC) is presented performance and data findings for the SPP/APR fiscal years and provides supportive insight for the calculated data. In particular, during multiple ICC meetings in 2021 through January 2023, the ICC was consulted on data findings, discussing new SPP/APR data requirements, and establishment of future targets.

Meetings continue to be held to present data and seek involvement from stakeholder groups that are comprised of ICC members, including parents, EI Provider Consortium members, and partnering agencies and programs including Utah State Board of Education, Migrant and Homeless, Utah Parent Center, 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.

During extended ICC meetings, Baby Watch staff present historical data and targets for APR indicators, as well as local and national comparisons and improvement activities that have contributed to statewide performance for each indicator. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the indicator's targets. Additionally, targets for indicator 11 are discussed and refined. These data are showcased through the State Systemic Improvement Plan. Much data is reflective of our State-identified Measurable Result (SiMR). Implication, impacts, and reasoning related to FFY 2020-2025 SiMR data was discussed in depth with the ICC.

On January 25, 2023, the 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 to use the State's Part C SPP/APR for FFY 2021 and confirms provision to our Governor (attached to APR).

#### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 3 with IFSPs	4,892



Source	Date	Description	Data
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 3	139,668

**FFY 2021 SPP/APR Data**

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
4,892	139,668	3.03%	3.20%	3.50%	Met target	No Slippage

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

According to IDEA 2021 Part C Child Count and Settings data (develop November 2022), the national average percentage of all children under the age of three receiving early intervention services was 3.66%. The percentage of infants birth to 3 receiving early intervention services in Utah in 2021 was 3.50%. Utah's 2021 percentage is 0.16 percent below the national average. This percentage difference is lowest of the last five years (2021 - 0.16%, 2020 - 0.17%, 2019 - 0.26%, 2018 - 0.42%, 2017 - 0.34%).

Data trends indicate that FFY 2021 was the highest percentage of infants and toddlers birth to three with IFSPs (3.50%), above 2020 (3.03%), 2019 (3.21%), 2018 (3.06%), and 2017 (2.93%). Utah has had success at increasing this over the past several years. The Baby Watch Early Intervention Program regularly collaborates with workgroups, the public, and service programs to develop targets and dedicate SSIP activities. These efforts may have increased referrals and retention of some families in the target population.

**6 - Prior FFY Required Actions**

None

**6 - OSEP Response**

**6 - Required Actions**

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

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

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	96.60%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	100.00%	99.47%	98.16%	98.95%	99.58%

### Targets

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

### FFY 2021 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
5,033	5,914	99.58%	100%	99.54%	Did not meet target	No Slippage

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

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

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Provide reasons for delay, if applicable.

Reasons for provider-caused delay were acquired through provider inquiry and review of child records. Provider-caused delays during FFY 2021 included: Providers and managers admitted to losing track of required timelines due to the challenging circumstances, staffing changes in local EI programs, provider scheduling and coordination challenges, and inconsistent response from families to schedule visits.

A family circumstance causing a documented delay was counted as "exceptional family delay." Reasons for documenting the cases as such were pulled from contact logs and visit notes. Reasons for family-caused delays include missed appointments, family cancelling/rescheduling the service, family not responding to contact attempts, families moving, and others, many of which had an underlying documented reason reflective of concern for their family health or local/State COVID-19 laws.

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

State database

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

Full reporting period of July 1, 2021 to June 30, 2022

**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 newly-referred children who were found eligible and for whom an initial IFSP was required to be conducted between July 1, 2021 through June 30, 2022.

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

Breakdown of provider-caused delay data: 1-8 days late (59% of delays), 9-15 days late (27% of delays), and 16-24 days late (14% of delays).

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
22	22		0

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

**Corrected Findings of Noncompliance Identified in FFY 2020**

Baby Watch identified noncompliant cases in 7 of the 15 Utah early intervention programs during FFY 2020. The Lead Agency verified that the 7 programs that had findings of noncompliance were implementing the regulatory requirements. Baby Watch monitored each program through the Baby and Toddler Online Tracking System (BTOTS), yearly program self-assessment, and on-site verification of data. The process included evaluating each program for an annual determination; notifying each program of any identified findings of non-compliance; and notifying each program of any required actions. Each program submitted a Corrective Action Plan for each finding of non-compliance identified in FFY2020 related to timely services on the IFSP. The Corrective Action Plan included a program analysis of the root cause for the non-compliance and action steps with responsible parties and dates to correct the identified issues that led to non-compliance. Upon completion of the Corrective Action Plan, the Lead Agency reviewed subsequent data that was 100% compliant to close each finding of non-compliance. As a result of the review of subsequent or updated data, it was verified that 100% compliance was achieved. The FFY 2020 program determinations are available on the Baby Watch website at <https://health.utah.gov/cshcn/pdf/BabyWatch/FFY%202020%20ALL%20PROFILES.pdf> and the corrective action plans can be provided upon request. The State has verified that each provider with each noncompliance reported by the State in FFY2020 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has initiated services for each child, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

Routine compliance and monitoring with each of the local EI programs continues to address improvement activities toward fulfilling all regulatory requirements. Local EI programs participated in monitoring provided by Baby Watch Training and Technical Assistance in FFY 2021, which addressed program adherence to their quality assurance plan items including collecting evidence of change. Discussions with local EI programs regarding their performance/compliance using program profile and determination data included follow-up questions regarding improvement from previous year corrective action plan findings and goals. Discussions identified that despite internal/external challenges (including due to COVID-19), programs maintain resolve to prevent future noncompliance as addressed based on FFY 2021 data.

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

**Corrected Findings of Noncompliance Identified in FFY 2020**

Baby Watch contacted each of the local EI programs to review data findings from FFY 2020. Noncompliant cases were reviewed to determine causes. The programs implemented plans to retain compliance, including regularly monitoring data reports and agreed to collaborate with the Baby Watch Data Manager on future analyses and projects. Tracking determinations and showcasing compliance indicator data, targets, determination levels (1-5) to programs led to appropriate program response. Programs documented that they have corrected noncompliant cases, when possible, upon submission of their corrective action plans and discussion with the Lead Agency. The Lead Agency reviewed noncompliant FFY 2020 cases to verify that they had been corrected by the local EI programs. Updated data review of these cases indicated that services occurred following delay/noncompliance. The Lead Agency reviewed subsequent data and verified, based on that data, that previous noncompliance had been corrected. Corrected findings in FFY2020 involved 22 individual cases of non-compliance. The State verified through the State's process of Focused Monitoring that the 22 children received a timely initial evaluation and assessment and initial IFSP meeting, although late, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). As a result of the review of subsequent or updated data, it was verified that 100% compliance was achieved.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

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

## **7 - Prior FFY Required Actions**

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

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

### **Response to actions required in FFY 2020 SPP/APR**

## **7 - OSEP Response**

### **7 - Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- A. Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C})] \times 100$ .
- B. Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$ .
- C. Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$ .

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

#### Instructions

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

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

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

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

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

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

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

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

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

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	97.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	100.00%	99.66%	99.75%	99.76%	98.97%

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
4,055	4,079	98.97%	100%	99.41%	Did not meet target	No Slippage

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

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

0

**Provide reasons for delay, if applicable.**

Reasons for the 24 provider-caused delays were acquired through provider inquiry and review of child records. Reasons for the delays during FFY 2021 included: an increase in referrals and children served, children being discharged earlier than expected from local EI programs, local EI program lack of understanding and following of transition steps and services, local EI program documentation of transition planning, local EI program scheduling and coordination challenges. COVID-19 was identified as a factor impacting family health and willingness to meet and discuss transition steps and services.

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

State database

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

Full reporting period of July 1, 2021 to June 30, 2022.

**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, 2021 to June 30, 2022.

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

Improvement Activities Completed in FFY 2021: During FFY 2021, BTOTS transition function was vetted to improve child exiting/outcome data pulled from BTOTS reports. Baby Watch modified the BTOTS transition tracking processes in order to more thoroughly identify timelines and document accurate and timely data. Baby Watch thoroughly discussed and prioritized data quality and discussed optional enhancements with contractors and stakeholders for capability to put into production.

