

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

**For reporting on
FFY 2023**

Arkansas



**PART C DUE
February 3, 2025**

**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) and early intervention service (EIS) providers and EIS programs meet 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 Annual Performance Report (APR) provides an analysis of the Lead Agency's administration of responsibilities laid out in Part C of the Individuals with Disabilities Education Act (IDEA). Part C program data and information reported in this APR submitted on or before February 1, 2025, represents Federal Fiscal Year (FFY) 2023 (July 1- 2023 through June 30, 2024). The SPP targets have not been revised or amended.

The structure of Arkansas' statewide early intervention program, First Connections, includes a network of independent Local EI Provider Programs that operate under a voucher agreement (which includes assurances signed by each Local EI Provider Program administrator). The voucher agreement includes Assurances that each Local Provider Program owner/operator/administrator signs/dates and returns as part of the process for acquiring an allocation of Part C funding to provide early intervention services. The State's coordinated system of early intervention service provision includes both First Connections' "state staff" service coordinators and service coordination provided by some independent Local EI Provider Programs (optional for Local EI Provider Programs). All other Part C services are provided to parents/caregivers of program-eligible children through the network of independent Local EI Provider Programs.

First Connections' central administration team carries out general supervision, support, and guidance to the statewide network of early intervention professionals. Each Local Provider Program is assigned to a First Connections' monitor (program staff) so that local Provider Programs have a designated contact and, when a finding of noncompliance has been issued, support in making (and agency tracking of) timely correction of noncompliance. First Connections' central administration team works under the leadership, guidance, and direction of the Part C Coordinator. FC's central administrative team is comprised of unit managers each specializing in specific infrastructure areas but also cross-trained to work across infrastructure areas:

Data (including data system TA, SEA Notification, data analysis and reporting, SSIP, and data-identified continuous program improvement)

Quality/Compliance Monitoring (including Provider Certification, APR data monitoring, Local Provider Program Determinations, and tracking correction of noncompliance)

Family Engagement and Outreach (including Child Find, Service Coordination, stakeholder engagement, and dispute resolution)

Policy and Personnel Development (including Comprehensive System of Professional Development or CSPD, technical assistance or TA, Targeted TA as a required action to support Provider Programs not meeting requirements in their annual Determinations)

Fiscal (including annual Provider allocations, voucher agreements and assurances, fiscal and programmatic monitoring)

A governor-appointed change in Lead Agencies for the First Connections (FC) program was completed on July 1, 2024, changing the Lead Agency from the Division of Developmental Disabilities Services of the Arkansas Department of Human Services to the Arkansas Department of Education (ADE), Division of Elementary and Secondary Education (DESE), Office of Special Education (OSE). This change in Lead Agencies necessitated amendments to First Connections Policies and Procedures issued through and by the Arkansas Department of Human Services, Division of Developmental Disabilities Services (DDS) to change the name of the Lead Agency. Very few/minor revisions to policies and procedures were made during the change from one Lead Agency to another. However, the DDS Enforcement Rules which contained the Lead Agency's system of graduated and progressive sanctions to ensure timely correction of identified noncompliance consistent with IDEA Part C's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance) were sunsetted now that First Connections is under a different Lead Agency's direction. The enforcement actions and sanctions formerly recorded in Subchapter 8 of the DDS Rules for First Connections have been incorporated into the written procedures/fiscal and programmatic guide developed in response to DMS 2.0. The previously approved First Connections Policies and Procedures can be found on the First Connections' Web site, Resources/Reports page at: <https://www.firstconnectionsar.org/policies-regulations>.

NOTE that the amended and most current program policies and procedures are still awaiting OSEP approval after the period of public commentary and submission to OSEP and are not yet posted on the agency's Web site.

FC developed new fiscal and programmatic monitoring and APR data monitoring processes in response to required actions as part of DMS 2.0 and written notice to the Lead Agency on 1/12/23 indicating that the State monitoring mechanisms that use a random sampling of child records did not identify or track noncompliance in the full database data presented in the State's SPP/APR. First Connections has updated and implemented general supervision processes to align identification and verification of correction of noncompliance with APR data and processes rather than the former method of monitoring in a separate process and data sets. These new processes were implemented during this reporting period even though the State has requested an extension for submission of all documentation documenting the completion of DMS 2.0 Required Actions.

In addition to areas of change and improvement in fiscal and APR data monitoring in response to DMS 2.0, the state's General Supervision System is an integrated system that includes integrated monitoring activities, a comprehensive data system, State Systemic Improvement Plan (SSIP) implementation, an effective dispute resolution system, Targeted TA and ongoing professional development, and policies, procedures, and practices resulting in effective implementation. In addition to these general supervision system components, the statewide system is comprised of mechanisms supporting data-informed Child Find coordination, grant management, data-informed, program improvement and stakeholder engagement in implementing evidence-based practices and setting SPP/APR targets. Mechanisms and components of the State's General Supervision system are integrated across system framework components and focus on improving outcomes for children and families while ensuring timely correction of identified noncompliance and supporting EI Provider Programs in meeting IDEA, Part C requirements.

The Program reports SPP/APR data to the public no later than 120 days following the submission of the Annual Performance Report as required by 34

C.F.R. § 303.702(b)(1)(i)(A) by posting the reports on the First Connections' Web site at: <https://www.firstconnectionsar.org/reports>. Annually, FC also shares APR data and information with the AICC, staff, and EI Providers at the April quarterly AICC meeting.

Local Provider Program Determinations are based on APR data, results of dispute resolution (when applicable), data completeness, results of monitoring and any long-standing noncompliance. Local Provider Program Determinations are not made public; however, FC does make Local Provider Program APR data (by Indicator) publicly available at: <https://www.firstconnectionsar.org/reports>.

Additional information related to data collection and reporting

The FC STANDS data system, designed with input from DaSy and ECTA around federal reporting Indicators to ensure accurate and comprehensive data collection for reporting and data-informed decision making, is a key component of the State's general supervision, monitoring, and reporting system. Launched in FFY2022, FC STANDS has built-in features to ensure quality and compliance. Features that ensure quality include (1) each IFSP has a Family Outcome (goal), (2) each IFSP is well-developed with a minimum of 5 child outcomes (goals), (3) IFSP child outcomes (goals) are linked to one of the 3 OSEP Child Outcomes areas rather than to a specific developmental domain (4) incorporation of the McWilliam goal writing formula in the data system ensures IFSP child outcomes (goals) are participation based and linked to typical child and family activities or routines, (5) each child outcome statement has action steps/objectives to reach it, and (6) each Transition Plan has a minimum of three steps/activities. In FFY2024, an upgrade to the FC STANDS data system incorporated the use of DocuSign to obtain parent consent and to complete meetings in the child's electronic record. Use of DocuSign ensures compliance with procedural safeguards that protect child and family rights, ensuring that each child record includes (1) documentation of Parent Consent for use of public and/or private insurance, (2) parent confirmation of receipt of the No Cost Protection Provisions, (3) documentation of Parent Consent for all evaluations and services, (4) confirmation that the parent was given choice of EI Provider for all evaluations and services, and (5) documentation of parent consent to share/release information to the Provider selected and any others the parent indicates (LEA, primary care physician, childcare provider, etc.).

The FC STANDS data system collects and stores data for all APR Indicators except for the Indicator 4 Family Survey. To ensure the State is reporting accurate data, reports from FC STANDS cross reference multiple Indicators. For example, the Indicator 8a data report on Timely Transition Planning will include date of program eligibility/initial IFSP, date of referral, number of days between child's referral and third birthday, and the date of exit and reason for exit. The inclusion of additional data fields supports identification of which children are required to be included, and which children were referred but not program eligible or those who exited prior to the age of transition for whom a Transition Plan was not required. FC STANDS is an integral tool for APR reporting and is used in APR data monitoring to conduct Pre-Finding Correction by verifying, at the time of monitoring, in line-by-line child record data that all children whose service (Indicator 1), initial IFSP (Indicator 7), Transition Plan (Indicator 8a), SEA/LEA Notification (Indicator 8b), or Transition Plan (Indicator 8c) was either provided late or that the child had exited and was no longer in the program's jurisdiction. Subsequent data for each Indicator and for only those EI Provider Programs with identified noncompliance is then used to verify correction at the EI Provider Program Level for the Pre-Finding Correction process.

General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:

Describe the process the State uses to select EIS providers and/or EIS programs for monitoring, the schedule, and number of EIS providers/programs monitored per year.

The State monitors all EIS Provider Programs each year.

In FFY 2023, there were 54 EI Provider Programs. A review of FFY 2023 data indicated that 20 EI Provider Programs had no data for FFY 2023 (served no children in the reporting period) and were inactive. The 34 active EI Provider Programs were monitored, and the 20 inactive EI Provider Program administrators were contacted via written notice on February 14, 2025, of their non-rated/non-monitored status due to no current data/no children served. The notice included a survey link in which the Provider Program administrator can identify barriers and needs. Survey responses and input from the inactive Provider Program administrators will support the Lead Agency and CSPD in outreach designed to re-engage these inactive EI Provider Programs.

The State conducts fiscal and programmatic monitoring of all EI Provider Programs annually in December-January. Fiscal and programmatic monitoring is done remotely by comparing billing reports from the state's Medicaid Management Interchange System (MMIS) to reports pulled from the Part C data system (FC STANDS) to monitor IDEA, Part C requirements including service provision in accordance with the IFSP and by a multidisciplinary team, well-developed IFSP (defined as a minimum of 5 child outcomes or goals on the IFSP), and procedural safeguards such as parent consent for evaluations and services, no cost protection provisions, and prior written notice of evaluations and services. Fiscal and programmatic monitoring also monitors EI Provider Program's documentation of services provided and performance data on service provision in the natural environment and the appropriate justification for any service provided outside of the natural environment.

Additional General Supervision integrated monitoring activities focused on examining and evaluating performance and results data, including early childhood outcomes, family outcomes and parent/caregiver involvement happen in the spring and include all EI Provider Programs. This monitoring includes monitoring the provision of services in accordance with the IFSP for all EIS Provider Programs in FFY23. Monitoring service provision in accordance with the IFSP included comparing the service setting authorized on the IFSP to the location of delivered services. Integrated into improving child and family outcomes, data system updates ensure that IFSPs are well-developed in that the data-system requires that each IFSP includes a minimum of 5 child outcomes and 1 family outcome (with the exception of an Interim IFSP, which may have fewer child outcomes). The data system links each IFSP child outcome to one of the 3 Child Outcomes areas (Indicator 3) and ensures each IFSP goal is a routines-based child participation goal by incorporating the McWilliam goal writing formula into the data system so that IFSP outcomes are family-friendly, functional and child-participation based, and measurable in a real-world way so that all members of the IFSP Team (including parents/family) can assess child mastery.

In addition to monitoring performance and service provision in accordance with the IFSP each spring, and fiscal and programmatic monitoring in December and January for all EI Provider Programs annually, the State monitors the APR Data for all EI Provider Programs annually. The process for APR data monitoring coincides with APR data preparation within the required 90-day window from APR data analysis to written notice of all identified noncompliance. FFY 2023 APR data monitoring began in mid-November during the time that data was analyzed as part of APR preparation. Monitoring APR data filtered/sorted by EI Provider Program and including all children in the APR reporting period continued from mid-November to late January. Written notices (Findings or notice of monitoring results when there is no Finding) were sent to EI Provider Program administrators on February 14, 2025 (no later than 90 days from the beginning of monitoring November 18, 2024).

The state's General Supervision System is an integrated system that includes policies, procedures, and practices resulting in effective implementation, a

comprehensive data system, data-informed Targeted TA and ongoing professional development, and an effective dispute resolution system. In FFY23, the State did not have any instances of Mediation, State Complaint, or Due Process Hearings, but in years when there are dispute resolution activities, dispute resolution is a tool for identifying and correcting noncompliance for specific EI Provider Programs and/or Providers involved in a State Complaint or Due Process Hearing. Results of dispute resolution activities also inform TA and PD provided to all EI Providers.

Describe how child records are chosen, including the number of child records that are selected, as part of the State's process for determining an EIS provider's and EIS program's compliance with IDEA requirements and verifying the EIS provider/program's correction of any identified compliance.

General Supervision integrated monitoring activities focused on examining and evaluating performance and results data and the provision of services in accordance with the IFSP were carried out for all EIS Provider Programs in FFY 2023. Child records selected were all children who received an IFSP service during FFY23. The FFY 2023 APR data monitored for Compliance Indicators 1, 7, 8a, 8b, and 8c is the 3rd quarter of FFY 2023 (January 1, 2024-March 31, 2024). All child records were included (for example, for Indicator 8c, all children who exited in the 3rd quarter of FFY 2023 were reviewed to ensure that the date of their Transition Conference occurred 90 days or more before the child's third birthday except in cases of documented Exceptional Family Circumstance). The State may elect in future APR reporting periods to report full year data (or a different quarter representative of the entire FFY) for Compliance Indicators. Full fiscal year data is reported and monitored for Performance Indicators 2 and 3 and includes all children who received an IFSP service during the fiscal year (Indicator 2). For Indicator 3, all children who received services for at least six months and who exited Part C (at any age and for any reason) during the fiscal year are included. Indicator 4 (family outcomes) data is collected in a calendar year (January 1 – December 31). Since the annual Family Outcomes survey that is used to collect this data is anonymous, no child records are involved in the collection or reporting of Indicator 4 data.

During APR data monitoring, the State identifies the specific source of noncompliance in Compliance Indicators when APR data sorted by Local Provider Program is less than 100% for a specific EI Provider Program. The State verifies correction at the individual child record level at the time of monitoring because each APR data report includes line by line child record information. By looking at the APR data report, First Connections' monitors are able to identify that, although late, there is a date verifying that the child received the service (Indicator 1), an initial IFSP (Indicator 7), a Transition Plan (Indicator 8a), the SEA/LEA Notification (Indicator 8b), or the Transition Conference (Indicator 8c) or (for all Indicators) that the specific child or children involved cannot be corrected because the child is no longer within the jurisdiction of the program (child is already 3, parent has withdrawn the child, etc.). Correction of identified noncompliance at the specific EI Provider Program level is verified through a review of subsequent data (for each Indicator in which a Finding was issued) and is verified as meeting regulatory requirements when subsequent data demonstrates 100% compliance for the Indicator in which noncompliance was identified in APR data. Subsequent new data to verify correction at the Provider Program level is for a minimum of 60 consecutive days and not exceeding 90 consecutive days with a beginning date after the end of the FFY being monitored and must demonstrate 100% compliance/meeting regulatory requirements for an Indicator in which noncompliance was identified.

APR Performance Indicator data (Indicators 2, 3, and 4) are included in the calculation of annual Local Provider Program Determination Ratings along with all APR Compliance Indicators. Based on an EI Provider Program's performance data, EI Provider Programs whose Indicator 3 data demonstrates lower than state average results for children are provided TA via a Data Review Meeting where their TA Specialist goes over their Indicator 3 data (EI Provider Program Level/the children that they served). The Data Review Meeting supports EI Provider Programs in (a) understanding their child outcomes data, (b) setting performance goals, and (c) improving the accuracy of their data collection and data entry to improve child outcomes in future reporting periods.

The State conducts fiscal and programmatic monitoring of all EI Provider Programs annually. The child records included in fiscal and programmatic monitoring are all children who received an IFSP service during the fiscal year being reviewed to monitor IDEA, Part C requirements such as payor of last resort, no cost protection provisions, prior written notice of an evaluation or service, parent consent for evaluation and/or service. Fiscal and programmatic monitoring also monitors EI Provider Program's documentation of services provided and performance data on service provision in the natural environment and the appropriate justification for any service provided outside of the natural environment.

When child records are reviewed as part of dispute resolution activities, only those child records directly involved in the State Complaint or Due Process Hearing are included unless the EI Provider Program and/or EI Provider(s) involved in the State Complaint or Due Process Hearing have identified noncompliance to an extent the Lead Agency feels additional monitoring is needed to identify a programmatic issue at the local level. When additional monitoring is determined necessary in response to identified noncompliance in dispute resolution activities involving a specific EI Provider Program and/or EI Provider(s), the state will review 10% of current/active IFSPs. In FFY23, the State had no Mediations, State Complaints, or Due Process Hearings.

When noncompliance is identified through dispute resolution activities, fiscal and programmatic monitoring, or other general supervision activities, verification at the child level is completed in the data system through electronic record review and/or subsequent data system report demonstrating that the requirement is now met or verifying that the child is no longer in the program's jurisdiction (turned 3 or exited the program). Verification of correction at the EI Provider Program Level is achieved when a review of subsequent data for that requirement identifies 100% compliance. For example, if ABC Therapy is issued a Finding for failure to provide Prior Written Notice in FFY 2023, ABC Therapy is verified as corrected when a review of new data (minimum of 60 days) shows that 100% of families of the children beginning services in that time period received prior written notice. Correction at the individual child record level for requirements such as Prior Written Notice are not practicable, but in cases where a failure to meet requirements for a child results in a Finding of Noncompliance (i.e. billing error or a service is not provided in accordance with the IFSP), correction at the individual child record level is verified in the FC STANDS data system (by an FC monitor) after the correction has been made.

Describe the data system(s) the State uses to collect monitoring and SPP/APR data, and the period from which records are reviewed.

The First Connections State Accountability and Documentation System (FC STANDS) is a comprehensive real-time data system in which all aspects of the child's early intervention is captured and recorded including referral/referral date, parent/family contacts and written notices, meeting scheduled date and time and actual meeting date/time, the required comprehensive developmental evaluation, the date and category of program eligibility determination, the COS initial, annual, and exit ratings, the IFSP and IFSP reviews, IFSP service selection, service setting, Provider Program choice, parental consent/authorization for the service and delivered services notes documenting service delivery, the Transition Plan and Transition Conference, and date and reason of child exit.

The FC STANDS data system supports improving child outcomes and family outcomes and parent/caregiver involvement with features that ensure IFSPs are well-developed with a minimum of 5 child outcomes and 1 family outcome (with the exception of an Interim IFSP, which may have fewer child outcomes). The FC STANDS data system links each IFSP child outcome to one of the 3 Child Outcomes areas (Indicator 3) so that the IFSP Team at IFSP reviews can assess child progress in each of the Child Outcomes Areas and more easily answer the "yes/no" progress question as part of exit COS Rating based on the child's mastery of IFSP goals to develop skills in each of the 3 Outcomes areas. The FC STANDS data system has features that ensure IFSP goals are functional child outcomes that support the child's participation in typical child and family activities through the incorporation of the McWilliam goal writing formula into the data system which ensures IFSP outcomes are family-friendly, functional and child-participation based, and

measurable in a real-world way so that all members of the IFSP Team (including parents/family) can assess child mastery. These data system features support improved results for children and families and are integrated into General Supervision monitoring of service provision in accordance with the IFSP which takes place annually for all EI Provider Programs.

FFY 2023 APR data monitored for Compliance Indicators 1, 7, 8a, 8b, and 8c is the 3rd quarter of FFY 2023 (January 1, 2024-March 31, 2024). The State compared the third quarter data to other quarters to verify representativeness. The State may elect in future APR reporting periods to report full year data (or a different quarter representative of the entire FFY). Performance Indicators 2 and 3 are full fiscal year data, and Indicator 4 (family outcomes) data is collected in a calendar year (January 1 – December 31). The state reviewed the data and records for APR preparation and carried out APR data monitoring between mid-November 2024 and the end of January 2025.

Fiscal and programmatic monitoring compares full Federal Fiscal Year data from FC STANDS to billing data from Optum, the State Medicaid Management Interchange System (MMIS); EI Provider Programs access and bill their Part C funds in MMIS as well as conduct billing to public and/or private insurance. Fiscal and programmatic monitoring occurs in December and January.

Describe how the State issues findings: by EIS provider and/or EIS program; and if findings are issued by the number of instances or by EIS provider and/or EIS program.

The State issues Finding by EI Provider Program and by Indicator or, in fiscal monitoring, other IDEA requirement or state measure. For example, if an EI Provider Program's APR data demonstrates that 4 children did not receive timely services, the EI Provider Program is issued a Finding of noncompliance in Indicator 1. An EI Provider Program may be issued multiple Findings when data demonstrates noncompliance in more than one Indicator.

If applicable, describe the adopted procedures that permit its EIS providers/ programs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).

The State makes use of Pre-Finding Correction as part of APR data monitoring. A Finding is not issued when, at the time of monitoring, the monitor can verify that correction (prior to monitoring) at the individual child record level for all children for which a requirement was not met timely -- the service (Indicator 1), the IFSP (Indicator 7), the Transition Plan (Indicator 8a), the LEA Notification (Indicator 8b), or the Transition Conference (Indicator 8c) did take place for each child served by that EI Provider Program (i.e.: the APR data report has a start date, although late) and the monitor can verify at the time of monitoring that, in a review of new data for any Indicator in which APR data did not reflect 100%, the new data for that Indicator demonstrates 100% compliance/meeting requirements. "New data" is defined as at least 60 consecutive days of data for the specific Indicator for that EI Provider Program. If the new data reviewed does not demonstrate 100% compliance, a Finding is issued. Written notice is issued no later than 90-days from the date APR analysis began. For FFY 2023, APR data analysis and preparation began November 18th; Findings (written notice) must be issued on or before February 14, 2025.

Describe the State's system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need of improvement, used as necessary and consistent with IDEA Part C's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State policies.

Provider Programs with substantial non-compliance are required to complete Targeted TA and Differentiated Support that uses a strengths-based approach and data-identified areas of EI Provider Program strength to overcome areas of need. Targeted TA and Differentiated Support is a Required Action stated in the written notification of noncompliance in cases of substantial noncompliance and is provided during the one-year correction period with a focus on supporting the EI Provider Program in making all required correction and returning to full compliance.

