

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2020

Washington



PART C DUE
February 1, 2022

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

The Department Children, Youth, and Families (DCYF) is a cabinet level agency focused on the well-being of children. Our vision is to ensure that "Washington state's children and youth grow up safe and healthy—thriving physically, emotionally and academically, nurtured by family and community." (House Bill 1661)

DCYF serves as the State Lead Agency for the Individuals with Disabilities Education Act (IDEA) Part C program for Washington State. Within DCYF, the Part C programmatic home is the Early Support for Infants and Toddlers (ESIT) program.

Effective September 1, 2020 State Special Education 0-3 Funds previously administered by the State Education Agency were transferred to DCYF as the State Lead Agency as a result of SHB 2787 (2020). This landmark milestone was in alignment with a multi-year Statewide System Re-design for the Provision of Early Intervention Services launched through legislative action outlined in SB 5879 (2016) and finalized in ESSB 6257 (2018). The statewide system re-design included systemic transition from the use of Local Lead Agencies to direct contracts with four County Lead Agencies (King, Pierce, Snohomish and Spokane counties) and 24 Early Intervention Provider Agencies through competitive procurement. Currently, the County Lead Agencies sub-contract with an additional 19 Early Intervention Provider Agencies located within their respective service areas. The total number of Early Intervention Provider Agencies providing services by contract through DCYF or a County Lead Agency is 43.

During Federal Fiscal Year (FFY) 2020, the ESIT State Leadership Office held contracts with four (4) County Lead Agencies (CLAs) and 24 Early Intervention Provider Agencies (EIPAs) statewide in order to ensure that all families have equitable access to a locally coordinated system of early intervention services. As a result, eligible infants, toddlers and their families received early intervention services during the past year. The types of organizations that administered each local early intervention system included:

- 4 County Governmental Entities
- 4 Educational Service Districts
 - 3 School Districts
- 2 For-profit Organizations
- 1 Regional Health District
- 7 Neuro-Developmental Centers
- 7 Non-profit Organizations

To ensure services are coordinated and conform to IDEA Part C requirements, each contractor can develop and maintain subcontracts or local interagency agreements and local plans with individual early intervention providers or providing organizations within their geographic service area.

This past year, the ESIT program met the following targets:

- Services in natural environments (Indicator 2)
- Child Find (Indicators 5 and 6)
- Early childhood transition with the development of timely IFSPs 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 (Indicator 8A)
- Early childhood transition with timely notifications to 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 (Indicator 8B)

ESIT had no mediations that resulted in mediation agreements.

ESIT did not meet target for Indicator 3 - Child Outcomes. There was an increased percentage of performance for some of the outcomes to include a 3.1% increase in Summary Statement 2, Outcome A: Positive social-emotional skills. This increase was the result of the State Systemic Improvement Plan efforts and activities. Decreases were noted for all Summary Statement 1 for all Outcomes.

ESIT continues to sustain a high level of satisfaction with the Part C services provided across the state. We did see a decrease in the response rate to the annual Family Outcomes Survey and the number of families participating in Part C who report that early intervention services have helped the family (Indicator 4):

- A. Know their rights decreased by 4.99%
- B. Effectively communicate their children's needs decreased by 1.6%
- C. Help their children develop and learn decreased by 5.31%

The response rate declined by 3.66% from FFY 19 to FFY 20 and while the target was met for Indicator 4A, we did not meet the target for Indicator 4B and 4C. Slippage was recorded for both, Indicator 4B and 4C.

Additional information related to data collection and reporting

During FFY 2021 the state lead agency has initiated a transition from the legacy Silverlight Data Management System to a new Early Intervention Data System (EIDA) available through a vendor on the approved State of Washington Master Contract List. Customization, User training, and data migration is expected to be completed by July 1, 2022.

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 Early Support for Infants and Toddlers (ESIT) program continues to direct its general supervision and monitoring efforts through the following:

- Aligning and integrating activities with the Annual Performance Report (APR);
- Meeting federal requirements for states to monitor implementation of IDEA, both APR indicators and related requirements;
- Focusing on compliance and quality practices and directing state technical assistance resources to those local lead agencies in greatest need.

Monitoring ESIT Part C Provider Agencies (EIPAs)

ESIT Data Management System (DMS): All APR indicator data, with the exception of Indicator 4 - Family Outcomes, is retrieved from the DMS. The DMS creates an electronic Individualized Family Service Plan (IFSP) record that documents essential child and family information from initial contacts through transition. All child and family information must be entered into the DMS. This includes initial evaluation/assessment results, medical information, eligibility determination, and the child outcome summary, family statement, individual child and family outcomes and services information. All this information is required to be entered into the DMS before an IFSP can be issued as completed.

Child level data is retrieved from IFSPs entered into the DMS and used for APR reporting. DMS business rules and calendar tools ensure either required information is entered into the system or a reason for not entering the information is supplied. When required information is not entered into the DMS in a

timely manner, the system creates red alerts on the family resources coordinator's (FRC) calendar. The calendar is monitored by local contractor staff (i.e. FRCs, program managers, agency administrators) and ESIT staff. Red alerts are reviewed and technical assistance is provided by the ESIT staff.

Results Indicators: APR Indicators 2, 5, and 6 results data is obtained from all IFSPs entered into the DMS on December 1 of the contract year as reported in 618 data submissions gathered throughout the Federal Fiscal Year. Indicator 4 data is collected from hard copy, electronic and phone surveys completed by families and submitted to ESIT annually.

Compliance Indicators: APR Indicators 1, 7, 8, 8A, 8B, and 8C compliance data is retrieved from all IFSPs over a three (3) month period. DMS data is reviewed and verified for accuracy.

Identification and Correction of Non-Compliance: ESIT staff review and analyze compliance data to assess the "reasons" for any noncompliance (delayed services). When necessary, ESIT staff request and obtain clarification regarding reasons for late services, IFSP meeting, transition plan, and transition notification or transition conference to determine the root cause of noncompliance. If late services were due to exceptional family circumstances, findings of noncompliance are not made. If late services were due to reasons other than exceptional family circumstances, child specific noncompliance is identified and findings are issued. If it was determined that the noncompliance was already corrected, a finding is still issued, but a corrective action plan is not required. Even though correction occurred (the service provided though late), ESIT staff still assesses the level of noncompliance, identifies the contributing factors, if any, and determines if the noncompliance was isolated or systemic.

Within three months from when compliance-monitoring data is retrieved from the DMS, each contractor receives a written notice of findings of noncompliance and the need to make timely correction. Upon receipt of written notice, each EIPA Administrator is directed to begin implementing required improvement activities to ensure correction is made, as soon as possible, but no later than one year from notification. Once correction of findings of noncompliance is achieved, the contractor receives a written notice that correction of noncompliance was attained.

When required, corrective action plans (CAPs) outline the resources needed to be accessed and timelines to follow in order to achieve compliance and/or improve performance. CAPs are required of all Part C providers that do not fully correct identified noncompliance by the time annual determinations are issued.

Annual Determinations

ESIT makes an annual determination of its contractor's efforts in implementing the requirements and purposes of IDEA, Part C. Each ESIT Part C Provider Agency APR data is aggregated by ESIT for annual reporting purposes. This aggregated data is used by the federal Office of Special Education Programs (OSEP) to make ESIT's annual determination.

ESIT staff disaggregate and evaluate this data to make ESIT Part C Provider Agency annual determinations. The determination status is based on the following:

1. Compliance Data
 - Indicator 1 - timely services
 - Indicator 7 - timely evaluations and meeting the 45-day timeline
 - Indicator 8A - transition plan steps and services
 - Indicator 8C - transition conference
2. Timely correction of noncompliance
3. All Indicators must be timely, valid and reliable
4. Citizen's complaints filed and/or due process hearing or mediations held

A compliance indicator summary worksheet and determination evaluation scoring rubric is used to make contractor level determinations. ESIT uses the four (4) OSEP determination categories to make these determinations. The enforcement actions and sanctions applied to ESIT are applied to all contractors. Before the status determinations are made, ESIT notifies the ESIT Part C provider of any findings of noncompliance. ESIT reports to the public the performance of each provider, a review of each program's performance against targets in the State's SPP/APR within 120 days from when ESIT submits the APR to OSEP.

Dispute Resolution

The timely administrative resolution of complaints occurs through established mediation, complaint, and due process hearing procedures. Monitoring the use of these dispute resolution options assists ESIT in identifying noncompliance and other systemic issues. By following each procedure's required steps and timelines, the resolution of any dispute will occur in a timely manner. Families are made aware of their dispute resolution options throughout their participation in the early intervention program. ESIT has a system in place to track and monitor complaint, mediation and due process dispute resolution activities. Parent identified issues are typically resolved through informal procedures rather than the formal dispute resolution options that are available to them.

Biennial Local Team Self-Assessment Process

Each Part C provider self-assessment team (comprised of early intervention providers, family resources coordinators and administrators who supervise providers) is required to complete the self-assessment biennially through a review of children's records. In addition, each contractor is now required to complete a portion of the Local Child Outcomes Measurement System Self-Assessment (LCOMS-SA). Each contractor submits a Local System Improvement Plan with a minimum of one improvement activity related to the local team self-assessment results and one activity related to the LCOMS-SA. The contractor implements improvement strategies throughout the following contract year.

The self-assessment tool and process is designed to gather data from each contractor on state selected data that is not available through the DMS. These data are used to substantiate compliance with IDEA and related requirements associated with each APR indicator, and to encourage the use of best practices associated with improved results for children and families. The launch of the self-assessment for the new biennium has been temporarily paused as a result of the current work on expanding and integrating the statewide monitoring system. A decision to resume the self-assessment process will be made in conjunction with the beginning of the new contract year in July 2022.

Technical Assistance System:

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

The Early Support for Infant and Toddlers (ESIT) program employs Technical Assistance Specialists with Part C experience to provide technical assistance to all contractors statewide. Technical assistance is provided through methods including, as needed; email and phone calls, quarterly calls, and on-site visits, depending on locally identified needs or concerns. Regional Provider meetings occur virtually once a quarter.

Meeting topics include; discussion and sharing regarding challenges, successes and evidence-based early intervention practices. ESIT provides direction through practice guides and other written materials. Technical assistance is provided on a variety of topics through webinar recordings. State and national resources are accessed through electronic sources and websites. ESIT technical assistance materials and other publications may be accessed by going to <https://www.dcyf.wa.gov/services/child-dev-support-providers/esit/training>.

The Technical Assistance Specialists work in collaboration with Quality Improvement Specialists (responsible for accountability and monitoring activities) and Workforce Development Specialists (responsible for development of Practice Guides and other training materials).

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.

Through contracts with the Early Support for Infants and Toddlers (ESIT) program, ESIT Contractors are required to ensure all early intervention programs employ qualified personnel. ESIT guidance on minimum education and state licensure/certification/registration requirements are posted on the ESIT website. This guidance information is accessible by going to https://www.dcyf.wa.gov/sites/default/files/pdf/esit/Qualified_Personnel_Guidelines.pdf

The Office of Superintendent for Public Instruction and Department of Health license or certify most providers. ESIT provides a statewide training and registration system for Family Resources Coordinators (FRCs). Maintaining current FRC registration status requires meeting annual training requirements.

ESIT offers a series of required training programs for ESIT professionals. These programs are accessible through the DCYF Training Portal and support professional development and an efficient method to track training completion. These requirements apply to all new ESIT Provider Agency (EPA) and County Lead Agency (CLA) staff, including direct service providers, intake coordinators and those processing referrals, and EPA and CLA administrators. DCYF offers training in two formats: self-paced modules and live sessions attended remotely. There are two sets of self-paced, online modules accessed independently through the Training Portal. Live training is completed with a cohort, or group of learners, using a virtual meeting platform. The overarching learning objective for these programs is to uphold the unique value and dignity of each child and family through trusting relationships as we provide strengths-based, family-centered, culturally, and linguistically responsive services using self-reflection and cultural humility. Additional training is available to ESIT Provider Agencies upon request and through statewide offerings depending on the topic.

ESIT is a major sponsor and active participant on the planning committee for the statewide Infant and Early Childhood Conference that occurs each year. This important conference draws professionals and interested stakeholders from across the state's many early childhood programs. State and national experts from diverse early childhood backgrounds continue to be key conference and workshop presenters. This conference continues to serve as the state's key early childhood professional development event.

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).

SICC Special Meeting -- Annual Performance Report (APR) Review

January 19, 2022, the State Interagency Coordinating Council (SICC) met to review the Washington State's Part C State Annual Performance Report. The SICC provided input on targets, plausible explanations for progress and/or contributing factors impacting slippage in performance indicators, and engaged in data analytics which at times included requests for additional clarification. Some Indicators were discussed in more detail with SICC input integrated into indicator sections as appropriate. SICC did not recommend changes to any targets that were set for FFY 2020-2025 through the expanded stakeholder convenings.

Target Setting Meetings--Local Stakeholder Involvement

Stakeholder meetings were convened from September 2021 through January 2022 to discuss APR target setting. A broad range of stakeholders participated including; the SICC data committee, the members of the Parent Institute of Engagement, early intervention service providers, agency administrators, ESIT Part C Provider Agency staff and school district staff. The group was given the task of reviewing data and making recommendations to ESIT on targets covering the next six years for Indicators 2, 3a,b,c, 4a,b,c, 5 and 6.

An overview of the indicators and parameters of target setting were presented. Participants were divided into small groups and given a data packet for reference in their discussions. The data packet showed state trends for each results indicator over the past several years. After discussion and analysis, individuals from the groups generated a recommendation for each target for the next six years. ESIT staff were present to answer any questions.

Results were compiled and the mean, median, and modes were calculated for each indicator for each year. The groups' input was consolidated into one set of indicators for each year and presented at a special APR review meeting of the State Interagency Coordinating Council (SICC) in January 2022.

January 19, 2022, the State Interagency Coordinating Council (SICC) met to reviewed all target setting for Indicators 2, 3a,b,c, 4a,b,c, 5 and 6 as a part of the annual performance review process. The Council did not recommend changes to any targets that were previously recommended through the expanded stakeholder convenings.

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

YES

Number of Parent Members:

7

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.

Parent members of the Interagency Coordinating Council and the Parent Institute for Engagement (PIE) participated in the target setting activities from September 2021 to January 2022. During a special PIE session on January 18th, 2022, the members of the Parent Institute for Engagement reviewed all proposed APR targets for FFY 2020-2025, critically examined the target setting process, analyzed historical data from 2016-2021 and confirmed and agreed with the targets as proposed by the State Interagency Coordinating Council's Data Committee.