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
38	38		0

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

**Corrected Findings of Noncompliance Identified in FFY 2020**

The Baby Watch Early Intervention Program (Baby Watch) reviewed compliance indicator data and developed profiles/reports outlining targets, percentages, necessity of corrections, and determined level of compliance for each of the early intervention programs to review and verify that noncompliant cases be reviewed to determine causes. Noncompliant cases were identified in 6 of the 15 Utah early intervention programs during this period. The programs implemented plans to retain compliance, including regularly monitoring data reports and agreed to collaborate with the Baby Watch Data Manager on future analyses and projects. The program plans and following actions affirmed that they had corrected each case of noncompliance. Each of the cases were listed with identified reasons for the noncompliance, steps to correct the error(s), and agreement to correctly implement the specific regularity requirements identified through reports and documentations. Baby Watch discussed, with local EI program administrators, individual cases identified in FFY 2020 to verify that the program is correctly implementing regulatory requirements by satisfactorily fulfilling the agreed upon plan for improvement. The FFY 2020 program determinations are available on the Baby Watch website at <https://health.utah.gov/cshcn/pdf/BabyWatch/FFY%202020%20ALL%20PROFILES.pdf> and the corrective action plans can be provided upon request.

FFY 2021 cases were also reviewed to identify any continued noncompliance. FFY 2021 cases deemed to be provider-caused will be addressed during determinations and program compliance will be reviewed with plans for improvement. Analysis of indicator data suggested that service providers who were noncompliant in FFY 2020 were less likely to continue to be noncompliant in FFY 2020. Programs documented that they have corrected noncompliant cases, when possible, upon submission of their corrective action plans and discussion with the Lead Agency. The Lead Agency reviewed noncompliant FFY 2020 cases to verify that they had been corrected by the local EI programs. Updated data review of these cases indicated that services occurred following delay/noncompliance. Regular compliance and monitoring with each of the local EI programs continues to address improvement activities toward fulfilling all regulatory requirements. Local EI programs participated in monitoring provided by Baby Watch Training and Technical Assistance in FFY 2021, which addressed program adherence to their quality assurance plan items including collecting evidence of change. Discussions with local EI programs regarding their performance/compliance using program profile and determination data included follow-up questions regarding improvement from previous year corrective action plan findings and goals. Discussions identified that despite internal/external challenges

(including due to COVID-19), programs maintain resolve to prevent future noncompliance as addressed based on FFY 2021 data.

The 38 UT findings of noncompliance are corrected. Reasons for not meeting the timeline that were discovered during focused monitoring and that the EI programs reported in their corrective action plans include: Service coordinator did not contact family timely manner, data entry errors, provider needing to cancel/reschedule, inadequate staff training, inadequate documentation of transition. The State has verified that each provider with each noncompliance reported by the State in FFY19 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has initiated services for each child, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). Baby Watch monitored each program through the Baby and Toddler Online Tracking System (BTOTS), yearly program self-assessment, and on-site verification of data. The process included evaluating each program for an annual determination; notifying each program of any identified findings of non-compliance; and notifying each program of any required actions. Each program submitted a Corrective Action Plan for each finding of non-compliance identified in FFY2020 related to timely services on the IFSP.

The Corrective Action Plan included a program analysis of the root cause for the non-compliance and action steps with responsible parties and dates to correct the identified issues that led to non-compliance. Upon completion of the Corrective Action Plan, the Lead Agency reviewed subsequent data that was 100% compliant to close each finding of non-compliance. As a result of the review of subsequent or updated data, it was verified that 100% compliance was achieved.

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

Corrected Findings of Noncompliance Identified in FFY 2020

Baby Watch contacted each of the local early intervention programs to review data findings from FFY 2020. Noncompliant cases were reviewed to determine causes. The programs implemented plans to retain compliance, including regularly monitoring data reports and agreed to collaborate with the Baby Watch Data Manager on future analyses and projects. Tracking determinations and showcasing compliance indicator data, targets, determination levels (1-5) to programs led to appropriate program response. Programs documented that they have corrected noncompliant cases, when possible, upon submission of their corrective action plans and discussion with the Lead Agency. The Lead Agency reviewed noncompliant FFY 2020 cases to verify that they had been corrected by the local EI programs. Updated data review of these cases indicated that transition steps and services occurred following delay/noncompliance. The Lead Agency reviewed subsequent data and verified, based on that data, that previous noncompliance had been corrected. Corrected findings in FFY2020 involved 38 individual cases of non-compliance. The State verified through the State's process of Focused Monitoring that the 38 children received transition steps and services, although late, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). As a result of the review of subsequent or updated data, it was verified that 100% compliance was achieved.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

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

**8A - Prior FFY Required Actions**

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

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

**Response to actions required in FFY 2020 SPP/APR**

**8A - OSEP Response**

**8A - Required Actions**

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- A. Percent =  $\left[ \frac{\text{\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}}{\text{\# of toddlers with disabilities exiting Part C}} \right] \times 100$ .
- B. Percent =  $\left[ \frac{\text{\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right] \times 100$ .
- C. Percent =  $\left[ \frac{\text{\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right] \times 100$ .

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

#### Instructions

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

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

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

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

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

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

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

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

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

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	93.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%



**Targets**

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

**FFY 2021 SPP/APR Data**

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
3,920	4,079	100.00%	100%	100.00%	Met target	No Slippage

**Number of parents who opted out**

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

159

Provide reasons for delay, if applicable.

**Describe the method used to collect these data.**

The data for the FFY 2021 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, 2021 through June 30, 2022.

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

YES

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

YES

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

State database

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

Full reporting period of July 1, 2021 to June 30, 2022

**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, 2021 to June 30, 2022.

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

**Correction of Findings of Noncompliance Identified in FFY 2020**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

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

**8B - Prior FFY Required Actions**

None

**8B - OSEP Response**

## 8B - Required Actions

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- A. Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C})] \times 100$ .
- B. Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$ .
- C. Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$ .

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

#### Instructions

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

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

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

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

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

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

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

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

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

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	86.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	100.00%	99.52%	99.00%	99.07%	99.08%

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
2,407	3,296	99.08%	100%	99.20%	Did not meet target	No Slippage

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

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

405

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

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

461

**Provide reasons for delay, if applicable.**

Reasons for provider-caused delay were acquired through provider inquiry and review of child records. Provider-caused delay on this indicator during FFY 2021 included: incorrect or missing documentation in the BTOTS data system, local EI program inability to coordinate timely transition conference, local EI program inability to coordinate with multiple school districts during holiday/summer timelines, staff shortage and challenges hiring staff in local EI programs, and local EI program visit scheduling.

A family circumstance causing a documented delay was counted as "exceptional family delay." Reasons for documenting the cases as such were pulled from contact logs and visit notes. These findings indicate that reasons for family-caused delays include missed appointments, family cancelling/rescheduling the service, family not responding to contact attempts, families moving, coordination challenges due to family illness or deciding not to proceed with the transition conference, and others, many of which had an underlying documented reason reflective of concern for their family health or local/State COVID-19 laws.

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

State database

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

Full reporting period of July 1, 2021 - June 30, 2022

**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, 2021 to June 30, 2022.

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

Range of delays for this indicator were as follows: 1-8 days (39% of delays), 9-15 days (22% of delays), 16-24 days (13% of delays), and more than 25 days (26% of delays).

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
24	24		0

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

Corrected Findings of Noncompliance Identified in FFY 2020

The Baby Watch Early Intervention Program (Baby Watch) reviewed compliance indicator data and developed profiles/reports outlining targets, percentages, necessity of corrections, and determined level of compliance for each of the early intervention programs to review and verify that noncompliant cases be reviewed to determine causes. Noncompliant cases were identified in 7 of the 15 Utah early intervention programs during this period. The programs implemented plans to retain compliance, including regularly monitoring data reports and agreed to collaborate with the Baby Watch Data Manager on future analyses and projects. The program plans and following actions affirmed that they had corrected each case of noncompliance. The FFY 2020 program determinations are available on the Baby Watch website at

<https://health.utah.gov/cshcn/pdf/BabyWatch/FFY%202020%20ALL%20PROFILES.pdf> and the corrective action plans can be provided upon request.

Each of the cases were listed with identified reasons for the noncompliance, steps to correct the error(s), and agreement to correctly implement the specific regulatory requirements identified through reports and documentations. Baby Watch discussed, with local EI program administrators, individual cases identified in FFY 2020 to verify that the program is correctly implementing regulatory requirements by satisfactorily fulfilling the agreed upon plan for improvement. FFY 2021 cases were also reviewed to identify any continued noncompliance.