The Lead Agency enforces instances of long-standing noncompliance when a finding is not corrected during the correction period. A Provider Program that does not make correction of identified noncompliance within the designated time enters a status of long-standing non-compliance. The Lead Agency will issue a letter to the Provider Program informing them of the status and outlining the next required corrective actions, sanctions, or enforcement actions. The required actions due to long-standing non-compliance will be included as specific conditions on the Provider Program's IDEA, Part C Federal award and will include a timeline and monthly review for the completion of each required action 2 CFR §200.208.

Corrective Action Plan (CAP)

Additional Oversight/Monitoring

Obtain additional technical assistance

Moved to the status "not in good standing" (cannot take any new referrals)

Monetary penalties not to exceed five hundred dollars (\$500)

Recoupment of funds

Suspension of Service Provider certification

Revocation of Service Provider certification

The Lead Agency determines the imposition and severity of enforcement actions on a case-by-case basis using the following factors:

Responsiveness in correcting non-compliance

Non-compliance involving violation of any law, rule, or other legal requirement.

Provider Program History (Determination Rating Trend Data) and frequency of non-compliance

Number of Findings of non-compliance

Impact of Identified Noncompliance on children and families served

Non-compliance involving intentional fraud or dishonesty

Describe how the State makes annual determinations of EIS program performance, including the criteria the State uses and the schedule for notifying EIS programs of their determinations. If the determinations are made public, include a web link for the most recent determinations.

Local Level Determination Ratings are conducted annually and are not publicly reported. In FFY 2023, the Local Program Determination Rating process was combined with APR data monitoring process and notification of the EI Provider Determination Rating is sent in conjunction with the written notification of noncompliance (Finding) or the written notification of monitoring results (when no Finding was issued). Local Provider Program Determination Ratings assess compliance and performance in APR Indicators, results of any dispute resolution process (if applicable), data completeness, and long-standing noncompliance.

The Determination Rating category (meets requirements, needs assistance, needs intervention, or needs substantial intervention) is determined based on total points earned divided by total possible points (using a 0, 1, 2-point scale similar to State Level Determination Ratings). Provider Programs receive 2 points when their local program data meets the APR target, 1 point when their data is within 10% of the target, and zero points if their data is 11% or more below the target). When a Provider Program's Determination Rating is needs assistance for two (or more) consecutive years, First Connections requires the Local Provider Program to complete four hours of Targeted TA. Local Program Determinations of needs intervention or needs substantial intervention complete the four hours of Targeted TA and receive Differentiated Support based on their Determination Rating. Differentiated Support for Local Programs rated needs intervention or needs substantial intervention includes assignment to a TA Specialist who facilitates an individualized Data Review Meeting and root cause analysis, full staff TA on a data-identified area of need. Provider Programs rated needs substantial intervention are supported (by their TA Specialist) in developing and implementing a Program Improvement Plan to use their data-identified areas of strength to overcome barriers to effective implementation of IDEA requirements identified in the root cause analysis of their Data Review Meeting.

Targeted TA and Differentiated Support uses a strengths-based approach and is designed to assist Local Programs in meeting requirements in the next monitoring cycle.

Provide the web link to information about the State's general supervision policies, procedures, and process that is made available to the public.

The State has updated general supervision policies and procedures as part of DSM 2.0 and has requested an extension of submission date while (a) implementing processes to collect evidence of implementation and (b) awaiting input and feedback from national TA partners on the updated policies and procedures. The policies and procedures posted on the First Connections web site are the pre-DMS 2.0 policies and procedures and do not reflect the changes made to general supervision reported in this APR.

<https://www.firstconnectionsar.org/policies-regulations>

Technical Assistance System:

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

To provide ongoing support to EI Professionals, First Connections has two dedicated staff members who serve as TA Specialists, one of which has a background in adult education as a former college instructor and both of which have worked in the field as service coordinators intimately familiar with the EI process and requirements. First Connections' plan for Technical Assistance (TA) and Personnel Development (PD) was developed using the Quality Indicators developed by The Early Childhood Technical Assistance Center (ECTA), a guide to support states in understanding specific components needed for a Comprehensive System of Personnel Development (ECTA, 2015) and as guidance for evidence-based TA.

First Connections CSPD which provides TA and PD to EI Professionals is part of the State's General Supervision system in that areas of identified non-compliance and areas of low performance guide and direct the TA and PD the CSPD provides to support EI Professionals in meeting IDEA, Part C requirements. Information from dispute resolution activities, monitoring of service provision in accordance with the IFSP, fiscal and programmatic monitoring, APR data monitoring, and annual Local Provider Program Determination Ratings is used to identify areas of need for TA and PD. The CSPD works with the data unit and the monitoring unit to use both formal and informal data to direct TA and PD. Formal data used to direct TA and PD include Findings issued and APR Compliance and Performance Indicator data assessed annually as part of APR preparation and results of any dispute resolution activities. Informal data to inform TA and PD includes EI Provider anonymous survey responses, a review of frequently asked questions, and ideas/input from Provider stakeholders.

First Connections CSPD provides TA designed to support EI Provider Programs in meeting requirements and to facilitate EI Provider retention. When a Provider Program's Determination Rating is needs assistance for two (or more) consecutive years, First Connections requires the Local Provider Program to complete four hours of Targeted TA. Local Program Determinations of needs intervention or needs substantial intervention complete the four hours of Targeted TA and receive Differentiated Support based on their Determination Rating. Differentiated Support for Local Programs rated needs intervention or needs substantial intervention includes assignment to a TA Specialist who facilitates an individualized Data Review Meeting and root cause analysis, full staff TA on a data-identified area of need. Provider Programs rated needs substantial intervention are supported (by their TA Specialist) in developing and implementing a Program Improvement Plan to use their data-identified areas of strength to overcome barriers to effective implementation of IDEA requirements identified in the root cause analysis of their Data Review Meeting. Targeted TA and Differentiated Support uses a strengths-based approach and is designed to assist Local Programs in meeting requirements in the next monitoring cycle.

First Connections provides a weekly communication called the "TA Tip for Tuesday," a colorful, brief, and specific infographic on a frequently asked question or data-identified area of need. Tips for Tuesdays are sent to Provider Program Administrators and FC staff each Tuesday morning. Topics covered include "COS 1-7 Number Rating Scale," "Family Goal on the IFSP," "Timely Transition Tips," "Family Priorities, Concerns, and Resources," "Program Eligibility Determination as a Team," "Delivered Services Notes," "Benefits of Natural Environment," and "Tips for IFSP Reviews," among others.

At the end of FFY23, First Connections launched a virtual TA Library in the Professional Growth System (FC PATHS). The virtual TA Library provides easy access to TA materials, checklists, work samples, and tip sheets developed by the CSPD and housed in the online learning management system FC PATHS. TA materials are arranged by broad topic such as "transition," "procedural safeguards," "service delivery," and "data system." Within each broad category are subfolders to organize contents to make finding specific information quick and easy. First Connections data manager works with the CSPD to identify areas of need for TA resources to support EI Professionals in improving timeliness of services (Indicator 1), prepare families for transition at age 3 (Indicators 8a and 8c), implement Natural Environment Practices (Indicator 2), and improve results for children and families (Indicators 3 and 4).

Professional Development System:

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

First Connections' Comprehensive System of Personnel Development (CSPD) provides training to EI professionals and paraprofessionals to ensure that direct service providers have the knowledge, abilities, and skills to implement IDEA, Part C requirements and effectively provide services that improve results for children and families. As part of SSIP development, stakeholders identified core competencies for therapists, therapy assistants, and service coordinators. First Connections' CSPD developed Core Competencies training for these roles that became part of the requirements for certification as a

Part C Provider (2016).

FC requires 10 hours of annual ongoing PD directly related to IDEA, Part C to maintain certification as a Part C Provider. Topics of ongoing PD include Division of Early Childhood (DEC) Recommended Practices, Procedural Safeguards and teaching families their rights in the context of the process, timely transition planning, IFSP development, and conducting accurate COS ratings. Supporting families in participating fully in the development and implementation of the child's IFSP is a critical skill to ensure that EI Professionals are highly qualified. In this reporting period, the CSPD developed an IFSP Development Tip Sheet and a "Part C Meetings Checklist" to support EI Professionals in empowering parents to direct their early intervention.

The CSPD strives to be responsive to EI Providers and conducts an annual survey. In response to Provider requests to make ongoing PD more accessible to EI professionals and paraprofessionals across the state who do not receive travel reimbursement and must reschedule service delivery sessions with families to attend in person workshop-style training, the CSPD reconfigured in-person workshops into self-paced asynchronous modules in an online learning management system. The First Connections Professional Growth System (FC PATHS) launched in November of 2023 to provide convenient access to ongoing PD, and to ADE/FC certification courses. Provider Program administrators can run reports in FC PATHS to track the progress of their staff in completing required certification training and/or ongoing PD.

In this reporting period and in response to requested topics, the CSPD developed short, self-paced online modules on team building, based on Patrick Lencioni's "Overcoming Common Dysfunctions of Teams" to support EI Professionals on the IFSP Team in identifying barriers to effective collaboration and implementing strategies to build trust, accountability, and effective work relationships. EI Providers also requested training on infant mental health. To meet this request, the CSPD collaborated with Dr. Sufna John and experts at the ARBEST Program (Arkansas Building Effective Services for Trauma) of the University of Arkansas for Medical Sciences (UAMS) who developed a series of professional development modules to support EI Professionals in understanding infant mental health and trauma-informed care. The trauma-informed care series builds the capacity of EI Professionals to implement DEC Recommended Family Practices and support social emotional development of young children in the context of the family and within natural environments. The series includes modules on "Recognizing and Responding to the Impact of Maternal Depression on Children," "Relationship between Attachment and Trauma in Early Childhood," "Understanding Maternal Perinatal Mental Health Needs," "Understanding Substance Use and Domestic Violence," "Impact of Childhood Trauma on Adults," "Working Effectively with Parents who Have Experienced Trauma," "Impact of Trauma on Mental Health and Development of Young Children," "Infant and Early Childhood Mental Health," "Connecting Your Child to Appropriate Mental Health Services," "Mental Health Supports for Young Children – What School Personnel Need to Know," and "Trauma-Informed Accountability for Caregivers." EI Providers also requested training on autism-specific screening for toddlers whose parents have concerns about or family history of autism. The CSPD promoted the preparation of fully and appropriately qualified EI Providers by partnering with Dr. Chayla Slaton at Dennis Developmental Center and Arkansas' Children's Hospital. Dr Slaton developed ongoing PD modules on conducting the MCHAT R/F autism-specific screening, using Ages and Stages Questionnaire (ASQ-3) for developmental screening, discussing screening results with parents, and making appropriate referrals for autism-specific evaluation and support.

An IDEA required component of CSPD is training personnel to coordinate transition services for toddlers transitioning from early intervention to a preschool program, Head Start, or other early learning environment, program, or service. To meet this requirement, the CSPD presented data to the AICC comparing children exiting Part C who are potentially eligible for Part B to children referred to Part B from FC. AICC members began initial root cause analysis to identify barriers to seamless transition. Other activities to promote seamless transitions involved training at the annual LEA Academy highlighting changes to the Intra-Agency Agreement revised and updated due to a change in Lead Agencies.

The CSPD collaborates with the FC Outreach Coordinator in Child Find efforts that meet Part C requirements by providing training and information to primary referral sources regarding the basic components of early intervention. The CSPD provided training to Safe Babies Court Teams and to Early Head Start professionals on referring children suspected of developmental delay or disability to the Part C Program and provided training on the process and timeline from referral to Program Eligibility Determination. To support parents and childcare professionals who are important referral sources, the CSPD provided training at the State's Head Start Conference and also at regional Early Head Start professional development in service days on the required parts of an IFSP, how to prepare for the initial IFSP meeting, and how to develop an IFSP around family priorities, concerns, and daily activities.

The focus of CSPD in FFY23 was on retention of existing EI Professionals after an analysis of Local Program Determination Rating Trend Data demonstrated some Part C Provider Programs had no data (did not serve any children in FFY 2022 and FFY 2023). The CSPD created a survey for these Provider Program administrators to help Lead Agency administration understand the barriers to serving children and families these Provider Programs were facing. Based on survey responses, the CSPD has been able to assist the Lead Agency in responsive outreach to Provider Programs to re-engage Provider Programs who stopped serving children and families as part of retention efforts and activities. As a result, one of six Provider Programs identified as inactive in FFY22 worked with a TA Specialist to identify strategies to overcome barriers to service provision in a rural part of the state. This Provider Program began exploring teletherapy options to re-engage and begin serving children and families again. A second Provider Program worked with their TA Specialist to carry out local public awareness activities to increase referrals/number of children served in a rural portion of the state.

The CSPD developed a recruitment brochure to attract new professionals to the field but recognizes there is much more that can be done in this required area. In the next reporting period, the CSPD will collaborate with EI Provider stakeholders to identify effective recruitment materials, activities, and resources and work with the Lead Agency to identify a timeframe and process for open enrollment applications. In this reporting period, the CSPD began drafting a "Getting Started Guide" to support new EI Providers in being successful and meeting Part C requirements; the CSPD will complete this guide in the next reporting period.

Stakeholder Engagement:

The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

Broad stakeholder engagement activities designed to obtain input from stakeholders include quarterly State Interagency Coordinating Council meetings in addition to two annual stakeholder meetings, the July meeting to share the State Determination Rating information and APR data and the Year in Review Stakeholder Meeting (held in December). Each of these annual stakeholder meetings include an anonymous survey (survey participants identify by their "role" such as "parent," "therapist," "service coordinator," "EI Provider Program administration," "other agency representative," etc.). Survey participants rank the order of importance of the data-identified areas of need shared in the meeting and have open text spaces in the survey to share what they perceive as barriers to reaching goals and space to propose strategies and solutions. The Year in Review Stakeholder Meeting (December 2023 and 2024) is where the Lead Agency recaps the key events of the calendar year and highlights upcoming important dates and activities coming in the next calendar year. The annual Year in Review Stakeholder Meeting was developed in response to EI Provider Stakeholder request (in FFY 2022) for improved communication.

Arkansas' Interagency Coordinating Council (AICC) meets quarterly in January, April, July, and October and EI Providers, First Connections staff, and the public are invited to attend. Stakeholder engagement focused on analyzing data with the purpose of target setting and revisions to targets is carried

out primarily by the AICC as part of the council's advisory capacity to the Lead Agency, although all stakeholders have an opportunity to provide input via anonymous survey to vote on proposed targets and share feedback/comments in survey comment boxes. The Lead Agency responded to the requests of AICC council members to develop short online video modules in addition to the new council member welcome/guidebook to train new council members in AICC by-laws, what to expect in council meetings, and the purpose and process of the council as a mechanism for building the capacity of parents and other stakeholders who serve on the council.

EI Providers and First Connections staff are engaged in assisting with the Indicators 5 and 6 root cause analyses.

Stakeholder engagement specifically designed to improve outcomes, including data analysis, developing improvement strategies, and evaluating progress is the main work of the EI Improving Outcomes Stakeholder Group (EIOSG). The EIOSG is facilitated by the Part C CSPD, and the group members include Local EI Provider Program administrators, EI therapists, and parents. This group meets monthly with a focus on improving child and family outcomes. The Lead Agency facilitates the group in ways that empower the group members to set their own goals and priorities. The Lead Agency builds the capacity of group members to engage in program improvement work by:

explaining the breadth and scope of the 3 global Child Outcomes areas and sharing ECTA resources

explaining where the data comes from and how it is collected in the field (process) by the IFSP team

ending each meeting with opportunities for stakeholders to identify what they want to know, what information they need, and what they'd like to accomplish in the next meeting and next quarter

inviting content experts from national TA providers to share information with the group

creating data visuals to facilitate stakeholders' ability to understand and analyze the data

explaining (and sharing) how the data is calculated and reported

creating data visuals to support understanding how State data compares to national data

guiding stakeholders in selecting data-identified areas of need to focus on

guiding stakeholders in conducting root cause analysis

creating organizational tools to support stakeholders (as needed) in developing improvement strategies for the areas they've identified as priorities

sharing/reporting/presenting the stakeholder group's proposed strategies to the Lead Agency

closing the feedback loop by regularly reporting back to the group the Lead Agency's progress in implementing the stakeholder group's proposed strategies

Arkansas' Parent Training and Information Center (PTIC), The Center for Exceptional Families (TCFEF) and Family2Family (F2F) of the Arkansas Disability Coalition's Health Information Center both employ regional Parent Peer Mentors to support families of children with disabilities of all ages. TCFEF assigns one of the regional Parent Peer Mentors as a "Part C Liaison" to support cross agency collaboration to support families of infants and toddlers with disabilities. The TCFEF Part C Liaison and regional Parent Peer Mentors of TCFEF and F2F meet with the Part C CSPD quarterly to bring topics of parent-identified need or interest up for discussion and joint planning to co-present parent information trainings on topics such as dispute resolution options, how to develop your IFSP, and planning for transition at age. Presentations may be live or recorded and shared on the TCFEF Facebook page. Jointly planned and developed materials around parent-identified interest are also part of the collaboration between the TCFEF and F2F Parent Peer Mentors and the CSPD.

Early Intervention Providers and First Connections staff are also important stakeholders. The CSPD focuses on building the capacity of these important stakeholders. The CSPD manager surveys Providers and First Connections staff annually to solicit input from EI Professionals on topics they'd like to know more about to support their ongoing professional development. In the current reporting year, the CSPD developed short, self-paced online modules on each of the APR Indicators to support EI Professionals in "knowing what is measured." First Connections managers requested training in team building, resulting in the development of an ongoing professional development course based on Patrick Lencioni's "Overcoming Common Dysfunctions of Teams." The modules are designed to support EI Professionals in various roles (including IFSP Teams) in identifying barriers to effective collaboration and teaming and implementing effective strategies to build trust, accountability, and positive work relationships.

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

YES

Number of Parent Members:

10

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 AICC and Parent Center Staff support the Lead Agency in setting APR targets for the SPP. The Lead Agency supports their ability to participate in this important work by sharing data visuals to help stakeholders know "what the numbers mean." Preparing parents and other stakeholders to participate includes explaining what is being measured, where the data comes from, and how the data is reported.

Parent members of the AICC and parent members of the EI Improving Outcomes Stakeholder Group (EIOSG) are supported in selecting and prioritizing areas of improvement and setting their own goals. At the end of each meeting, they identify what they want to know, what information they need, and what they'd like to accomplish in the next meeting(s). Parent members aren't just attendees, they work with meeting facilitators from the Lead Agency and with EI Providers to conduct root cause analyses facilitated by the Part C CSPD using materials from national TA providers and organization tools developed by First Connections to guide the work and break it down into "bite sized" chunks. Parent members of the EIOSG propose strategies to address the identified needs in the area(s) the stakeholder group members identified as priority areas for program improvement, increasing the Family Outcomes Survey Response rate and increasing the completeness of Indicator 3 Child Outcomes data.

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.

First Connections facilitates monthly meetings of the EI Improving Outcomes Stakeholder Group (EIOSG). The group includes parent members, EI Provider Program administrators, and therapists. The work of this group is specifically designed to improve outcomes for children with disabilities and their families and includes developing and proposing program improvement strategies to the Lead Agency that address data-identified areas of need. The group also evaluates progress of Lead Agency implementation of the proposed strategies. The Lead Agency builds the capacity of these stakeholders to be engaged and involved in program improvement planning by explaining the breadth and scope of the 3 global Child Outcomes areas and sharing ECTA resources and explaining where Child Outcomes data comes from and how it is collected in the field by the IFSP team. The Lead Agency prepares stakeholders to participate and builds their capacity by creating data visuals to facilitate stakeholders' ability to understand and analyze the data and explaining (and sharing) how the data is calculated and reported. First Connections also helps stakeholders understand State-level data in context by creating data visuals to support understanding of how State data compares to national Part C data. To build the capacity of stakeholders, including parents, to propose coherent improvement strategies, the Lead Agency guides stakeholders in conducting root cause analyses and shares organizational tools to support stakeholders (as needed) in developing improvement strategies for the areas they've identified as priorities. The Program closes the feedback loop by regularly reporting back to stakeholders the agency's progress in implementing the stakeholders' proposed strategies.

Regional Parent Peer Mentors employed by Family2Family (F2F) of the Arkansas Disability Coalition's Health Information Center and by The Center for Exceptional Families (TCFEF), Arkansas' Parent Training and Information Center (PTIC), collaborate with the Part C CSPD by bringing results of formal and informal family assessment that identifies information, support, and topics of need and interest for families of children with disabilities. Parent Peer Mentors jointly plan parent information materials, presentations, and parent education training on topics such as dispute resolution options, how to develop your IFSP, and planning for transition at age 3. When parents have information and support to handle disputes, plan IFSPs around family priorities and interests, and prepare for a smooth transition, they can advocate for their child and family in ways that improve results for their children.

Soliciting Public Input:

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

Although target setting for the SPP occurs in five-year cycles with input from the Arkansas Interagency Coordinating Council (AICC) and other stakeholders, First Connections provides opportunities for stakeholders to provide input throughout the year in a variety of ways.

EI Providers, parents, referral sources, and other stakeholders can request topics of interest/discussion to be added to the agenda of the quarterly AICC meetings such as information on data system enhancements, the LEARNS Act and the change in Lead Agencies, Hope Hub, and information about children exiting from Part C to Part B-619.