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 program convened internal leaders to identify activities and strategies to increase the capacity of expanded groups of parents to actively engage in the ongoing development of implementation activities designed to improve outcomes for enrolled children and their families. Expanded activities to support the increased capacity of parent involvement included (a) enhancing the orientation process and increasing the number of meetings with the Parent Institute for Engagement (PIE) cohort members, (b) actively recruiting additional parent representatives to serve on the SICC Data Committee and newly formed Service Delivery Committee, and (c) expanding data analysis and evaluation activities within the annual January SICC Special Data Session to include multiple, structured small group breakout discussions at sequential intervals aligned with new indicator groupings.

Planned activities to reinforce and extend increased capacity of diverse groups of parents to support development, analysis, and evaluation of implementation activities to improve child and family outcomes during the current FFY 2021 through FFY 2022 include (a) planning and conducting formal planning meetings with the Washington State Parent Training and Information Center (PAVE), (b) enhancing connections with parent representatives from the 0-5 Preschool Development Grant committees, (c) establishing open lines of communication with Open Doors for Multi-Cultural Families to support planning and facilitation of parent engagement activities, (d) scheduling quarterly stakeholder engagement webinars spotlighting

baseline, targets, progress, analysis, and evaluation metrics associated with performance Indicators C3 (Child Outcomes), C4 (Family Outcomes) and C11 (SSIP), and (d) exploring opportunity to connect and join IDEA Part B Section 619 parent engagement activities currently underway.

Soliciting Public Input:

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

Planning and implementation for this federal expectation is still in the planning stages. Preliminary strategies being explored and considered include (a) adding this body of stakeholder engagement work to the existing public comment protocols and timelines associated with the annual IDEA Part C Federal Grant Application, (b) requesting dedicated time quarterly on existing state advocacy agendas (i.e. PAVE, WeeCare Coalition, ECDAW), (c) connecting SICC Chair with Chair of the Washington State Early Learning Advisory Committee to plan joint cross-teaming stakeholder engagement webinars twice annually, (d) creating and publishing a State Performance Plan Quarterly Briefing (info-graphic style) to share progress, an invitation to join existing stakeholder engagement events, and to solicit input and public commentary, and (e) integrating this body of work into the existing Circles of Engagement activities underway with the Blue Print for Planning and Designing an Effective Monitoring System.

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.

The primary mechanism and timeline for making the results of the target setting, data analysis, development of improvement strategies, and evaluation will be through development and publication of the State Performance Plan Briefing on a quarterly basis with an expanded State Performance Plan Progress Update semi-annually.

Reporting to the Public:

How and where the State reported to the public on the FFY 2019 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 2019 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 2019 APR in 2021, is available.

The Early Support for Infants and Toddlers Program made the following items available to the public on the program website at <https://www.dcyf.wa.gov/practice/oiaa/reports>.

- Annual Performance Report (APR)
- Local Lead Agency APR Data
- Local Lead Agency Determination Status Reports
- 618 Data Tables

Information on how these reports could be accessed was emailed to our SICC, contractors, and other stakeholders.

On June 23, 2020, the Office of Special Education Programs (OSEP) FFY 2020 Determination Letter notified the director of the Washington State Department of Children, Youth, and Families (DCYF), the State Lead Agency for Part C, that the Washington State Part C program met requirements of Part C of the IDEA.

Intro - Prior FFY Required Actions

OSEP notes that the State submitted verification that the attachment(s) complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the Indicator 11 attachments included in the State's FFY 2019 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

Response to actions required in FFY 2019 SPP/APR

Intro - OSEP Response

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

Provide detailed information about the timely correction of 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 2020 SPP/APR, the data for FFY 2019), 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	87.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	96.57%	97.93%	96.90%	97.34%	98.22%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
5,023	5,224	98.22%	100%	99.00%	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.

149

Provide reasons for delay, if applicable.

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).

Washington State's criteria for timely receipt of early intervention services requires the provider agency to conduct an initial evaluation and assessments and the initial IFSP within 45 days from the date the provider agency received the referral. The early intervention services listed on the initial IFSP must start within 30 days from the initial IFSP date or have a planned start date set in the future (beyond 30 days from the IFSP date). When a future planned start date is set, the actual service must start on or before that date.

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).

Data were collected from January 1 through March 31, 2021, third quarter, selection from the full reporting period and was obtained from all IFSPs entered into the ESIT Data Management System (DMS) during this period.

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

The annual compliance period in the state of Washington is from January 1 through March 31, 2021, third quarter of the respective reporting year. During this time, the state confirms the timeliness of all IFSPs entered in the data management system. The three months of data collected from all IFSPs during this period contain the full range of variability exhibited by the population served by ESIT throughout the year. The data is from all programs across the state making it representative of the entire state.

Provide additional information about this indicator (optional)

In FFY 2020, 1% of IFSPs entered in the state database during the compliance monitoring period were late. After analysis of the late reasons that were identified as "late, other" three categories of late reasons were identified. The three categories are provider shortages, late due to circumstances related to the COVID-19 pandemic, and late due to administrative and provider agency scheduling errors.

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
229	229	0	0

FFY 2019 Findings of Noncompliance Verified as Corrected

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

The ESIT program verified that it corrected all findings of noncompliance identified in FFY 2019, consistent with the requirements in OSEP Memo 09-02. ESIT staff, County Lead Agency (CLA) administrators, Early Intervention Provider Agency (EIPA) Administrators, Family Resources Coordinators (FRCs), and providers used the ESIT Data Management System (DMS) IFSP Compliance Report to review data. From the date the CLA and EIPA received a finding letter for noncompliance, the CLA and EIPA had one year to correct identified non-compliance for each indicator not meeting 100%. Each CLA/EIPA reviewed compliance reports from the DMS to ensure data was entered accurately into the system and that the regulatory requirements regarding timely service provision were being met. To verify that noncompliance was correctly addressing the regulatory requirements, each CLA/EIPA reviewed and identified a minimum of two weeks of DMS data. If data demonstrated compliance for each indicator where findings were issued, compliance was considered achieved. The CLA/EIPA then submitted the DMS data to ESIT staff for reverification. After ESIT staff verified the data submitted, (and verified correction of individual child noncompliance, ESIT staff sent a letter documenting that noncompliance was fully corrected. If correction of non-compliance has not been verified within one-year of the findings, ESIT staff notifies the CLA/EIPA that they must develop a CAP. During FFY19, no ESIT Contractor met the criteria for needing a CAP.

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

ESIT staff verified correction of each individual incidence of non-compliance through the ESIT data management system (DMS). The DMS provides a start date and an actual start date for every new service initiated in an IFSP. If a service is late, the DMS requires the user to enter a reason for the delay. Late Exceptional Family Circumstance (EFC): extraordinary events that prevent the family from participating in required events on time. Late Other: events identified by the early intervention program or provider and not the family that prevent required events from being completed on time. ESIT staff reviewed compliance reports from the DMS during the annual compliance monitoring period and subsequent intervals as needed to verify each individual instance of noncompliance is corrected unless the child is no longer within the jurisdiction of the local lead agency, the family declined services, or the local lead agency was unable to make contact with the family.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 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 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

1 - OSEP Response

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	48.00%

FFY	2015	2016	2017	2018	2019
Target >=	92.75%	93.00%	93.25%	93.50%	95.00%
Data	95.34%	95.54%	96.21%	95.71%	95.99%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	95.00%	95.10%	95.20%	95.30%	95.40%	95.50%

Targets: Description of Stakeholder Input

SICC Special Meeting – Annual Performance Report (APR) Review

January 19, 2022, the State Interagency Coordinating Council (SICC) met to review the Washington State's Part C State Annual Performance Report. The SICC provided input on targets, plausible explanations for progress and/or contributing factors impacting slippage in performance indicators, and engaged in data analytics which at times included requests for additional clarification. Some indicators were discussed in more detail with SICC input integrated into indicator sections as appropriate. SICC did not recommend changes to any targets that were set for FFY 2020-2025 through the expanded stakeholder convenings.

Target Setting Meetings – Local Stakeholder Involvement

Stakeholder meetings were convened from September 2021 through January 2022 to discuss APR target setting. A broad range of stakeholders participated including; the SICC data committee, the members of the Parent Institute of Engagement, early intervention service providers, agency administrators, ESIT Part C Provider Agency staff and school district staff. The group was given the task of reviewing data and making recommendations to ESIT on targets covering the next six years for Indicators 2, 3a,b,c, 4a,b,c, 5 and 6.

An overview of the indicators and parameters of target setting were presented. Participants were divided into small groups and given a data packet for reference in their discussions. The data packet showed state trends for each results indicator over the past several years. After discussion and analysis, individuals from the groups generated a recommendation for each target for the next six years. ESIT staff were present to answer any questions. Results were compiled and the mean, median, and mode were calculated for each indicator for each year. The groups' input was consolidated into one set of indicators for each year and presented at a special APR review meeting of the State Interagency Coordinating Council (SICC) in January 2022.

January 19, 2022, the State Interagency Coordinating Council (SICC) met to review all target setting for Indicators 2, 3a,b,c, 4a,b,c, 5 and 6 as a part of the annual performance review process. The Council did not recommend changes to any targets that were previously recommended through the expanded stakeholder convenings.

January 19, 2022, the State Interagency Coordinating Council (SICC) met to review all target setting for Indicators 2, 3a,b,c, 4a,b,c, 5 and 6 as a part of the annual performance review process. The Council did not recommend changes to any targets that were previously recommended through the expanded stakeholder convenings.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/07/2021	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	8,393

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey, Section A: Child Count and Settings by Age	07/07/2021	Total number of infants and toddlers with IFSPs	8,691

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
8,393	8,691	95.99%	95.00%	96.57%	Met target	No Slippage

Provide additional information about this indicator (optional).

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

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 = $\left[\frac{\text{(# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d))}}{\text{(# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d))}} \right] \times 100$.

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 = $\left[\frac{\text{(# of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e))}}{\text{(total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))}} \right] \times 100$.

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

SICC Special Meeting – Annual Performance Report (APR) Review

January 19, 2022, the State Interagency Coordinating Council (SICC) met to review the Washington State's Part C State Annual Performance Report. The SICC provided input on targets, plausible explanations for progress and/or contributing factors impacting slippage in performance indicators, and engaged in data analytics which at times included requests for additional clarification. Some Indicators were discussed in more detail with SICC input integrated into indicator sections as appropriate. SICC did not recommend changes to any targets that were set for FFY 2020-2025 through the expanded stakeholder convenings.

Target Setting Meetings—Local Stakeholder Involvement

Stakeholder meetings were convened from September 2021 through January 2022 to discuss APR target setting. A broad range of stakeholders participated including; the SICC data committee, the members of the Parent Institute of Engagement, early intervention service providers, agency administrators, ESIT Part C Provider Agency staff and school district staff. The group was given the task of reviewing data and making recommendations to ESIT on targets covering the next six years for Indicators 2, 3a,b,c, 4a,b,c, 5 and 6.

An overview of the indicators and parameters of target setting were presented. Participants were divided into small groups and given a data packet for reference in their discussions. The data packet showed state trends for each results indicator over the past several years. After discussion and analysis, individuals from the groups generated a recommendation for each target for the next six years. ESIT staff were present to answer any questions.

Results were compiled and the mean, median, and modes were calculated for each indicator for each year. The groups' input was consolidated into one set of indicators for each year and presented at a special APR review meeting of the State Interagency Coordinating Council (SICC) in January 2022.

January 19, 2022, the State Interagency Coordinating Council (SICC) met to reviewed all target setting for Indicators 2, 3a,b,c, 4a,b,c, 5 and 6 as a part of the annual performance review process. The Council did not recommend changes to any targets that were previously recommended through the expanded stakeholder convenings.

Historical Data

Outcome	Baseline	FFY	2015	2016	2017	2018	2019
A1	2013	Target>=	56.50%	56.70%	56.80%	58.25%	58.50%
A1	56.21%	Data	56.63%	55.69%	56.74%	59.06%	61.11%
A2	2013	Target>=	55.25%	55.50%	55.75%	56.00%	56.00%
A2	54.77%	Data	56.25%	53.71%	53.54%	55.40%	55.22%
B1	2013	Target>=	65.11%	65.50%	65.75%	66.00%	66.25%
B1	65.11%	Data	64.12%	64.96%	65.22%	66.32%	67.58%
B2	2013	Target>=	57.20%	57.40%	57.60%	57.80%	57.80%
B2	56.79%	Data	51.95%	50.43%	51.96%	52.27%	51.22%
C1	2013	Target>=	68.75%	69.00%	69.25%	69.50%	69.50%
C1	68.26%	Data	66.04%	66.04%	66.29%	67.25%	69.23%
C2	2013	Target>=	58.50%	58.75%	59.00%	59.35%	59.35%
C2	58.17%	Data	54.67%	53.71%	55.04%	55.51%	54.84%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A1>=	58.50%	58.75%	59.00%	59.25%	59.50%	59.75%
Target A2>=	56.00%	56.25%	56.50%	56.75%	57.00%	57.25%
Target B1>=	66.25%	66.50%	66.75%	67.00%	67.25%	67.50%
Target B2>=	57.80%	58.00%	58.25%	58.50%	58.75%	59.00%
Target C1>=	69.50%	69.75%	70.00%	70.25%	70.50%	70.75%
Target C2>=	59.35%	59.50%	59.75%	60.00%	60.25%	60.50%

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

6,737

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	80	1.19%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,882	27.94%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	846	12.56%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,614	23.96%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	2,315	34.36%

Outcome A	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 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	2,460	4,422	61.11%	58.50%	55.63%	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	3,929	6,737	55.22%	56.00%	58.32%	Met target	No Slippage

Provide reasons for A1 slippage, if applicable

While continuing to implement strategies identified in the State Systemic Improvement Plan, we did not meet the target for Indicator 3, Outcome A1. Slippage occurred, resulting in a decrease in performance of 5.48% from FFY19 to FFY20.

Upon further data analysis, several reasons were determined as the possible cause for this decrease. We believe that slippage may have occurred as a result of the continued implementation of the State's Systemic Improvement Plan (SSIP). The goal of the SSIP work is to increase the accuracy of COS ratings through additional COS training on engaging the family, and the training on and use of the COS decision tree. The ratings entered by the FRC may be more accurate, which in turn lead to a change in progress categories and then SS1.