FFY 2021 cases deemed to be provider-caused will be addressed during determinations and program compliance will be reviewed with plans for improvement. Analysis of indicator data suggested that service providers who were noncompliant in FFY 2020 were less likely to continue to be noncompliant in FFY 2021. Programs documented that they have corrected noncompliant cases, when possible, upon submission of their corrective action plans and discussion with the Lead Agency. The Lead Agency reviewed noncompliant FFY 2020 cases to verify that they had been corrected by the local EI programs. Updated data review of these cases indicated that services occurred following delay/noncompliance. Regular compliance and monitoring with each of the local EI programs continues to address improvement activities toward fulfilling all regulatory requirements. Local EI programs participated in monitoring provided by Baby Watch Training and Technical Assistance in FFY 2021, which addressed program adherence to their quality assurance plan items including collecting evidence of change. Discussions with local EI programs regarding their performance/compliance using program profile and determination data included follow-up questions regarding improvement from previous year corrective action plan findings and goals. Discussions identified that despite internal/external challenges (including due to COVID-19), programs maintain resolve to prevent future noncompliance as addressed based on FFY 2021 data.

The 24 UT findings of noncompliance are corrected. Reasons for not meeting the timeline that were discovered during focused monitoring and that the EI programs reported in their corrective action plans include: Local EI program cancellation or transition conference, inaccurate data entered into BTOTS, local EI program inability to coordinate with family or school, local EI program inability to coordinate due to holiday breaks.

The State has verified that each provider with each noncompliance reported by the State in FFY 2020 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has initiated services for each child, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). Baby Watch monitored each program through the Baby and Toddler Online Tracking System (BTOTS), yearly program self-assessment, and on-site verification of data. The process included evaluating each program for an annual determination; notifying each program of any identified findings of non-compliance; and notifying each program of any required actions.

Each program submitted a Corrective Action Plan for each finding of non-compliance identified in FFY 2020 related to timely services on the IFSP. The Corrective Action Plan included a program analysis of the root cause for the non-compliance and action steps with responsible parties and dates to correct the identified issues that led to non-compliance. Upon completion of the Corrective Action Plan, the Lead Agency reviewed subsequent data that was 100% compliant to close each finding of non-compliance. As a result of the review of subsequent or updated data, it was verified that 100% compliance was achieved.

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

**Corrected Findings of Noncompliance Identified in FFY 2020**

Baby Watch contacted each of the early intervention programs to review data findings from FFY 2020. Noncompliant cases were reviewed to determine causes. The local EI programs implemented plans to retain compliance, including regularly monitoring data reports and agreed to collaborate with the Baby Watch Data Manager on future analyses and projects. Tracking determinations and showcasing compliance indicator data, targets, determination levels (1-5) to programs led to appropriate program response. Programs documented that they have corrected noncompliant cases, when possible, upon submission of their corrective action plans and discussion with the Lead Agency. The Lead Agency reviewed noncompliant FFY 2020 cases to verify that they had been corrected by the local EI programs. Updated data review of these cases indicated that transition conferences occurred following delay/noncompliance. The Lead Agency reviewed subsequent data and verified, based on that data, that previous noncompliance had been corrected. Corrected findings in FFY2020 involved 24 individual cases of non-compliance. The State verified through the State's process of Focused Monitoring that the 24 children received a timely transition conference, although late, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). As a result of the review of subsequent or updated data, it was verified that 100% compliance was achieved.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

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

**8C - Prior FFY Required Actions**

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

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

**Response to actions required in FFY 2020 SPP/APR**

## 8C - OSEP Response

### 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

## Indicator 9: Resolution Sessions

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

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

### 9 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

YES

**Provide an explanation of why it is not applicable below.**

The State has not adopted Part B due process procedures.

### 9 - Prior FFY Required Actions

None

### 9 - OSEP Response

### 9 - Required Actions

OSEP notes that this indicator is not applicable.

## Indicator 10: Mediation

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

### 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

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

NO

**Prepopulated Data**

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

**Targets: Description of Stakeholder Input**

The Baby Watch Early Intervention Program (Baby Watch) solicits ongoing stakeholder discussion and input from various groups on setting of policies, development and tracking of data measures and establishment of their targets, the development and implementation of the State's SSIP, and methods for ensuring family awareness. Baby Watch is always looking to facilitate valuable partnerships.

Stakeholders provide input on targets and discussion on data results for all indicators during the FFY 2020-2025 State Performance Plan/Annual Performance Report (SPP/APR) review sessions. On an ongoing basis, data findings and targets are discussed with stakeholder workgroups and committees. The Interagency Coordinating Council (ICC) is presented performance and data findings for the SPP/APR fiscal years and provides supportive insight for the calculated data. In particular, during multiple ICC meetings in 2021 through January 2023, the ICC was consulted on data findings, discussing new SPP/APR data requirements, and establishment of future targets.

Meetings continue to be held to present data and seek involvement from stakeholder groups that are comprised of ICC members, including parents, EI Provider Consortium members, and partnering agencies and programs including Utah State Board of Education, Migrant and Homeless, Utah Parent Center, 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.

During extended ICC meetings, Baby Watch staff present historical data and targets for APR indicators, as well as local and national comparisons and improvement activities that have contributed to statewide performance for each indicator. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the indicator's targets. Additionally, targets for indicator 11 are discussed and refined. These data are showcased through the State Systemic Improvement Plan. Much data is reflective of our State-identified Measurable Result (SiMR). Implication, impacts, and reasoning related to FFY 2020-2025 SiMR data was discussed in depth with the ICC.

On January 25, 2023, the 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 to use the State's Part C SPP/APR for FFY 2021 and confirms provision to our Governor (attached to APR).

**Historical Data**

Baseline Year	Baseline Data
2005	0.00%

FFY	2016	2017	2018	2019	2020
Target>=	0.00%	0.00%	0.00%	.00%	.00%
Data	0.00%				

**Targets**

FFY	2021	2022	2023	2024	2025
Target>=	0.00%	0.00%	0.00%	0.00%	0.00%

**FFY 2021 SPP/APR Data**

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
0	0	0		0.00%		N/A	N/A

Provide additional information about this indicator (optional)



**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

The State reported fewer than ten mediations held in FFY 2021. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

**10 - Required Actions**

# Indicator 11: State Systemic Improvement Plan

## Instructions and Measurement

**Monitoring Priority:** General Supervision

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

### Measurement

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

### Instructions

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

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

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

### Overview of the Three Phases of the SSIP

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

#### Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

### Specific Content of Each Phase of the SSIP

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

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

#### Phase III: Implementation and Evaluation

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

##### A. Data Analysis

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

##### B. Phase III Implementation, Analysis and Evaluation

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

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

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

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

**C. Stakeholder Engagement**

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

**Additional Implementation Activities**

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

**11 - Indicator Data**

**Section A: Data Analysis**

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

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."

By FFY2022, Utah Part C will increase child social relationships (Child Outcome A) by substantially increasing the rate of growth (SS1) for children of culturally diverse backgrounds as measured by the Child Outcomes Summary (COS) and Battelle Developmental Inventory Second Edition, Normative Update (BDI 2-NU). Outcomes for children referred since 11/12/2018 are measured using the BDI-2 NU alone.

We have revised indicator 11 targets to reflect improvement over the State's FFY 2013 baseline data. We reestablished the baseline for indicator 11 in FFY 2022. This is a result of fully transitioning from using the COS tool to using the BDI-2 NU to evaluate child progress.

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

NO

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

YES

**Provide a description of the subset of the population from the indicator.**

Children of culturally diverse backgrounds who have received Part C Early Intervention services.

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

NO

**Please provide a link to the current theory of action.**

<https://health.utah.gov/cshcn/pdf/BabyWatch/2020%20Utah%20SSIP%20ToA%20ONLY.pdf>

**Progress toward the SiMR**

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

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

NO

**Historical Data**

Baseline Year	Baseline Data
2013	65.00%

**Targets**

FFY	2021	2022	2023	2024	2025
Target>=	40.25%	62.00%	63.00%	64.00%	65.25%

**FFY 2021 SPP/APR Data**

Count of Child Outcomes in C and D	Count of Child Outcomes in A,B,C, and D	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
67	209	46.28%	40.25%	32.06%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

Reasons for slippage in indicator 11 SiMR A1 (Of those culturally diverse children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program), included several

aspects. Between FFY 2020 and 2021, the indicator A1 SiMR outcome score category percentage changes led to an overall percentage decrease. The Baby Watch Early Intervention Program (Baby Watch) analyzed the FFY 2020 and 2021 entry and exit data calculations for score computation errors and evaluated category changes. The proportion of children in Category A increased (3.07% to 4.32%), Category B decreased (21.23% to 20.21%), Category C decreased (6.84% to 3.28%), and Category D decreased (13.68% to 8.29%) between these years. COVID-19 impacted local EI programs to switch from in-home to virtual services. Many families suspended or discontinued services or were lost to follow-up during FFY 2021. As a result, more children left services during this timeframe without an exit score. In summary, while the total number of children with entry and exit scores increased during FFY 2021, the children who fell into the applicable categories for outcome A1 (categories C and D) decreased. Utah Part C intends to reset this baseline during FFY 2022, with data collection and analyzation solely through the BDI-2 NU.