Twice per year, First Connections hosts stakeholder meetings to share data and information and solicit stakeholder input. In July of each year, First Connections hosts the annual Stakeholder Determination Meeting to share State Level Determination rating information and APR data using data visuals and infographics to support stakeholder understanding of what is being measured and what the data means. Following the annual meeting, stakeholders are invited to participate in a survey to prioritize the data-identified areas of need, share their perceived barriers, and propose improvement strategies. In December, First Connections hosts the Year in Review Stakeholder Meeting to provide a status update on key items, recap key events of the year, and highlight upcoming events in the next calendar year. The Year in Review Stakeholder Meeting is followed by an anonymous survey (participants identify their role) in which stakeholders rank the proposed program improvement areas presented in their perceived order of importance. The Lead Agency considers this information when planning program improvement efforts and activities.

Making Results Available to the Public:

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

The Lead Agency shares information with the public at quarterly State Interagency Coordinating Council Meetings and these meetings are recorded for those who are unable to attend. The Program shares information with EI Providers in written notices and via a quarterly Provider newsletter Quarterly Connection (January, April, July, and October). The Program shares information with the public in the July State Determination meeting and the December Year in Review meeting. First Connections shares information with the public in a variety of ways including posting information on the First Connections Web site at: <https://www.firstconnectionsar.org/> including local Provider Program data posted on the "Resources"/"Reports" page annually.

Reporting to the Public:

How and where the State reported to the public on the FFY 2022 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 2022 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 revisions if the State has revised the targets that it submitted with its FFY 2022 APR in 2024, is available.

The "Reports" page of the First Connections Web site includes:

SPP/APR

SSIP

State Determination Rating Information

FFY 2022 Local Provider Program Performance

<https://www.firstconnectionsar.org/reports>

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA Section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of

submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

On January 12, 2023, OSEP issued findings in its monitoring report, which are not fully resolved. Longstanding noncompliance (from any unresolved finding identified by OSEP during and prior to FFY 2022) may be a factor in the Department's 2026 determinations. OSEP will work with AR-C to clarify what actions remain.

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 child-specific and regulatory/systemic noncompliance as noted in the Office of Special Education Programs' (OSEP's) response 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	94.90%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	92.32%	86.78%	87.05%	90.92%	97.22%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
366	498	97.22%	100%	75.90%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

In analyzing Indicator 1 data as part of APR preparation, the State identified issues in EI Provider documentation of services due to a lack of familiarity with the new data system. Missing data for service start date due to a failure of EI Providers to enter Delivered Services Notes in the child record resulted in the Indicator 1 data report having a blank for date of first delivered service and to be recorded as untimely. As part of data analysis and validation, the Data Manager sent data inquiries to EI Provider Program administrators with missing data to provide documentation in cases where there was missing. Staff turnover in the Lead Agency created difficulties in sending out these data inquiries, and the State acknowledges that some children reported as untimely were in fact timely, but due to missing documentation of delivered services in the child record at the time of APR preparation and reporting, this data was incomplete and wherever missing documentation of service provision occurred, was reported as untimely.

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.

12

Provide reasons for delay, if applicable.

Twelve children whose services began later than 30 days from parent consent were due to documented Exceptional Family Circumstances including child illness, parent or family member illness, or 1 in which the parent requested to begin service after summer vacation/family travel. The State issued 15 EI Provider Programs a Finding of Noncompliance for Indicator 1 in FFY 2023. The documented reasons for delay that did not fall under allowable delays/Exceptional Family Circumstances, included EI Provider Program staffing and scheduling issues, difficulty in obtaining an Rx for service from the child's primary care physician, and EI Provider-reported difficulty in accessing and learning to use the new data system (to find children referred to them when the parent selected their Provider Program to provide an IFSP service).

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).

Timely receipt of services is defined in program policy as "as soon as possible but no later than 30 days from parent consent for service." Parent consent for service typically occurs at the IFSP meeting in which a service is added to the IFSP. Service start date is documented in the Delivered Service Note documenting the date, time, location, duration, (etc.) of the service session. Timeliness of service provision is measured by comparing date of first delivered service note (documentation) to the date of parent consent and/or IFSP effective 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).

This data is the 3rd quarter (January 1, 2024 – March 31, 2024) collected in the First Connections data system and includes children from all geographic areas of State, all Local Provider Programs, and all categories of Part C program-eligible infants and toddlers. First Connections compared data from this period to data for the full FFY 2023 and to the other quarters of FFY 2023 and verifies that it is representative of the full reporting year.

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

The 3rd quarter (January 1, 2024 – March 31, 2024) data includes children from all geographic areas of State, all Local Provider Programs, and all categories of Part C program-eligible infants and toddlers. First Connections compared data from this period to data for the full FFY 2023 and to the other quarters of FFY 2023 and verifies that it is representative of the full reporting year.

Provide additional information about this indicator (optional)

The State issues a Local Provider Program "one Finding" of Noncompliance in Indicator 1 regardless of how many individual child records were involved. For example, if the State identifies that XYZ Therapy provided IFSP services late for 8 children, they are issued (one) Finding of Noncompliance for Indicator 1.

The State makes use of Pre-Finding Correction for this Indicator at the time of APR data monitoring when the state can verify both (1) a service start date (albeit late) for each child whose service did not begin timely in the data period reported on the APR and (2) when a review of subsequent data demonstrates that the EI Provider Program's new data is meeting the regulatory requirements (100%).

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
3	3	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

The timeline for monitoring in FFY 2022 involved identifying noncompliance at the EI Provider Program Level in APR Data Monitoring that began in February 2024 after APR submission and ended late March 2024. With the move from one state agency to the next, written notices were delayed and were not sent to EI Providers until September 6, 2024. Through the DMS 2.0 process, work with national TA Providers, and preparation of Indicator 12 for this APR, the state is aware that the process for verification of correction is correct, but the State's timeline of implementation of new monitoring process was behind the required 90-days from Identification.

However, the State verified correction of noncompliance at the Provider Program Level within one year of (a) identification of noncompliance by EI

Provider Programs that occurred in Feb/March of 2024 and (b) date of written notification (September 2024).

The State verified correction of noncompliance for the 3 EI Provider Programs issued a Finding for Indicator 1 in FFY 2022 APR Data, in October of 2024 through a review of data from 7/1/24-9/30/24 that demonstrated 100% timely services/meeting the regulatory requirements for this Indicator for each of the 3 EI Provider Programs.

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

FFY 2022 APR data analyzed timely service provision data for 324 children. FFY 2022 APR data demonstrated that 308 children had timely services and 7 children's services began later than 30 days from parent consent but had a documented family delay/exceptional family circumstance in the child record. 11 children in FFY 2022 had untimely services.

The State makes use of Pre-Finding Correction. 2 EIS Provider Programs involving 7 child records were not issued Findings through the use of Pre-Finding Correction that verified at the time of monitoring both (a) each child whose service began late did have a service start date and (2) subsequent data for a period of 90 days met the regulatory requirements at 100% compliance for Indicator 1 for each of the 2 EIS Provider Programs not issued a Finding through the use of Pre-Finding Correction.

3 EI Provider Programs were issued Findings in FFY 2022, and these 3 Findings involved 4 children. Correction at the individual child record level was verified during the FFY 2022 APR data monitoring process (February and March of 2024). The FC monitor verified (at the time of monitoring) that each child had a service start date (although late) on the FFY 2022 APR data report or verified on the data report that the child had already turned 3 (date of birth) or had withdrawn and was no longer enrolled in the Part C Program (an exit date and exit reason on the APR data report).

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	15	10	5

FFY 2021

Findings of Noncompliance Verified as Corrected

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

FFY 2022 was the year that the State began implementing the new APR data monitoring process developed in response to DMS 2.0 to replace the FFY 2021 and previous years' process of monitoring via random record review and verifying correction through sampling/random record review that did not meet the requirements for verifying the EIS Provider Program is meeting the regulatory requirements with 100% compliance in a review of subsequent data for all children.

The State verified that each EIS Provider Program issued a Finding for Indicator 1 in FFY 2021 is meeting requirements (100% compliance through a review of new data) for 12 EIS Provider Programs as follows:

BB - Indicator 1 Finding verified correction at Provider Program Level with 100% compliance/meeting regulatory requirements in a review of new data for Indicator 1 for the period of 9/1/22-11/30/22.

TT -- Indicator 1 Finding verified correction at Provider Program Level with 100% compliance/meeting regulatory requirements in a review of new data for Indicator 1 for the period of 1/1/23-3/31/23.

DEI -- Indicator 1 Finding verified correction at Provider Program Level with 100% compliance/meeting regulatory requirements in a review of new data for Indicator 1 for the period of 1/1/23-2/28/23.

AT - Indicator 1 Finding verified correction at Provider Program Level with 100% compliance/meeting regulatory requirements in a review of new data for Indicator 1 for the period of 1.1.24_3.31.24

CS - Indicator 1 Finding verified correction at Provider Program Level with 100% compliance/meeting regulatory requirements in a review of new data for Indicator 1 for the period of 1.1.24_3.31.24

CP - Indicator 1 Finding verified correction at Provider Program Level with 100% compliance/meeting regulatory requirements in a review of new data for Indicator 1 for the period of 1.1.24_3.31.24

CLT - Indicator 1 Finding verified correction at Provider Program Level with 100% compliance/meeting regulatory requirements in a review of new data for Indicator 1 for the period of 2.1.24_4.30.24

LMC - Indicator 1 Finding verified correction at Provider Program Level with 100% compliance/meeting regulatory requirements in a review of new data for Indicator 1 for the period of 2.1.24_4.30.24

PP - Indicator 1 Finding verified correction at Provider Program Level with 100% compliance/meeting regulatory requirements in a review of new data for Indicator 1 for the period of 3/1/24-5/31/24.

GU - Indicator 1 Finding verified correction at Provider Program Level with 100% compliance/meeting regulatory requirements in a review of new data for Indicator 1 for the period of 9.1.24-10.31.24

3 EIS Provider Programs issued a Finding in FFY 2021 for Indicator 1 are no longer an EIS Provider Program for First Connections. The State verified correction at the individual child record level, but there is no subsequent data for these EIS Provider Programs with which to verify correction/meeting

requirements at the Provider Program level.

2 EIS Provider Programs (KS and TP) have not yet been verified as corrected at the Provider Program Level after reviews of new data for Indicator 1 from the State data system every 60-90 days has not yet demonstrated these EI Provider Programs are meeting the regulatory requirements for Indicator 1 (100% compliance).

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

The State issued 15 EI Provider Programs a Finding of Noncompliance in FFY 2021. The State verified timely correction on the individual child record level for all children impacted through review of APR data by child record level to verify a service start date for each child or verify an exit date or 3rd birthday demonstrating that at the time of verification, the child was no longer within the program's jurisdiction consistent with OSEP QA 23-01.

FFY 2021

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The State has worked closely with the 2 EIS Providers that have not yet been verified as corrected to identify the specific issues as timely documentation of service provision. The data system "measures" timely services by pulling data from the date of parent consent for the service (as the start date) and the date of the documented entry for the first delivered service session (end date). When direct service providers at the EIS Provider Program fail to enter documentation (Delivered Services Notes) into the data system on time (or at all), the Indicator 1 data report from the data system will have a blank service start date. Due to the change from the old data system to the new data system, there have been instances where direct service providers (individual therapists did not know how to use the system, didn't have an account set up, etc. The State has been providing Targeted TA around documentation, using the data system, and documentation timelines to the 2 EIS Provider Programs (KS and TP) that have not yet been verified as corrected at the Provider Program Level. First Connections continues to review new data for Indicator 1 from the State data system every 60-90 days to verify correction at the EI Provider Program Level when new data demonstrates these EI Provider Programs are meeting the regulatory requirements for Indicator 1 (100% compliance).

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining 15 uncorrected findings of noncompliance identified in FFY 2021 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

The State issued 15 EI Provider Programs a Finding of Noncompliance in FFY 2021. The State verified timely correction on the individual child record level for all 15 EI Provider Programs at the time of monitoring by looking on the APR data report (line by line by child record data) to verify either a service start date or an exit date verifying that the child was no longer in the jurisdiction of the program (turned 3, withdrawn, etc.) consistent with OSEP QA 23-01.

FFY 2022 was the year that the State began implementing the new APR data monitoring process developed in response to DMS 2.0 to replace the FFY 2021 and previous years' process of monitoring via random record review and verifying correction through sampling/random record review that did not meet the requirements for verifying the EIS Provider Program is meeting the regulatory requirements with 100% compliance in a review of subsequent data for all children.

The State verified that each EIS Provider Program issued a Finding for Indicator 1 in FFY 2021 is meeting requirements (100% compliance through a review of new data) for 12 EIS Provider Programs as follows:

BB - Indicator 1 Finding verified correction at Provider Program Level with 100% compliance/meeting regulatory requirements in a review of new data for Indicator 1 for the period of 9/1/22-11/30/22.

TT -- Indicator 1 Finding verified correction at Provider Program Level with 100% compliance/meeting regulatory requirements in a review of new data for Indicator 1 for the period of 1/1/23-3/31/23.

DEI -- Indicator 1 Finding verified correction at Provider Program Level with 100% compliance/meeting regulatory requirements in a review of new data for Indicator 1 for the period of 1/1/23-2/28/23.

AT - Indicator 1 Finding verified correction at Provider Program Level with 100% compliance/meeting regulatory requirements in a review of new data for Indicator 1 for the period of 1.1.24_3.31.24

CS - Indicator 1 Finding verified correction at Provider Program Level with 100% compliance/meeting regulatory requirements in a review of new data for Indicator 1 for the period of 1.1.24_3.31.24

CP - Indicator 1 Finding verified correction at Provider Program Level with 100% compliance/meeting regulatory requirements in a review of new data for Indicator 1 for the period of 1.1.24_3.31.24

CLT - Indicator 1 Finding verified correction at Provider Program Level with 100% compliance/meeting regulatory requirements in a review of new data for Indicator 1 for the period of 2.1.24_4.30.24

LMC - Indicator 1 Finding verified correction at Provider Program Level with 100% compliance/meeting regulatory requirements in a review of new data for Indicator 1 for the period of 2.1.24_4.30.24

PP - Indicator 1 Finding verified correction at Provider Program Level with 100% compliance/meeting regulatory requirements in a review of new data for Indicator 1 for the period of 3/1/24-5/31/24.

GU - Indicator 1 Finding verified correction at Provider Program Level with 100% compliance/meeting regulatory requirements in a review of new data for Indicator 1 for the period of 9.1.24-10.31.24

3 EIS Provider Programs issued a Finding in FFY 2021 for Indicator 1 are no longer an EIS Provider Program for First Connections. The State verified correction at the individual child record level, but there is no subsequent data for these EIS Provider Programs with which to verify correction/meeting requirements at the Provider Program level.

2 EIS Provider Programs (KS and TP) have not yet been verified as corrected at the Provider Program Level after reviews of new data for Indicator 1 from the State data system every 60-90 days has not yet demonstrated these EI Provider Programs are meeting the regulatory requirements for Indicator 1 (100% compliance). The State has been providing Targeted TA and Differentiated Support.

1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

OSEP notes that the State indicated that three of the five remaining findings of noncompliance identified in FFY2021 are from 3 EIS programs that are no longer operational, and therefore, the State cannot verify correction of the regulatory requirements for these three programs.

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. In addition, the State must demonstrate, in the FFY 2024 SPP/APR, that the remaining 3 uncorrected findings of noncompliance identified in FFY 2022 and the remaining 2 uncorrected findings of noncompliance identified in FFY 2021 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2023 and each EIS program or provider with remaining noncompliance identified in FFY 2022 and add FFY 2021: (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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

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	62.95%

FFY	2018	2019	2020	2021	2022
Target>=	85.00%	85.00%	95.00%	95.50%	96.00%
Data	94.61%	97.27%	97.03%	97.95%	98.49%

Targets

FFY	2023	2024	2025
Target >=	96.50%	97.00%	97.50%

Targets: Description of Stakeholder Input

Broad stakeholder engagement activities designed to obtain input from stakeholders include quarterly State Interagency Coordinating Council meetings in addition to two annual stakeholder meetings, the July meeting to share the State Determination Rating information and APR data and the Year in Review Stakeholder Meeting (held in December). Each of these annual stakeholder meetings include an anonymous survey (survey participants identify by their "role" such as "parent," "therapist," "service coordinator," "EI Provider Program administration," "other agency representative," etc.). Survey participants rank the order of importance of the data-identified areas of need shared in the meeting and have open text spaces in the survey to share what they perceive as barriers to reaching goals and space to propose strategies and solutions. The Year in Review Stakeholder Meeting (December 2023 and 2024) is where the Lead Agency recaps the key events of the calendar year and highlights upcoming important dates and activities coming in the next calendar year. The annual Year in Review Stakeholder Meeting was developed in response to EI Provider Stakeholder request (in FFY 2022) for improved communication.

Arkansas' Interagency Coordinating Council (AICC) meets quarterly in January, April, July, and October and EI Providers, First Connections staff, and the public are invited to attend. Stakeholder engagement focused on analyzing data with the purpose of target setting and revisions to targets is carried out primarily by the AICC as part of the council's advisory capacity to the Lead Agency, although all stakeholders have an opportunity to provide input via anonymous survey to vote on proposed targets and share feedback/comments in survey comment boxes. The Lead Agency responded to the requests of AICC council members to develop short online video modules in addition to the new council member welcome/guidebook to train new council members in AICC by-laws, what to expect in council meetings, and the purpose and process of the council as a mechanism for building the capacity of parents and other stakeholders who serve on the council.

EI Providers and First Connections staff are engaged in assisting with the Indicators 5 and 6 root cause analyses.

Stakeholder engagement specifically designed to improve outcomes, including data analysis, developing improvement strategies, and evaluating progress is the main work of the EI Improving Outcomes Stakeholder Group (EIOSG). The EIOSG is facilitated by the Part C CSPD, and the group members include Local EI Provider Program administrators, EI therapists, and parents. This group meets monthly with a focus on improving child and family outcomes. The Lead Agency facilitates the group in ways that empower the group members to set their own goals and priorities. The Lead Agency builds the capacity of group members to engage in program improvement work by:

explaining the breadth and scope of the 3 global Child Outcomes areas and sharing ECTA resources

explaining where the data comes from and how it is collected in the field (process) by the IFSP team

ending each meeting with opportunities for stakeholders to identify what they want to know, what information they need, and what they'd like to accomplish in the next meeting and next quarter

inviting content experts from national TA providers to share information with the group

creating data visuals to facilitate stakeholders' ability to understand and analyze the data

explaining (and sharing) how the data is calculated and reported

creating data visuals to support understanding how State data compares to national data

guiding stakeholders in selecting data-identified areas of need to focus on

guiding stakeholders in conducting root cause analysis

creating organizational tools to support stakeholders (as needed) in developing improvement strategies for the areas they've identified as priorities

sharing/reporting/presenting the stakeholder group's proposed strategies to the Lead Agency

closing the feedback loop by regularly reporting back to the group the Lead Agency's progress in implementing the stakeholder group's proposed strategies

Arkansas' Parent Training and Information Center (PTIC), The Center for Exceptional Families (TCFEF) and Family2Family (F2F) of the Arkansas Disability Coalition's Health Information Center both employ regional Parent Peer Mentors to support families of children with disabilities of all ages. TCFEF assigns one of the regional Parent Peer Mentors as a "Part C Liaison" to support cross agency collaboration to support families of infants and toddlers with disabilities. The TCFEF Part C Liaison and regional Parent Peer Mentors of TCFEF and F2F meet with the Part C CSPD quarterly to bring topics of parent-identified need or interest up for discussion and joint planning to co-present parent information trainings on topics such as dispute resolution options, how to develop your IFSP, and planning for transition at age. Presentations may be live or recorded and shared on the TCFEF Facebook page. Jointly planned and developed materials around parent-identified interest are also part of the collaboration between the TCFEF and F2F Parent Peer Mentors and the CSPD.

Early Intervention Providers and First Connections staff are also important stakeholders. The CSPD focuses on building the capacity of these important stakeholders. The CSPD manager surveys Providers and First Connections staff annually to solicit input from EI Professionals on topics they'd like to know more about to support their ongoing professional development. In the current reporting year, the CSPD developed short, self-paced online modules on each of the APR Indicators to support EI Professionals in "knowing what is measured." First Connections managers requested training in team building, resulting in the development of an ongoing professional development course based on Patrick Lencioni's "Overcoming Common Dysfunctions of Teams." The modules are designed to support EI Professionals in various roles (including IFSP Teams) in identifying barriers to effective collaboration and teaming and implementing effective strategies to build trust, accountability, and positive work relationships.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,507
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Total number of infants and toddlers with IFSPs	1,691

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,507	1,691	98.49%	96.50%	89.12%	Did not meet target	Slippage

Provide reasons for slippage, if applicable.

The launch of the new data system most likely contributed to slippage as the accuracy of reporting and data analysis increased. Documented reasons for providing IFSP services in non-natural environments were primarily around EI Provider Program staffing.

Input from EI Provider Stakeholders pinpoints root causes as:

Extensive travel in rural parts of the State and a lack of ability to reimburse for travel

Staff turnover/difficulty hiring therapists in rural areas of the State

Therapists seeing children in the clinic can see more children per day, and seeing children in natural environments cuts Provider Program income/ability

to pay therapists

Therapists not wanting to travel/put wear and tear on personal vehicles leaving Part C Provider Programs to work in Early Intervention Day Treatment Centers or outpatient clinics where travel is not required

Therapists report safety concerns in some places and comfort/cleanliness of some homes a deterrent to home visits

Pre-service education and training in a clinical/medical model that contributes to a lack of understanding of and buy in to the benefits of natural issues environment practices and parent/caregiver coaching/training

Provide additional information about this indicator (optional).