The slippage could also be a result of the updated guidance for children entering Part C services with a qualifying diagnosis. We have revised the list of qualifying diagnosis, added several new diagnosis to our list and continued training our partner to implement these changes. The change in our data could be the result of more children with severe diagnosis entering services and the fact that they did not substantially increase their rate of growth in Outcome A by the time they turn three years old or exited the program.

Lastly, the decrease that resulted in slippage for Outcome A can also be attributed to the COVID-19 pandemic. During FFY20, we have observed more services being provided via tele-health or virtually. Some families did not feel comfortable with in person services and there were disruptions in providing services due to staff outages and illnesses. Furthermore, families were isolated due to the pandemic and children did not interact with same-age peers, which could have had a negative impact on their social-emotional skills. This could further explain the downward trend we are observing for Indicator 3, Outcome A1.

We will be following up with our local provider agencies in each of our regions to further identify reasons for the decrease in the percentage of infants and toddlers who substantially increased their rate of growth in Outcome A1 by the time they turned 3 years of age or exited the program.

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	82	1.22%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,990	29.54%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,201	17.83%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,984	29.45%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,479	21.96%

Outcome B	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	3,185	5,257	67.58%	66.25%	60.59%	Did not meet target	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	3,463	6,736	51.22%	57.80%	51.41%	Did not meet target	No Slippage

Provide reasons for B1 slippage, if applicable

While continuing to implement strategies identified in the State Systemic Improvement Plan, we did not meet the target for Indicator 3, Outcome B1. Slippage occurred, resulting in a decrease in performance of 7.03% from FFY19 to FFY20. We noticed slippage for all three Outcomes (A, B, and C), Summary Statement 1, but the decrease for Outcome B was the most significant one.

Upon further data analysis, several reasons were determined as the possible cause for this decrease. We believe that slippage may have occurred as a result of the continued implementation of the State's Systemic Improvement Plan (SSIP). The goal of the SSIP work is to increase the accuracy of COS ratings through additional COS training on engaging the family, and the training on and use of the COS decision tree. The ratings entered by the FRC may be more accurate, which in turn lead to a change in progress categories and then SS1.

The slippage could also be a result of the updated guidance for children entering Part C services with a qualifying diagnosis. We have revised the list of qualifying diagnosis, added several new diagnosis to our list and continued training our partners to implement these changes. The change in our data could be the result of more children with severe diagnosis entering services and the fact that they did not substantially increase their rate of growth in Outcome B by the time they turn three years old or exited the program.

Lastly, the decrease that resulted in slippage for Outcome B can also be attributed to the COVID-19 pandemic. During FFY20, we have observed more services being provided via tele-health or virtually. Some families did not feel comfortable with in person services and there were disruptions in providing services due to staff outages and illnesses. Furthermore, children and families were isolated and many childcare facilities remained closed. This isolation could have had significant impacts on the development of language and communication. This could explain the downward trend we are observing for Indicator 3, Outcome B1.

We will be following up with our local provider agencies in each of our regions to further identify reasons for the decrease in the percentage of infants and toddlers who substantially increased their rate of growth in Outcome B1 by the time they turned 3 years of age or exited the program.

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	87	1.29%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,751	25.99%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,101	16.35%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,351	34.90%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,446	21.47%

Outcome C	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	3,452	5,290	69.23%	69.50%	65.26%	Did not meet target	Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	3,797	6,736	54.84%	59.35%	56.37%	Did not meet target	No Slippage

Provide reasons for C1 slippage, if applicable

While continuing to implement strategies identified in the State Systemic Improvement Plan, we did not meet the target for Indicator 3, Outcome C1. Slippage occurred, resulting in a decrease in performance of 3.97% from FFY19 to FFY20.

Upon further data analysis, several reasons were determined as the possible cause for this decrease. We believe that slippage may have occurred as a result of the continued implementation of the State's Systemic Improvement Plan (SSIP). The goal of the SSIP work is to increase the accuracy of COS ratings through additional COS training on engaging the family, and the training on and use of the COS decision tree. The ratings entered by the FRC may be more accurate, which in turn lead to a change in progress categories and then SS1.

The slippage could also be a result of the updated guidance for children entering Part C services with a qualifying diagnosis. We have revised the list of qualifying diagnosis, added several new diagnosis to our list and continued training our partners to implement these changes. The change in our data could be the result of more children with severe diagnosis entering services and the fact that they did not substantially increase their rate of growth in Outcome C1 by the time they turn three years old or exited the program.

Lastly, the decrease that resulted in slippage for Outcome C1 can also be attributed to the COVID-19 pandemic. During FFY20, we have observed more services being provided via tele-health or virtually. Some families did not feel comfortable with in person services and there were disruptions in providing services due to staff outages and illnesses. Furthermore, children and families were isolated and many childcare facilities remained closed. This isolation could have an impact on the ability to develop skills needed to use appropriate behaviors to meet their needs. This could explain the downward trend we are observing for Indicator 3, Outcome C1.

We will be following up with our local provider agencies in each of our regions to further identify reasons for the decrease in the percentage of infants and toddlers who substantially increased their rate of growth in Outcome C1 by the time they turned 3 years of age or exited the program.

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	11,720
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.	4,974

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.

Providers use formal and informal assessment and evaluation tools to collect information to inform the child outcomes ratings at entry and exit. This might also include observation, parent/caregiver interview and other methods of collecting information about a family's strengths, priorities, and cultural practices/values/expectations. The Washington COS decision tree is used by the full team, including the parent, to determine descriptor statements for each outcome area.

Provide additional information about this indicator (optional).

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	2015	2016	2017	2018	2019
A	2019	Target>=	82.75%	83.00%	83.25%	83.50%	83.50%
A	89.87%	Data	81.78%	75.72%	79.17%	79.53%	89.87%
B	2019	Target>=	90.75%	91.00%	91.25%	91.50%	91.50%
B	92.16%	Data	88.39%	81.86%	85.60%	85.87%	92.16%
C	2019	Target>=	86.75%	87.00%	87.25%	87.50%	87.50%
C	86.89%	Data	87.65%	80.07%	85.10%	84.90%	86.89%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A>=	83.50%	83.73%	84.00%	84.25%	84.50%	84.75%
Target B>=	91.50%	91.75%	92.00%	92.25%	92.50%	92.75%
Target C>=	87.50%	87.75%	88.00%	88.25%	88.50%	88.75%

Targets: Description of Stakeholder Input

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January 19, 2022, the State Interagency Coordinating Council (SICC) met to review the Washington State's Part C State Annual Performance Report. The SICC provided input on targets, plausible explanations for progress and/or contributing factors impacting slippage in performance indicators, and engaged in data analytics which at times included requests for additional clarification. Some indicators were discussed in more detail with SICC input integrated into indicator sections as appropriate. SICC did not recommend changes to any targets that were set for FFY 2020-2025 through the expanded stakeholder convenings.

Target Setting Meetings – Local Stakeholder Involvement

Stakeholder meetings were convened from September 2021 through January 2022 to discuss APR target setting. A broad range of stakeholders participated including; the SICC data committee, the members of the Parent Institute of Engagement, early intervention service providers, agency administrators, ESIT Part C Provider Agency staff and school district staff. The group was given the task of reviewing data and making recommendations to ESIT on targets covering the next six years for Indicators 2, 3a,b,c, 4a,b,c, 5 and 6. An overview of the indicators and parameters of target setting were presented. Participants were divided into small groups and given a data packet for reference in their discussions. The data packet showed state trends for each results indicator over the past several years. After discussion and analysis, individuals from the groups generated a recommendation for each target for the next six years. ESIT staff were present to answer any questions. Results were compiled and the mean, median, and mode were calculated for each indicator for each year. The groups' input was consolidated into one set of indicators for each year and presented at a special APR review meeting of the State Interagency Coordinating Council (SICC) in January 2022. January 19, 2022, the State Interagency Coordinating Council (SICC) met to review all target setting for Indicators 2, 3a,b,c, 4a,b,c, 5 and 6 as a part of the annual performance review process. The Council did not recommend changes to any targets that were previously recommended through the expanded stakeholder convenings.

FFY 2020 SPP/APR Data

The number of families to whom surveys were distributed	3,223
Number of respondent families participating in Part C	1,346
Survey Response Rate	41.76%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,022
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,204
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	1,189
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1,313
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	926
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1,135

Measure	FFY 2019 Data	FFY 2020 Target	FFY 2020 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)	89.87%	83.50%	84.88%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	92.16%	91.50%	90.56%	Did not meet target	Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	86.89%	87.50%	81.59%	Did not meet target	Slippage

Provide reasons for part B slippage, if applicable

After analysis of the FFY2020 data, a decrease of 1.6% from FFY2019 was noted. This variance is small considering the N size for responses to questions pertaining to Outcome B is only 1189 and we served over 10,000 children during FFY2020.

Multiple possible reasons have been identified that could explain the decline. In the family survey responses, many parents indicated that they found the interruption in service or shift to online services due to COVID did not meet their child's needs as well. Families also had larger breaks in services due to the COVID pandemic. Programs experienced provider shortages and provider turnover as well as difficulties in making technology accessible to all families. Lastly, providers shared that it proved difficult to effectively provide parent coaching through video conference, which could have led to an increased level of frustration for parents.

Provide reasons for part C slippage, if applicable

After analysis of the FFY2020 data, a decrease of 5.31% from FFY2019 was noted. Multiple possible reasons have been identified that could explain the decline. In the family survey responses, many parents indicated that they found the interruption in service or shift to online services due to COVID did not meet their child's needs as well. Families also had larger breaks in services due to the COVID pandemic. Programs experienced provider shortages and provider turnover as well as difficulties in making technology accessible to all families. Lastly, providers shared that it proved difficult to effectively provide parent coaching through video conference, which could have led to an increased level of frustration for parents. This is reflected in particular in the data collected for Indicator 4, Outcome C where families rate how helpful services are in helping their child develop and learn. Parent Coaching is an essential activity reflected in this Outcome.

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.	NO

If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

Analysis of FFY2020 Family Outcomes Survey data showed that the Hispanic Population was under-represented by approximately 4.2% while the White population was over-represented by 4.1%. The data for all other groups (gender, age, race and ethnicity) was representative of the families served in FFY 2020.

We did notice that less than 50% of Hispanic families have an email address on file, therefore they were less likely to receive the electronic version of the survey. This could be one reason why this particular group is under-represented in our data set. Strategies to ensure that the future response data is representative of Hispanic families are to emphasize the importance of obtaining an email address for families and recording it in the Data Management System (DMS). Furthermore, we will change the sequence in which phone interviews are being conducted. Currently, Hispanic families receive phone calls rather late after the survey is sent due to the way the data is sorted. Moving forward, phone interviews with Hispanic families will be prioritized to have more opportunities to contact these families during follow up calls.

Survey Response Rate

FFY	2019	2020
Survey Response Rate	45.42%	41.76%

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 response rate declined by 3.66% from FFY19 to FFY2020. We believe that there are several reasons for this decline. The survey was conducted in the same way as it was conducted in FFY19. We did encounter challenges with slow mail delivery. In particular, it was noted that upon closing of the survey, many surveys were received that were dated up to 10 days prior. In climate weather led to severe delays in mail delivery which impacted the response rate to the survey in FFY2020.

For FFY2021, we are planning to conduct the survey earlier in the program year and to keep them open for a longer period of time to allow families more time to respond and mail the surveys back. In addition, we will spend more time on follow up calls to families that did not mail a survey back or use the electronic survey option. We hope to be able to target under-represented groups with the follow up phone calls.

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.

Analysis of the response rate did not identify any nonresponse bias. The decline in the response rate is attributed in large to the delays in mail delivery and the short turn-around time between mailing the survey and recording the responses.

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 families responding to the survey are representative to the demographics of infants, toddlers and families enrolled in the Part C program with exception of the under-representation of Hispanic families and over-representation of White families. The differences here are +/- 4%, which is +/- 1% higher variance than the established threshold of +/- 3% that determines representativeness.

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 metric used to determine representativeness is +/- 3% discrepancy.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

OSEP notes that the State submitted verification that the attachment complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the attachments included in the State's FFY 2019 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

Response to actions required in FFY 2019 SPP/APR

4 - OSEP Response

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the 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	0.51%

FFY	2015	2016	2017	2018	2019
Target >=	0.85%	0.89%	0.92%	0.96%	1.21%
Data	1.47%	1.44%	1.63%	1.95%	2.04%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	2.00%	2.10%	2.20%	2.30%	2.40%	2.50%

Targets: Description of Stakeholder Input

SICC Special Meeting – Annual Performance Report (APR) Review

January 19, 2022, the State Interagency Coordinating Council (SICC) met to review the Washington State's Part C State Annual Performance Report. The SICC provided input on targets, plausible explanations for progress and/or contributing factors impacting slippage in performance indicators, and engaged in data analytics which at times included requests for additional clarification. Some indicators were discussed in more detail with SICC input integrated into indicator sections as appropriate. SICC did not recommend changes to any targets that were set for FFY 2020-2025 through the expanded stakeholder convenings.

Target Setting Meetings – Local Stakeholder Involvement

Stakeholder meetings were convened from September 2021 through January 2022 to discuss APR target setting. A broad range of stakeholders participated including; the SICC data committee, the members of the Parent Institute of Engagement, early intervention service providers, agency administrators, ESIT Part C Provider Agency staff and school district staff. The group was given the task of reviewing data and making recommendations to ESIT on targets covering the next six years for Indicators 2, 3a,b,c, 4a,b,c, 5 and 6.

An overview of the indicators and parameters of target setting were presented. Participants were divided into small groups and given a data packet for reference in their discussions. The data packet showed state trends for each results indicator over the past several years. After discussion and analysis, individuals from the groups generated a recommendation for each target for the next six years. ESIT staff were present to answer any questions.

Results were compiled and the mean, median, and mode were calculated for each indicator for each year. The groups' input was consolidated into one set of indicators for each year and presented at a special APR review meeting of the State Interagency Coordinating Council (SICC) in January 2022.