**Provide the data source for the FFY 2021 data.**

The Baby & Toddler Online Tracking System (BTOTS) database

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

Data are collected through BTOTS which provides secure access to child records for local Early Intervention providers as well as state monitoring and compliance access. The Baby Watch Early Intervention Program (Baby Watch) employs a business analyst to prepare code in order to pull data from databases and develop reports. Baby Watch also employs Utah's Part C Data Manager to utilize analytical software to drive analysis to support decision-making among staff and stakeholders, including to lead to discussion about appropriate action plans.

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

YES

**Describe any additional data collected by the State to assess progress toward the SiMR.**

General information about data collected that supports the SiMR are below. For detailed data measures and findings, please review Baby Watch's Evaluation Plan (<https://health.utah.gov/cshcn/pdf/BabyWatch/FFY%2021%Evaluation%Plan.pdf>).

**Parent Surveys**

Baby Watch Compliance & Monitoring embedded various methods for collecting SiMR-related data into its FFY 2021 activities. The C&M team observed progress toward achieving Utah's SiMR in culturally diverse parent survey responses and progress towards quality improvement of evidence-based practice that support social-emotional development of all families, with emphasis on cultural humility. Within the reporting period, local EI providers have also: applied relationship-based practices across the IFSP development process with families; delivered culturally sensitive services; identified family concerns/priorities; connected families to resources and supports; promoted parent/child attachment; and built parent capacity to support child learning in daily routines.

**Training Surveys**

Post-survey results of the Social-Emotional Development & Outcome online training suggested positive impact to the SiMR by increasing knowledge and changing provider practices to improve social-emotional relationships among all children and those from culturally diverse background.

**IFSP Outcome Statements**

Providers and families developed IFSP outcomes with a Social-Emotional component and children from culturally diverse backgrounds are receiving IFSP services to improve social-emotional outcomes.

**Anecdotal Data from Discussions**

Baby Watch T/TA created virtual discussions for online courses to extend learning and move towards real life implementation of content. Courses contain information on evidence-based practice including relationship-based practices, family-centered practices, social-emotional development and cultural understanding which will support understanding and practices. Participants offered real life experiences, and offered peer support and brainstorming of solutions to overcome barriers to implementing course content into everyday practice.

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

NO

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

YES

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

COVID-19 impacted local EI programs to switch from in-home to virtual services. Many families suspended or discontinued services or were lost to follow-up during FFY 2021. As a result, more children left services during this timeframe without an exit score.

**Section B: Implementation, Analysis and Evaluation**

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

<https://health.utah.gov/cshcn/pdf/BabyWatch/UTAH%20FFY%202021%20EVALUATION%20PLAN.pdf>

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

NO

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

**Governance**

Following the completion of the Cost Study for Utah's Part C Early Intervention in July 2021, Baby Watch made the decision to pursue a Feasibility Study to determine if there would be a practical funding benefit to bill private insurance companies for services rendered from the local early intervention programs across the State of Utah. In addition, Baby Watch is currently exploring each recommendation provided by the Cost Study. There will be no

implementation of any recommendations until the Feasibility Study is complete in spring 2023. Baby Watch will report outcomes of both studies to the Utah legislature, as well as decisions for implementation of recommendations.

On July 1, 2022, the Utah Department of Health and Department of Human Services merged to become the Utah Department of Health and Human Services (DHHS). With this merger, there was also the creation of a new Office of Early Childhood within the new DHHS. Baby Watch is now one of four programs under the Office of Early Childhood, and during the upcoming year, there will be specific focus on how this office can continue to enhance Utah's Part C system.

Utah Part C is in Cohort 2 for the Office of Special Education Programs' (OSEP) Differentiated Monitoring and Support (DMS) 2.0. Baby Watch is working closely with the Department, stakeholders, and OSEP TA Centers to ensure that Utah's Lead Agency is prepared and able to demonstrate compliance with the general supervision and monitoring requirements.

#### Finance

The Baby Watch fiscal team provides fiscal monitoring for local EI programs on a regular and as-needed basis, as outlined in the Baby Watch sub-recipient agreements. In addition, the Department conducts annual Financial Risk Assessments with all of the contracted local EI programs to determine level of risk.

#### Personnel/CSPD

Baby Watch CSPD conducted a comprehensive online survey to gather feedback from service providers and local EI programs about their perceptions of the Early Intervention Specialist credentialing process and curriculum. Baby Watch received over 150 individual survey responses and will collaborate with the SSIP workgroup to implement survey feedback in FFY 2022. Additionally, Baby Watch reported 2021 credential timeliness data in the April 2022 SSIP Professional Development Workgroup. Baby Watch created and distributed a 2022 CSPD Requirements handout including credential policy requirements, training time estimates, and troubleshooting suggestions. Local EI programs were encouraged to communicate proactively with Baby Watch when extenuating circumstances prevent providers from completing credential training on time.

Baby Watch CSPD continues to enforce the 2018 CSPD Policy requirement that all direct service providers have completed bachelor's degrees from an accredited institution of higher education. However, in FFY 2021 Baby Watch discovered the need to adjust this requirement for bilingual direct service providers who completed bachelor's degrees at non-accredited institutions outside of the US. Because of the tremendous value of bilingual service providers (English and Spanish) in serving diverse families, Baby Watch made three exceptions to the bachelor's degree requirement on a case-by-case basis, after reviewing each candidate's qualifications.

#### Data System

Baby Watch continued to maintain data infrastructure using the Baby & Toddler Online Tracking System (BTOTS). Baby Watch vetted and discussed all aspects related to maintaining an efficient database system, holding regular meetings with contractors and stakeholders to ensure accurate data and functionality. As an example, we vetted and improved and child exiting/outcome data pulled from BTOTS reports. Baby Watch modified the BTOTS transition tracking processes in order to more thoroughly identify timelines and document accurate and timely data. Baby Watch thoroughly discussed and prioritized data errors inhibiting BTOTS and discussed optional enhancements with contractors and stakeholders for capability to put into production.

#### Accountability & Quality Improvement

Baby Watch thoroughly and regularly discussed FFY 2021-2025 targets and performance measures internally and among other stakeholders, including the ICC and several workgroups. Baby Watch developed and posted local EI program data profiles and discussed ongoing and anticipated trends for each of the measures during meetings. Local EI programs receive ongoing T/TA to make progress toward improvement objectives. Baby Watch addressed noncompliance and instructed local programs to develop corrective action plans (CAP) in line with federal requirements. Local EI programs receive ongoing T/TA to make progress toward improvement objectives. Baby Watch modified provider performance fidelity threshold scores based upon analysis of aggregate data collected during FFY 2019 monitoring cycle.

Baby Watch met with stakeholders about recommended changes to the Baby Watch monitoring process, tools, reports, and improvement plans. Stakeholders informed and assisted Baby Watch in updating the child records monitoring tool in preparation for FFY 2023 on- and off-site EI program monitoring.

**Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.**

#### Governance

Outcome Achieved: Completion of Cost Study in July 2021.

Achievement Measures: Data from the Cost Study will help the LA understand the costs of the local EI programs and also help decision-makers determine where to spend money more efficiently and effectively. Following the completion of the Cost Study in July 2021, Baby Watch made the decision to pursue a Feasibility Study to determine if there would be a practical funding benefit to bill private insurance companies for services rendered from the local EI programs across the State of Utah.

Supports Systems Change: Continued analysis of Utah's Part C funding formula, recommendations of the 2021 Cost Study, and outcomes of the Feasibility Study will help ensure that sufficient funds and resources are in place to support and sustain the EI system. Having adequate resources in place facilitates implementation of evidence-based EI practices, which will lead to improved outcomes for children, including those children represented in Utah's SiMR.