N/A

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

Broad stakeholder engagement activities designed to obtain input from stakeholders include quarterly State Interagency Coordinating Council meetings in addition to two annual stakeholder meetings, the July meeting to share the State Determination Rating information and APR data and the Year in Review Stakeholder Meeting (held in December). Each of these annual stakeholder meetings include an anonymous survey (survey participants identify by their "role" such as "parent," "therapist," "service coordinator," "EI Provider Program administration," "other agency representative," etc.). Survey participants rank the order of importance of the data-identified areas of need shared in the meeting and have open text spaces in the survey to share what they perceive as barriers to reaching goals and space to propose strategies and solutions. The Year in Review Stakeholder Meeting (December 2023 and 2024) is where the Lead Agency recaps the key events of the calendar year and highlights upcoming important dates and activities coming in the next calendar year. The annual Year in Review Stakeholder Meeting was developed in response to EI Provider Stakeholder request (in FFY 2022) for improved communication.

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EI Providers and First Connections staff are engaged in assisting with the Indicators 5 and 6 root cause analyses.

Stakeholder engagement specifically designed to improve outcomes, including data analysis, developing improvement strategies, and evaluating progress is the main work of the EI Improving Outcomes Stakeholder Group (EIOSG). The EIOSG is facilitated by the Part C CSPD, and the group members include Local EI Provider Program administrators, EI therapists, and parents. This group meets monthly with a focus on improving child and family outcomes. The Lead Agency facilitates the group in ways that empower the group members to set their own goals and priorities. The Lead Agency builds the capacity of group members to engage in program improvement work by:

explaining the breadth and scope of the 3 global Child Outcomes areas and sharing ECTA resources

explaining where the data comes from and how it is collected in the field (process) by the IFSP team

ending each meeting with opportunities for stakeholders to identify what they want to know, what information they need, and what they'd like to accomplish in the next meeting and next quarter

inviting content experts from national TA providers to share information with the group

creating data visuals to facilitate stakeholders' ability to understand and analyze the data

explaining (and sharing) how the data is calculated and reported

creating data visuals to support understanding how State data compares to national data

guiding stakeholders in selecting data-identified areas of need to focus on

guiding stakeholders in conducting root cause analysis

creating organizational tools to support stakeholders (as needed) in developing improvement strategies for the areas they've identified as priorities

sharing/reporting/presenting the stakeholder group's proposed strategies to the Lead Agency

closing the feedback loop by regularly reporting back to the group the Lead Agency's progress in implementing the stakeholder group's proposed strategies

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Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2008	Target>=	65.00%	65.50%	75.00%	75.50%	76.00%
A1	56.00%	Data	75.75%	79.10%	85.43%	72.93%	52.37%
A2	2008	Target>=	32.00%	32.25%	40.00%	40.50%	41.00%
A2	24.00%	Data	47.02%	46.97%	41.76%	46.42%	41.51%
B1	2008	Target>=	63.00%	63.25%	70.00%	70.50%	71.00%
B1	53.00%	Data	70.54%	72.47%	77.57%	76.25%	52.05%
B2	2008	Target>=	34.00%	34.25%	30.00%	30.50%	31.00%
B2	20.00%	Data	37.60%	32.00%	28.45%	36.47%	30.97%
C1	2008	Target>=	63.25%	63.50%	75.00%	75.50%	76.00%
C1	56.00%	Data	70.89%	77.12%	81.58%	73.20%	51.54%
C2	2008	Target>=	34.00%	34.25%	40.00%	40.50%	41.00%
C2	22.00%	Data	39.34%	40.26%	36.13%	42.64%	34.12%

Targets

FFY	2023	2024	2025
Target A1>=	76.50%	77.00%	77.50%
Target A2>=	41.50%	42.00%	42.50%
Target B1>=	71.50%	72.00%	72.50%
Target B2>=	31.50%	32.00%	32.50%
Target C1>=	76.50%	77.00%	77.50%
Target C2>=	41.50%	42.00%	42.50%

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	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	502	50.05%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	164	16.35%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	159	15.85%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	178	17.75%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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	323	825	52.37%	76.50%	39.15%	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	337	1,003	41.51%	41.50%	33.60%	Did not meet target	Slippage

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
turned 3 years of age or exited the program							

Provide reasons for A1 slippage, if applicable

A mix of programmatic and data issues resulted in slippage. Because lower than desired Child Outcomes has been an ongoing focus of Program Improvement efforts that the Program has sought to address with buy in and collaboration from EI Providers, the State collaborated with EI Provider partners to identify possible programmatic factors for lower than desired results in this Outcome Area, which include:

a lack of linkage between IFSP outcomes (goals) to Indicator 3a (positive social relationships) and a need for training/support for direct service providers whose pre-service education and training has been in a clinical/medical model

Covid policies in childcare settings which did not allow direct service providers to work with children inside the classroom (children were required to be removed to a separate "therapy room" to minimize other children's exposure to therapists) and children exiting in FFY23 who had received services since infancy (FFY21 and FFY22 during the height of the pandemic) were impacted by these policies which stakeholders believe may have impacted their rate of early learning and development in this outcome area .

Pre-service training for EI Provider therapists lacking in training specific to Part C early intervention such as supporting child participation within typical activities, infant/toddler mental health, or supporting children in developing positive social relationships primarily because pre-service training for therapist certification uses a clinical/medical model.

To fill in the gaps of pre-service training, the Lead Agency participates in the Pyramid Model Early Childhood Behavior Support Cadre, which may include training and support for direct service providers (therapists and therapy assistants) to aid them in supporting children's development of social-emotional skills. The State is currently providing stipends to support EI Professionals in attending and participating in Practice Based Coaching (PBC) in Early Intervention (ECHO/Denver) to enhance their capacity to: (a) coach parents and other caregivers in home and community visits, (b) coordinate and collaborate with team members and families to develop shared goals and action plans, (c) use data to drive continuous progress monitoring, and (d) enhance equity and effectiveness in coaching. The anticipated outcome of this strategy is to have EI Professionals trained to serve as coaches to their professional peers and to more effectively coach/train/mentor parents and other caregivers. This in-service training and support for direct service providers (therapists and therapy assistants) in promoting the development of positive social relationships for the children they serve may improve results in this Indicator in future reporting periods.

Data issues resulting in slippage include the implementation of a new data system enhanced the State's ability to capture more comprehensive data to analyze for this Indicator, and the State noticed that significantly more children were captured in the Indicator 3 report for FFY 2023 than in previous reporting years. Additionally, the percentage of children in progress category "b" was significantly higher than in previous reporting years. In analyzing this difference, the State became aware that some children may have been included/reported who did not receive services for at least 6 months. The inclusion of children who did not meet the criteria is tied to how the new data system currently identifies which children received services for 6 months or more. Currently, the data system considers (a) IFSP effective date, (b) date of exit, and (c) documentation of service provision (delivered services notes). In a random check (manually looking up child records for a small percentage of the children falling into progress category "b"), the State identified cases in which children included in the report did not in fact receive services for 6 months because the time period between IFSP effective date and child exit date did not account for (a) a small number of children who experienced delays in service commencement (Indicator 1) or (b) whether the parent granted consent for the service (when consent was not granted for the service, the service did not take place at all). A small percentage of children falling into progress category "b" received only service coordination services, which is not a service expected to support children in making significant progress in Outcome area "A." The random sampling of manually reviewed child records alerted the State to possible data inaccuracies (inclusion of children who did not receive services for at least 6 months who are not required to be reported). In working with national TA providers in the analysis for Indicator 3, the State has identified other methods for measuring receipt of services for at least 6 months, such as comparing the initial COS rating date to the exit COS rating date. The new data system captures the dates of this data entry but currently does not populate these dates into the Indicator 3 report. The Lead Agency is working with the IT development team to improve the accuracy of the Indicator 3 data report for future reporting periods.

Other data issues related to slippage in Indicator 3 A include:

Below target percentage of children served in natural environments and service provision in outpatient clinic therapy settings, particularly services such as physical therapy, occupational therapy, and speech therapy (Indicator 2)

Delays in service commencement (Indicator 1)

Indicator 3 data collection concerns including reports of some Providers not using state-approved tools for COS data collection accurately or in their entirety and the use of an "evaluation interpreter" attending in place of the evaluating therapist at initial IFSP meetings and untrained in COS ratings may result in less accurate initial COS ratings that, when compared with more accurate exit ratings, demonstrate less progress than was actually experienced

Improvements in Indicator 3 data collection after statewide implementation of the MEISR-COS and updated Decision Tree tool for completing COS ratings (in a previous reporting period) capturing more accurate 1-7 number ratings than the tools previously used to collect Child Outcomes Summary ratings

To support EI Professionals on the IFSP Team in accurate data collection, the CSPD is currently developing a COS 1-7 Number Rating Guidance Document. Additionally, the CSPD intends to schedule and provide a series of Lunch and Learns on completing accurate COS 1-7 Number Ratings as a team in FFY24.

At the suggestion of national TA Providers, the State will adjust its targets in partnership with the SICC and other stakeholders.

Provide reasons for A2 slippage, if applicable

Work with national TA Providers to ensure that the new data system is using the most current measurement tables to calculate Summary Statements 1 and 2 is likely to be the cause of slippage. At the suggestion of national TA Providers, the State will adjust its A2 target in partnership with the SICC and other stakeholders.

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	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	517	51.55%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	223	22.23%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	152	15.15%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	111	11.07%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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	375	892	52.05%	71.50%	42.04%	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	263	1,003	30.97%	31.50%	26.22%	Did not meet target	Slippage

Provide reasons for B1 slippage, if applicable

A mix of programmatic and data issues resulted in slippage. Because lower than desired Child Outcomes has been an ongoing focus of Program Improvement efforts that the Program has sought to address with buy in and collaboration from EI Providers, the State collaborated with EI Provider partners to identify possible programmatic factors for lower than desired results in this Outcome Area, which include:

Pre-service education and training of direct service providers in a clinical/medical model has many direct service providers entrenched in direct child therapy focusing on isolated skills rather than a focus on building the child's ability to participate by applying knowledge and skills to typical child/family activities

Pre-service education and training of direct service providers in a clinical/medical model limits EI Professional's knowledge, abilities, and skills to coach/train parents and other caregivers to effectively support their child's ability to apply skills and knowledge to typical child/family activities

Covid policies in childcare settings which did not allow direct service providers to work with children inside the classroom (children were required to be removed to a separate "therapy room" to minimize other children's exposure to therapists) and those children exiting in FFY23 who had received services since infancy (FFY21 and FFY22 during the height of the pandemic) were impacted by these policies which stakeholders believe may have impacted their rate of early learning and development in this outcome area

To fill in the gaps of pre-service training, the State is currently providing stipends to support EI Professionals in attending and participating in Practice Based Coaching (PBC) in Early Intervention (ECHO/Denver) to enhance their capacity to: (a) coach parents and other caregivers in home and community visits, (b) coordinate and collaborate with team members and families to develop shared goals and action plans, (c) use data to drive continuous progress monitoring, and (d) enhance equity and effectiveness in coaching. The anticipated outcome of this strategy is to have EI Professionals trained to serve as coaches to their professional peers. This in-service training and support for direct service providers (therapists and therapy assistants) in promoting caregiver's ability to support child participation in ways that help children apply skills within typical activities may improve results in this Indicator in future reporting periods.

Data issues resulting in slippage include the implementation of a new data system enhanced the State's ability to capture more comprehensive data to analyze for this Indicator, and the State noticed that significantly more children were captured in the Indicator 3 report for FFY 2023 than in previous reporting years. Additionally, the percentage of children in progress category "b" was significantly higher than in previous reporting years. In analyzing this difference, the State became aware that some children may have been included/reported who did not receive services for at least 6 months. The inclusion of children who did not meet the criteria is tied to how the new data system currently identifies which children received services for 6 months. Currently, the data system considers (a) IFSP effective date, (b) date of exit, and (c) documentation of service provision (delivered services notes). In a random check (manually looking up child records for a small percentage of the children falling into progress category "b"), the State identified cases in which children included in the report did not in fact receive services for 6 months because the time period between IFSP effective date and child exit date did not account for (a) a small number of children who experienced delays in service commencement (Indicator 1) or (b) whether the parent granted consent for the service (when consent was not granted for the service, the service did not take place at all). A small percentage of children falling into progress category "b" received only service coordination services, which is not a service expected to support children in making significant progress in Outcome area "B." The random sampling of manually reviewed child records alerted the State to possible data inaccuracies (inclusion of children who did not receive services for at least 6 months who are not required to be reported). In working with national TA providers in the analysis for Indicator 3, the State has identified other methods for measuring receipt of services for at least 6 months, such as comparing the initial COS rating date to the exit COS rating date. The new data system captures the dates of this data entry but currently does not populate these dates into the Indicator 3 report. The Lead Agency is working with the IT development team to improve the accuracy of the Indicator 3 data report for future reporting periods.

Other data issues related to slippage in Indicator 3 B include:

Below target percentage of children served in natural environments and service provision in outpatient clinic therapy settings, particularly services such as physical therapy, occupational therapy, and speech therapy (Indicator 2)

Delays in service commencement (Indicator 1)

Indicator 3 data collection concerns including reports of some Providers not using state-approved tools for COS data collection accurately or in their entirety and the use of an "evaluation interpreter" attending in place of the evaluating therapist at initial IFSP meetings and untrained in COS ratings may result in less accurate initial COS ratings that, when compared with more accurate exit ratings, demonstrate less progress than was actually experienced

Improvements in Indicator 3 data collection after statewide implementation of the MEISR-COS and updated Decision Tree tool for completing COS ratings (in a previous reporting period) capturing more accurate 1-7 number ratings than the tools previously used to collect Child Outcomes Summary ratings

To support EI Professionals on the IFSP Team in collecting accurate data, the CSPD is currently developing a COS 1-7 Number Rating Guidance Document. Additionally, the CSPD intends to schedule and provide a series of Lunch and Learns on completing accurate COS 1-7 Number Ratings as a team in FFY24.

At the suggestion of national TA Providers, the State will adjust its targets in partnership with the SICC and other stakeholders.

Provide reasons for B2 slippage, if applicable

Work with national TA Providers to ensure that the new data system is using the most current measurement tables to calculate Summary Statements 1 and 2 is likely to be the cause of slippage. At the suggestion of national TA Providers, the State will adjust its B2 target in partnership with the SICC and other stakeholders.

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	2	0.20%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	510	50.85%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	199	19.84%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	154	15.35%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	138	13.76%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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	353	865	51.54%	76.50%	40.81%	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	292	1,003	34.12%	41.50%	29.11%	Did not meet target	Slippage

Provide reasons for C1 slippage, if applicable

A mix of programmatic and data issues resulted in slippage. Because lower than desired Child Outcomes has been an ongoing focus of Program Improvement efforts that the Program has sought to address with buy in and collaboration from EI Providers, the State collaborated with EI Provider partners to identify possible programmatic factors for lower than desired results in this Outcome Area, which include:

pre-service education and training of direct service providers in a clinical/medical model has many direct service providers entrenched in direct child therapy focusing on isolated skills rather than a focus on building the child's ability to use and apply age-appropriate behaviors to meet their needs within typical child activities

pre-service education and training of direct service providers in a clinical/medical model limits EI Professional's knowledge, abilities, and skills to coach/train parents and other caregivers to support their child's ability to use and apply age-appropriate behaviors and skills to meet their needs within typical child/family activities

Covid policies in childcare settings which did not allow direct service providers to work with children inside the classroom (children were required to be

removed to a separate "therapy room" to minimize other children's exposure to therapists) and those children exiting in FFY23 who had received services since infancy (FFY21 and FFY22 during the height of the pandemic) were impacted by these policies which stakeholders believe may have impacted their rate of early learning and development in this outcome area

To fill in the gaps of pre-service training, the State is currently providing stipends to support EI Professionals in attending and participating in Practice Based Coaching (PBC) in Early Intervention (ECHO/Denver) to enhance their capacity to: (a) coach parents and other caregivers in home and community visits, (b) coordinate and collaborate with team members and families to develop shared goals and action plans, (c) use data to drive continuous progress monitoring, and (d) enhance equity and effectiveness in coaching. The anticipated outcome of this strategy is to have EI Professionals trained to serve as coaches to their professional peers and to more effectively coach/train/mentor parents and other caregivers. This in-service training and support for direct service providers (therapists and therapy assistants) in promoting caregiver capacity to support child participation and use of age-appropriate behaviors to meet needs within typical child/family activities may improve results in this Indicator in future reporting periods. Additionally, to support EI Professionals in coaching parents and other caregivers in boosting child participation and aiding children in the use of age-appropriate skills and behaviors to meet their needs within daily routines. The Lead Agency's participation in the Pyramid Model Early Childhood Behavior Support Cadre may include training and support for direct service providers (therapists and therapy assistants) to address challenging behaviors to improve children's ability to meet their needs using age-appropriate behaviors to improve results in this Outcome Area in future reporting periods.

Data issues resulting in slippage include the implementation of a new data system enhanced the State's ability to capture more comprehensive data to analyze for this Indicator, and the State noticed that significantly more children were captured in the Indicator 3 report for FFY 2023 than in previous reporting years. Additionally, the percentage of children in progress category "b" was significantly higher than in previous reporting years. In analyzing this difference, the State became aware that some children may have been included/reported who did not receive services for at least 6 months. The inclusion of children who did not meet the criteria is tied to how the new data system currently identifies which children received services for 6 months. Currently, the data system considers (a) IFSP effective date, (b) date of exit, and (c) documentation of service provision (delivered services notes). In a random check (manually looking up child records for a small percentage of the children falling into progress category "b"), the State identified cases in which children included in the report did not in fact receive services for 6 months because the time period between IFSP effective date and child exit date did not account for (a) a small number of children who experienced delays in service commencement (Indicator 1) or (b) whether the parent granted consent for the service (when consent was not granted for the service, the service did not take place at all). A small percentage of children falling into progress category "b" received only service coordination services, which is not a service expected to support children in making significant progress in Outcome area "C." The random sampling of manually reviewed child records alerted the State to possible data inaccuracies (inclusion of children who did not receive services for at least 6 months who are not required to be reported). In working with national TA providers in the analysis for Indicator 3, the State has identified other methods for measuring receipt of services for at least 6 months, such as comparing the initial COS rating date to the exit COS rating date. The new data system captures the dates of this data entry but currently does not populate these dates into the Indicator 3 report. The Lead Agency is working with the IT development team to improve the accuracy of the Indicator 3 data report for future reporting periods.

Other data issues related to slippage in Indicator 3 C include:

Below target percentage of children served in natural environments and service provision in outpatient clinic therapy settings, particularly services such as physical therapy, occupational therapy, and speech therapy (Indicator 2)

Delays in service commencement (Indicator 1)

Indicator 3 data collection concerns including reports of some Providers not using state-approved tools for COS data collection accurately or in their entirety and the use of an "evaluation interpreter" attending in place of the evaluating therapist at initial IFSP meetings and untrained in COS ratings may result in less accurate initial COS ratings that, when compared with more accurate exit ratings, demonstrate less progress than was actually experienced

Improvements in Indicator 3 data collection after statewide implementation of the MEISR-COS and updated Decision Tree tool for completing COS ratings (in a previous reporting period) capturing more accurate 1-7 number ratings than the tools previously used to collect Child Outcomes Summary ratings

To support EI Professionals on the IFSP Team in collecting accurate data, the CSPD is currently developing a COS 1-7 Number Rating Guidance Document. Additionally, the CSPD intends to schedule and provide a series of Lunch and Learns on completing accurate COS 1-7 Number Ratings as a team in FFY24.

At the suggestion of national TA Providers, the State will adjust its targets in partnership with the SICC and other stakeholders.

Provide reasons for C2 slippage, if applicable

Work with national TA Providers to ensure that the new data system is using the most current measurement tables to calculate Summary Statements 1 and 2 is likely to be the cause of slippage. At the suggestion of national TA Providers, the State will adjust its C2 target in partnership with the SICC and other stakeholders.

FFY 2023 SPP/APR Data

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	1,770
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.	726
Number of infants and toddlers with IFSPs assessed	1,003

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

The instruments used to collect this data are the MEISR-COS and the Decision Tree Flow Chart. The MEISR-COS tool was adapted for Arkansas by MEISR (Measure of Engagement Independence, and Social Relationships) authors Drs. Robin McWilliam and Naomi Younggren.

The MEISR is a routines-based functional child assessment completed via parent interview in which the parent indicates which age-level skills (and skills below age level) the child uses in various routines "sometimes," "not yet," or "always." The MEISR-COS tool as adapted for Arkansas includes the Decision Tree flow chart and the ECTA bundles on additional tabs of the tool to support IFSP Teams in calculating COS ratings. The results of the functional child assessment on the MEISR tab of the tool are filtered/sorted by each of the COS Child Outcomes areas ("S," "K," and "A") and the team uses the Decision Tree flow chart to discuss the extent to which the child is using age-expected skills across routines and works down the flow chart (3 times, one for each outcome area) to arrive at the most accurate COS 1-7 number rating possible.

The IFSP Team (which includes the family) completes the entrance or initial COS 1-7 number rating as part of Program Eligibility Determination (prior to IFSP development and prior to service selection and provision). The IFSP Team will complete a COS rating at annual IFSP review to assess child progress. The IFSP Team will complete the exit or final COS 1-7 number rating as part of child exit either at the Transition Conference or at a separate exit meeting close to the child's 3rd birthday or other exit date/time.

Provide additional information about this indicator (optional).

The State input data from a report from the State-approved data system into the ECO_COS_OSEP_Indicator 3 Data Analysis tool for analysis and calculation and worked with a national TA provider to prepare this Indicator for the APR. This tool, available on the ECTA Web site, highlights any missing data and impossible combinations for the State to analyze, calculates the federal progress category so that the State can double check their calculations, and also calculate Summary Statement 1 and Summary Statement 2 for each Child Outcome Area.