January 19, 2022, the State Interagency Coordinating Council (SICC) met to review all target setting for Indicators 2, 3a,b,c, 4a,b,c, 5 and 6 as a part of the annual performance review process. The Council did not recommend changes to any targets that were previously recommended through the expanded stakeholder convenings.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/07/2021	Number of infants and toddlers birth to 1 with IFSPs	1,727
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More	07/01/2020	Population of infants and toddlers birth to 1	86,481

Source	Date	Description	Data
Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020			

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,727	86,481	2.04%	2.00%	2.00%	Met target	No Slippage

Provide additional information about this indicator (optional)

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	1.79%

FFY	2015	2016	2017	2018	2019
Target >=	2.38%	2.43%	2.49%	2.55%	2.80%
Data	2.69%	2.77%	2.99%	3.43%	3.72%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	3.00%	3.10%	3.20%	3.30%	3.40%	3.50%

Targets: Description of Stakeholder Input

SICC Special Meeting – Annual Performance Report (APR) Review

January 19, 2022, the State Interagency Coordinating Council (SICC) met to review the Washington State's Part C State Annual Performance Report. The SICC provided input on targets, plausible explanations for progress and/or contributing factors impacting slippage in performance indicators, and engaged in data analytics which at times included requests for additional clarification. Some indicators were discussed in more detail with SICC input integrated into indicator sections as appropriate. SICC did not recommend changes to any targets that were set for FFY 2020-2025 through the expanded stakeholder convenings.

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An overview of the indicators and parameters of target setting were presented. Participants were divided into small groups and given a data packet for reference in their discussions. The data packet showed state trends for each results indicator over the past several years. After discussion and analysis, individuals from the groups generated a recommendation for each target for the next six years. ESIT staff were present to answer any questions. Results were compiled and the mean, median, and modes were calculated for each indicator for each year. The groups' input was consolidated into one set of indicators for each year and presented at a special APR review meeting of the State Interagency Coordinating Council (SICC) in January 2022. January 19, 2022, the State Interagency Coordinating Council (SICC) met to review all target setting for Indicators 2, 3a, b, c, 4a, b, c, 5 and 6 as a part of the annual performance review process. The Council did not recommend changes to any targets that were previously recommended through the expanded stakeholder convenings.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/07/2021	Number of infants and toddlers birth to 3 with IFSPs	8,691
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, 2010 to July 1, 2020	07/01/2020	Population of infants and toddlers birth to 3	262,324

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
8,691	262,324	3.72%	3.00%	3.31%	Met target	No Slippage

Provide additional information about this indicator (optional).

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 2020 SPP/APR, the data for FFY 2019), 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	85.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	93.67%	91.90%	91.43%	90.77%	94.78%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,935	2,373	94.78%	100%	96.17%	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.

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).

Data were collected from January 1 through March 31, 2021, third quarter, selection from the full reporting period and was obtained from all IFSPs entered into the ESIT Data Management System (DMS) during this period.

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

The annual compliance period in the state of Washington is from January 1 through March 31, 2021, third quarter of the respective reporting year. During this time, the state confirms the timeliness of all IFSPs entered in the data management system. The three months of data collected from all IFSPs during this period contain the full range of variability exhibited by the population served by ESIT throughout the year. The data is from all programs across the state making it representative of the entire state.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
284	284	0	0

FFY 2019 Findings of Noncompliance Verified as Corrected

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

The ESIT program verified that it corrected all findings of noncompliance identified in FFY 2019, consistent with the requirements in OSEP Memo 09-02. ESIT staff, Local Lead Agency (LLA) administrators, Family Resources Coordinators (FRCs), and providers used the ESIT Data Management System (DMS) IFSP Compliance Report to review data.

From the date the contractor received a finding letter for noncompliance, the contractor had one year to correct identified non-compliance for each indicator not meeting 100%. Each ESIT Part C Provider Agency reviewed compliance reports from the DMS to ensure data was entered accurately into the system and that the regulatory requirements regarding timely service provision were being met.

To verify that noncompliance was correctly addressing the regulatory requirements, each LLA reviewed and identified a minimum of two weeks of DMS data. If data demonstrated compliance for each indicator where findings were issued, compliance was considered achieved. The contractor then submitted the DMS data to ESIT staff for reverification. After ESIT staff verified the data submitted, (and verified correction of individual child noncompliance, ESIT staff sent a letter documenting that noncompliance was fully corrected.

If correction of non-compliance has not been verified within one-year of the findings, ESIT staff notifies the LLA that they must develop a CAP. During FFY 19, no provider agency met the criteria for needing a CAP.

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

ESIT staff verified correction of each individual incidence of non-compliance through the ESIT data management system (DMS). The DMS provides a referral date, an Initial IFSP due date and the actual date the Initial IFSP was issued for every new IFSP. If an Initial IFSP was late, the DMS requires the user to enter a reason for the delay.

Late Exceptional Family Circumstance (EFC): extraordinary events that prevent the family from participating in required events on time.

Late Other: events identified by the early intervention program or provider and not the family that prevent required events from being completed on time.

ESIT staff reviewed compliance reports from the DMS during the annual compliance monitoring period and subsequent intervals as needed to verify each individual instance of noncompliance is corrected unless the child is no longer within the jurisdiction of the local lead agency, the family declined services, or the local lead agency was unable to make contact with the family.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 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 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

7 - OSEP Response

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# 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) divided by the (# 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 2020 SPP/APR, the data for FFY 2019), 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	76.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
757	757	100.00%	100%	100.00%	Met 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.

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).

Data were collected from January 1 through March 31, 2021, third quarter, selection from the full reporting period and was obtained from all IFSPs entered into the ESIT Data Management System (DMS) during this period

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

The annual compliance period in the state of Washington is from January 1 through March 31, 2021, third quarter of the respective reporting year. During this time, the state confirms the timeliness of all IFSPs entered in the data management system. The three months of data collected from all IFSPs during this period contain the full range of variability exhibited by the population served by ESIT throughout the year. The data is from all programs across the state making it representative of the entire state.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2019

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

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY Required Actions

None

8A - OSEP Response

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# 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) divided by the (# 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 2020 SPP/APR, the data for FFY 2019), 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	95.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
623	623	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.

0

Provide reasons for delay, if applicable.

Describe the method used to collect these data.

The ESIT Data Management System (DMS) business rules requires ESIT Part C provider agency administrators, family resources coordinators (FRCs), and service providers to document in the DMS if a child was potentially eligible for Part B. ESIT, the state lead agency (SLA), generates notifications from the DMS to the state education agency (SEA) and local education agency (LEA).

LEA Notification. Potential eligibility for Part B special education documentation resulted in the DMS generating notifications. The DMS sent an automated electronic notification to all LEAs informing them of potentially eligible toddlers that would soon be transitioning from early intervention.

SEA Notification. ESIT staff manually sent the required notification to the SEA data manager. SEA and LEA notifications occur monthly. Because of the structure of the DMS, individual instances of noncompliance could not occur regarding this indicator.

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

NO

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).

Data were collected from January 1 through March 31, 2021, third quarter, selection from the full reporting period and was obtained from all IFSPs entered into the ESIT Data Management System (DMS) during this period

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

The annual compliance period in the state of Washington is from January 1 through March 31, 2021, third quarter of the respective reporting year. During this time, the state confirms the timeliness of all IFSPs entered in the data management system. The three months of data collected from all IFSPs during this period contain the full range of variability exhibited by the population served by ESIT throughout the year. The data is from all programs across the state making it representative of the entire state.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2019

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

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 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 = [(# 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) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# 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) divided by the (# 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 2020 SPP/APR, the data for FFY 2019), 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	80.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	95.48%	98.52%	96.96%	97.20%	95.15%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
772	1,042	95.15%	100%	93.96%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

While maintaining a relatively high level of compliance in FFY 2020, slippage occurred and the percentage of toddlers exiting Part C, where a transition conference occurred at least 90 days prior to the child's third birthday dropped from 95.15% in FFY 19 to 93.96% in FFY 20. This is a decrease of 1.19%.

The decrease in the number of timely transition conferences is a result of the COVID-19 pandemic which impacted school districts and Early Intervention Provider Agencies (EIPAs) across the state. Many programs and school districts experienced closures and staff shortages which led to a delay in the timely scheduling of transition conferences.

We also want to note the challenges around availability of the families to participate in these meetings. Families were facing challenges with illness, childcare and access to technology to participate in virtual meetings. While this is not a factor that directly impacts the results of this indicator, it did increase difficulties with scheduling conferences in a timely manner.

ESIT staff is in the process of creating training and technical assistance guidance for FRCs and school districts on data entry of transition conferences that are delayed or cancelled due to COVID-19 related challenges and appropriate documentation of the late reasons (late other and exceptional family circumstances).

Other efforts to ensure timely transition conference meetings is the implementation of virtual conferences in partnership with the school districts.

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.

98

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.

115

Provide reasons for delay, if applicable.

After analysis of the late reasons that were identified as "late, other" three categories of late reasons were identified. The three categories are provider shortages, late due to circumstances related to the COVID-19 pandemic, specifically school district closures, and late due to administrative and provider agency scheduling errors.

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).

Data were collected from January 1 through March 31, 2021, third quarter, selection from the full reporting period and was obtained from all IFSPs entered into the ESIT Data Management System (DMS) during this period.

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

The annual compliance period in the state of Washington is from January 1 through March 31, 2021, third quarter of the respective reporting year. During this time, the state confirms the timeliness of all IFSPs entered in the data management system. The three months of data collected from all IFSPs during this period contain the full range of variability exhibited by the population served by ESIT throughout the year. The data is from all programs across the state making it representative of the entire state.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
249	249	0	0

FFY 2019 Findings of Noncompliance Verified as Corrected

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

The ESIT program verified that it corrected all findings of noncompliance identified in FFY 2019, consistent with the requirements in OSEP Memo 09-02. ESIT staff, ESIT Part C provider agency administrators, Family Resources Coordinators (FRCs), and providers used the ESIT Data Management System (DMS) IFSP Compliance Report to review data.

From the date the contractor received a finding letter for noncompliance, the contractor had one year to correct identified non-compliance for each indicator not meeting 100%. Each ESIT Part C Provider Agency reviewed compliance reports from the DMS to ensure data was entered accurately into the system and that the regulatory requirements regarding timely service provision were being met.

To verify that noncompliance was correctly addressing the regulatory requirements, each provider agency reviewed and identified a minimum of two weeks of DMS data. If data demonstrated compliance for each indicator where findings were issued, compliance was considered achieved. The contractor then submitted the DMS data to ESIT staff for reverification. After ESIT staff verified the data submitted, (and verified correction of individual child noncompliance, ESIT staff sent a letter documenting that noncompliance was fully corrected.

If correction of non-compliance has not been verified within one-year of the findings, ESIT staff notifies the contractor that they must develop a CAP. During FFY19, no provider agency met the criteria for needing a CAP.

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

ESIT staff verified correction of each individual incidence of non-compliance through the ESIT data management system (DMS). The DMS provides a transition conference due date and an actual date when the transition conference occurred for each child record required to have a transition conference. If a transition conference was late, the DMS requires the user to enter a reason for the delay.

Late Exceptional Family Circumstance (EFC): extraordinary events that prevent the family from participating in required events on time.

Late Other: events identified by the early intervention program or provider and not the family that prevent required events from being completed on time.

ESIT staff reviewed compliance reports from the DMS during the annual compliance monitoring period and subsequent intervals as needed to verify each individual instance of noncompliance is corrected unless the child is no longer within the jurisdiction of the local lead agency, the family declined services, or the local lead agency was unable to make contact with the family.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 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 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

8C - OSEP Response

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

States are not required to establish 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.

NO

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 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/03/2021	3.1 Number of resolution sessions	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/03/2021	3.1(a) Number resolution sessions resolved through settlement agreements	0

Targets: Description of Stakeholder Input

SICC Special Meeting – Annual Performance Report (APR) Review

January 19, 2022, the State Interagency Coordinating Council (SICC) met to review the Washington State's Part C State Annual Performance Report. The SICC provided input on targets, plausible explanations for progress and/or contributing factors impacting slippage in performance indicators, and engaged in data analytics which at times included requests for additional clarification. Some indicators were discussed in more detail with SICC input integrated into indicator sections as appropriate. SICC did not recommend changes to any targets that were set for FFY 2020-2025 through the expanded stakeholder convenings.

Target Setting Meetings – Local Stakeholder Involvement

Stakeholder meetings were convened from September 2021 through January 2022 to discuss APR target setting. A broad range of stakeholders participated including; the SICC data committee, the members of the Parent Institute of Engagement, early intervention service providers, agency administrators, ESIT Part C Provider Agency staff and school district staff. The group was given the task of reviewing data and making recommendations to ESIT on targets covering the next six years for Indicators 2, 3a,b,c, 4a,b,c, 5 and 6.

An overview of the indicators and parameters of target setting were presented. Participants were divided into small groups and given a data packet for reference in their discussions. The data packet showed state trends for each results indicator over the past several years. After discussion and analysis, individuals from the groups generated a recommendation for each target for the next six years. ESIT staff were present to answer any questions.

Results were compiled and the mean, median, and modes were calculated for each indicator for each year. The groups' input was consolidated into one set of indicators for each year and presented at a special APR review meeting of the State Interagency Coordinating Council (SICC) in January 2022.

January 19, 2022, the State Interagency Coordinating Council (SICC) met to reviewed all target setting for Indicators 2, 3a,b,c, 4a,b,c, 5 and 6 as a part of the annual performance review process. The Council did not recommend changes to any targets that were previously recommended through the expanded stakeholder convenings.

Historical Data

Baseline Year	Baseline Data
0	0.00%

FFY	2015	2016	2017	2018	2019
Target>=				0.00%	.00%
Data					

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

FFY 2020 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
0	0		0.00%		N/A	N/A

Provide additional information about this indicator (optional)

9 - Prior FFY Required Actions

None

9 - OSEP Response

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

States are not required to establish 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 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1 Mediations held	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.a.i Mediations agreements related to due process complaints	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

SICC Special Meeting – Annual Performance Report (APR) Review

January 19, 2022, the State Interagency Coordinating Council (SICC) met to review the Washington State's Part C State Annual Performance Report. The SICC provided input on targets, plausible explanations for progress and/or contributing factors impacting slippage in performance indicators, and engaged in data analytics which at times included requests for additional clarification. Some indicators were discussed in more detail with SICC input integrated into indicator sections as appropriate. SICC did not recommend changes to any targets that were set for FFY 2020-2025 through the expanded stakeholder convenings.

Target Setting Meetings – Local Stakeholder Involvement

Stakeholder meetings were convened from September 2021 through January 2022 to discuss APR target setting. A broad range of stakeholders participated including; the SICC data committee, the members of the Parent Institute of Engagement, early intervention service providers, agency administrators, ESIT Part C Provider Agency staff and school district staff. The group was given the task of reviewing data and making recommendations to ESIT on targets covering the next six years for Indicators 2, 3a,b,c, 4a,b,c, 5 and 6.

An overview of the indicators and parameters of target setting were presented. Participants were divided into small groups and given a data packet for reference in their discussions. The data packet showed state trends for each results indicator over the past several years. After discussion and analysis, individuals from the groups generated a recommendation for each target for the next six years. ESIT staff were present to answer any questions.