#### Finance

Outcomes Achieved: Ensure local EI programs comply with 2 CFR 200 and 34 CFR 300, as well as their contract provisions and Baby Watch policies.

Measures/Rationale: Fiscal monitoring of the use of Baby Watch funds by local EI programs including financial and programmatic audits.

Supports System Change: Regular monitoring of finances and resources ensures that spending is in compliance with contract performance and all federal, state, and local fiscal requirements. EI programs can then maintain access to the various funding sources ensuring that sufficient funds and resources are in place to support Utah's EI system, including implementation of evidence-based EI practices which will lead to improved outcomes for children, including children represented in Utah's SiMR.

#### Personnel/CSPD

Outcomes Achieved: Gather service provider feedback on EI Specialist credentialing process and curriculum. Service providers complete initial and renewal credential training tasks and submit applications to Baby Watch on time (within 30 days of the deadline in BTOTS).

Achievement Measures: BTOTS personnel records indicate appropriate credentialing for all service providers. For the calendar year 2021, 95% of initial credentials and 92% of credential renewals were completed on time.

Supports System Change: Collecting stakeholder feedback in order to improve credentialing is critical to meeting the needs of EI service providers and creates buy-in when things change. Providing data on service providers who submit credential applications before the deadline informs decision-makers and providers about current practice. Gathering stakeholder feedback and sharing data help build understanding on what's happening, what's working, and what isn't so decision-makers can make informed changes to produce desired results. Maintaining feedback loops strengthens system change efforts and ensures practice is informing policy.

#### Data System

Outcomes Achieved: Stakeholders, State staff and contractors provide input on maintenance and enhancements of the data system. Local EI programs access Baby Watch's data guidance. Baby Watch continues collecting and reporting data on children from various demographics including culturally diverse children; identifying Compliance & Monitoring data trends; tracking CSPD credentialing, parent engagement/perception, and stakeholder engagement. Data is used to inform program and operations improvement.

Achievement Measures: BTOTS database maintenance; regular communication with BTOTS development team; inform local EI programs and stakeholders of data trends; data analysis and use by EI programs, stakeholders, and Baby Watch staff.

Supports Systems Change: Engaging State staff and stakeholders in using data to see trends or patterns that emerge over time is essential to understanding progress before making changes. Taking time to pause and assess builds understanding about the current SSIP so appropriate action can be taken. Baby Watch understands that effective use of data is foundational to achieving better outcomes for children and families.

#### Accountability & Quality Improvement

Outcomes Achieved: Stakeholders are knowledgeable about FFY 2021-2025 targets and performance measures; Local EI programs have needed TA and resources and to meet federal compliance-related requirements and State quality performance indicators; data errors are identified and corrected in partnership with local EI programs and Corrective Action Plans (CAPs) are developed/executed as needed; modified scores for fidelity threshold of provider performance; updated monitoring process, tools, reports, and improvement plan in partnership with stakeholders.

Measures/Rationale: Meeting attendance records showing who attended target setting and performance measures discussions; Local EI programs internalize the importance of timely, accurate, and valid BTOTS data entry; fidelity thresholds better align with provider performance; revisions to the monitoring process support EI program compliance and quality performance.

Supports System Change: Ongoing processes for reviewing and evaluating the EI system to identify areas for statewide improvement contributes to continuous improvement and supports system change, as do tools such as the CAP and QAP, and training and TA. The focus is on having an accountability and quality improvement system designed to facilitate the achievement of positive outcomes for children and their families, including children from culturally diverse backgrounds.

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

YES

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

Personnel/CSPD: Launched a new online training course entitled, "BDI-2 NU Quality Improvement." This optional training is available to all service providers, and provides an overview of how to administer and score the BDI-2 NU with fidelity.

Short-term Outcome: Educate providers on how to administer the BDI-2 NU in alignment with the BDI-2 NU Examiner's Manual.

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

##### Governance

Next Steps: Continue to explore recommendations of the 2021 Cost Study with DHHS leadership and ensure that recommendations of both the Cost Study and Feasibility Study are appropriately implemented within Utah's Part C system.

Anticipated Outcomes: Develop sustainable fiscal approaches for early intervention in Utah.

##### Finance

Next Steps: Continue to ensure sub-recipients are maintaining compliance with all Baby Watch funding.

Anticipated Outcomes: Successfully fund EI services, and establish fiscal approaches for DHHS, Baby Watch, and local EI programs.

##### Personnel/CSPD

Next Steps: Promote the use of online Self-Assessment and Individual Credential Plans, to increase accountability and transparency regarding these credential training tasks and to encourage local EI programs to complete these tasks paperlessly. Use the Canvas platform to monitor employee training participation; report trends and progress to SSIP Professional Development Workgroup. Provide refresher training to local EI programs about Baby Watch's MOUs with University of Utah and Utah State University, which allows university students to complete Early Intervention Specialist credentials before they graduate.

Anticipated Outcomes: Over time, fewer service providers will complete the Self-Assessment and Individual Credential Plans on paper.

Coaches/supervisors will provide guidance and mentoring about the online Self-Assessment and Individual Credential Plans. Local EI programs will encourage new hires to complete training online in the Canvas learning platform, where coach/supervisors and Baby Watch can remotely monitor employee responses. The number of student credentials issued increases over time. Students who earn credentials at the University of Utah and Utah State University are successfully recruited by local EI programs, and make valuable long-term contributions to Utah's early intervention workforce.

##### Data System

Next Steps: Baby Watch will assess data performance by local EI program and catchment area populations for each measure. Baby Watch will discuss local EI program needs and course of action to improve noncompliance following development of FFY 2021 CAPs.

Anticipated Outcomes: Baby Watch will continue to review established targets and engage local EI programs in the ongoing review of data policies and procedures, resulting in fewer instances of noncompliance.

## Accountability & Quality Improvement

Next Steps: Complete revisions to monitoring processes, tools, and guides, used to assess through observation and child records reviews, the compliance-related requirements, provider practices, and quality documentation. Notify local EI programs about data entry expectations, instances of noncompliance, and progress toward achieving data targets.

Anticipated Outcomes: Revisions to Baby Watch guidance documents support achievement in meeting compliance- and quality-related documentation requirements and practitioner performance during FFY 2022 triennial monitoring. Local EI programs continue to make progress toward achieving improvement objectives. Local EI programs internalize the importance of timely, accurate, and valid BTOTS data entry.

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

Baby Watch uses the Seven Key Principles of Early Intervention and the 2020 DEC Initial Practice-Based Professional Preparation Standards for Early Interventionist/Early Childhood Special Educators to guide early intervention practices. With these as foundational beliefs and standards, Baby Watch implements several evidence-based practices (EBP) or recommended practices (RP). As part of the continuous improvement process, local EI programs completed child record reviews to identify progress in meeting performance measures selected from the list of evidence-based or recommended practices below. These practices are embedded into the Baby Watch IFSP Quality Assessment Rubric:

- Developing High-Quality, Functional IFSP Outcomes (ECTA Center)
- Strengthening Families and the Protective Factors Framework
- DEC Recommended Practices

### Provide a summary of each evidence-based practice.

ECTA Center Developing High-Quality, Functional IFSP Outcomes:

- Necessary and functional for child's and family's life;
- Reflect real-life contextualized settings;
- Cross developmental domains and are discipline-free (transdisciplinary);
- Jargon-free;
- Emphasize the positive;
- Based upon information gathered from the family (e.g., priorities and concerns); and,
- Use active words.

Strengthening Families and the Protective Factors Framework:

- Supporting families in their everyday settings;
- Connecting families to services, as applicable, to promote parent resilience;
- Identifying family resources and social connections that provide emotional and informational support;
- Building the capacity of parents to understand and promote their child's development; and,
- Promoting family and child interactions to strengthen social and emotional development.