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.

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/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	2018	2019	2020	2021	2022
A	2006	Target>=	90.00%	90.25%	79.50%	80.00%	80.50%
A	59.00%	Data	78.64%	79.10%	81.32%	97.23%	92.84%
B	2006	Target>=	90.00%	90.25%	82.50%	83.00%	83.50%
B	70.00%	Data	85.78%	81.61%	87.18%	95.30%	97.26%
C	2006	Target>=	90.00%	90.25%	88.50%	89.00%	89.50%
C	71.00%	Data	85.01%	80.83%	87.18%	99.45%	98.74%

Targets

FFY	2023	2024	2025
Target A>=	81.00%	81.50%	82.00%
Target B>=	84.00%	84.50%	85.00%
Target C>=	90.00%	90.50%	91.00%

Targets: Description of Stakeholder Input

Broad stakeholder engagement activities designed to obtain input from stakeholders include quarterly State Interagency Coordinating Council meetings in addition to two annual stakeholder meetings, the July meeting to share the State Determination Rating information and APR data and the Year in Review Stakeholder Meeting (held in December). Each of these annual stakeholder meetings include an anonymous survey (survey participants identify by their "role" such as "parent," "therapist," "service coordinator," "EI Provider Program administration," "other agency representative," etc.). Survey participants rank the order of importance of the data-identified areas of need shared in the meeting and have open text spaces in the survey to share what they perceive as barriers to reaching goals and space to propose strategies and solutions. The Year in Review Stakeholder Meeting (December 2023 and 2024) is where the Lead Agency recaps the key events of the calendar year and highlights upcoming important dates and activities coming in the next calendar year. The annual Year in Review Stakeholder Meeting was developed in response to EI Provider Stakeholder request (in FFY 2022) for improved communication.

Arkansas' Interagency Coordinating Council (AICC) meets quarterly in January, April, July, and October and EI Providers, First Connections staff, and the public are invited to attend. Stakeholder engagement focused on analyzing data with the purpose of target setting and revisions to targets is carried out primarily by the AICC as part of the council's advisory capacity to the Lead Agency, although all stakeholders have an opportunity to provide input via anonymous survey to vote on proposed targets and share feedback/comments in survey comment boxes. The Lead Agency responded to the requests of AICC council members to develop short online video modules in addition to the new council member welcome/guidebook to train new council members in AICC by-laws, what to expect in council meetings, and the purpose and process of the council as a mechanism for building the capacity of parents and other stakeholders who serve on the council.

EI Providers and First Connections staff are engaged in assisting with the Indicators 5 and 6 root cause analyses.

Stakeholder engagement specifically designed to improve outcomes, including data analysis, developing improvement strategies, and evaluating progress is the main work of the EI Improving Outcomes Stakeholder Group (EIOSG). The EIOSG is facilitated by the Part C CSPD, and the group members include Local EI Provider Program administrators, EI therapists, and parents. This group meets monthly with a focus on improving child and family outcomes. The Lead Agency facilitates the group in ways that empower the group members to set their own goals and priorities. The Lead Agency builds the capacity of group members to engage in program improvement work by:

explaining the breadth and scope of the 3 global Child Outcomes areas and sharing ECTA resources

explaining where the data comes from and how it is collected in the field (process) by the IFSP team

ending each meeting with opportunities for stakeholders to identify what they want to know, what information they need, and what they'd like to accomplish in the next meeting and next quarter

inviting content experts from national TA providers to share information with the group

creating data visuals to facilitate stakeholders' ability to understand and analyze the data

explaining (and sharing) how the data is calculated and reported

creating data visuals to support understanding how State data compares to national data

guiding stakeholders in selecting data-identified areas of need to focus on

guiding stakeholders in conducting root cause analysis

creating organizational tools to support stakeholders (as needed) in developing improvement strategies for the areas they've identified as priorities

sharing/reporting/presenting the stakeholder group's proposed strategies to the Lead Agency

closing the feedback loop by regularly reporting back to the group the Lead Agency's progress in implementing the stakeholder group's proposed strategies

Arkansas' Parent Training and Information Center (PTIC), The Center for Exceptional Families (TCFEF) and Family2Family (F2F) of the Arkansas Disability Coalition's Health Information Center both employ regional Parent Peer Mentors to support families of children with disabilities of all ages. TCFEF assigns one of the regional Parent Peer Mentors as a "Part C Liaison" to support cross agency collaboration to support families of infants and toddlers with disabilities. The TCFEF Part C Liaison and regional Parent Peer Mentors of TCFEF and F2F meet with the Part C CSPD quarterly to bring topics of parent-identified need or interest up for discussion and joint planning to co-present parent information trainings on topics such as dispute resolution options, how to develop your IFSP, and planning for transition at age. Presentations may be live or recorded and shared on the TCFEF Facebook page. Jointly planned and developed materials around parent-identified interest are also part of the collaboration between the TCFEF and F2F Parent Peer Mentors and the CSPD.

Early Intervention Providers and First Connections staff are also important stakeholders. The CSPD focuses on building the capacity of these important stakeholders. The CSPD manager surveys Providers and First Connections staff annually to solicit input from EI Professionals on topics they'd like to know more about to support their ongoing professional development. In the current reporting year, the CSPD developed short, self-paced online

modules on each of the APR Indicators to support EI Professionals in “knowing what is measured.” First Connections managers requested training in team building, resulting in the development of an ongoing professional development course based on Patrick Lencioni’s “Overcoming Common Dysfunctions of Teams.” The modules are designed to support EI Professionals in various roles (including IFSP Teams) in identifying barriers to effective collaboration and teaming and implementing effective strategies to build trust, accountability, and positive work relationships.

FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	2,532
Number of respondent families participating in Part C	516
Survey Response Rate	20.38%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	498
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	515
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	492
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	515
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	491
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	516

Measure	FFY 2022 Data	FFY 2023 Target	FFY 2023 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)	92.84%	81.00%	96.70%	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)	97.26%	84.00%	95.53%	Met target	No 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)	98.74%	90.00%	95.16%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO

Response Rate

FFY	2022	2023
Survey Response Rate	23.75%	20.38%

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

The metric the State uses to determine representativeness or the discrepancy in the proportion of responders (parents responding to the Family Outcomes Survey in a calendar year) and Child Count data (point in time data of children receiving early intervention) is +/- 7%.

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. States must include race/ethnicity in their analysis. In addition, the State’s analysis must 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 category approved through the stakeholder input process.

The State analyzes demographics to determine representativeness of Family Outcomes Survey respondents by geographic location and by race/ethnicity. Family Outcomes Survey responses are analyzed in comparison to the population of children who received early intervention (2024 Child Count data) broken down by race/ethnicity and by county of residence.

Analysis of racial/ethnic representativeness:

The percentage of Family Outcomes Survey respondents by race/ethnicity (of the parent) is compared to the percentage of children served in each racial/ethnic federal reporting category to assess representativeness, although the State is aware that there is a margin of discrepancy due to the Family Outcomes Survey data being the race/ethnicity of the parent respondent and not necessarily that of the child.

The percentage of children served in which the family identified the child's ethnicity as Hispanic (in 2024 Child Count data) was 9.44%. 50 of the 516 Family Outcomes Survey parent respondents self-identified as Hispanic (9.69%), which is representative with less than a 1% discrepancy.

21% of children in 2024 Child Count data who received early intervention services were Black, and when compared to the 20.16% of survey respondents (parent identified their race as Black) is representative with a discrepancy of <1%. 2024 Child Count data shows that 2.4% of children who received early intervention services were Asian, and when compared to the 3.1% of survey respondents (parent identified their race as Asian) is representative, the discrepancy is minor at <1%.

.55% of children who received early intervention services were American Indian or Alaskan Native (2024 Child Count data), and when compared to the 2.71% of Family Outcomes Survey respondents (parent identified their race as American Indian or Alaskan Native) is representative with a discrepancy of +2%.

.19% of children served were Pacific Islander in 2024 Child Count data, and when compared to the .58% of survey respondents (parent race identified as Pacific Islander) is representative with a discrepancy of <1%.

73.22% of children who received early intervention services were White (2024 Child Count data), and when compared to the 65.70% of Family Outcomes Survey respondents (parent identified their race as White) is representative with a discrepancy of -7%.

2.17% of children served were more than one race in 2024 Child Count data, and when compared to the 7.75% of survey respondents (parent race identified as more than one race) is representative with a discrepancy of +5%.

Analysis of geographic representativeness:

The percentage of survey respondents by Arkansas county is compared to the percentage (in each county) of the total number of children who received early intervention (from Child Count data). Discrepancies in geographic data comparison may be accounted for due to Child Count data is point in time data whereas Family Outcomes Survey data is by 2024 calendar year. Analysis of the percentage of survey respondents by county when compared to the percentage of children served by county demonstrates representativeness within the state's +/-7% metric across all 75 Arkansas counties:

COUNTY	% of total respondents by county	% of Children served 2024 Child Count)
1. Arkansas County, AR	4.06%	0.43%
2. Ashley County, AR	0.19%	0.03%
3. Baxter County, AR	0.39%	0.12%
4. Benton County, AR	10.66%	5.41%
5. Boone County, AR	0.19%	0.00%
6. Bradley County, AR	0%	0.00%
7. Calhoun County, AR	0%	0.00%
8. Carroll County, AR	0%	0.00%
9. Chicot County, AR	0.19%	0.00%
10. Clark County, AR	0.58%	0.79%
11. Clay County, AR	0.19%	2.29%
12. Cleburne County, AR	0.97%	2.21%
13. Cleveland County, AR	0%	0.03%
14. Columbia County, AR	0.19%	0.00%

15. Conway County, AR	0.58%	0.32%
16. Craighead County, AR	7.36%	4.82%
17. Crawford County, AR	0.39%	0.32%
18. Crittenden County, AR	0.78%	1.50%
19. Cross County, AR	0.39%	2.05%
20. Dallas County, AR	0%	0.20%
21. Desha County, AR	0%	0.00%
22. Drew County, AR	0%	0.00%
23. Faulkner County, AR	2.52%	2.41%
24. Franklin County, AR	0%	0.20%
25. Fulton County, AR	0.39%	0.28%
26. Garland County, AR	4.07%	6.95%
27. Grant County, AR	1.55%	1.66%
28. Greene County, AR	0.58%	2.09%
29. Hempstead County, AR	0%	0.08%
30. Hot Spring County, AR	1.74%	2.76%
31. Howard County, AR	0%	0.00%
32. Independence County, AR	2.33%	5.02%
33. Izard County, AR	0.19%	0.28%
34. Jackson County, AR	0.78%	1.86%
35. Jefferson County, AR	1.36%	1.42%
36. Johnson County, AR	0.97%	0.32%
37. Lafayette County, AR	0%	0.00%
38. Lawrence County, AR	0.19%	0.55%
39. Lee County, AR	0.19%	0.55%
40. Lincoln County, AR	0%	0.00%
41. Little River County, AR	0%	0.08%
42. Logan County, AR	0.19%	0.27%
43. Lonoke County, AR	2.13%	2.05%
44. Madison County, AR	0.19%	0.00%
45. Marion County, AR	0%	0.12%
46. Miller County, AR	0.39%	0.43%
47. Mississippi County, AR	0.58%	1.58%
48. Monroe County, AR	0%	0%
49. Montgomery County, AR	0.19%	0%
50. Nevada County, AR	0.19%	0.12%
51. Newton County, AR	0%	0.24%
52. Ouachita County, AR	0%	0.08%

53. Perry County, AR	0.19%	0.12%
54. Phillips County, AR	0.19%	0.00%
55. Pike County, AR	0%	0.16%
56. Poinsett County, AR	0.39%	0.75%
57. Polk County, AR	1.16%	0.24%
58. Pope County, AR	4.26%	1.89%
59. Prairie County, AR	0%	0.03%
60. Pulaski County, AR	12.21%	18.00%
61. Randolph County, AR	0.19%	0.83%
62. Saint Francis County, AR	0.19%	0.32%
63. Saline County, AR	6.20%	12.20%
64. Scott County, AR	0.19%	0.03%
65. Searcy County, AR	0.19%	0.08%
66. Sebastian County, AR	2.52%	0.83%
67. Sevier County, AR	0.19%	0.39%
68. Sharp County, AR	4.84%	1.90%
69. Stone County, AR	1.74%	0.59%
70. Union County, AR	0%	0.00%
71. Van Buren County, AR	0.19%	0.24%
72. Washington County, AR	8.53%	3.71%
73. White County, AR	4.65%	3.87%
74. Woodruff County, AR	3.29%	1.62%

75. Yell County, AR 0.78% 0.24%

The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. (yes/no)

YES

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

Strategies to increase the Family Outcomes Survey response rate include working with the State's Parent Training and Information Center, The Center for Exceptional Families (TCFEF), to message the purpose and importance of completing the survey for families whose child receives early intervention. Provider and parent stakeholders recommend that the State implement a text notification system in which the family receives a survey link via text and text reminders to complete the survey online. The incorporation of a Parent Portal in the state data system where families can log in to prepare for meetings, sign/access documents, view their child's record, etc. would increase the survey response rate by allowing the State to collect this data throughout the year as part of annual IFSP review for all families (and link parent responses to child progress and child outcomes in ways that facilitate more in-depth analysis).

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.

The State did not identify instances in which it appears that families who did not participate in a survey differ from those who did participate. However, the state's lower than desired survey response rate does point to an unwillingness or inability to complete the survey (a form of nonresponse bias).

Provider and parent stakeholders conducting an assessment of the State's Family Outcomes Measurement System, purpose, and data collection process reported that the lengthiness of the survey is a barrier to many families' completing the survey. The group recommended that the State remove multiple questions to streamline the survey. Parent and EI Provider stakeholders also reported that the survey questions are not clear as to whether the parent is supposed to respond about their service provision, about their entire experience in the Part C program, or about their interactions with their service coordinator specifically and feels that the "confusing nature" of the survey contributes to nonresponse bias (in which parents simply do not complete the survey or parents may answer all of the questions from the perspective of "rating their service coordinator" or "rating their service provider" and not consider their experience in the Part C program holistically).

Provide additional information about this indicator (optional).

In this fiscal year, First Connections' method of data collection for the annual Family Outcomes Survey involved the Data Manager emailing every parent whose child received services in FFY 2023 a link to the online survey. The email included a short description in the body of the purpose of the survey and the name and contact information of a First Connections administrative staff member to contact with questions, assistance, or to complete the survey by phone. The email included a 1-page infographic (as attachment) sharing the prior year data, the prior year survey response rate, and re-

stating the purpose of the survey and how the Family Survey data is used.

In the previous reporting year, a national TA Provider facilitated the EI Improving Outcomes Stakeholder group in using the S-FOMS tool (DaSy/ECTA) to assess portions of the State's Family Outcomes Measurement System. The stakeholder group made up of parents and EI Providers used the tool to assess "Purpose" and methods of data collection for the annual Family Outcomes Survey with a focus on improving the response rate. In this reporting period, the group (1) identified elements of quality not yet fully in place and made recommendations to the Lead Agency for strategies to fully implement these elements of quality and (2) conducted root cause analyses regarding low response rates. The group also proposed and submitted strategies to increase the survey response rate for the State to consider. The State began implementing stakeholder-proposed strategies in this reporting period, including re-arranging information on the infographic that is sent out with the annual Family Outcomes Survey to families, appointing a specific person to assist families with phoning in a survey if they did not want to (or could not) complete the survey online and including that staff's name, phone number, and email address on the infographic along with prior year's Indicator 4 APR data, and sharing information with EI Providers and First Connections staff about the survey, how to explain the purpose of the survey to families, and how the survey data is reported/shared.

4 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must report whether its FFY 2023 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

In the FFY 2023 SPP/APR, the State must analyze the response rate to identify potential nonresponse bias and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services, as required by the Measurement Table.

Response to actions required in FFY 2022 SPP/APR

Response to actions required in FFY 2022 SPP/APR

Analysis of the Representativeness of the Family Outcomes Survey Response Rate (FFY 2022 SPP/APR):

In FFY 2022, the State used the ECTA response rate and representativeness calculator to assess representativeness of surveys received compared to the population served. Survey response data was analyzed both by geographic location (county of residence) and by race/ethnicity to ensure that Family Outcomes Survey responses were representative of the children served (Child Count data). Survey response data compared to Child Count data (by geographic location and by race and ethnicity) informs the Program of any under-representation (in survey participation) by demographic, which the Program addresses by having central office staff conduct phone surveys in under-represented geographic or race/ethnicity categories.

Demographic Representativeness by Race and Ethnicity FFY 2022:

Race and ethnicity data of children the program serves is collected via parent report/self-identification as part of intake process (this data is used in the Child Count report). The anonymous Family Outcomes Survey captures the race/ethnicity of the parent respondent (which may or may not be the race/ethnicity of their child). The Indicator 4 survey respondent demographics were representative in comparison to Child Count race and ethnicity data as follows:

Survey respondent data		Child Count data
Pacific Islander	0.24%	.08%
Native American	2.1%	0.48%
Asian	3.8%	2.31%
Black	25%	16.64%
White	59.6%	62.74%
Hispanic	9.37 %	11.07%

In the FFYT 2022 APR, the State acknowledged that the percentage of parents responding to the Family Outcomes Survey who self-identified as Black (25%) is +8.36% the percentage of children served whose parent identified their child's race as Black (16.64% Child Count data), which exceeds State's +/-7% metric by 1.36%. Indicator 4 Family Outcomes Survey responses were within this metric in each of the other race/ethnicity categories. The 1.36% variance over the +/-7% metric is accounted for based on respondents who self-identify as multiple races. In Child Count data, 6% of children served are reported in a separate race category as "more than one race." Indicator 4 Family Outcomes Survey data, however, was only reported in the Federal race/ethnicity categories rather than including a "multiple races" category. The State is working with DaSy to explore ways to expand reporting of children and parents who identify as more than one race to better align these two data sets. This work includes an analysis of rules and processes in Child Count data collection and reporting and Indicator 4 data collection and reporting to ensure that the rules and processes for these two separate data sources align. Another factor that may impact this data comparison involves the time period being reported. Currently, Child Count data is "point in time" data (11/1/2022) and Family Outcomes Data is collected and reported throughout a calendar year (January 1, 2023 – December 31, 2023). Finally, Child Count Data is the race and ethnicity data of the children served while Indicator 4 data is the race and ethnicity data of the parent responding to the Family Outcomes Survey.

Representativeness by geographic location FFY 2022:

On the Family Outcomes Survey, respondents select their county of residence which is calculated as a percentage of survey respondents per county (geographic location – for example: if there are 500 completed surveys and 50 responses were from Franklin County, then 10% of survey respondents were from Franklin County). The geographic representativeness of Family Outcomes Survey respondents by county is compared to the Child Count data of children served by county to ensure adequate representation of respondents across the state within +/-7% in all Arkansas counties.

The Program assesses survey data for representation in the fall of each calendar year to conduct phone surveys in any under-represented county or racial/ethnic demographic (using the collection tool and typing the responses into the online survey for the parent being surveyed by phone) to collect adequate survey responses in any under-represented area(s) or group.

Response Rate and Potential Nonresponse Bias FFY 2022 SPP/APR:

The State does not collect socioeconomic status or education level of the parent or age of the child in the anonymous Family Outcomes Survey to make clear distinctions regarding which families participate, and which do not. The anonymous family survey does collect self-identified race/ethnicity information, county of residence, type of EI service and the name of the Provider Program providing the service. Analysis of survey responses did not demonstrate nonresponse bias. Survey responses demonstrate representativeness across families receiving different types of services with survey responses from nearly all EI Provider Programs (some smaller programs did not have any family surveys returned).

Because of a lower than desired survey response rate, the State engaged parents and EI Providers in a stakeholder group to identify possible nonresponse bias impacting why families choose not to complete the annual survey. The stakeholder group conducted a Root Cause analysis. Parent stakeholders suggested that the length of the survey was a barrier to completion and that answer options were long and wordy and that these two factors could create a nonresponse bias. At the suggestion of stakeholders, the program revised the Family Survey collection tool/survey in the previous reporting period to make survey questions more short, clear, and in "plain language" and adding more white space and color to make the survey "look friendlier." Other alterations described in the FFY 2021 APR included dividing the survey into 4 sections where each section has just a few questions, so the survey appears shorter and more manageable. The most significant edit to the survey involved changing the survey responses to 5 response options ranging from "not at all" to "completely" after stakeholders suggested that the 1-7 number rating was ambiguous and the blank spaces between the 1 and 3, 3 and 5, and 5 and 7 response options were confusing. Revision of the Family Survey in the previous reporting period based on stakeholder input was intended to reduce or eliminate possible nonresponse bias among certain demographics including parents with low education levels, lower socioeconomic status, and those whose primary language is not English.

Parent stakeholders pointed out that paper surveys sent in the Lead Agency envelopes could lead to potential nonresponse bias if families don't recognize the Lead Agency name/logo on the envelope as related to their early intervention services, or simply from not wanting to take the time to fill in a paper survey and send it back. In FFY 2022, FC emailed survey information and a link to the online survey rather than sending paper surveys via traditional mail with the name and contact info of a dedicated FC staff member if families had questions or preferred to complete the survey by phone.

At the advice of Provider stakeholders, the Program intends to provide this Data Sharing Infographic to direct service providers so that the family's direct service providers can encourage families to participate in the Family Outcomes Survey, since a stakeholder-identified potential barrier to participation is that surveys (both mailed and emailed) come from the main administrative office and a Program Administrator with whom the parent is unfamiliar.

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 *EDFacts* 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.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g., geographic location, family income, primary language, etc.). The State should report the results of this analysis under the "Additional Information" section of this indicator. If the State is required to report on the reasons for slippage, the State must include the results of its analyses under the "Additional Information" section of this indicator.