Results were compiled and the mean, median, and modes were calculated for each indicator for each year. The groups' input was consolidated into one set of indicators for each year and presented at a special APR review meeting of the State Interagency Coordinating Council (SICC) in January 2022.

January 19, 2022, the State Interagency Coordinating Council (SICC) met to review all target setting for Indicators 2, 3a,b,c, 4a,b,c, 5 and 6 as a part of the annual performance review process. The Council did not recommend changes to any targets that were previously recommended through the expanded stakeholder convenings.

Historical Data

Baseline Year	Baseline Data
2005	0.00%

FFY	2015	2016	2017	2018	2019

Target>=				0.00%	
Data					

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., April 1, 2021). 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 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

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 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) 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)?

There will be an increase in the percentage of infants and toddlers exiting early intervention services who demonstrate an increased rate of growth in positive social-emotional development.

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

NO

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

NO

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

NO

Please provide a link to the current theory of action.

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	56.21%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	58.50%	58.75%	59.00%	59.25%	59.50%	59.75%

FFY 2020 SPP/APR Data

		FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
2,460	4,422	61.11%	58.50%	55.63%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

While continuing to implement strategies identified in the State Systemic Improvement Plan, we did not meet the target for Indicator 3, Outcome A1. Slippage occurred, resulting in a decrease in performance of 5.48% from FFY19 to FFY20.

Upon further data analysis, several reasons were determined as the possible cause for this decrease. We believe that slippage may have occurred as a result of the continued implementation of the State's Systemic Improvement Plan (SSIP). The goal of the SSIP work is to increase the accuracy of COS ratings through additional COS training on engaging the family, and the training on and use of the COS decision tree. The ratings entered by the FRC may be more accurate, which in turn lead to a change in progress categories and then SS1.

The slippage could also be a result of the updated guidance for children entering Part C services with a qualifying diagnosis. We have revised the list of qualifying diagnosis, added several new diagnosis to our list and continued training our partners to implement these changes. The change in our data could be the result of more children with severe diagnosis entering services and the fact that they did not substantially increase their rate of growth in Outcome A by the time they turn three years old or exited the program.

Lastly, the decrease that resulted in slippage for Outcome A can also be attributed to the COVID-19 pandemic. During FFY20, we have observed more

services being provided via tele-health or virtually. Some families did not feel comfortable with in person services and there were disruptions in providing services due to staff outages and illnesses. Furthermore, families were isolated due to the pandemic and children did not interact with same-age peers, which could have had a negative impact on their social-emotional skills. This could further explain the downward trend we are observing for Indicator 3, Outcome A1.

We will be following up with our local provider agencies in each of our regions to further identify reasons for the decrease in the percentage of infants and toddlers who substantially increased their rate of growth in Outcome A1 by the time they turned 3 years of age or exited the program.

Provide the data source for the FFY 2020 data.

ESIT Data Management System (DMS)

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

SiMR data is collected within ESIT's Data Management System via direct input from providers in the field. The data is then collected via Data Management System reporting as an Excel spreadsheet for data cleaning. The usage of COS process of outcomes is a key contributor to data collection and demonstrates how these Child Outcomes Surveys are used to accurately rate a child's entry and exit, so data can reflect the timelines for this process and the impact of outcomes.

COS rating data are pulled from ESIT's DMS for the current Federal Fiscal Year and contain data elements such as Service Area, Entry and Exist scoring, COS Type, and scoring metrics. These data are cleaned and placed into pivot tables to allow for customization and further analysis. Data are analyzed across with elements of the % of 6 or 7 scoring, N for 6 or 7, and Summary Statement 1% for that particular time frame. Analysis involved looking at the particular FFY by itself and across multiple years and looking at trending data of entry/exit ratings and then comparing those percentages to the specific SS1% for each year. This analysis shows the trending data per outcomes and years and compares to SS1% to give a view of how the SiMR is progressing, where there are trending patterns of note, and how the SiMR is being impacted.

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.

This year the State Lead Agency (SLA) continued to collect data used to measure progress towards outcomes. The SLA examined outcome data statewide and analysis specific to SSIP sites to better understand how improvement practices are impacting services in specific cohorts and to better understand any possible impact on the statewide data. Implementation sites continued to receive training opportunities in all levels of Promoting First Relationships (PFR), the evidenced based practice being implemented in Washington. From April 2021 to December 2021, training was provided to 25 providers at Level One, seven providers at Level Two, and three providers at Level Three. Implementation sites continued to complete observations and self-assessments using the Home Visit Rating Scales (HOVRS). The results were collected to measure the implementation of PFR, specifically related to the facilitation of the caregiver-child interaction and collaboration with caregivers as partners. There were 617 HOVRS collection sheets used in these analyses for 2020 and 2021. This indicates a high level of skill for those who have received PFR training in supporting families to address their children's social-emotional developmental needs.

The SLA continues to analyze Child Outcome Summary (COS) data entered into the Data Management System (DMS) by providers statewide with a focus on the distribution of COS entry ratings of six and seven. The focus on these ratings is to consider if greater understanding of social-emotional functioning helps providers and teams identify children's challenges in social-emotional functioning earlier, leading to more accurate COS ratings. Data also continues to be collected as new providers statewide complete introductory COS training modules and demonstrate their understanding through a quiz.

During this past year, the SLA focused on in-depth data analyses and is continuing to analyze the overall results and implications. In 2020, the SLA with stakeholder input, hypothesized that agencies who increased their ability to use and analyze COS data and received high scores on the COS-TC, would have more discrimination in COS entry ratings, and therefore both lower COS ratings at entry and an increase in SS1. Current data analyses are focusing on each component to this hypothesis to see if it is supported and what the implications of the results may be. Updated COS-TC data will be collected in Spring 2022. The COS-TC is designed to assist with improving team collaboration and partnership skills during the COS process. Having higher COS-TC scores may assist with providers' abilities to make more accurate COS ratings, which may lead to an increase in SS1. Assessing an agency's ability to use and analyze COS data was measured by responses to evaluation questions that were asked during previous quarterly call agendas. Overall, the SLA is analyzing COS entry ratings and SS1 trends statewide and comparing data trends for implementation sites, non-implementation sites, and statewide. More in-depth analyses are focusing on differences between cohorts to determine additional data trends and implications of SSIP activities. The SLA is utilizing 2016 as the baseline year for SS1 and COS entry data, as this was prior to agencies receiving the Engaging Families in the COS training. Data for all three cohorts should be available for full analyses in 2022 due to the timing of the Engaging Families in the COS training that agencies participated in. When analyzing data trends, results are not always immediate. In order to gain a deeper understanding of the impact of SSIP activities, it is important to allow provider time to implement new skills, sites time to fully implement SSIP activities, and time for families to implement new strategies, prior to exploring outcomes results. Data analyses and monitoring will continue to be conducted to explore trends on COS entry ratings and SS1 percentages. The SLA is also considering the impact the COVID-19 pandemic may have on overall results, implications, and next steps. The SLA will include stakeholders when reviewing analysis results and will gather feedback and assistance from stakeholders to interpret meaning, results, implications, and decision making around future planning.

In 2020, the SLA with stakeholder input also hypothesized that following PFR training, SSIP sites with individual providers who received high HOVRS scores and self-reported strong local systems change, would lead to more IFSP outcomes being achieved, which would lead to an increase in SS1. Current data analyses are focusing on each component to this hypothesis to see if it is supported and what the implications of the results may be. The current data set used for the HOVRS analyses are based on 2020 and 2021 data collection sheets and did not include previous years data. Because 2020 resulted in the most complete data set of HOVRS collection sheets, that will be used as the initial year for analyses. If possible, HOVRS collection sheets collected during 2022 may also be included in the data analyses. Regarding local systems change, agencies were asked five questions and met the performance indicator if they answered "yes" to 80% of the questions. Similar to the above hypothesis, data analyses are currently being analyzed on all three cohorts to observe trends. Full data analyses for all three cohorts should be available in 2022, as this allows for enough time for providers to implement new practices based on PFR training and determine more accurate COS entry ratings. This will also provide enough time to be able to examine both entry and exit ratings in order to observe changes in SS1. The SLA is comparing overall differences and SS1 trends for pre and post PFR training years. These results are being compared to IFSP outcomes achieved for statewide and non-implementation sites. These analyses will hopefully provide a deeper understanding of the impact of PFR training, with other factors, on overall SS1 percentages. PFR training teaches providers various skills and knowledge around supporting parents and caregivers in developing stronger relationships with children and with meeting their social emotional needs. Given that PFR has both a focus on relationship building and social emotional support, the SLA expects that SS1 will increase over time after providers have sufficient time to implement these strategies with families. The SLA expects this to be evident through the use of the HOVRS and expects providers who have received PFR training to receive high HOVRS scores. The SLA will include stakeholders during the upcoming year on

reviewing results and assisting with interpreting meaning and implications, as well as next steps. Data collection and analyses will continue to be conducted throughout 2022 in order to continue to assess progress towards outcomes and the impact of SSIP activities. When possible, data analyses will also focus on different demographic points to provide a more meaningful understanding of the breakdown of results and to be able to help guide future decision making.

The SLA administered a survey to SSIP implementation sites gathering information on the impact of the COVID-19 pandemic on SSIP activities, including the impact on using social-emotional assessments. Most respondents (93%) reported having to adapt the use of social-emotional assessments in some capacity. This is discussed further below, but these implications will be examined in more depth in 2022 and will be taken into consideration when analyzing data in the coming year. Additional data that continues to be collected for the SiMR is data reported for APR indicator C3, which is collected at entry and exit using the COS process.

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.

The impact of the COVID-19 pandemic is variable across ESIT Provider Agencies, families, and providers. Providers continued adapting service delivery methods by providing more virtual services around areas that were previously conducted in-person (such as, completing social-emotional assessments, observations, family engagement and interviews, relying more on parent and caregiver reporting, etc.). Children may also be experiencing different home and environmental factors that may be impacting their social-emotional functioning and development. The pandemic has impacted families and providers in numerous ways, which may have made it more challenging for providers to assess social-emotional functioning and provide interventions virtually.

The SLA sent a survey to SSIP site leaders in Winter 2021 gathering information on the impact of the COVID-19 pandemic on SSIP activities. Many of these questions were created based on conversations during an SSIP site meeting in Fall 2021. The total number of respondents for this survey was 14, which came from 10 out of 15 SSIP sites. One-hundred percent of respondents reported completing services virtually in some capacity during the pandemic, with 93% reporting adapting the use of social-emotional assessments. Fifty percent of respondents reported that completing social-emotional assessments has been more challenging than before the pandemic, 14% reported it has been easier, and 36% reported it has not been any different. This may impact social-emotional assessment results due to possibly having less detailed information about children's social-emotional functioning and because adapting tools and using them in ways they may not have been designed to be administered may limit interpretability of information gathered. These challenges and adaptations may impact the ability to accurately identify social-emotional needs of children, which may impact intervention planning. These adaptations may impact SiMR data by possibly not having accurate data for determining COS outcome ratings.

Regarding completing the HOVRS, 36% reported it has been more challenging than before the pandemic, 43% reported it has been easier, and 21% reported it has not been different. Feedback received regarding how collecting HOVRS data has been more challenging was related to difficulties with completing the HOVRS due to various COVID-19 protocols and completing observations virtually. This may negatively impact HOVRS scores due to possible challenges with completing observations as indicated. Reasons reported for how completing the HOVRS has been easier is that observations are less intrusive, easier to coordinate, and possibly less impact on the session by observing virtually. Fifty percent of respondents reported having to adapt collecting HOVRS data, with most feedback centering around having to adapt completing HOVRS observations virtually or by recording. Most respondents reported transitioning between different modes of services throughout the pandemic, such as, switching between virtual and in-person services. While providers engaged families in numerous ways, challenges related to this shift may impact the interpretability of HOVRS observations and scores.

Most respondents provided qualitative information regarding parents or caregivers reporting concerns with their child's social-emotional development, specifically around the decreased ability for socialization and increased isolation. Some reasons reported for how parent engagement with providing virtual services to support social-emotional development, such as PFR, has been more challenging related to engaging or supporting families virtually or technology issues. Some positive reasons reported around implementing PFR virtually were increased parent participation and supporting providers to use the coaching model. Some challenges reported regarding relationship building with families were difficulties with providers being able to fully assess environmental factors and it taking longer to build relationships with families virtually. Positive feedback was also reported regarding relationship building with certain families. It's important to consider the possible impact that challenges with relationship building may have on data collection for the HOVRS, social-emotional assessments, and gathering information from families.

Positive changes reported due to the pandemic often related to providing virtual services, such as, increased flexibility and scheduling opportunities, improved parent coaching practices, increased efficiency with electronic records and documents, improved ability to reach families in different locations or medically fragile children, and improved teaming abilities. Positive experiences reported around service delivery include utilizing PFR, teaming, using the coaching model, increased ways to use the HOVRS, and options for involving other members to participate in visits. Some challenges reported around service delivery included difficulties administering some social-emotional assessments, using interpreters, increased rescheduling or canceling of visits, technology challenges, concerns around effectiveness of virtual services, transitions between service delivery methods, challenges with addressing social-emotional needs virtually, completing observations, and some challenges with engagement.

Overall, the SLA received various responses to this survey. These results speak to the uniqueness of each site, the impact of the pandemic, and other site-specific factors that may be impacting challenges, positive experiences, and overall responses to this survey. The unprecedented decisions and changes agencies had to make may impact the SiMR in various ways. The quality of information gathered by providers through parent interview and assessment may be impacted negatively as they adjust to virtual services. When providers are not able to collect the same robust information they can while in person, the quality of COS ratings and program planning may be impacted. The way the SLA interprets SS1 data for the years impacted by the pandemic will be different. The SLA will consider SSIP activities alongside the drastic changes in service delivery statewide and will include stakeholders on the best way to approach this analysis. The SLA will continue to monitor and assess challenges regarding the impact the pandemic has had on agencies statewide.