DEC Recommended Practices:

- A2. Practitioners work as a team with the family and other professionals to gather assessment information;
- A4. Practitioners conduct assessments that include all areas of development and behavior to learn about the child's strengths, needs, preferences, and interests;
- A8. Practitioners use clinical reasoning in addition to assessment results to identify the child's current levels of functioning and to determine the child's eligibility and plan for instruction;
- A9. Practitioners implement systematic ongoing assessment results to identify learning targets, plan activities, and monitor the child's progress to revise instruction as needed;
- F3. Practitioners are responsive to the family's concerns, priorities, and changing life circumstances;
- F4. Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs;
- F7. Practitioners work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals;
- INS2. Practitioners, with the family, identify skills to target for instruction that help a child become adaptive, competent, socially connected, and engaged and that promote learning in natural and inclusive environments;
- INS3. Practitioners gather and use data to inform decisions about individualized instruction;
- TC1. Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family;
- TR1. Practitioners in sending and receiving programs exchange information before, during, and after transition about practices most likely to support the child's successful adjustment and positive outcomes; and,
- TR2. Practitioners use a variety of planned and timely strategies with the child and family before, during, and after the transition to support successful adjustment and positive outcomes for both the child and family.

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

ECTA Center Developing High-Quality Functional IFSP Outcomes: This practice is intended to help improve our SiMR by guiding necessary changes to local EI program policies, procedures and EI practices so that providers better collaborate with families in developing functional IFSP outcomes that promote regulation of infant/toddler emotions and social interactions.

Strengthening Families and the Protective Factors Framework: This practice is intended to help improve our SiMR by changing local EI program policies, procedures, and EI practices so that families and EI providers work together to better identify and mobilize a family's formal and informal resources. The presence of strong social connections and concrete resources of support in times of need serve as buffers so that parents can be emotionally available and responsive to their infant/toddler; foster a healthy attachment with their infant/toddler; and, overall, parent with increased capacity, even under stress.

DEC Recommended Practices: These practices are intended to help improve our SiMR by changing EI provider behavior and local program policies and procedures that guide the development of meaningful IFSP outcomes and the provision of services that support parent-child interaction, infant/toddler self-regulation, and promote social connections.

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

Members of the Baby Watch team conducted random child records reviews at the request of local EI program administrators to assess local EI program progress in meeting improvement objectives, strategies, and activities. The results of random child records reviews indicate that local EI program improvement strategies and activities as identified in their QAPs are effective and programs are progressing in implementing recommended/evidence-based practices as evidenced in BTOTS documentation.

Providers who completed the High-Quality IFSPs and Family-Directed Assessment training completed a post-training self-assessment of their awareness and application of evidence-based practices. Providers reported they are aware of evidence-based practices and know how to implement them. Please refer to the Baby Watch Evaluation Plan

<https://health.utah.gov/cshcn/pdf/BabyWatch/UTAH%20FFY%202021%20EVALUATION%20PLAN.pdf>

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

Baby Watch completed its triennial universal monitoring of all local EI programs in FFY19. Upon completion, local EI programs developed a Quality Assurance Plan (QAP) targeting areas requiring improvement. Local EI programs made progress in updating policies, procedures, supervision and provider practice change to ensure improvement in identified areas of concern. Baby Watch provided T/TA as requested by local EI program administrators to clarify expectations, support internal monitoring procedures, and other improvement efforts. Please refer to the Baby Watch Evaluation Plan <https://health.utah.gov/cshcn/pdf/BabyWatch/UTAH%20FFY%202021%20EVALUATION%20PLAN.pdf> for more information about the data collection periodicity using Baby Watch Compliance & Monitoring tools to monitor fidelity of implementation and to assess EI provider practice change.

Online Canvas course participants report that the training is easy to access and relevant to their jobs. Please refer to the Baby Watch Evaluation Plan <https://health.utah.gov/cshcn/pdf/BabyWatch/UTAH%20FFY%202021%20EVALUATION%20PLAN.pdf> for more information.

### **Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.**

#### Next Steps:

- Gather feedback from the SSIP Workgroups about the new/changing training needs of local EI programs. What are the strengths/weaknesses of the current Early Intervention Specialist curriculum? What new training topics need to be addressed? Which groups of employees have the most urgent unmet training needs?
- Improve transition guidance with support from stakeholders.
- Continue to individualize T/TA for local EI programs to target evidence-based practices.
- Complete child record reviews for all local EI programs. Compare and contrast performance in meeting recommended/evidence-based practices within and across local EI programs to measure progress and identify any new or ongoing T/TA needs.

#### Anticipated Outcomes:

- Identify local EI program's short- and long-term training needs that require Baby Watch's attention and resources during the reporting period.
- Develop and provide new training resources on requested topics and in areas of identified need: virtual webinars, new Canvas courses, and training for specific roles (service coordinators, nurses, eligibility team members, etc.).
- Make enhancements and updates to the Early Intervention Specialist curriculum and educate local EI programs about those changes. Verify that existing content is up-to-date and reflects Baby Watch's SiMR and SSIP priorities.
- Individual providers and programs will document transition activities thoroughly in BTOTS, based on improved guidance from Baby Watch.
- Child records reviews results will demonstrate that EI programs effectively enhanced and updated their internal policies, procedures, supervision, and provider practices to reach high-quality recommended/evidence-based practices performance measures.

### **Does the State intend to continue implementing the SSIP without modifications? (yes/no)**

YES

### **If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.**

Baby Watch CSPD continued its partnership with University of Utah's Department of Special Education. An all-time high of 15 University of Utah students sought Early Intervention Specialist credentials as part of their graduate coursework in FFY 2021, including internships completed at local EI programs. However, the partnership with Utah State University has waned since it was initiated in 2018, with no Utah State students completing credentials in FFY 2020 or 2021. This decrease will be addressed in FFY 2022 when the MOU with Utah State University is renewed and we anticipate numbers will once again increase. Therefore, the SSIP will not need to be modified.

Based upon stakeholder feedback and further analysis of data collected during universal monitoring of local EI programs, Baby Watch is:

- Soliciting feedback from stakeholders to address performance trends
- Modifying fidelity threshold scores for quality performance indicators
- Updating monitoring tools to reduce perceived emphasis on BTOTS documentation
- Changing the format and simplifying the QAP template

As a result of stakeholder participant testimonials, anecdotal evidence, and data from Utah State University, Baby Watch actively promotes, supports and participates in Utah State University CoPs including Early ECHO and Project SCOPE. These learning communities are designed to build provider capacity to support child social-emotional development and address the unique needs of caregivers.

## **Section C: Stakeholder Engagement**

### **Description of Stakeholder Input**

The Baby Watch Early Intervention Program (Baby Watch) solicits ongoing stakeholder discussion and input from various groups on setting of policies, development and tracking of data measures and establishment of their targets, the development and implementation of the State's SSIP, and methods for ensuring family awareness. Baby Watch is always looking to facilitate valuable partnerships.

Stakeholders provide input on targets and discussion on data results for all indicators during the FFY 2020-2025 State Performance Plan/Annual Performance Report (SPP/APR) review sessions. On an ongoing basis, data findings and targets are discussed with stakeholder workgroups and



committees. The Interagency Coordinating Council (ICC) is presented performance and data findings for the SPP/APR fiscal years and provides supportive insight for the calculated data. In particular, during multiple ICC meetings in 2021 through January 2023, the ICC was consulted on data findings, discussing new SPP/APR data requirements, and establishment of future targets.

Meetings continue to be held to present data and seek involvement from stakeholder groups that are comprised of ICC members, including parents, EI Provider Consortium members, and partnering agencies and programs including Utah State Board of Education, Migrant and Homeless, Utah Parent Center, 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.

During extended ICC meetings, Baby Watch staff present historical data and targets for APR indicators, as well as local and national comparisons and improvement activities that have contributed to statewide performance for each indicator. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the indicator's targets. Additionally, targets for indicator 11 are discussed and refined. These data are showcased through the State Systemic Improvement Plan. Much data is reflective of our State-identified Measurable Result (SiMR). Implication, impacts, and reasoning related to FFY 2020-2025 SiMR data was discussed in depth with the ICC.

On January 25, 2023, the 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 to use the State's Part C SPP/APR for FFY 2021 and confirms provision to our Governor (attached to APR).