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.39%

FFY	2018	2019	2020	2021	2022
Target >=	0.50%	0.51%	0.60%	0.61%	0.62%
Data	0.62%	0.72%	0.54%	0.58%	0.68%

Targets

FFY	2023	2024	2025
Target >=	0.63%	0.64%	0.65%

Targets: Description of Stakeholder Input

Broad stakeholder engagement activities designed to obtain input from stakeholders include quarterly State Interagency Coordinating Council meetings in addition to two annual stakeholder meetings, the July meeting to share the State Determination Rating information and APR data and the Year in Review Stakeholder Meeting (held in December). Each of these annual stakeholder meetings include an anonymous survey (survey participants identify by their "role" such as "parent," "therapist," "service coordinator," "EI Provider Program administration," "other agency representative," etc.). Survey participants rank the order of importance of the data-identified areas of need shared in the meeting and have open text spaces in the survey to share what they perceive as barriers to reaching goals and space to propose strategies and solutions. The Year in Review Stakeholder Meeting (December 2023 and 2024) is where the Lead Agency recaps the key events of the calendar year and highlights upcoming important dates and activities coming in the next calendar year. The annual Year in Review Stakeholder Meeting was developed in response to EI Provider Stakeholder request (in FFY 2022) for improved communication.

Arkansas' Interagency Coordinating Council (AICC) meets quarterly in January, April, July, and October and EI Providers, First Connections staff, and the public are invited to attend. Stakeholder engagement focused on analyzing data with the purpose of target setting and revisions to targets is carried out primarily by the AICC as part of the council's advisory capacity to the Lead Agency, although all stakeholders have an opportunity to provide input via anonymous survey to vote on proposed targets and share feedback/comments in survey comment boxes. The Lead Agency responded to the requests of AICC council members to develop short online video modules in addition to the new council member welcome/guidebook to train new council members in AICC by-laws, what to expect in council meetings, and the purpose and process of the council as a mechanism for building the capacity of parents and other stakeholders who serve on the council.

EI Providers and First Connections staff are engaged in assisting with the Indicators 5 and 6 root cause analyses.

Stakeholder engagement specifically designed to improve outcomes, including data analysis, developing improvement strategies, and evaluating progress is the main work of the EI Improving Outcomes Stakeholder Group (EIOSG). The EIOSG is facilitated by the Part C CSPD, and the group members include Local EI Provider Program administrators, EI therapists, and parents. This group meets monthly with a focus on improving child and family outcomes. The Lead Agency facilitates the group in ways that empower the group members to set their own goals and priorities. The Lead Agency builds the capacity of group members to engage in program improvement work by:

explaining the breadth and scope of the 3 global Child Outcomes areas and sharing ECTA resources

explaining where the data comes from and how it is collected in the field (process) by the IFSP team

ending each meeting with opportunities for stakeholders to identify what they want to know, what information they need, and what they'd like to accomplish in the next meeting and next quarter

inviting content experts from national TA providers to share information with the group

creating data visuals to facilitate stakeholders' ability to understand and analyze the data

explaining (and sharing) how the data is calculated and reported

creating data visuals to support understanding how State data compares to national data

guiding stakeholders in selecting data-identified areas of need to focus on

guiding stakeholders in conducting root cause analysis

creating organizational tools to support stakeholders (as needed) in developing improvement strategies for the areas they've identified as priorities

sharing/reporting/presenting the stakeholder group's proposed strategies to the Lead Agency

closing the feedback loop by regularly reporting back to the group the Lead Agency's progress in implementing the stakeholder group's proposed strategies

Arkansas' Parent Training and Information Center (PTIC), The Center for Exceptional Families (TCFEF) and Family2Family (F2F) of the Arkansas Disability Coalition's Health Information Center both employ regional Parent Peer Mentors to support families of children with disabilities of all ages. TCFEF assigns one of the regional Parent Peer Mentors as a "Part C Liaison" to support cross agency collaboration to support families of infants and toddlers with disabilities. The TCFEF Part C Liaison and regional Parent Peer Mentors of TCFEF and F2F meet with the Part C CSPD quarterly to bring topics of parent-identified need or interest up for discussion and joint planning to co-present parent information trainings on topics such as dispute resolution options, how to develop your IFSP, and planning for transition at age. Presentations may be live or recorded and shared on the TCFEF Facebook page. Jointly planned and developed materials around parent-identified interest are also part of the collaboration between the TCFEF and F2F Parent Peer Mentors and the CSPD.

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Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 1 with IFSPs	140
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 1	35,297

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
140	35,297	0.68%	0.63%	0.40%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Declining immunization rates in the State was identified as a potentially related factor contributing to the slight dip in referrals of infants under one year of age. Arkansas's vaccination exemption rate for children entering kindergarten is higher than the national average and rose .4% from 2022 to 2023. The decline has been an ongoing trend with immunization exemptions increasing from 1.2% in 2015 to 3.4% in 2023. The total number of children (birth to two) served increased from 1,256 children with an IFSP in FFY 2022 to 1,691 children in FFY 2023, with the decline in referrals only seen in the under 1 year population. It can be inferred that opting to forego immunizations correlates with fewer well-child checkups at which concerns might be noted early and a referral made.

Provide results of the root cause analysis of child find identification rates.

Multiple factors contribute to declining referrals for children under one year of age, including the prominence and popularity of Early Intervention Day Treatment (EIDT) programs that are center-based intensive day habilitation services for Medicaid-eligible children birth to age 6 across the State. In outreach to medical professionals as part of Child Find, pediatric medical professionals reported confusion about the name "Early Intervention Day Treatment" and believed a referral to an EIDT was making a referral for early intervention. A prominent doctor at Arkansas Children's Hospital stated to a First Connections administrator during outreach/training for doctors and nurses during a staff development meeting at the hospital, "maybe 3 people in this State understand the difference between Part C early intervention and Early Intervention Day Treatment centers, and you are one of them."

Coupled with the extensive marketing EIDT centers do, many families believe they are receiving “early intervention” when enrolling their child in these day habilitation centers.

Another factor impacting the number of children referred for early intervention is limited access to developmental screenings in much of the State. There are cross-agency planning teams identifying ways to increase access to developmental screenings for families of infants and toddlers, and First Connections administrative staff participate on these teams and committees to collaborate. Implementation has been patchy, for example, the WIC initiative using the Learn the Signs, Act Early developmental checklists at appointments and making referrals to the State's Part C program when the checklist shows concerns, was sidelined during the COVID pandemic and had not fully re-launched during this reporting period. With much of the State rural, many families lack access to a pediatrician to provide care and screening for their infant or toddler. These families rely on general practitioners and family practice doctors for primary care which are less likely to conduct developmental screenings as part of well child checkups. Many referrals are made based on concerns identified in developmental screening. Moreover, general practitioners may be less familiar with resources such as Part C than Pediatricians, and many rural Arkansas families rely on Family Practice and General Practitioners for the care of their infant/toddler, making referrals of infants based solely on parental concerns less likely to occur. The 2024 Arkansas Maternal Health Scorecard, supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), provides information about births in Arkansas in 2023.

Just over 35,000 infants were born in 2023, The Center for Disease Control and Prevention's WONDER information center provides publicly available data for counties with a population of 100,000 or more. In Arkansas, only six counties in the state have populations of 100,000 or more.

Provide additional information about this indicator (optional)

N/A

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.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g. geographic location, family income, primary language, etc.). The State should report the results of this analysis under the "Additional Information" section of this indicator. If the State is required to report on the reasons for slippage, the State must include the results of its analysis under the "Additional Information" section of this indicator.

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2017	0.82%

FFY	2018	2019	2020	2021	2022
Target >=	1.90%	1.91%	0.90%	0.91%	0.92%
Data	0.85%	0.96%	0.89%	1.14%	1.18%

Targets

FFY	2023	2024	2025
Target >=	0.93%	0.94%	0.95%

Targets: Description of Stakeholder Input

Broad stakeholder engagement activities designed to obtain input from stakeholders include quarterly State Interagency Coordinating Council meetings in addition to two annual stakeholder meetings, the July meeting to share the State Determination Rating information and APR data and the Year in Review Stakeholder Meeting (held in December). Each of these annual stakeholder meetings include an anonymous survey (survey participants identify by their "role" such as "parent," "therapist," "service coordinator," "EI Provider Program administration," "other agency representative," etc.). Survey participants rank the order of importance of the data-identified areas of need shared in the meeting and have open text spaces in the survey to share what they perceive as barriers to reaching goals and space to propose strategies and solutions. The Year in Review Stakeholder Meeting (December 2023 and 2024) is where the Lead Agency recaps the key events of the calendar year and highlights upcoming important dates and activities coming in the next calendar year. The annual Year in Review Stakeholder Meeting was developed in response to EI Provider Stakeholder request (in FFY 2022) for improved communication.

Arkansas' Interagency Coordinating Council (AICC) meets quarterly in January, April, July, and October and EI Providers, First Connections staff, and the public are invited to attend. Stakeholder engagement focused on analyzing data with the purpose of target setting and revisions to targets is carried out primarily by the AICC as part of the council's advisory capacity to the Lead Agency, although all stakeholders have an opportunity to provide input via anonymous survey to vote on proposed targets and share feedback/comments in survey comment boxes. The Lead Agency responded to the requests of AICC council members to develop short online video modules in addition to the new council member welcome/guidebook to train new council members in AICC by-laws, what to expect in council meetings, and the purpose and process of the council as a mechanism for building the capacity of parents and other stakeholders who serve on the council.

EI Providers and First Connections staff are engaged in assisting with the Indicators 5 and 6 root cause analyses.

Stakeholder engagement specifically designed to improve outcomes, including data analysis, developing improvement strategies, and evaluating progress is the main work of the EI Improving Outcomes Stakeholder Group (EIOSG). The EIOSG is facilitated by the Part C CSPD, and the group members include Local EI Provider Program administrators, EI therapists, and parents. This group meets monthly with a focus on improving child and family outcomes. The Lead Agency facilitates the group in ways that empower the group members to set their own goals and priorities. The Lead Agency builds the capacity of group members to engage in program improvement work by:

explaining the breadth and scope of the 3 global Child Outcomes areas and sharing ECTA resources

explaining where the data comes from and how it is collected in the field (process) by the IFSP team

ending each meeting with opportunities for stakeholders to identify what they want to know, what information they need, and what they'd like to accomplish in the next meeting and next quarter

inviting content experts from national TA providers to share information with the group

creating data visuals to facilitate stakeholders' ability to understand and analyze the data

explaining (and sharing) how the data is calculated and reported

creating data visuals to support understanding how State data compares to national data

guiding stakeholders in selecting data-identified areas of need to focus on

guiding stakeholders in conducting root cause analysis

creating organizational tools to support stakeholders (as needed) in developing improvement strategies for the areas they've identified as priorities

sharing/reporting/presenting the stakeholder group's proposed strategies to the Lead Agency

closing the feedback loop by regularly reporting back to the group the Lead Agency's progress in implementing the stakeholder group's proposed strategies

Arkansas' Parent Training and Information Center (PTIC), The Center for Exceptional Families (TCFEF) and Family2Family (F2F) of the Arkansas Disability Coalition's Health Information Center both employ regional Parent Peer Mentors to support families of children with disabilities of all ages. TCFEF assigns one of the regional Parent Peer Mentors as a "Part C Liaison" to support cross agency collaboration to support families of infants and toddlers with disabilities. The TCFEF Part C Liaison and regional Parent Peer Mentors of TCFEF and F2F meet with the Part C CSPD quarterly to bring topics of parent-identified need or interest up for discussion and joint planning to co-present parent information trainings on topics such as dispute resolution options, how to develop your IFSP, and planning for transition at age. Presentations may be live or recorded and shared on the TCFEF Facebook page. Jointly planned and developed materials around parent-identified interest are also part of the collaboration between the TCFEF and F2F Parent Peer Mentors and the CSPD.

Early Intervention Providers and First Connections staff are also important stakeholders. The CSPD focuses on building the capacity of these important stakeholders. The CSPD manager surveys Providers and First Connections staff annually to solicit input from EI Professionals on topics they'd like to know more about to support their ongoing professional development. In the current reporting year, the CSPD developed short, self-paced online modules on each of the APR Indicators to support EI Professionals in "knowing what is measured." First Connections managers requested training in team building, resulting in the development of an ongoing professional development course based on Patrick Lencioni's "Overcoming Common Dysfunctions of Teams." The modules are designed to support EI Professionals in various roles (including IFSP Teams) in identifying barriers to effective collaboration and teaming and implementing effective strategies to build trust, accountability, and positive work relationships.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 3 with IFSPs	1,691
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, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 3	107,248

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,691	107,248	1.18%	0.93%	1.58%	Met target	No Slippage

Provide results of the root cause analysis of child find identification rates

Arkansas' "Medicaid Unwind" or disenrollment began on April 1, 2023, when the federal declaration of a coronavirus health emergency ended. Prior to 4/1/23, public insurance/Medicaid had been automatically extended during the health emergency. During the Unwind, beneficiaries were required to re-enroll and to submit documentation to re-determine eligibility. In the last 6 months of 2023 (the first half of this reporting period), more than 400,000 individuals were disenrolled, many of whom were children. Disenrollment impacted families' ability to access well-child checkups in which a primary care physician, pediatrician, general practitioner, or family practitioner might have discussed developmental milestones with families or conducted a developmental screening, discussed parental concerns, or noticed something that warranted developmental assessment and made a referral.

Provide additional information about this indicator (optional).

N/A

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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	75.80%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	92.16%	89.80%	91.47%	94.04%	90.54%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
188	253	90.54%	100%	92.89%	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.

47

Provide reasons for delay, if applicable.

EI Providers reported delays in obtaining prescriptions for the required developmental evaluation which slowed the process, and service coordinators reported "late evaluations" as reasons for delay. Other documented reasons for delay included Provider staffing/scheduling issues due to staff illness. Some Providers reported "system issues" in learning to input data effectively in the new data system and system issues in locating/finding cases assigned to them when a parent selected their Provider Program to conduct the required comprehensive developmental evaluation (delaying the evaluation used as part of the determination of Program Eligibility and development of the initial IFSP). A number of family delays due to child and/or family illness and instances in which the parent rescheduled the Meeting to Determine Program Eligibility were also documented and included in the 47 documented delays attributable to exceptional family circumstances.

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 for this Indicator is from the State data system FC STANDS and is reported from the 3rd quarter of the reporting period, January 1, 2024 – March 31, 2024.

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

This data is the 3rd quarter (January 1, 2024 – March 31, 2024) collected in the First Connections data system and includes children from all geographic areas of State, all Local Provider Programs, and all categories of Part C program-eligible infants and toddlers. First Connections compared data from this period to data for the full FFY 2023 and to the other quarters of FFY 2023 and the State verifies that it is representative of the full reporting year.

Provide additional information about this indicator (optional).

The State issues a Local Provider Program "one Finding" of Noncompliance in a Compliance Indicator regardless of how many individual child records were involved. For example, if the State identifies that ABC Therapy was late in the development of an IFSP for 4 children (without documented family delay), ABC Therapy is issued (one) Finding of Noncompliance for Indicator 7. Through the use of Pre-Finding Correction, no EI Provider Programs were issued a Finding for Indicator 7 in FFY 2022 because each child who did have an IFSP developed more than 45 days after the date of the child's referral date did have the IFSP developed (an IFSP effective date in the APR data report) and a review of new data (at least 60 consecutive days of Indicator 7 data) at the time of monitoring was 100% demonstrating correction/meeting the regulatory requirements for this Indicator.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
3	2	0	1

FFY 2022 Findings of Noncompliance Verified as Corrected

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

The State issued 3 EI Provider Programs a Finding of Noncompliance in Indicator 7 of FFY 2022 APR data.

The timeline for monitoring in FFY 2022 involved identifying noncompliance at the EI Provider Program Level in APR Data Monitoring that began in February 2024 after APR submission. With the move from one state agency to the next July 1, 2024, written notices were delayed and were not sent to EI Providers until September 6, 2024. Through the DMS 2.0 process, work with national TA Providers, and preparation of Indicator 12 for this APR, the state is aware that the process for verification of correction is correct, but the State's timeline of implementation of the new monitoring process was outside of required timelines to issue written notice within 90-days of identification.

The State, however, verified correction of noncompliance for 2 of the 3 EI Provider Programs at the Provider Program Level within one year of (a) identification of noncompliance by EI Provider Programs (Feb/March of 2024) and (b) date of written notification (September 2024). The State verified correction of noncompliance for 2 of the 3 EI Provider Programs issued a Finding for Indicator 7 in FFY 2022 APR Data, in October of 2024 through a review of data from 7/1/24-9/30/24 that demonstrated 100% timely IFSP development/meeting the regulatory requirements for this Indicator for 2 of the 3 EI Provider Programs.

The State is unable to verify correction at the Provider Program Level for 1 EI Provider Program. A review of subsequent data from 7/1/24-9/30/24 (in October of 2024) did not demonstrate 100% compliance. A following review of new data for the period of 10/1/24-12/31/24 (in January of 2025) showed that the EI Provider Program had insufficient data to verify correction (no new IFSPs/child records). This EI Provider Program no longer provides Service Coordination Services, and the State is unable to verify that the EI Provider Program is meeting the regulatory requirements because there is no subsequent data for Indicator 7 for this EIS Provider Program.

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

FFY 2022 APR data analyzed timely IFSP development for 423 children. FFY 2022 APR data demonstrated that 310 children had the IFSP developed within 45 days from the date of the child's referral for early intervention and 73 children whose IFSP was developed later than 45 days from referral had documented family delay/exceptional family circumstance in the child record. 40 children in FFY 2022 had an untimely initial IFSP.

The State makes use of Pre-Finding Correction. 4 EIS Provider Programs involving 16 child records were not issued Findings through the use of Pre-Finding Correction that verified at the time of monitoring both (a) each child whose service began late did have a service start date or a date of exit verifying that the child was no longer in the program's jurisdiction and (2) subsequent data for a period of 90 days met the regulatory requirements at 100% compliance for Indicator 7 for each of the 4 EIS Provider Programs not issued a Finding through the use of Pre-Finding Correction.

3 EI Provider Programs were issued Findings in FFY 2022 in Indicator 7. These 3 Findings involved 24 children. Correction at the individual child record level for all 24 children was verified during the FFY 2022 APR data monitoring process (February and March of 2024). At the time of monitoring FFY 2022 APR data (Feb/March of 2024), the FC monitor verified in the line-by-line child record included in the Indicator 7 APR data report that there was an IFSP effective (start) date, although late or there was a child exit date and exit reason demonstrating that the child was no longer in the jurisdiction of the program.

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

1 EI Provider Program could not be verified as meeting requirements/corrected. The review of new data from 7/1/24-9/30/24 did not demonstrate 100% compliance, and a review of data for the period of 10/1/24-12/31/24 showed that the EI Provider Program had insufficient data to verify correction (no new IFSPs/child records). The assigned monitor verified that this EI Provider Program no longer provides Service Coordination Services and has no new or subsequent data for Indicator 7 with which to verify that the Provider Program is meeting the regulatory requirements for this Indicator.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	16	15	1

FFY 2021

Findings of Noncompliance Verified as Corrected

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

The State verified correction at the EI Provider Program Level (10 Provider Programs) and at the individual EI Provider Level (5 FC Staff Service Coordinators) by reviewing new data for a minimum of 60 days but not to exceed 90 consecutive days. Correction at the EI Provider Program level is verified when the review of new data demonstrates that the EI Provider Program and/or the EI Provider (individual) is meeting the regulatory requirements at 100%.

1 Finding issued to a FC Staff Service Coordinator in FFY21 is unable to be verified as corrected/meeting regulatory requirements because the individual is no longer a Part C Provider and there will be no new data for verification that the EI Provider issued a Finding for Indicator 7 in FFY 2021 is meeting regulatory requirements. Correction at the child record level for the children involved was verified at the time of FFY21 APR data analysis and preparation (each child had an IFSP effective date, although late).

Verification of Correction of 15 Findings issued in FFY 2021 is outlined as follows:

2 EI Provider programs verified corrected/100% compliance in a review of data for Indicator 7 for the period of 10/31/22-1/15/23.
3 EI Provider programs verified corrected/100% compliance in a review of data for Indicator 7 for the period of 11/30/22-1/31/23.
1 EI Provider verified corrected/100% compliance in a review of data for Indicator 7 for the period of 12/1/22-2/15/23.
1 EI Provider verified corrected/100% compliance in a review of data for Indicator 7 for the period of 1/15/23-3/31/23.
1 FC staff SC verified corrected/100% compliance in a review of data for Indicator 7 for the period of 2/1/23-4/1/23.
1 FC staff SC verified corrected/100% compliance in a review of data for Indicator 7 for the period of 4/1/23 - 6/30/23
1 EI Provider verified corrected/100% compliance in a review of data for Indicator 7 for the period of 8/15/23-10/15/23.
1 EI Provider verified corrected/100% compliance in a review of data for Indicator 7 for the period of 11/15/23-1/31/24.
1 EI Provider verified corrected/100% compliance in a review of data for Indicator 7 for the period of 3/1/24-5/31/24.
1 FC staff SC verified corrected/100% compliance in a review of data for Indicator 7 for the period of 3/31/24-5/15/24.
1 FC staff SC verified corrected/100% compliance in a review of data for Indicator 7 for the period of 6/30/24-8/31/24.
1 FC staff SC verified corrected/100% compliance in a review of data for Indicator 7 from 7/30/24-9/30/24.
Total FFY 2021 Findings Verified Corrected = 15 (10 EI Provider Programs; 5 individual EI Providers/FC Staff Service Coordinators).