In September 2021, the SLA conducted the ESIT Provider Agency Staffing survey that was sent to ESIT provider agencies statewide. After the analysis of this survey, a follow-up survey was sent only to those providers who reported they had lost staff in the prior three months. Both surveys had high

response rates, with 94% of ESIT Provider Agencies responding to both surveys. Overall, 46% of respondents reported they did not have the needed staff to adequately serve all enrolled children, 76% reported losing staff in the previous three months, and 56% anticipated losing more staff in the upcoming three months. The top two reasons selected for staff loss pertained to taking a school district position and concerns regarding the COVID-19 vaccine requirement. Results of this survey suggest a heavy impact of the pandemic on agencies and staffing concerns, which includes SSIP sites. It's important to note that lower than usual staffing and personnel for some agencies may impose additional data quality issues. For example, loss of personnel may result in higher caseloads which impacts the ability to administer social-emotional assessments, participate in SSIP activities, teaming activities, etc. In order to provide additional support to ESIT Provider Agencies during this difficult time, the SLA held a webinar and created a guidance document that focused on recruitment and retention strategies, additional funding options, and additional strategies for agencies to explore.

Section B: Implementation, Analysis and Evaluation

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

YES

If yes, please provide the following information: a description of the changes and updates to the evaluation plan; a rationale or justification for the changes; and, a link to the State's current evaluation plan.

The SLA extended some of the outcomes measured for this year as data collection and data analyses on the three identified hypotheses continued. The SLA may work with stakeholders to modify the evaluation plan in 2022 if needed based on analyses results and stakeholder discussions. This year implementation sites continued activities, such as PFR, HOVRS observations, COS teaming, and Infant Mental Health endorsement. Opportunities were offered around continued reflective supervision, reflective consultation, reflective practice training, and a new Foundations of Infant Mental Health training series. The SLA continued to support implementation sites with these activities, while also focusing on data analyses. The SLA completed some data analyses activities this year and will work with stakeholders to make decisions around continuing activities. If needed, the SLA will update the evaluation plan in 2022. Data will continue to be collected, analyzed, and shared with stakeholders to determine if future changes to the evaluation plan are necessary.

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

SSIP implementation sites are organized within three cohorts. Cohort one was established in 2016, Cohort two in 2017, and Cohort three in 2018. There are a total of 15 implementation sites across Washington state. The SSIP activities and improvement strategies were initially selected to create positive and sustainable progress for children's social-emotional development. Washington's work to improve its infrastructure has focused on a comprehensive system for training and technical assistance, a quality data system, clarifying roles and responsibilities of the SLA and contractors, and improving the statewide child outcomes measurement system.

Strategy (Professional Development): Enhance the statewide system of personnel development to support the creation of high-quality, functional IFSP outcomes and strategies related to social-emotional skills and social relationships, and the implementation of evidence-based practices that address social-emotional needs.

Work toward a more comprehensive system of personnel development (CSPD) continued during 2021. Stakeholder input was collected and the SLA will continue to gather input during the development of the CSPD. A new Workforce Development team was added to the SLA to support statewide training and written guidance. This team will provide ongoing training on functional outcomes, engaging families in the COS, and social-emotional assessment. The SLA continued to support the use of Promoting First Relationships (PFR) and two PFR Level One trainings are scheduled for Spring 2022. There is ongoing work at implementation sites to continue to train staff at PFR Level's Two and Three.

Strategy (Qualified Personnel): Strengthen the expertise of current personnel and join with partner agencies engaged in social-emotional related statewide initiatives to increase the availability of early intervention personnel who have infant mental health expertise and able to provide culturally appropriate services.

The SLA continued activities to grow sustainability at the local level for reflective supervision. Providers at implementation sites had ongoing access to reflective supervision consultation groups, hosted by qualified professionals through the University of Washington. Eleven providers at implementation sites completed training to become qualified to lead their own groups. This infrastructure improvement will support providers at implementation sites to have the capacity for personal and group reflection as they work with families. The sustainability of the local infrastructure for reflective supervision will support all aspects of service delivery for families, likely contributing to the achievement of IFSP outcomes and progress in all outcome areas. In addition to reflective supervision, monthly reflective consultation groups are continuing to be offered to implementation sites. These groups provide ongoing support, reflective discussions, and shared exploration of the parallel process that occurs between relationships when working with families. Providing reflective consultation group opportunities allows for continued support for providers as they work with families to address social-emotional developmental needs of their children. Additionally, two sessions of Introduction to Reflective Practice training were offered to implementation sites. This year the SLA offered a new training series titled Foundations of Infant Mental Health. This training was a five-part introductory series that totaled 15 hours of training. It focused on exploring core concepts around centering caregiver-child relationships, cultivating reflective practice, supporting early attachment, understanding when young children need advanced support, and additional topics that surround infant mental health.

Strategy (Assessment): Enhance statewide implementation of high-quality functional assessment and COS rating processes.

The SLA continued implementation of a newly developed COS decision tree, described in detail in last year's report, and follow up survey to track its use and gather feedback from direct service providers. The SLA did analysis on the use of the new decision tree so far and set a rigorous yet achievable target for use. As of September 1, 2021, 70% of FRCs/Teams will use the decision tree with 80-100% of families. Agencies continued to implement the use of social-emotional assessments, including use of the DECA. Further data analyses regarding social-emotional assessments will be conducted in 2022.

Strategy (Accountability): Expand the general supervision and accountability system to support increasing data quality, assessing progress toward improving children's social-emotional skills and social relationships, and improving results for children and families.

New contracts are in place between DCYF and ESIT Provider Agencies (EPAs) and County Lead Agencies (CLAs) providing a direct contractual relationship and clear line of authority. The largest source of funding for the ESIT program has shifted from the Office of Superintendent of Special Instruction (OSPI) to DCYF. This enables the SLA to coordinate funding sources for the statewide system of services. Washington's intermediate outcome that the SLA has the capacity to enforce the responsibilities of contractors to carry out IDEA and related state requirements was achieved. Internal and external stakeholders documented improvement in all three quality indicators measured (GV2, 3, & 4) with QI ratings for GV2 and 4 increasing from November, 2019.

New contracts are in place with County Lead Agencies effective July 1, 2021 to June 30, 2022. Additionally, 24 ESIT Provider Agency contracts were amended and statewide contracts were updated. Contract requirements currently include Performance Based Contracting (PBC), with the exception of the services delivered requirement. This requirement is on hold until the new updated data system is in place to assist with collecting needed data. This year, PBC is being implemented from September 1, 2021 to June 30, 2022. Additional updates include requirements to have at least one provider per

agency participate in HOVRS training for 2022. The ESIT Accountability and Quality Improvement team is assisting with the process of exploring and developing Communities of Practice (COP) regarding HOVRS, with plans for the COP to be implemented in 2023. Additional work that is being completed at the SLA includes establishing the effective, integrated, and expanded monitoring workgroup. This group is being supported by national TA specialists and was established in 2021. This group is aimed at helping to move toward and expand our monitoring system, which would include on-site visits in the future. The SLA is seeking to revise the individual child record review tool in addition to developing tools to explore family centered practices, teaming practices, and coaching practices. The COS process will be considered in this decision making as well. Contractors are required to use the decision tree with families as of July 1, 2021, but not required to complete the follow-up survey. Providers are expected to use the decision tree to support decision making around COS ratings. These activities help support SSIP work due to the focus on increased improvement and sustainability of monitoring, teaming, coaching, and family centered practices. Additional changes include updates to the requirement of the Local Child Outcomes Measurement System (L-COMS). This requirement has currently been put on hold while the new monitoring system is being developed and implemented. As of July 1, 2021, the L-COMS is not included as a contract requirement. However, the SLA is still exploring if and where this requirement will reside (e.g., with the new monitoring system, as a part of SSIP only, or both). The SLA will continue to assess and monitor progress regarding these infrastructure components and will include stakeholders in future discussions around decision making.

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.

Strategy (Professional Development): Enhance the statewide system of professional development to support the creation of high-quality, functional IFSP outcomes and strategies related to social-emotional skills and social relationships, and the implementation of evidence-based practices that address social-emotional needs.

Work toward a more comprehensive system of personnel development (CSPD) continued with stakeholder input on shared values on four subcomponents; state personnel standards, preservice personnel development, in-service personnel development, and recruitment and retention. The intermediate outcome measured regarding this strategy is the SLA has a high-quality system for in-service training and technical assistance in place. This outcome has not yet been achieved with a rating of five or more on the ECTA Center System Framework quality indicator Personnel and Workforce (PN) seven.

Other outcomes measured this year related to this strategy include implementation of PFR, the evidenced based practice. The short-term outcome regarding demonstrated understanding of PFR practices is measured by evaluating provider responses to one question on a survey that is provided after the two-day PFR Level One training. The performance indicator for this outcome is that 90% of participating providers report having adequate knowledge of PFR practices by rating themselves either a four or five on the post-training survey question. This short-term outcome has been achieved in previous years and this outcome has been maintained. Of importance to note is that data was not collected for this outcome for the Spring 2020 or Spring 2021 PFR trainings, however, data collection began again for the Fall 2021 training. Surveys were not provided during this time due to limited capacity, changes due to the COVID-19 pandemic, and shifting roles of the internal SLA teams. Data collection for this outcome will continue throughout 2022.

The measurement of the outcome related to PFR uses the HOVRS to determine the level to which providers are implementing practices to promote positive social-emotional development. This intermediate outcome continues to be achieved and maintained and is discussed further below. This short-term outcome relates to the personnel/workforce (In-service Personnel Development PN7) area of the systems framework. By continuing to offer PFR and other ongoing training opportunities for learning and support, this helps to strengthen the personnel development system, assists with implementing high-quality services, and increases overall sustainability.

Strategy (Qualified Personnel): Strengthen the expertise of current personnel and join with partner agencies engaged in social-emotional related statewide initiatives to increase the availability of early intervention personnel who have infant mental health expertise and who are able to provide culturally appropriate services.

The outcomes related to this improvement strategy have previously been reported. The SLA continued providing various training opportunities, including reflective supervision, Introduction to Reflective Practice training, reflective consultation groups, Infant Mental Health endorsement opportunities, and a new training series on the Foundations of Infant Mental Health. There is not a specific outcome related to the reflective supervision and reflective practice activities currently being measured on the logic model. However, these training opportunities will continue to support infrastructure improvement as providers receive additional training and support with improved relationship building, more knowledge around infant mental health, and reflective practice skills, which will help support improved social-emotional functioning of families. The SLA will continue to review data collected on the number of providers taking advantage of these learning opportunities and monitor outcomes related to this strategy to measure the sustainability of activities.

Strategy (Assessment): Enhance statewide implementation of high-quality functional assessment and Child Outcome Summary (COS) rating processes.

The short-term outcome measured this year regarding this strategy was that providers have improved understanding of COS quality practices. This is measured by the percentage of providers who pass a quiz after viewing training modules of the COS process. In previous years, this outcome has been achieved and the performance indicator was that 90% of providers receive a passing score of 80% on the quiz. The performance indicator has been updated to 100% of providers will receive 100% on the quiz. Overall, 270 providers completed this quiz from April 2021 to December 2021. This outcome has been achieved. This short-term outcome relates to the personnel/workforce (In-service Personnel Development PN7) area of systems framework. This strategy supports the SiMR by improving the quality of the COS rating process, which leads to more accurate entry ratings. Having accurate entry ratings allows IFSP teams to complete better program planning to support the child's needs. It supports sustainability by leading to training and materials to be used by IFSP teams for ongoing COS ratings. This strategy also supports scale up by building an infrastructure for quality COS rating practices to be used at all ESIT Provider Agencies.

Strategy (Accountability): Expand the general supervision and accountability system to support increasing data quality, assessing progress toward improving children's social-emotional skills and social relationships, and improving results for children and families.

The SLA gathered input on the assessment of many aspects of our state infrastructure that impact the SSIP. The SLA met with stakeholders in Fall 2021 to measure progress on the State Child Outcomes Measurement System (S-COMS) Self-Assessment tool. This stakeholder meeting provided an opportunity for shared decision making regarding the status of elements of the statewide system that are moving quality forward. The most recent meeting focused on the purpose and data collection quality indicators. Results of the most recent S-COMS meeting indicate the performance indicator was met for the purpose and data collection sections assessed. The performance indicator for this outcome is the SLA will receive a score of at least five for the specific quality indicators selected on the S-COMS Self-Assessment tool. In 2021, the SLA scored a five on indicator DC1, six on indicator DC2,

and a six on PR1. In 2019, the SLA scored a four on AN3, a four on AN4, and a six on AN5. Therefore, when incorporating S-COMS results from both 2019 and 2021, this long-term outcome is only partially achieved due to not meeting the performance indicator of a score of at least five on the AN3 and AN4 indicators. Results of this S-COMS stakeholder meeting will continue to guide work on this activity.

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

NO

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

Strategy (Professional Development): Enhance the statewide system of professional development to support the creation of high-quality, functional IFSP outcomes and strategies related to social-emotional skills and social relationships, and the implementation of evidence-based practices that address social-emotional needs.

The State Interagency Coordinating Council's (SICC) Personnel and Training Committee is currently recruiting new members to begin work on an ESIT credential which will include further development of the CSPD and revised personnel standards. This will support the achievement of the outcome measuring Washington's system for in-service training and technical assistance. This next step of developing the CSPD will rely heavily on stakeholder input and the SLA will continue work on this throughout 2022.

Training for PFR at all three levels will continue. Data will continue to be collected by administering surveys after providers attend PFR Level One training. The SLA expects this outcome to continue to be maintained. The new Workforce Development team will focus on providing high quality statewide support, training, and written guidance. This team will provide ongoing training on functional outcomes, engaging families in the COS, and social-emotional assessment support.

Strategy (Qualified Personnel): Strengthen the expertise of current personnel and join with partner agencies engaged in social-emotional related statewide initiatives to increase the availability of early intervention personnel who have infant mental health expertise and who are able to provide culturally appropriate services.

The SLA will continue to support and offer reflective supervision, reflective consultation groups, Introduction to Reflective Practice training, and the Foundations of Infant Mental Health series. The SLA will continue to collect data on these groups. Although there isn't an outcome tied directly to these activities, the SLA expects providers to continue to benefit from these training opportunities by learning skills and knowledge to better support families. The SLA will continue to focus on infrastructure activities to sustain reflective supervision at the local level. The SLA will continue to support more providers with becoming qualified to provide reflective supervision and participate meaningfully in the groups. The SLA will also continue to support providers in achieving the Infant Mental Health endorsement.

Strategy (Assessment): Enhance statewide implementation of high-quality functional assessment and Child Outcome Summary (COS) rating processes.