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

During FFY 2021, Baby Watch continued engaging with SSIP workgroups comprised of local EI program administrators, direct service providers, and community partners, in addition to ICC members, regarding SiMR improvement efforts. Strategies used to implement stakeholder engagement include email, video conferencing, ICC meetings, and Subcommittee meetings. Some of the engagement strategies are one-way interactions where Baby Watch shares or disseminates information; others gather input from stakeholders that is used to improve or change something. We also use more engaging strategies where we work together as decision-makers on a problem or issue. Two of our workgroups, ICC, and subcommittees are cross-stakeholder engagement representing a diverse group of people who are dedicated to improving the EI system and ultimately improving outcomes for children and families. Consensus building is used at times in order to ensure that everyone at the table has a voice in decisions. Baby Watch continued participating in local and statewide initiatives designed to promote child social-emotional development, infant and caregiver mental health, and parent engagement, support, and education. Baby Watch collaborated with the following community partners to bring training designed to promote healthy social and emotional development of young children and their families. Please refer to the Evaluation Plan <https://health.utah.gov/cshcn/pdf/BabyWatch/UTAH%20FFY%202021%20EVALUATION%20PLAN.pdf> for attendee information

Utah State University (USU)

- Pyramid Model Infant/Toddler Modules
- Pyramid Model Infant/Toddler Coaching Cohorts
- Parents Interacting with Infants (PIWI)

The Children's Center of Utah (TCCU)

- Erikson Institute's Facilitating Attuned Interactions (FAN)
- Infant and early childhood mental health webinars
- Teleconsultation

The Utah Association of Infant Mental Health (UAIMH)

- Pathways to Building Children's Resilience and Promoting Joyful, Lifelong Relationships by Mona Delahooke, Ph.D.
- Childhood Memories Legacies of Intergenerational Historical Trauma: Cultural Routines to Heal and Nurture Joy in Parent-Infant Relationships by Marva L. Lewis, Ph.D.

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

NO

### **Additional Implementation Activities**

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

- "Social-Emotional Development" online course updates

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

"Social-Emotional Development" online course updates

Timeline: Winter 2023

Data Collection: Gather stakeholder input about course updates

Expected Outcome: Service providers implement culturally relevant recommended Social-Emotional assessments and evidence-based practices.

### **Describe any newly identified barriers and include steps to address these barriers.**

Baby Watch identified barriers to anticipated data collection, measures, and outcomes through discussion with local EI programs, federal technical assistance, and reviewing of BTOTS records, including:

- Child outcome entry and exit completions and category data trends, including assessment tools and denominator composition, impacting data completeness
  - Regularly monitor trend data internally and discuss data reports with local EI programs
  - Discussed current and historical decisions about denominator composition with federal technical assistance
- Illness and hospitalizations highly impacting families attempting to maintain services
  - Disseminated health and safety guidance to prevent the spread of COVID-19
  - Reviewed Baby Watch policy/guidance with local EI programs for proper documentation in contact and visit logs
- COVID-19 prevention measures, cancellation policy, and illnesses impacting local EI program staff

- o Disseminated CDC and Utah Department of Health vaccination information and facts to local EI programs for distribution
- Local EI programs note more families deciding to have their child leave the programs unexpectedly from 25-36 months of age.
  - o Created some transition challenges and program had to review documentation and protocol.
- Local EI programs note many more children referred for communication concerns and social emotional delays
  - o Baby Watch continues to provide ongoing assistance and professional development to address the social-emotional domain to more confidently identify delays in this area
- Local EI program staff, including transition coordinator, resignations causing staff shortages
  - o Baby Watch worked closely with programs to support them in identifying avenues to access qualified incumbents as well as supported them with onboarding and credentialing new staff
- Local EI program staff documentation of timely and thorough documentation
  - o Baby Watch continues to provide ongoing training to local EI program administration about the importance and reasons for timely, accurate, and reliable documentation
- Local EI programs note a challenge to address social-emotional growth, especially after the past 18 months
  - o Baby Watch continues to work with community partners to identify resources across the State of Utah specific to infant mental health and social-emotional development
- COVID-19 and quarantining has led to a decrease in exposure (for our EI population) to everyday social situations
  - o Baby Watch provided guidance to all direct service providers for resuming in person visits during the ongoing COVID-19 pandemic
- COVID-19 impact on children with greater isolation from peer activities and relationships with daycare, church attendance, and family gatherings
  - o Baby Watch regularly provides resources for families to address child and family activities and relationship building

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

### **11 - Prior FFY Required Actions**

None

### **11 - OSEP Response**

### **11 - Required Actions**

## **Certification**

### **Instructions**

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

### **Certify**

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

### **Select the certifier's role**

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, PhD

### **Title:**

Baby Watch Early Intervention Program Manager, Part C Coordinator

### **Email:**

lisadavenport@utah.gov

### **Phone:**

801-273-2961

### **Submitted on:**

04/25/23 12:01:38 PM

## Determination Enclosures

### RDA Matrix

# 2023 Part C Results-Driven Accountability Matrix

#### Results-Driven Accountability Percentage and Determination<sup>1</sup>

Percentage (%)	Determination
75.00%	Needs Assistance

#### Results and Compliance Overall Scoring

	Total Points Available	Points Earned	Score (%)
<b>Results</b>	8	4	50.00%
<b>Compliance</b>	14	14	100.00%

#### 2023 Part C Results Matrix

##### I. Data Quality

###### (a) Data Completeness: The percent of children included in your State's 2021 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	1,913
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	5,144
Percentage of Children Exiting who are Included in Outcome Data (%)	37.19
<b>Data Completeness Score<sup>2</sup></b>	1

###### (b) Data Anomalies: Anomalies in your State's FFY 2021 Outcomes Data

<b>Data Anomalies Score<sup>3</sup></b>	0
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##### II. Child Performance

###### (a) Data Comparison: Comparing your State's 2021 Outcomes Data to other States' 2021 Outcomes Data

<b>Data Comparison Score<sup>4</sup></b>	1
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###### (b) Performance Change Over Time: Comparing your State's FFY 2021 data to your State's FFY 2020 data

<b>Performance Change Score<sup>5</sup></b>	2
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
<b>FFY 2021</b>	34.49%	76.42%	73.06%	55.93%	82.39%	79.46%
<b>FFY 2020</b>	40.10%	69.72%	72.17%	54.06%	75.60%	71.98%

<sup>1</sup> For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part C."

<sup>2</sup> Please see Appendix A for a detailed description of this calculation.

<sup>3</sup> Please see Appendix B for a detailed description of this calculation.

<sup>4</sup> Please see Appendix C for a detailed description of this calculation.

<sup>5</sup> Please see Appendix D for a detailed description of this calculation.

2023 Part C Compliance Matrix

Part C Compliance Indicator <sup>6</sup>	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2020	Score
Indicator 1: Timely service provision	98.91%	YES	2
Indicator 7: 45-day timeline	99.54%	NO	2
Indicator 8A: Timely transition plan	99.41%	NO	2
Indicator 8B: Transition notification	100.00%	N/A	2
Indicator 8C: Timely transition conference	99.20%	NO	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Specific Conditions	None		
Uncorrected identified noncompliance	None		

<sup>6</sup> The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: [https://sites.ed.gov/idea/files/2023\\_Part-C\\_SPP-APR\\_Measurement\\_Table.pdf](https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_Measurement_Table.pdf)

**Appendix A**

**I. (a) Data Completeness:**

**The Percent of Children Included in your State's 2021 Outcomes Data (Indicator C3)**

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2021 Outcomes Data (C3) and the total number of children your State reported in its FFY 2021 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2021 in the State's FFY 2021 IDEA Section 618 Exit Data.

<b>Data Completeness Score</b>	<b>Percent of Part C Children included in Outcomes Data (C3) and 618 Data</b>
<b>0</b>	<b>Lower than 34%</b>
<b>1</b>	<b>34% through 64%</b>
<b>2</b>	<b>65% and above</b>

**Appendix B**

**I. (b) Data Quality:**

**Anomalies in Your State's FFY 2021 Outcomes Data**

This score represents a summary of the data anomalies in the FFY 2021 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2017 – FFY 2020 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e<sup>78</sup>. In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2021 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

<b>Outcome A</b>	<b>Positive Social Relationships</b>
<b>Outcome B</b>	<b>Knowledge and Skills</b>
<b>Outcome C</b>	<b>Actions to Meet Needs</b>

<b>Category a</b>	<b>Percent of infants and toddlers who did not improve functioning</b>
<b>Category b</b>	<b>Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</b>
<b>Category c</b>	<b>Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it</b>
<b>Category d</b>	<b>Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers</b>
<b>Category e</b>	<b>Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers</b>

<sup>7</sup> Numbers shown as rounded for display purposes.

<sup>8</sup> Values based on data for States with summary statement denominator greater than 199 exits.