The State is not able to verify correction/meeting regulatory requirements for 1 Finding issued to a FC Staff Service Coordinator in because the individual is no longer a Part C Provider and there will be no new data for verification of correction.

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

Timely correction at the individual child record was verified by reviewing the line-by-line child record information included in the Indicator 7 APR data report to ensure that each child whose IFSP was not timely had an either an IFSP start date (though late) in the FFY 2021 APR data report or the child had a documented exit date and reason and the child was no longer in the jurisdiction of the program at the time of APR data review, preparation, and monitoring.

FFY 2021

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

In FFY 2021, the State issued 16 Findings of Noncompliance in Indicator 7 (FFY 2021 APR data) to 10 EI Provider Programs and 6 individual FC Staff Service Coordinators. The 1 Finding that the State is unable to verify as corrected at the Provider Program level was issued to a FC Staff Service Coordinator in FFY21 and the individual is no longer a Part C Provider and there is no subsequent data with which to verify correction.

In FFY 2022, additional monitoring was carried out for the 1 EI Provider whose noncompliance in FFY 2021 could not be verified as corrected. The Individual also was required to complete Targeted TA around timelines and process from referral to initial IFSP. In FFY22 and part of FFY23, the Individual met for one-on-one meetings and caseload reviews to assess timeliness and any barriers to timeliness. The individual is no longer a Part C Provider.

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining 16 uncorrected findings of noncompliance identified in FFY 2021 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023

SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

The State issued 16 Findings of Noncompliance in Indicator 7 of FFY 2021 APR data: 10 EI Provider Programs and 6 FC Staff Service Coordinators.

Verification of correction at the child record level:

Timely correction at the individual child record was verified by reviewing APR data reports to ensure that each child impacted had an IFSP start date (though late) in the FFY 2021 APR data report or the child was no longer in the jurisdiction of the program at the time of monitoring (3rd birthday or exit date/reason for exit documented in the FFY 2021 APR data report).

The State verified correction at the EI Provider Program Level (10 Provider Programs) and at the individual EI Provider Level (5 FC Staff Service Coordinators) by reviewing new data for a minimum of 60 days but not to exceed 90 consecutive days. Correction at the EI Provider Program level is verified when the review of new data demonstrates that the EI Provider Program and/or the EI Provider (individual) is meeting the regulatory requirements at 100%.

1 Finding issued to a FC Staff Service Coordinator in FFY21 is unable to be verified as corrected/meeting regulatory requirements because the individual is no longer a Part C Provider and there will be no new data for verification that the EI Provider issued a Finding for Indicator 7 in FFY 2021 is meeting regulatory requirements. Correction at the child record level for the children involved was verified at the time of FFY21 APR data analysis and preparation (each child had an IFSP effective date, although late).

Verification of Correction of 15 Findings issued in FFY 2021 is outlined as follows:

2 EI Provider programs verified corrected/100% compliance in a review of data for Indicator 7 for the period of 10/31/22-1/15/23.

3 EI Provider programs verified corrected/100% compliance in a review of data for Indicator 7 for the period of 11/30/22-1/31/23.

1 EI Provider verified corrected/100% compliance in a review of data for Indicator 7 for the period of 12/1/22-2/15/23.

1 EI Provider verified corrected/100% compliance in a review of data for Indicator 7 for the period of 1/15/23-3/31/23.

1 FC staff SC verified corrected/100% compliance in a review of data for Indicator 7 for the period of 2/1/23-4/1/23.

1 FC staff SC verified corrected/100% compliance in a review of data for Indicator 7 for the period of 4/1/23 - 6/30/23

1 EI Provider verified corrected/100% compliance in a review of data for Indicator 7 for the period of 8/15/23-10/15/23.

1 EI Provider verified corrected/100% compliance in a review of data for Indicator 7 for the period of 11/15/23-1/31/24.

1 EI Provider verified corrected/100% compliance in a review of data for Indicator 7 for the period of 3/1/24-5/31/24.

1 FC staff SC verified corrected/100% compliance in a review of data for Indicator 7 for the period of 3/31/24-5/15/24.

1 FC staff SC verified corrected/100% compliance in a review of data for Indicator 7 for the period of 6/30/24-8/31/24.

1 FC staff SC verified corrected/100% compliance in a review of data for Indicator 7 from 7/30/24-9/30/24.

Total FFY 2021 Findings Verified Corrected = 15 (10 EI Provider Programs; 5 individual EI Providers/FC Staff Service Coordinators). The State is not able to verify correction/meeting regulatory requirements for 1 Finding issued to a FC Staff Service Coordinator in because the individual is no longer a Part C Provider and there will be no new data for verification of correction.

7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

OSEP notes that the State indicated the one remaining finding of noncompliance identified in FFY 2021 is from a program that are no longer operational and therefore, the State cannot verify correction of the regulatory requirements for this program.

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

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 = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C at age 3)}} \right] \text{ times } 100.$
- B. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \text{ times } 100.$
- C. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \text{ times } 100.$

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 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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 consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months 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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	54.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.61%	100.00%	100.00%	100.00%	96.95%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C at age 3 for whom the Lead Agency was required to develop 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
92	136	96.95%	100%	72.79%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Reasons for slippage in Indicator 8a data in FFY 2023 compared to FFY 2022 can be attributed to a number of factors including:

changes in the data system/data entry process

personnel shortages

knowledge of Transition requirements in specific local level programs

Regarding slippage due to changes in the data system and data entry/collection process, the new data system requires that the Transition Plan be entered into the child's electronic record as a separate transition planning meeting even when the Transition Plan is developed at an IFSP meeting, as is customary. This set up in the new data system requires the Service Coordinator to double enter the meeting information in two separate areas of the data system (the IFSP or IFSP review meeting set up and outcome area and the Transition Planning meeting set up and outcome area when the Transition Plan is developed at a regularly scheduled IFSP or IFSP review meeting. Service Coordinators unfamiliar with the new data system in this reporting period may have actually discussed transition with families and provided the First Connections Transition Guide and the ECSE brochure to families and not known how/where to open the plan to record these steps into the Transition Plan in the child's electronic record in the new data system. In situations where this may have occurred, there would be no "date of Transition Plan development" pulled/populated into the Indicator 8a data report, negatively impacting Indicator 8a data to show a lower number/percentage than in the prior year data and possibly a lower number and percentage than were actually developed on paper and not entered into the child's electronic record.

Provider stakeholders reported staff turnover and difficulty hiring service coordinators / personnel shortages resulting in existing service coordinators with very high caseloads as a factor influencing delays in beginning transition planning with families early (especially when Service Coordinators were taking over cases in instances of staff turnover). Provider stakeholders also reported that service coordinators with large caseloads may have failed to begin planning for transition early, such as at an IFSP review meeting shortly after the child's 2nd birthday due to high caseloads requiring the prioritization of initial IFSPs within the 45-day timeline.

An analysis of Indicator 8a data filtered/sorted by Local Provider Program identified a few specific Provider Programs not meeting requirements for this Indicator. Provider stakeholders suggested one possible root cause is a lack of understanding that a Transition Plan is still required even if the parent identifies that they do not want to Transition to Part B and prefers to "stay with their current Provider" (ie: receive outpatient clinic therapy services at the Local Provider Program that provided their IFSP Services when their child is age 3, 4, and 5).

Most concerning in the analysis of this data and the significant slippage are the 17 children who had no Transition Plan at all. 3 of the 17 children who had no Transition Plan were late referrals to First Connections (referred 135 days or less before the 3rd birthday). Preparing the family for transition at age 3 by helping the family develop a Transition Plan should have been part of intake. The State will work with IT development team to "flag" the electronic records of children referred late to ensure that Service Coordinators assigned to those cases readily see what additional actions need to be taken as part of intake (Transition Plan) and as part of the initial IFSP (Transition Conference) so that families of children whose children enter early intervention close to the 3rd birthday are supported in a smooth transition. The State will form a Provider stakeholder group to identify root causes and propose strategies to ensure that all families are supported in developing a Transition Plan to meet this requirement.

Regarding next steps to improve timely Transition Plans, the State will prioritize technical assistance around preparing families to participate in transition planning and beginning the Transition Plan development with the family early and target the specific Local Provider Programs identified in the data as not meeting requirements. The State created "meeting checklists" / TA tools and other Indicator 8 tip sheets to support EI Professionals in understanding the requirements for children and families transitioning and how to combine transition planning with an IFSP review meeting to meet timelines. The State will provide additional TA on how to enter the Transition Plan into the child record in the new data system.

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.

7

Provide reasons for delay, if applicable.

Reasons for delay and the resulting slippage in Indicator 8a data in FFY 2023 compared to FFY 2022 can be attributed to a number of factors including:

personnel shortages
changes in the data system/data entry process
knowledge of Transition requirements in specific local level programs

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).

Indicator 8a data on Timely Transition Plan is collected in the State data system, FC STANDS. Data reported is from the 3rd quarter (January 1, 2024—March 31, 2024).

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

The 3rd quarter data includes children from all areas of the State and different Local EI Provider Programs. When compared to the other quarters, the number of children exiting in this quarter is comparable to the number of children exiting in the other 3 quarters of the reporting period. Arkansas' Data Manager compared this data to data for the full FFY 2023 and verifies that the data from this period is representative of the full reporting year.

Provide additional information about this indicator (optional).

The State issues a Local Provider Program "one Finding" of Noncompliance in a Compliance Indicator regardless of how many individual child records were involved. For example, if the State identifies that XYZ Therapy was late in the development of a Transition Plan for 5 children, XYZ Therapy is issued (one) Finding of Noncompliance for Indicator 8a. Through the use of Pre-Finding Correction, some EI Provider Programs were not issued a Finding for Indicator 8a in FFY 2023 because each child whose Transition Plan was untimely either had a Transition Plan developed less than 90 days prior to the 3rd birthday (a Transition Plan developed date in the APR data report) or the child's was already 3 at the time of monitoring and no longer within the program's jurisdiction and a review of new data (at least 60 consecutive days of Indicator 8a data) at the time of monitoring was 100% demonstrating correction/meeting the regulatory requirements for this Indicator.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	3	0	2

FFY 2022 Findings of Noncompliance Verified as Corrected

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

In FFY 2022, the State issued 5 Findings of noncompliance for Indicator 8a.

The timeline for monitoring in FFY 2022 involved identifying noncompliance at the EI Provider Program Level in APR Data Monitoring that began in February 2024 after APR submission and ended late March 2024. With the move from one state agency to the next, written notices were delayed and were not sent to EI Providers until September 6, 2024. Through the DMS 2.0 process, work with national TA Providers, and preparation of Indicator 12 for this APR, the state is aware that the process for verification of correction is correct, but the State's timeline of implementation of new monitoring process was beyond the required 90-days from Identification.

However, the State verified correction of noncompliance at the Provider Program Level within one year of (a) identification of noncompliance by EI Provider Programs that occurred in Feb/March of 2024 and (b) date of written notification (September 2024). The State verified correction of noncompliance for 3 of the 5 EI Provider Programs issued a Finding for Indicator 8a in FFY 2022 APR Data, in October of 2024 through a review of subsequent data from 7/1/24-9/30/24 that demonstrated 100% timely Transition Plans/meeting the regulatory requirements for this Indicator for 3 of the 5 EI Provider Programs.

The State is unable to verify that 2 of the EI Provider Programs are meeting the regulatory requirements for Indicator 8a because:

1. EI Provider Program issued a Finding in FFY 2022 is no longer providing Service Coordination Services and there is no subsequent data with which to verify correction at the Provider Program Level
2. The EI Provider (First Connections service coordinator) issued a Finding in FFY 2022 is no longer a Part C Provider, and there is no subsequent data with which to verify the individual Provider is meeting regulatory requirements.

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

FFY 2022 APR data analyzed timely Transition Plan development for 131 children and demonstrated that 127 children had a Transition Plan developed no later than 90 days prior to the child's third birthday and there was no documentation of exceptional family circumstance delaying development of the Transition Plan for the 4 children whose plans were not timely.

The State makes use of Pre-Finding Correction in Compliance Indicators but for Indicator 8a in FFY 2022, no EIS Provider Program received Pre-Finding correction for Indicator 8a because reviews of subsequent data did not show 100% compliance/meeting requirements. Correction at the individual child record level for all 4 children whose plans were untimely was verified during the FFY 2022 APR data monitoring process (February and March of 2024). At the time of monitoring FFY 2022 APR data (Feb/March of 2024), the FC monitor verified in the line-by-line child record included in the Indicator 8a APR data report that there was a Transition Plan development date, although late, for 2 children and for the 2 children who had no Transition Plan developed, the monitor verified that the child had turned 3 or exited the program and was no longer in the program's jurisdiction.

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

Both the EI Provider Program and the individual EI Provider were required to complete Targeted TA around Transition timelines and planning. Additional monitoring was carried out for the individual EI Provider (First Connections staff Service Coordinator) issued a Finding for Indicator 8a in FFY 2022 and the Individual met for one-on-one meetings and caseload reviews to assess timeliness and any barriers to timely transition planning. The individual is no longer a Part C Provider. The EI Provider Program issued a Finding in FFY 2022 no longer provides service coordination services. The State is not able to verify correction as there is no new data due to no longer being a Part C Provider (one Finding) or no longer providing Service Coordination Services (one Finding).

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

FFY 2022 APR data analyzed timely IFSP development for 131 children. FFY 2022 APR data demonstrated that 127 children had a Transition Plan developed no later than 90 days prior to the child's third birthday and there was no documentation of exceptional family circumstance delaying development of the Transition Plan for the 4 children whose plans were untimely.

The State makes use of Pre-Finding Correction in Compliance Indicators but for Indicator 8a in FFY 2022, no EIS Provider Program received Pre-Finding correction for Indicator 8a because reviews of subsequent data did not show 100% compliance/meeting requirements. 5 Findings of noncompliance were issued in FFY 2022.

Correction at the individual child record level for all children was verified during the FFY 2022 APR data monitoring process (February and March of 2024). At the time of monitoring FFY 2022 APR data (Feb/March of 2024), the FC monitor verified in the line-by-line child record included in the Indicator 8a APR data report that there was a Transition Plan development date, although late, for 2 children and for the 2 children who had no Transition Plan developed, the monitor verified that the child had turned 3 or exited the program and was no longer in the program's jurisdiction.

At the Provider Program and/or EI Provider level, the State verified correction of noncompliance (meeting regulatory requirements) for 3 of the 5 EI Provider Programs (or First Connections staff SC) issued a Finding through a review of new data for a minimum of 60 consecutive days but not to exceed 90 days in which new data demonstrates 100% compliance as follows:

Two First Connections Staff Service Coordinators correction was verified on 10/17/2024 through a review of new data from the period of 7/1/24-9/30/24 demonstrating 100% compliance (meeting regulatory requirements for this Indicator). One EI Provider Program correction was verified on 1/21/24 through a review of new data from the period of 10/2/24-12/31/24 demonstrating 100% compliance (meeting regulatory requirements for this Indicator).

The State is unable to verify that 2 of the EI Provider Programs are meeting the regulatory requirements for Indicator 8a because:

1. EI Provider Program issued a Finding in FFY 2022 is no longer providing Service Coordination Services and there is no subsequent data with which to verify correction at the Provider Program Level
2. The EI Provider (First Connections service coordinator) issued a Finding in FFY 2022 is no longer a Part C Provider, and there is no subsequent data with which to verify the individual Provider is meeting regulatory requirements.

8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

OSEP notes that the State indicated that the two remaining findings of noncompliance identified in FFY 2022 are from 2 EIS programs/providers that are no longer operational, and therefore, the State cannot verify correction of the regulatory requirements for these two programs/providers.

8A - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C at age 3)}} \right] \text{ times } 100.$
- B. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \text{ times } 100.$
- C. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \text{ times } 100.$

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 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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 consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months 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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	79.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.61%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
130	136	100.00%	100%	95.59%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Programmatic issues resulted in slippage.

2 children with birthdays in the first days of a quarter (birthdays on 1/1/24 and 1/2/24) were on the quarterly LEA Notification sent 10/6/2023 for children with 3rd birthdays in January, February, and March. Using the quarterly notification process, the LEA Notification would have needed to have been sent October 1st for these two children to be timely. However, October 1, 2023, was a Sunday. Because the LEA Notification did not go out until the 6th of October, the two children with birthdays January 1 and January 2 had their LEA Notification sent fewer than 90 days prior to the third birthday (87- and 88-days prior). The Program will look at adjusting the internal process for quarterly LEA Notification to ensure that LEA Notification is sent more than 90 days prior to the first day of the quarter reported.

3 children had no LEA Notification. Each of the three were children referred to First Connections more than 90 days prior to the 3rd birthday but fewer than 135 days prior for whom SEA and LEA Notification was required (after Part C Program Eligibility was determined). Their referral to First Connections occurred after the quarterly SEA and LEA Notification for children with Jan/Feb/Mar birthdays had already been sent). In each case, the Service Coordinator failed to send the LEA Notification at the time the child was determined Part C Program Eligible. The agency will continue to provide TA/support to service coordinators to ensure timely notification in instances of late referrals.

1 child was referred to First Connections less than 135 days before the child's 3rd birthday but more than 90 days prior to the child's 3rd birthday. LEA Notification for this child was sent when the child's Part C Program Eligibility was determined (87 days prior to the child's 3rd birthday, which in the case of a late referral, the State would consider timely but did not see an area in which to indicate this in the APR data reporting template).

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.

2 children with birthdays in the first days of a quarter (birthdays on 1/1/24 and 1/2/24) were on the quarterly LEA Notification sent 10/6/2023 for children with 3rd birthdays in January, February, and March. Using the quarterly notification process, the LEA Notification would have needed to have been sent October 1st for these two children to be timely. However, October 1, 2023, was a Sunday. Because the LEA Notification did not go out until the 6th of October, the two children with birthdays January 1 and January 2 had their LEA Notification sent fewer than 90 days prior to the third birthday (87- and 88-days prior). The Program will look at adjusting the internal process for quarterly LEA Notification to ensure that LEA Notification is sent more than 90 days prior to the first day of the quarter reported.

3 children had no LEA Notification. Each of the three were children referred to First Connections more than 90 days prior to the 3rd birthday but fewer than 135 days prior for whom SEA and LEA Notification was required (after Part C Program Eligibility was determined). Their referral to First Connections occurred after the quarterly SEA and LEA Notification for children with Jan/Feb/Mar birthdays had already been sent). In each case, the Service Coordinator failed to send the LEA Notification at the time the child was determined Part C Program Eligible. The agency will continue to provide TA/support to service coordinators to ensure timely notification in instances of late referrals.

1 child was referred to First Connections less than 135 days before the child's 3rd birthday but more than 90 days prior to the child's 3rd birthday. LEA Notification for this child was sent when the child's Part C Program Eligibility was determined (87 days prior to the child's 3rd birthday, which in the case of a late referral, the State would consider timely but did not see an area in which to indicate this in the APR data reporting template).

Describe the method used to collect these data.

This data is collected in the First Connections data system and includes children from all geographic areas of State, all Local Provider Programs, and all categories of Part C program-eligible infants and toddlers. First Connections compared data from this period to data for the full FFY 2023 and to the other quarters of FFY 2023 and verifies that it is representative of the full reporting year. Children on the Indicator 8b report are compared to the Exit Report. Data cleaning/verification is carried out by comparing the children on the Indicator 8b report and their date of LEA Notification to the SEA and LEA Notification reports and the dates these reports were sent.

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).

This data is the 3rd quarter (January 1, 2024 – March 31, 2024) collected in the First Connections data system.

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

The 3rd quarter data includes children from all areas of the State, all Local EI Provider Programs, and each of the various LEAs. When compared to the other quarters, the number of children exiting in this quarter is comparable to the number of children exiting in the other 3 quarters of the reporting period. Arkansas' Data Manager compared this data to data for the full FFY 2023 and verifies that the data from this period is representative of the full reporting year.

Provide additional information about this indicator (optional).

In response to the 3 children who had no LEA Notification, the State met with IT developers to update the data system to include a timeline and "transition deadline" at the top of each child record to support Service Coordinators in meeting required timelines. The State may also consider working with the IT development team to include a pop-up style reminder in the data system in the area in which the initial IFSP meeting is entered to remind the Service Coordinator to send the LEA Notification for a child referred 135 days – 91 days before the 3rd birthday when the child's Part C Program Eligibility is determined at that meeting.

Correction of Findings of Noncompliance Identified in FFY 2022

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 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY Required Actions

None

8B - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8B - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

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 = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C at age 3)}} \right] \text{ times } 100.$
- B. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \text{ times } 100.$
- C. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \text{ times } 100.$

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 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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 consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months 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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	87.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	96.48%	89.41%	92.33%	91.44%	80.15%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency was required to conduct 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
74	130	80.15%	100%	68.46%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

A mixture of system and programmatic issues caused slippage in Indicator 8c, the most significant of which was a system design flaw in the new data system that did not allow for 2 meetings to be combined, which greatly impacted the data entry/collection process. The design flaw in the new data system requires that the Transition Conference be entered into the child's electronic record as a separate meeting even when the Transition Conference is combined with another meeting, such as an IFSP review meeting. Additionally, the Transition Conference meeting cannot be opened in the data system (to enter the data for that meeting) until the IFSP review meeting (when one is due) has been completed (ie: parent consent and signatures documented for the IFSP review meeting). This set up requires the Service Coordinator to double enter the meeting information from a combined Transition Conference/IFSP review meeting in two separate areas of the data system (the IFSP or IFSP review meeting must also be "locked" in the system – after parent consent is signed in order to open/begin data entry for the Transition Conference meeting) when two meetings are combined, as is prevalent.