The SLA will continue to focus on a high-quality COS process across the state. These activities will be statewide and include training, TA materials, and communities of practice and support for local infrastructure to implement the COS consistent with best practices as measured by the COS-TC. This intermediate outcome is expected to be achieved in the next reporting period. The SLA continues to support implementation of more in-depth social-emotional assessment using the e-DECA program. IFSP teams at implementation sites use the tool, or other in-depth social-emotional evaluation or assessment tools, with all children during the eligibility determination process. The results are used for more effective program planning and the selection of appropriate COS descriptor statements. These data related to this activity will be analyzed in 2022. This year the SLA focused on in-depth data analyses on the COS-TC, agencies' abilities to use and analyze COS data, COS entry ratings, and SS1 analyses. Current data analyses are focusing on exploring data trends by all implementation sites, by cohort, and comparing to statewide and non-implementation site data. This upcoming year data analyses will begin to further explore the use of the DECA. Data analyses on using the e-DECA program will explore interactions between the DECA, COS entry ratings, IFSP outcomes, and the impact on the SiMR. The SLA is planning on providing additional training on the use of the COS-TC in Spring 2022. The SLA has begun analyses on the statewide use of the revised COS decision tree and will include stakeholders around discussions on determining next steps for the tool, training, and technical assistance.

Strategy (Accountability): Expand the general supervision and accountability system to support increasing data quality, assessing progress toward improving children's social-emotional skills and social relationships, and improving results for children and families.

The SLA will continue to measure the State Child Outcomes Measurement System. Results from the S-COMS were determined in Fall 2021. The SLA will use the results of the S-COMS to guide continued work on this activity, will continue to conduct self-assessments for ongoing improvement, and will add any necessary steps to achieve improvement strategies and outcomes on the logic model. Stakeholders will be engaged to support any decision making on these next steps. Additional updates include requirements to have at least one provider per agency participate in HOVRS training for 2022. The ESIT Accountability and Quality Improvement team is assisting with the process of exploring and developing Communities of Practice (COP) regarding HOVRS, with plans for the COP to be implemented in 2023. The SLA will continue providing support around developing and establishing the effective, integrated, and expanded monitoring group. During 2022, the SLA will continue to explore the use of the L-COMS and will include stakeholders around this decision making.

The SLA has been working on the implementation of the Access to Child Online Records Network (ACORN) with an intended initial release date of January 2022. This launch has been delayed due to multiple infrastructure considerations. As an interim strategy, we are making a shift from the legacy system to a new DMS system with input from stakeholders. The SLA will continue to use the DMS while working towards a new plan for a viable alternative. The SLA plans to support contractors throughout this process until the migration to a new data management system is complete. The migration to a new data management system will provide support with improving data quality as the newer system design is taking into consideration feedback from stakeholders and internal team members, and thus, should have many improvements and updates compared to the DMS.

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

Promoting First Relationships

Provide a summary of each evidence-based practice.

Promoting First Relationships (PFR) is an evidence-based curriculum for service providers to help parents and other caregivers meet the social and emotional needs of young children. PFR is a video feedback approach grounded in attachment theory and reflective practice principles. PFR gives professionals who work with caregivers and young children (0–5) the knowledge, tools, and strategies to guide and support caregivers in building nurturing and responsive relationships with children. Participants who attend the PFR Level One training learn unique consultation and intervention

strategies they can integrate into their work with families and young children. PFR can be used one-on-one with parents, in the clinic or in home, and also with childcare providers and early childhood teachers responsible for group care. Because PFR is a positive, strengths-based model, caregivers are open to the intervention and gain competence, and thus investment in their caregiving. Participants that attend the training receive curriculum, parent handouts, and training in the following areas; elements of a healthy relationship, attachment theory and secure relationships, reflective capacity building, development of self for infants through preschoolers, PFR consultation strategies, challenging behaviors, and intervention planning and development.

Provide a summary of how each evidence-based practice 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.

ESIT funded training and ongoing support through the University of Washington (UW) at each implementation site for the provision of culturally appropriate evidence-based practices with PFR. The SLA selected PFR in Phase II after reviewing a number of evidence-based practices for alignment with the Division of Early Childhood (DEC) recommended practices. Through PFR, providers gain knowledge and skills in areas including elements of a healthy relationship, attachment theory and secure relationships, and reflective capacity building. These skills are key for supporting parents and caregivers to better understand their child's social-emotional development and to meet their needs. Implementation sites continue to make it possible for their staff to participate in PFR training, growing Washington's capacity to achieve a common foundational understanding of how to support the parent-child relationship and a growing provider base qualified to provide these evidence-based practices. This year, 25 providers completed Level One training, seven providers completed Level Two, and three providers completed Level Three. In Spring 2022, two more PFR Level One training opportunities are being offered to providers. Providers are continuing to use the HOVRS and HOVRS training will continue to be offered in Spring 2022. Results of the HOVRS indicate providers at implementation sites who received PFR training demonstrate strong coaching and reflective practice skills. This supports the caregiver's ability to meet the needs of their child and supports strong parent-child interaction. Many implementation sites have restructured their staff to allow for increased capacity of agency trainers. These structural changes, along with others regarding professional development, mentoring, and new staff onboarding practices have resulted in progress toward the SSIP outcome measuring the implementation of practices to promote positive social-emotional development. These changes will ultimately lead to improved program planning to address the social-emotional needs of enrolled children. Providers are more equipped to identify needs and plan for and provide more effective services to support social-emotional development, ultimately leading to the SiMR. Providers at implementation sites were offered various types of training to assist with improving skills and knowledge to better support children and families to ultimately help lead to the SiMR. As mentioned above, these training opportunities included reflective supervision, reflective consultation groups, Introduction to Reflective Practice training, Foundations of Infant Mental Health training series, Infant Mental Health endorsement opportunities, and continued PFR and HOVRS training. These training opportunities support providers in building stronger and improved relationship skills and increased knowledge of practices regarding how to better support parents and caregivers with improving young children's social-emotional functioning.

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

PFR training has three levels. Level One training is a foundational, knowledge-building workshop provided by the UW. Level Two provides the opportunity for individuals to reach fidelity to PFR provided by UW or an agency trainer. Level Three provides the opportunity for those who reached Level Two fidelity to become agency trainers.

Fidelity to PFR occurs over the course of 16 weeks and includes video review and consultation with a PFR trainer, then completing the PFR curriculum with a family for 10 weeks. Sessions are recorded and reviewed with the trainer for feedback. The trainee submits a final video that the PFR trainer scores for fidelity. Fidelity is scored on a scale from 1-40, and to reach fidelity the provider must score 36 or above. Examples of provider behaviors coded for fidelity include;

1. Encourage positive, social-emotional connection between the caregiver and child,
2. Encourage positive, social-emotional connection between the caregiver and provider,
3. Encourage feelings of trust and security (secure base/safe haven) between the caregiver and child,
4. Encourage feelings of trust and security (secure base/safe haven) between the caregiver and provider, and
5. Encourage feelings of competence and confidence in the caregiver.

Achieving Level Three fidelity as an agency trainer requires an additional 16-hour process which includes reaching fidelity with a second family and learning how to begin training learners at their agency. Level Three agency trainers are able to train additional providers to fidelity at Level Two. From April 2021 to December 2021, training was provided to 25 providers at Level One, seven providers at Level Two, and three providers at Level Three. Two additional PFR Level One training opportunities are scheduled for Spring 2022.

PFR data that continues to be collected relates to the outcome that providers report knowledge of PFR practices to improve social-emotional skills for infants and toddlers. Data related to this outcome includes analyzing post-training provider survey responses. The SLA will continue to collect HOVRS data during 2022 for continued data analyses. HOVRS training will also be offered to providers in Spring 2022. The measurement of the outcome related to PFR uses the HOVRS to determine the level to which providers are implementing practices to promote positive social-emotional development. This intermediate outcome has been achieved in previous years and continues to be fully achieved with more than 80% of providers who completed the HOVRS receiving a score of five, six, or seven on two scales of the tool. These data still indicate a high level of skill among providers with PFR training which supports the continuation of this improvement strategy. Although this outcome continues to be maintained, it's important to consider how the impact of the pandemic and adaptations providers had to make regarding the use of the HOVRS may have impacted the above scores. Furthermore, it's important to consider any challenges that providers may have faced while implementing PFR strategies during the pandemic and any modifications they may have had to make. Data analyses on the HOVRS scores indicates higher average scores for Cohort one compared to Cohort two and three scores, possibly indicating that those who have been implementing PFR practices longer, may receive higher scores. Based on these analyses, results may suggest that average HOVRS scores may increase as providers have more time to implement and practice utilizing PFR techniques. This year the SLA began to focus more on in-depth data analyses to gain a better understanding of the use of PFR as measured by the HOVRS. Data analyses conducted so far indicates provider practices reflect a high level of skill when implementing these culturally responsive strategies to support social-emotional development. More in-depth data analyses will continue to be conducted in 2022.

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.

The SLA provided professional development activities and provided continued support for the use of the HOVRS to support the knowledge and use of PFR. Professional development activities for PFR are described above. Training is currently underway to continue growing statewide capacity to implement the HOVRS. In addition to those already trained to use the HOVRS tool at implementation sites, in the Spring of 2022, 50 more providers will receive introductory training and 25 will receive additional training for scoring the tool. Those 25 will then be qualified to provide observations and reflection using the tool. During 2022, the SLA will receive consultation on the development and implementation of Communities of Practice (COP) focused on becoming proficient with the HOVRS. Data collected this year suggests the SLA should continue supporting the use of PFR with ESIT

provider agencies, PFR survey data, HOVRS data, COVID-19 survey responses, and qualitative information regarding reflective supervision collected this year supports the continued use of PFR. The PFR fidelity data collected continues to support the use of PFR as many providers are choosing to seek more advanced training by going through Level Two and Level Three PFR training. As discussed above, more in-depth analyses are currently being conducted utilizing HOVRS scores and other factors to examine the impact PFR may have on the SiMR. HOVRS training and support will continue and data will continue to be collected and analyzed. The SLA expects this outcome to be maintained. The SLA is developing plans for continued support for those completing HOVRS observations by offering Communities of Practice and continued opportunities to become reliable on the tool.

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

The SLA will continue to support the use of PFR and two additional PFR Level One trainings (25 participants per training) are scheduled for Spring 2022. Post-training survey data will continue to be collected after Level One trainings and the outcome related to providers reporting knowledge of PFR is expected to continue being maintained. The SLA will continue to collect HOVRS data to assess ongoing progress on the outcome related to providers implementing practices to promote positive social-emotional development. This outcome is expected to be fully achieved and maintained. HOVRS introductory training for 50 more providers will be offered for Spring 2022 and 25 providers will receive additional training for scoring on the tool. High HOVRS scores are expected to be attained with continued PFR training. The SLA is planning for Communities of Practice (COP) to assist with HOVRS proficiency and increased support for providers around the use of the HOVRS. The SLA has access to more state funds available for professional development statewide. These funds may be used to begin offering PFR training to non-implementation sites in the coming year. Data analyses on PFR will continue to be collected through the HOVRS on select scales. More in-depth analyses during 2022 will be conducted. These analyses will explore differences in HOVRS scores based on PFR Level, provider education level, agency, and provider years of experience. The SLA expects this outcome to be achieved. Additional analyses are currently being conducted exploring high HOVRS scores and local systems change, and their impact on IFSP outcomes achieved and SS1. Data will be examined by cohort, and also compared to statewide and non-implementation site data. Data analyses for this is expected to be reported next year and additional in-depth analyses will focus on the three hypotheses that were created in 2020 with stakeholders. Stakeholders will be included in discussions around reviewing data analyses results. The SLA will incorporate stakeholder feedback to assist with making meaning, understanding implications, and future decision making.

The SLA will continue to collect qualitative data regarding reflective supervision at implementation sites. This will include information from those ESIT providers who attended reflective supervision training and are working toward starting their own reflective groups within implementation sites. There are no outcomes directly related to this activity measured on the logic model. However, this activity supports the SLA's efforts to implement the evidence-based practice and improve outcomes for children and families by creating an infrastructure of support for ESIT providers to reflect with each other and strengthen their skills. The sustainability of the local infrastructure for reflective supervision will support all aspects of service delivery for families, likely contributing to the achievement of IFSP outcomes and progress in all outcome areas. Reflective consultation groups, Introduction to Reflective Practice training opportunities, Infant Mental Health endorsement, as well as the Foundations of Infant Mental Health series will continue to be offered in order to support strengthening the experience of current personnel.

Describe any changes to the activities, strategies, or timelines described in the previous submission 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.

One activity was removed from the logic model pertaining to providers within implementation sites participating in coaching activities for the COS. The output pertaining to this activity is that teams complete the COS-TC and this was moved and linked to the activities related to ESIT supporting ESIT provider agencies in implementing high-quality COS training processes, including engaging families in assessment. Due to SLA capacity challenges, the original activity pertaining to COS-TC coaching is not currently being implemented, but continued support and training will be provided to agencies. Additional training will be provided to implementation sites on the COS-TC in Spring 2022. The outcome associated with the use of the COS-TC, which is teams complete COS process consistent with best practices, will continue to be assessed and monitored. The SLA would like to offer coaching opportunities in the future, but are not currently able to provide that level of assistance. The SLA informed stakeholders at the PIE meeting in January 2022 of the rationale for this change and offered the opportunity for more in-depth stakeholder discussion if needed. Stakeholders did not express any concerns about this change.

Timelines for some activities and strategies are being extended into 2022. The data from the evaluation support the continued implementation of SSIP activities without additional modifications. The SLA is continuing to develop a CSPD and has begun to work with stakeholders to continue with this process. Continued training on the COS process, COS-TC, and the IFSP process will continue to be provided. PFR and HOVRS data collection is continuing through at least 2022. The SLA will begin more in-depth consultation regarding implementing and developing COP for the use of the HOVRS. Reflective supervision data will continue to be collected from implementation sites. Data will also be collected regarding providers who attend reflective supervision training, attend Introduction to Reflective Practice training, participate in reflective consultation groups, Infant Mental Health endorsement, and the new training series that was offered regarding Foundations of Infant Mental Health. These activities will continue to support the SLA's efforts in implementing the evidence-based practice and improving outcomes for children and families by creating continued infrastructure support for ESIT providers to reflect with each other and strengthen their skills. The SLA has a new Workforce Development team, which will continue to support various training opportunities and written guidance. The SLA will continue to support implementation of more in-depth social-emotional assessment using the e-DECA program. IFSP teams at implementation sites use the tool, or other in-depth social emotional evaluation or assessment tools, with all children during the eligibility determination process. More in-depth data analyses are currently being conducted and extended into 2022, which is focusing on various data points and trends, such as, the DECA, PFR, HOVRS, COS-TC, local systems change, agencies abilities to use and analyze COS data, COS entry scores, IFSP outcomes achieved, and SS1. Data is being analyzed and examined by overall implementation sites, cohorts, statewide, and non-implementation site data. Demographic data available is also planned to be analyzed. The SLA will continue to evaluate the results from the S-COMS and will utilize those results to help determine any changes needed to strengthen the purpose and data collection sections. Overall, the SLA will continue data collection and analyses on the activities and outcomes that support the SSIP and will include stakeholders in the review of this data and discussions around next steps and future decision making.