**Expected Range of Responses for Each Outcome and Category, FFY 2021**

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-1SD</b>	<b>+1SD</b>
<b>Outcome A\Category a</b>	1.43	1.62	-0.19	3.05
<b>Outcome B\Category a</b>	1.26	2.27	-1.01	3.53
<b>Outcome C\Category a</b>	1.14	1.59	-0.45	2.73

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-2SD</b>	<b>+2SD</b>
<b>Outcome A\ Category b</b>	23.62	8.94	5.75	41.49
<b>Outcome A\ Category c</b>	20.32	12.69	-5.05	45.69
<b>Outcome A\ Category d</b>	27.33	9.46	8.42	46.24
<b>Outcome A\ Category e</b>	27.3	15.11	-2.92	57.52
<b>Outcome B\ Category b</b>	25.16	9.76	5.65	44.68
<b>Outcome B\ Category c</b>	28.73	12.11	4.5	52.95
<b>Outcome B\ Category d</b>	31.76	8.06	15.64	47.87
<b>Outcome B\ Category e</b>	13.09	8.56	-4.02	30.21
<b>Outcome C\ Category b</b>	20.27	8.49	3.29	37.26
<b>Outcome C\ Category c</b>	23.01	13.08	-3.16	49.17
<b>Outcome C\ Category d</b>	34.09	8.09	17.9	50.28
<b>Outcome C\ Category e</b>	21.49	15.06	-8.62	51.6

<b>Data Anomalies Score</b>	<b>Total Points Received in All Progress Areas</b>
0	0 through 9 points
1	10 through 12 points
2	13 through 15 points



**Anomalies in Your State's Outcomes Data FFY 2021**

<b>Number of Infants and Toddlers with IFSP's Assessed in your State</b>	<b>1,913</b>
--------------------------------------------------------------------------	--------------

<b>Outcome A — Positive Social Relationships</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	63	332	56	152	1,310
<b>Performance (%)</b>	3.29%	17.35%	2.93%	7.95%	68.48%
<b>Scores</b>	0	1	1	0	0

<b>Outcome B — Knowledge and Skills</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	21	315	507	404	666
<b>Performance (%)</b>	1.10%	16.47%	26.50%	21.12%	34.81%
<b>Scores</b>	1	1	1	1	0

<b>Outcome C — Actions to Meet Needs</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	6	119	268	317	1,203
<b>Performance (%)</b>	0.31%	6.22%	14.01%	16.57%	62.89%
<b>Scores</b>	1	1	1	0	0

	<b>Total Score</b>
<b>Outcome A</b>	2
<b>Outcome B</b>	4
<b>Outcome C</b>	3
<b>Outcomes A-C</b>	9

<b>Data Anomalies Score</b>	0
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Appendix C

II. (a) Data Comparison:

**Comparing Your State's 2021 Outcomes Data to Other States' 2021 Outcome Data**

This score represents how your State's FFY 2021 Outcomes data compares to other States' FFY 2021 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement<sup>9</sup>. Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

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

**Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2021**

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	43.42%	36.60%	54.62%	29.02%	55.14%	36.15%
90	82.74%	69.30%	79.34%	55.52%	85.72%	76.15%

Data Comparison Score	Total Points Received Across SS1 and SS2
0	0 through 4 points
1	5 through 8 points
2	9 through 12 points

**Your State's Summary Statement Performance FFY 2021**

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	34.49%	76.42%	73.06%	55.93%	82.39%	79.46%
Points	0	2	1	2	1	2

<b>Total Points Across SS1 and SS2(*)</b>	8
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<b>Your State's Data Comparison Score</b>	1
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<sup>9</sup> Values based on data for States with summary statement denominator greater than 199 exiters.

## Appendix D

### II. (b) Performance Change Over Time:

#### Comparing your State's FFY 2021 data to your State's FFY 2020 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2020) is compared to the current year (FFY 2021) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of  $p \leq .05$ . The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

#### Test of Proportional Difference Calculation Overview

The summary statement percentages from the previous year's reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of  $p \leq .05$ . The statistical test has several steps.

Step 1: Compute the difference between the FFY 2021 and FFY 2020 summary statements.

e.g., C3A FFY2021% - C3A FFY2020% = Difference in proportions

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on<sup>10</sup>

$$\text{Sqrt}[\{(\text{FFY}2021\% * (1-\text{FFY}2021\%)) / \text{FFY}2021\text{N}\} + \{(\text{FFY}2022\% * (1-\text{FFY}2022\%)) / \text{FFY}2022\text{N}\}] = \text{Standard Error of Difference in Proportions}$$

Step 3: The difference in proportions is then divided by the standard error of the difference to compute a z score.

Difference in proportions /standard error of the difference in proportions = z score

Step 4: The statistical significance of the z score is located within a table and the p value is determined.

Step 5: The difference in proportions is coded as statistically significant if the p value is it is less than or equal to .05.

Step 6: Information about the statistical significance of the change and the direction of the change are combined to arrive at a score for the summary statement using the following criteria

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

Step 7: The score for each summary statement and outcome is summed to create a total score with a minimum of 0 and a maximum of 12. The score for the test of proportional difference is assigned a score for the Indicator 3 Overall Performance Change Score based on the following cut points:

Indicator 3 Overall Performance Change Score	Cut Points for Change Over Time in Summary Statements Total Score
0	Lowest score through 3
1	4 through 7
2	8 through highest

<sup>10</sup>Numbers shown as rounded for display purposes.

Summary Statement/ Child Outcome	FFY 2020 N	FFY 2020 Summary Statement (%)	FFY 2021 N	FFY 2021 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	601	40.10%	603	34.49%	-5.61	0.0278	-2.0144	0.044	YES	0
SS1/Outcome B: Knowledge and Skills	1,035	72.17%	1,247	73.06%	0.88	0.0188	0.4699	0.6384	NO	1
SS1/Outcome C: Actions to meet needs	750	75.60%	710	82.39%	6.79	0.0212	3.2020	0.0014	YES	2
SS2/Outcome A: Positive Social Relationships	1,417	69.72%	1,913	76.42%	6.70	0.0156	4.2965	<.0001	YES	2
SS2/Outcome B: Knowledge and Skills	1,417	54.06%	1,913	55.93%	1.88	0.0174	1.0753	0.2822	NO	1
SS2/Outcome C: Actions to meet needs	1,417	71.98%	1,913	79.46%	7.47	0.0151	4.9531	<.0001	YES	2

<b>Total Points Across SS1 and SS2</b>	<b>8</b>
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<b>Your State's Performance Change Score</b>	<b>2</b>
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Data Rubric

FFY 2021 APR<sup>11</sup>

Part C Timely and Accurate Data -- SPP/APR Data		
APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	N/A	0
10	1	1
11	1	1
	<b>Subtotal</b>	12
<b>APR Score Calculation</b>	<b>Timely Submission Points</b> - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right.	5
	<b>Grand Total</b> - (Sum of Subtotal and Timely Submission Points) =	17

<sup>11</sup> In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

	618 Data <sup>12</sup>			
Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 4/6/22	1	1	1	3
Exiting Due Date: 11/2/22	1	1	1	3
Dispute Resolution Due Date: 11/2/22	1	1	1	3
			<b>Subtotal</b>	9
<b>618 Score Calculation</b>			<b>Grand Total</b> (Subtotal X 2) =	18.00

Indicator Calculation	
A. APR Grand Total	17
B. 618 Grand Total	18.00
C. APR Grand Total (A) + 618 Grand Total (B) =	35.00
Total N/A Points in APR Data Table Subtracted from Denominator	1
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
<b>Denominator</b>	35.00
D. Subtotal (C divided by Denominator*) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

\*Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.

<sup>12</sup> In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

## APR and 618 -Timely and Accurate State Reported Data

DATE: February 2023 Submission

### SPP/APR Data

**1) Valid and Reliable Data** - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

### Part C 618 Data

**1) Timely** – A State will receive one point if it submits counts/ responses for an entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

618 Data Collection	EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	1 <sup>st</sup> Wednesday in April
Part C Exiting	Part C Exiting Collection in EMAPS	1 <sup>st</sup> Wednesday in November
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	1 <sup>st</sup> Wednesday in November

**2) Complete Data** – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

**3) Passed Edit Check** – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection. See the EMAPS User Guide for each of the Part C 618 Data Collections for a list of edit checks (available at: <https://www2.ed.gov/about/inits/ed/edfacts/index.html>).





## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2023 will be posted in June 2023. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>