Section C: Stakeholder Engagement

Description of Stakeholder Input

SICC Special Meeting – Annual Performance Report (APR) Review

January 19, 2022, the State Interagency Coordinating Council (SICC) met to review the Washington State's Part C State Annual Performance Report. The SICC provided input on targets, plausible explanations for progress and/or contributing factors impacting slippage in performance indicators, and engaged in data analytics which at times included requests for additional clarification. Some indicators were discussed in more detail with SICC input integrated into indicator sections as appropriate. SICC did not recommend changes to any targets that were set for FFY 2020-2025 through the

expanded stakeholder convenings.

Target Setting Meetings—Local Stakeholder Involvement

Stakeholder meetings were convened from September 2021 through January 2022 to discuss APR target setting. A broad range of stakeholders participated including; the SICC data committee, the members of the Parent Institute of Engagement, early intervention service providers, agency administrators, ESIT Part C Provider Agency staff and school district staff. The group was given the task of reviewing data and making recommendations to ESIT on targets covering the next six years for Indicators 2, 3a,b,c, 4a,b,c, 5 and 6.

An overview of the indicators and parameters of target setting were presented. Participants were divided into small groups and given a data packet for reference in their discussions. The data packet showed state trends for each results indicator over the past several years. After discussion and analysis, individuals from the groups generated a recommendation for each target for the next six years. ESIT staff were present to answer any questions. Results were compiled and the mean, median, and modes were calculated for each indicator for each year. The groups' input was consolidated into one set of indicators for each year and presented at a special APR review meeting of the State Interagency Coordinating Council (SICC) in January 2022. January 19, 2022, the State Interagency Coordinating Council (SICC) met to review all target setting for Indicators 2, 3a,b,c, 4a,b,c, 5 and 6 as a part of the annual performance review process. The Council did not recommend changes to any targets that were previously recommended through the expanded stakeholder convenings.

Implementation sites met with the SLA in Fall 2021 to discuss SSIP activities and data collection. This discussion focused on the data analysis plan for the current reporting period, available training for SSIP sites, and discussion of the impact of COVID-19 on SSIP activities. From this discussion, the SLA engaged implementation site leaders in a discussion around providing input on creating a survey to send to implementation sites to gather additional data on the overall impact of COVID-19 on SSIP activities. The SLA sent out the survey to implementation sites in Winter 2021. The survey results provided valuable information on the impact of the COVID-19 pandemic on SSIP specific activities and the SLA will use these results to better support implementation sites.

In Winter 2021, the SLA presented preliminary data analyses and outcomes results to a small group of stakeholders, which included SSIP and COS technical assistant supports, as well as the Director of PFR at the University of Washington. This discussion focused on data analyses results regarding PFR and HOVRS, data limitations, and an overview of outcome results. This group suggested decisions about next steps for these analyses, suggesting additional data analyses to focus on organizing scores by provider PFR level, provider years of experience, and provider education level. The SLA engaged stakeholders in more in-depth discussions around the use of PFR and the different levels of PFR offered. Stakeholders provided feedback on ideas for next steps regarding analyzing HOVRS and PFR data and the SLA is planning on incorporating these suggestions when analyzing data during 2022.

The SLA gathered with stakeholders in Fall 2021 to consider progress on the State Child Outcomes Measurement System (S-COMS). The stakeholders that participated were SSIP and COS technical assistant supports, one representative from an ESIT provider agency, and one parent participant. Areas assessed were parts of the purpose and data collection quality indicators. This group provided an opportunity for shared decision making regarding the status of elements of the statewide system that are moving quality forward. During the S-COMS meeting, the SLA gathered feedback from stakeholders on the purpose and data collection quality indicators. The SLA and stakeholders discussed ideas and strategies for how to improve the quality indicators addressed and stakeholders provided feedback on suggestions for next steps.

Agencies continued to participate in stakeholder discussions at the State Interagency Coordinating Council (SICC) meetings. At the SICC meeting in January 2022, the SLA presented brief information on SSIP activities and the current data analysis plan for 2022, and also shared detailed results of the COVID-19 survey administered to SSIP sites. The SLA engaged stakeholders in discussion around the impact of the COVID-19 pandemic on SSIP activities and possible reasons for the decrease in SS1. Stakeholders provided valuable feedback on possible implications for the decrease in SS1, discussed further below. The SLA provided data analysis results on child outcomes and SS1. The SLA facilitated discussions in virtual breakout rooms with stakeholders in order to offer more opportunities to engage in more meaningful discussions around the impact of COVID-19 on SS1. Afterwards, stakeholders were encouraged to share discussion points with the larger group to discuss the overall implications together.

The SLA presented on SSIP activities and the current data analysis plan at the Parent Institute for Engagement (PIE) meeting in January 2022. Implementation sites and parents and caregivers were invited to attend and participate in discussion around SSIP. The SLA sought stakeholder input and feedback from PIE members and implementation sites around two of the hypotheses that were initially created in 2020 with stakeholder input. The discussion included feedback from both PIE parent members and SSIP implementation site members. The SLA gathered feedback from PIE members and SSIP leaders on data analyses results related to PFR, HOVRS, and the use of the COS-TC. The SLA sought feedback from stakeholders around if the SLA should offer PFR, HOVRS, and the COS-TC statewide, or if the SLA should continue to support these activities with SSIP sites only, while still continuing to collect and analyze more data before offering these activities statewide. Overall, stakeholders supported the continued use of PFR, HOVRS, and the COS-TC, with additional information regarding stakeholder feedback discussed below. Stakeholders also expressed an interest in additional training opportunities to be offered to both providers and parents.

During regional provider meetings in Fall 2021, stakeholders were involved in discussion around supporting the development for the CSPD. Additional stakeholder input for the CSPD was gathered during the January 2022 PIE meeting. Stakeholders were encouraged to share ideas and suggestions for the CSPD both during the meeting and via a virtual platform (Padlet). Additional stakeholder input will be included during 2022 regarding reviewing data analyses results, implications, and collaborating on next steps for SSIP activities and helping to determine which activities should be considered to possibly be implemented statewide.

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

The SLA sought feedback and engaged stakeholders in key improvement efforts. During the January 2022 SICC meeting, stakeholders were engaged in improvement efforts by participating in discussions on the impact of COVID-19 on SSIP activities and possible implications for the decrease in SS1. Stakeholders shared suggestions for possible reasons that SS1 decreased, such as, providers having to switch between service delivery methods, increased challenges around in-home learning, increased pressure on families with implementing strategies, providers relying more on parent and caregiver report, difficulties with families navigating priorities during virtual sessions, challenges around appointment cancellations, and overall challenges with providing services virtually. Stakeholders discussed how families had to learn other ways to teach their children interventions and providers had to learn how to quickly become more of an effective coach with teaching strategies virtually. Additional feedback included families declining services, families struggling with the transition to a new system, and providers also having to adapt and adjust to providing virtual services from within their homes. Stakeholders discussed the impact of the "learning curve" for families switching to more of a coaching model, and also the "learning curve" that providers experienced when explaining this change and trying to empower families to participate in services. Stakeholders also mentioned the importance of considering how provider experience, education, and training differ in many ways. More concerns discussed focused on the impact that pandemic restrictions and health complications may have had on services, such as, families and providers becoming sick, having to quarantine, missing services due to health concerns, etc. Furthermore, stakeholders shared information on feedback regarding changes to the COS process and completing the decision tree with families virtually.

Other factors that were discussed at the January 2022 SICC meeting related to concerns around staffing changes, quality and evaluation concerns regarding telehealth practices, and acknowledging that compliance requirements haven't changed or been modified yet the pandemic has imposed many unprecedented challenges. Stakeholders also discussed how increased support may be needed for providers during this time. Stakeholders also discussed how SS1 percentages may have decreased due to increased isolation, more challenges with social skills, and possibly not being able to implement additional skills within the community. Due to restrictions and other factors related to the pandemic, families may not have been able to participate in typical activities they were involved with before the pandemic, which may impact functioning in various ways. Feedback also focused on the importance of social interaction for children and how the pandemic has impacted social opportunities, in addition to difficulties that may arise when adding more expectations for parents and caregivers during this difficult time. Many families are experiencing significant stressors and adding more services or resources may be overwhelming and difficult for some families to navigate. Stakeholders discussed challenges around families who prefer in-person services and also families trying to navigate various priorities while receiving services virtually, which may impact progress in various ways.

During the January 2022 PIE meeting stakeholders were engaged in improvement efforts by gathering information on stakeholder knowledge of PFR and HOVRS. The SLA asked PIE and SSIP members to share information and feedback on PFR and the HOVRS. After some preliminary data analyses were shared, the SLA gathered specific feedback around if PFR and HOVRS should be implemented statewide or if the SLA should focus more on additional data collection with current SSIP sites. Overall, feedback supported the continued use of PFR and HOVRS and beginning to explore offering these opportunities statewide. Many SSIP site members reported their teams are trained in PFR Level One and are supporting their staff in obtaining fidelity at PFR Level Two. Qualitative feedback supported the continued use of PFR, with many sites mentioning that PFR provides helpful and useful strategies to utilize with families. Qualitative feedback around the HOVRS also supported continued use of this tool, with many providers reporting that it has been helpful to use the HOVRS to explore current practices. Stakeholders expressed interest in learning more about exploring HOVRS scores organized by provider PFR levels. The SLA informed stakeholders that in-depth analyses of the HOVRS and PFR are scheduled to be conducted in 2022. Stakeholders sought additional information on how the SLA is considering other factors that may be impacting HOVRS scores. Several PIE members expressed an interest in having PFR training opportunities available to parents and caregivers. The SLA will explore the use of PFR training opportunities for parents and caregivers and will collaborate with the Director of PFR at the University of Washington to explore what parent and caregiver opportunities are available or if the SLA could invite parents and caregivers to attend PFR Level One training. The SLA is planning on inviting stakeholders to future discussions around implications of data analyses. Overall, moving towards offering PFR and HOVRS statewide was supported, with additional HOVRS analyses to continue to be conducted. Data and discussions around statewide implementation will continue to be assessed prior to final decision making.

The SLA also provided information on preliminary data analyses regarding the COS-TC and the COS process during the January 2022 PIE meeting. SSIP site members gave feedback that overall, the COS-TC has been helpful. Qualitative feedback the SLA received from one SSIP implementation site member was the COS-TC assisted with improving staff members understanding of the COS process and helped to improve the quality of the COS process. Stakeholders expressed an interest in learning more about COS-TC future data analyses results, especially since not all sites began to implement COS-TC practices at the same time. The SLA informed stakeholders that a COS-TC refresher training will be offered Spring 2022 and the SLA is planning on gathering additional COS-TC data. Overall, it was suggested to continue to provide COS-TC trainings and collect COS-TC data from implementation sites prior to moving this activity statewide.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

During the Fall 2021 implementation site meeting, providers had questions regarding funding of trainings, expectations for data submission, clarification around HOVRS, DECA, and COS-TC expectations, as well as clarification around the expected duration of SSIP participation. The SLA provided additional clarification regarding these inquiries.

During the Fall 2021 S-COMS meeting, the data collection and purpose quality indicators were discussed in depth. Stakeholders suggested updating certain documents to ensure the purpose statement is on more documents. The SLA is planning on contracting out to update ESIT forms and publications in 2022. Work around this development is in the beginning stages and a forms and publications survey was sent out to ESIT Provider Agencies statewide in 2021. Regarding the data collection section, suggestions were offered around updating data collection policies and procedures, recommendations and adjustments for the data system were explored, and working on a more robust system of professional development were discussed. The SLA will use the results of the S-COMS to guide continued work and will add any necessary steps to achieve improvement strategies and outcomes on the logic model. Stakeholders will be engaged to support any decision making on these next steps.

During the PIE meeting in January 2022, stakeholders provided support around the continued use of PFR, HOVRS, and the COS-TC. However, SSIP members expressed concerns around the applicability of using HOVRS with FRC's, as well as the time commitment to complete this tool. The SLA is planning on exploring the use of HOVRS in other ways and other possible tools available to help support FRC's. The SLA is collaborating with the compliance team to help determine what tool might be most efficient to utilize statewide regarding compliance requirements and is exploring the possibility of combining efforts rather than adding additional tools and activities for provider agencies. Furthermore, parents expressed an interest in additional training opportunities on PFR. The SLA will collaborate with the Director of PFR at the University of Washington to explore additional parent and caregiver training opportunities. Stakeholders expressed an interest in additional trainings for providers around supporting conversations with families regarding the COS process, specifically when there may be discrepancies between what the parent or caregiver reports compared to what the provider observes or assesses. SSIP sites also reported the COS process is often time consuming, which may impact the quality of the COS process. The SLA clarified the COS process is meant to be an ongoing process working with families and should be interwoven within the IFSP process and be integrated within all of the IFSP work with families. To address this, the SLA is considering offering additional refresher training opportunities on the COS process. It was suggested to possibly invite ESIT staff members to observe IFSP meetings to help with supporting the integration of the COS within the IFSP meeting or to have "practice sessions" available regarding integrating the COS process. Since COS practices have changed, SSIP members provided feedback on wanting to review data analyses results regarding entry and exit COS data after the decision tree redesign was implemented in order to assess the impact of the new tool. Stakeholders expressed an interest in the SLA continuing with SSIP data collection prior to scaling this activity statewide. The SLA expressed to stakeholders that PIE and SSIP members will be invited to future discussions around SSIP, including reviewing data analyses results, and assisting with decision making around what activities the SLA should continue to implement with SSIP sites and what activities should be considered to be implemented statewide.

As discussed in detail above during the January SICC meeting, SICC members provided suggestions around implications for the decrease in SS1. When discussing implications of the data analyses and impact on SS1, many different challenges that both providers and families may be experiencing were discussed. Overall, the SLA helped guide discussions and gathered qualitative feedback on the impact of COVID-19 on SS1 and SSIP activities. The SLA will utilize this feedback to continue to support agencies statewide. The SLA will continue to engage stakeholders in discussions around understanding the immense impact of the pandemic on agencies, providers, and families, and will include stakeholders in future decision making.

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.

n/A

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

n/A

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

No newly identified barriers.

Provide additional information about this indicator (optional).

n/A

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

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.

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