The State is aware that due to data entry issues resulting from this design flaw, there may be children who did have a Transition Conference 90 days or more before the 3rd birthday, and the Transition Conference information simply did not get entered into the data system or was entered into the data system as an IFSP review meeting when the 2 meetings were combined. The resulting data report from the data system would show "no Transition Conference date" and have greatly impacted Indicator 8c data to show a lower number of Transition Conferences than were actually convened.

Now that the State is aware of the impact of this design issue in the data system, the State is working with IT developers to correct this design flaw so that the Service Coordinator can select "combine Transition Conference" with another type of meeting. The State believes this solution will positively impact data entry by streamlining processes.

Other causes of slippage may include personnel shortage as EI Providers reported staff turnover and difficulty in hiring service coordinators resulted in service coordinators with very high caseloads creating delays in scheduling and convening Transition Conferences. Provider stakeholders also reported that service coordinators with large caseloads may have failed to begin planning for transition early, such as at an IFSP review meeting shortly after the child's 2nd birthday and waited to plan for the Transition Conference closer to the 90-day deadline, resulting in scheduling delays and delays in obtaining the required parental consent signed forms from parents to share child information and the child record with the LEA.

An analysis of Indicator 8c data filtered/sorted by Local Provider Program identified a few specific Provider Programs not meeting requirements for this Indicator. Provider stakeholders suggested one possible root cause is a lack of understanding that a Transition Conference is still required even if the parent identifies that they do not want to Transition to Part B and prefer to "stay with their current Provider" (ie: receive outpatient clinic therapy services at the Local Provider Program that provided their IFSP Services when their child is age 3, 4, and 5).

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.

0

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.

15

Provide reasons for delay, if applicable.

Fifteen children experienced delays in timely Transition Conference due to documented Exceptional Family Circumstances including child illness, family illness, or parent request to reschedule the Transition Conference for a more convenient time.

Reasons for delay that did not fall within allowable delays due to Exceptional Family Circumstances and the resulting slippage in Indicator 8c data in

FFY 2023 compared to FFY 2022 can be attributed to a number of factors including:

changes in the data system/data entry process

personnel shortages

knowledge of Transition requirements in specific local level programs

Regarding slippage due to changes in the data system and data entry/collection process, the new data system requires that the Transition Conference be entered into the child's electronic record as a separate meeting even when the Transition Conference is combined with another meeting, such as an IFSP review meeting. This set up requires the Service Coordinator to double enter the meeting information in two separate areas of the data system (the IFSP or IFSP review meeting set up and outcome area and the Transition Conference meeting set up and outcome area when two meetings are combined. The practice of combining the Transition Conference with an IFSP bi-annual or annual review is prevalent, and the State is aware that Service Coordinators unfamiliar with the new data system in this reporting period may have actually convened Transition Conferences combined with IFSP review meetings and recorded them in the system as an IFSP review meeting. In situations where this may have occurred, there would be no "date of Transition Conference meeting" pulled/populated into the Indicator 8c data report, negatively impacting Indicator 8c data to show a lower number of Transition Conferences than were actually convened.

EI Providers reported staff turnover and difficulty in hiring service coordinators (personnel shortages) resulting in service coordinators with very high caseloads as a factor influencing delays in scheduling and convening Transition Conferences which rely on multiple people aligning their calendars to meet at times and places convenient to the family. Provider stakeholders also reported that service coordinators with large caseloads may have failed to begin planning for transition early, such as at an IFSP review meeting shortly after the child's 2nd birthday and waited to plan for the Transition Conference closer to the 90-day deadline, resulting in delays in obtaining the required signed consent forms from parents to share child information and record with the LEA.

An analysis of Indicator 8c data filtered/sorted by Local Provider Program identified a few specific Provider Programs not meeting requirements for this Indicator. Provider stakeholders suggested one possible root cause is a lack of understanding that a Transition Conference is still required even if the parent identifies that they do not want to Transition to Part B and prefer to "stay with their current Provider" (ie: receive outpatient clinic therapy services at the Local Provider Program that provided their IFSP Services when their child is age 3, 4, and 5).

Regarding next steps to improve timely Transition, the State will prioritize technical assistance around timely Transition Conferences for all EI Professionals and target the specific Local Provider Programs identified in the data as not meeting requirements. The State has created "meeting checklists" TA tools and other tip sheets to support EI Professionals in understanding the requirements for the Transition Conference and how to combine the Transition Conference with an IFSP review meeting in ways that meet requirements for both meetings. The State will provide additional TA on how to enter this data in the new data system.

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).

This data is from the FC STANDS data system for the 3rd quarter (January 1, 2024 – March 31, 2024) and includes children from all geographic areas of State, all Local Provider Programs, and all categories of Part C program-eligible infants and toddlers. First Connections compared data from this period to data for the full FFY 2023 and to the other quarters of FFY 2023 and verifies that it is representative of the full reporting year.

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

The 3rd quarter data includes children from all areas of the State in all of the various LEA catchment areas and children/families served by the different Local EI Provider Programs. When compared to the other quarters, the number of children exiting in this quarter is comparable to the number of children exiting in the other 3 quarters of the reporting period. Arkansas' Data Manager compared this data to data for the full FFY 2023 and verifies that the data from this period is representative of the full reporting year.

Provide additional information about this indicator (optional).

The State issues a Local Provider Program "one Finding" of Noncompliance in a Compliance Indicator regardless of how many individual child records were involved. For example, if the State identifies that ABC Therapy was late in convening Transition Conferences for 3 children, ABC Therapy is issued (one) Finding of Noncompliance for Indicator 8c. Through the use of Pre-Finding Correction, some EI Provider Programs were not issued a Finding for Indicator 8c in FFY 2022 because at the time of APR Data monitoring, monitors verified correction at both the child record level and at the EI Provider Program Level. At the time of monitoring, the FC monitor verified that each child whose Transition Conference was untimely either had a Transition Conference convened less than 90 days prior to the 3rd birthday (a Transition Conference meeting date was recorded in the APR data report) or the child was already 3 at the time of monitoring (3rd birthday recorded in the APR data report) and no longer within the program's jurisdiction and the FC monitor verified at the time of monitoring through a review of new data (at least 60 consecutive days of Indicator 8c data) that the EI Provider Program's new Indicator 8c data was 100%, demonstrating correction/meeting the regulatory requirements for this Indicator.

The Indicator 8c data report includes the date of the Transition Conference, child's 3rd birthday (and number of days between the two dates), reason for delay captured in the child record, and date of child's referral to First Connections and the date of Part C Program Eligibility Determination (to identify children who were late referrals and whose Transition Conference would be later than 90 days as a result of the child's referral to early intervention 135 days or less before their 3rd birthday). 17 children in the 3rd quarter APR data were referred for early intervention fewer than 135 days prior to the 3rd birthday and were not determined Part C program eligible until fewer than 90 days prior to the 3rd birthday. Guidance from national TA partners indicated not to include children referred 90 days (or less) prior to the 3rd birthday in the numbers/data reported but that children referred 135 – 91 days prior to the 3rd birthday are required to have the Transition Conference (if determined Part C Program Eligible) and must be reported.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
8	6	0	2

FFY 2022 Findings of Noncompliance Verified as Corrected

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

In FFY 2022, the State issued 8 Findings of noncompliance for Indicator 8c.

The timeline for monitoring in FFY 2022 involved identifying noncompliance at the EI Provider Program Level in APR Data Monitoring that began in February 2024 after APR submission and ended late March 2024. With the move from one state agency to the next, written notices were delayed and were not sent to EI Providers until September 6, 2024. Through the DMS 2.0 process, work with national TA Providers, and preparation of Indicator 12 for this APR, the state is aware that the process for verification of correction is correct, but the State's timeline of implementation of new monitoring process was beyond the required 90-days from Identification.

However, the State verified correction of noncompliance at the Provider Program Level within one year of (a) identification of noncompliance by EI Provider Programs that occurred in Feb/March of 2024 and (b) date of written notification (September 2024). The State verified correction of noncompliance for 6 of the 8 EI Provider Programs issued a Finding for Indicator 8c in FFY 2022 APR Data, in October of 2024 through a review of data from 7/1/24-9/30/24 that demonstrated 100% timely Transition Plans/meeting the regulatory requirements for this Indicator for 6 of the 8 EI Provider Programs.

The state is unable to verify at the Provider Program Level that the 1 EI Provider Program and the 1 EI Provider (FC staff Service Coordinator) are meeting the regulatory requirements for this Indicator because:

1. The EI Provider Program no longer provides service coordination services and there is no subsequent data with which to verify correction.
2. The EI Provider (individual/FC staff Service Coordinator) is no longer a Part C Provider and there is no subsequent data with which to verify correction.

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

FFY 2022 APR data analyzed timely Transition Conference for 131 children. FFY 2022 APR data demonstrated that 92 children had their Transition Conference no later than 90 days prior to the 3rd birthday and 13 children whose conferences were held fewer than 90 days prior to the 3rd birthday had exceptional family circumstances documented in the child record. 26 children had late Transition Conferences in FFY 2022 APR data.

The State makes use of Pre-Finding Correction. 6 EIS Provider Programs involving 11 child records were not issued Findings through the use of Pre-Finding Correction that verified at the time of monitoring both (a) each child whose Transition Conference was late did have a conference date or a date of exit and reason for exit verifying that the child was no longer in the program's jurisdiction and (2) subsequent data for a period of 60-90 days met the regulatory requirements at 100% compliance for Indicator 8c for each of the 6 EIS Provider Programs not issued a Finding through the use of Pre-Finding Correction.

A total of 8 Findings were issued for this Indicator in FFY 2022 – 2 EIS Provider Programs and 6 individual service coordinators (FC Staff Service Coordinators). The 8 Findings issued involved 15 children. Correction at the individual child record level was verified during the FFY 2022 APR data monitoring process (February and March of 2024). At the time of monitoring FFY 2022 APR data (Feb/March of 2024), the FC monitor verified that each of the 15 children whose Transition Conference was late did have either a Transition Conference date in the line-by-line child record data in the Indicator 8c data report or, when no Transition Conference date was documented, the child's exit date, 3rd birthday, and reason for exit verified that the child was no longer in the jurisdiction of the program.

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The 2 EI Providers issued Findings that have not yet been verified as meeting requirements were required to complete Targeted TA. The First Connections monitor will review additional Indicator 8c data every 60-90 days to verify correction at the Provider Program level.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	3	3	0

FFY 2021

Findings of Noncompliance Verified as Corrected

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

Before the end of FFY 2022, the State verified the timely correction of noncompliance for 1 FC staff Service Coordinator issued a Finding in Indicator 8c in FFY 2021 as follows:

One First Connections Staff Service Coordinator was verified as meeting the regulatory requirements (100% timely Transition Conferences) in a review of new data from the period of 4/1/23-6/30/23.

Subsequently, the State verified correction of noncompliance for 1 EI Provider issued a Finding in Indicator 8c in FFY 2021 as follows:

One EI Provider was verified as meeting the regulatory requirements (100% Timely Transition Conferences) in a review of new data from the period of 1/1/24-3/31/24.

One of the EI Provider Programs issued a Finding in FFY 2021 is no longer an EI Provider Program for First Connections and is now considered "verified as corrected."

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

In FFY 2021, the State issued 3 Findings of noncompliance for Indicator 8c. The State verified at the time of monitoring the timely correction of noncompliance at the individual child record level by verifying that each children impacted had either received the Transition Conference (a conference meeting date was recorded/documented in the FFY 2021 data report, although late) or the child was no longer in the jurisdiction of the program, had turned three and exited early intervention (an exit date and reason was documented in the APR data report).

8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining three uncorrected findings of noncompliance identified in FFY 2021 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

Findings issued in FFY 2021:

In FFY 2021, the State issued 3 Findings of noncompliance for Indicator 8c. The State verified at the time of monitoring the timely correction of noncompliance at the individual child record level by verifying that each children impacted had either received the Transition Conference (a conference meeting date was recorded/documented in the FFY 2021 data report, although late) or the child was no longer in the jurisdiction of the program, had turned three and exited early intervention (an exit date and reason was documented in the APR data report).

Before the end of FFY 2022, the State verified the timely correction of noncompliance as meeting regulatory requirements at the Provider Program Level for 2 of the 3 Findings issued in FFY 2021 in Indicator 8c in FFY 2021 as follows:

One First Connections Staff Service Coordinator was verified as meeting the regulatory requirements (100% timely Transition Conferences) in a review of new data from the period of 4/1/23-6/30/23 and one EI Provider was verified as meeting the regulatory requirements (100% Timely Transition Conferences) in a review of new data from the period of 1/1/24-3/31/24.

One of the EI Provider Programs issued a Finding in FFY 2021 is no longer an EI Provider Program for First Connections and there is no subsequent data with which to verify correction at the Provider Program level.

8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

OSEP notes that the State indicated that the two remaining findings of noncompliance identified in FFY 2022 are from 2 EIS programs/providers that are no longer operational, and therefore, the State cannot verify correction of the regulatory requirements for these two programs/providers.

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

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 baselines 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 baselines 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 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1 Number of resolution sessions	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1(a) Number resolution sessions resolved through settlement agreements	0

Targets: Description of Stakeholder Input

Broad stakeholder engagement activities designed to obtain input from stakeholders include quarterly State Interagency Coordinating Council meetings in addition to two annual stakeholder meetings, the July meeting to share the State Determination Rating information and APR data and the Year in Review Stakeholder Meeting (held in December). Each of these annual stakeholder meetings include an anonymous survey (survey participants identify by their "role" such as "parent," "therapist," "service coordinator," "EI Provider Program administration," "other agency representative," etc.). Survey participants rank the order of importance of the data-identified areas of need shared in the meeting and have open text spaces in the survey to share what they perceive as barriers to reaching goals and space to propose strategies and solutions. The Year in Review Stakeholder Meeting (December 2023 and 2024) is where the Lead Agency recaps the key events of the calendar year and highlights upcoming important dates and activities coming in the next calendar year. The annual Year in Review Stakeholder Meeting was developed in response to EI Provider Stakeholder request (in FFY 2022) for improved communication.

Arkansas' Interagency Coordinating Council (AICC) meets quarterly in January, April, July, and October and EI Providers, First Connections staff, and the public are invited to attend. Stakeholder engagement focused on analyzing data with the purpose of target setting and revisions to targets is carried out primarily by the AICC as part of the council's advisory capacity to the Lead Agency, although all stakeholders have an opportunity to provide input via anonymous survey to vote on proposed targets and share feedback/comments in survey comment boxes. The Lead Agency responded to the requests of AICC council members to develop short online video modules in addition to the new council member welcome/guidebook to train new council members in AICC by-laws, what to expect in council meetings, and the purpose and process of the council as a mechanism for building the capacity of parents and other stakeholders who serve on the council.

EI Providers and First Connections staff are engaged in assisting with the Indicators 5 and 6 root cause analyses.

Stakeholder engagement specifically designed to improve outcomes, including data analysis, developing improvement strategies, and evaluating progress is the main work of the EI Improving Outcomes Stakeholder Group (EIOSG). The EIOSG is facilitated by the Part C CSPD, and the group members include Local EI Provider Program administrators, EI therapists, and parents. This group meets monthly with a focus on improving child and family outcomes. The Lead Agency facilitates the group in ways that empower the group members to set their own goals and priorities. The Lead Agency builds the capacity of group members to engage in program improvement work by:

explaining the breadth and scope of the 3 global Child Outcomes areas and sharing ECTA resources

explaining where the data comes from and how it is collected in the field (process) by the IFSP team

ending each meeting with opportunities for stakeholders to identify what they want to know, what information they need, and what they'd like to accomplish in the next meeting and next quarter

inviting content experts from national TA providers to share information with the group

creating data visuals to facilitate stakeholders' ability to understand and analyze the data

explaining (and sharing) how the data is calculated and reported

creating data visuals to support understanding how State data compares to national data

guiding stakeholders in selecting data-identified areas of need to focus on

guiding stakeholders in conducting root cause analysis

creating organizational tools to support stakeholders (as needed) in developing improvement strategies for the areas they've identified as priorities

sharing/reporting/presenting the stakeholder group's proposed strategies to the Lead Agency

closing the feedback loop by regularly reporting back to the group the Lead Agency's progress in implementing the stakeholder group's proposed strategies

Arkansas' Parent Training and Information Center (PTIC), The Center for Exceptional Families (TCFEF) and Family2Family (F2F) of the Arkansas Disability Coalition's Health Information Center both employ regional Parent Peer Mentors to support families of children with disabilities of all ages. TCFEF assigns one of the regional Parent Peer Mentors as a "Part C Liaison" to support cross agency collaboration to support families of infants and toddlers with disabilities. The TCFEF Part C Liaison and regional Parent Peer Mentors of TCFEF and F2F meet with the Part C CSPD quarterly to bring topics of parent-identified need or interest up for discussion and joint planning to co-present parent information trainings on topics such as dispute resolution options, how to develop your IFSP, and planning for transition at age. Presentations may be live or recorded and shared on the TCFEF Facebook page. Jointly planned and developed materials around parent-identified interest are also part of the collaboration between the TCFEF and F2F Parent Peer Mentors and the CSPD.

Early Intervention Providers and First Connections staff are also important stakeholders. The CSPD focuses on building the capacity of these important stakeholders. The CSPD manager surveys Providers and First Connections staff annually to solicit input from EI Professionals on topics they'd like to know more about to support their ongoing professional development. In the current reporting year, the CSPD developed short, self-paced online modules on each of the APR Indicators to support EI Professionals in "knowing what is measured." First Connections managers requested training in team building, resulting in the development of an ongoing professional development course based on Patrick Lencioni's "Overcoming Common Dysfunctions of Teams." The modules are designed to support EI Professionals in various roles (including IFSP Teams) in identifying barriers to effective collaboration and teaming and implementing effective strategies to build trust, accountability, and positive work relationships.

Historical Data

Baseline Year	Baseline Data
2005	0.00%

FFY	2018	2019	2020	2021	2022
Target>=	0.00%	.00%	.00%	0.00%	0.00%
Data					

Targets

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

FFY 2023 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2022 Data	FFY 2023 Target	FFY 2023 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

The State reported fewer than ten resolution sessions held in FFY 2023. The State is not required to meet its targets until any fiscal year in which ten or more resolution sessions were held.

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 = $[(2.1(a)(i) + 2.1(b)(i)) \text{ divided by } 2.1] \text{ times } 100$.

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 baselines 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 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 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1 Mediations held	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.a.i Mediations agreements related to due process complaints	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

Broad stakeholder engagement activities designed to obtain input from stakeholders include quarterly State Interagency Coordinating Council meetings in addition to two annual stakeholder meetings, the July meeting to share the State Determination Rating information and APR data and the Year in Review Stakeholder Meeting (held in December). Each of these annual stakeholder meetings include an anonymous survey (survey participants identify by their "role" such as "parent," "therapist," "service coordinator," "EI Provider Program administration," "other agency representative," etc.). Survey participants rank the order of importance of the data-identified areas of need shared in the meeting and have open text spaces in the survey to share what they perceive as barriers to reaching goals and space to propose strategies and solutions. The Year in Review Stakeholder Meeting (December 2023 and 2024) is where the Lead Agency recaps the key events of the calendar year and highlights upcoming important dates and activities coming in the next calendar year. The annual Year in Review Stakeholder Meeting was developed in response to EI Provider Stakeholder request (in FFY 2022) for improved communication.

Arkansas' Interagency Coordinating Council (AICC) meets quarterly in January, April, July, and October and EI Providers, First Connections staff, and the public are invited to attend. Stakeholder engagement focused on analyzing data with the purpose of target setting and revisions to targets is carried out primarily by the AICC as part of the council's advisory capacity to the Lead Agency, although all stakeholders have an opportunity to provide input via anonymous survey to vote on proposed targets and share feedback/comments in survey comment boxes. The Lead Agency responded to the requests of AICC council members to develop short online video modules in addition to the new council member welcome/guidebook to train new council members in AICC by-laws, what to expect in council meetings, and the purpose and process of the council as a mechanism for building the capacity of parents and other stakeholders who serve on the council.

EI Providers and First Connections staff are engaged in assisting with the Indicators 5 and 6 root cause analyses.

Stakeholder engagement specifically designed to improve outcomes, including data analysis, developing improvement strategies, and evaluating progress is the main work of the EI Improving Outcomes Stakeholder Group (EIOSG). The EIOSG is facilitated by the Part C CSPD, and the group members include Local EI Provider Program administrators, EI therapists, and parents. This group meets monthly with a focus on improving child and family outcomes. The Lead Agency facilitates the group in ways that empower the group members to set their own goals and priorities. The Lead Agency builds the capacity of group members to engage in program improvement work by:

explaining the breadth and scope of the 3 global Child Outcomes areas and sharing ECTA resources

explaining where the data comes from and how it is collected in the field (process) by the IFSP team

ending each meeting with opportunities for stakeholders to identify what they want to know, what information they need, and what they'd like to accomplish in the next meeting and next quarter

inviting content experts from national TA providers to share information with the group

creating data visuals to facilitate stakeholders' ability to understand and analyze the data

explaining (and sharing) how the data is calculated and reported

creating data visuals to support understanding how State data compares to national data

guiding stakeholders in selecting data-identified areas of need to focus on

guiding stakeholders in conducting root cause analysis

creating organizational tools to support stakeholders (as needed) in developing improvement strategies for the areas they've identified as priorities

sharing/reporting/presenting the stakeholder group's proposed strategies to the Lead Agency

closing the feedback loop by regularly reporting back to the group the Lead Agency's progress in implementing the stakeholder group's proposed strategies

Arkansas' Parent Training and Information Center (PTIC), The Center for Exceptional Families (TCFEF) and Family2Family (F2F) of the Arkansas Disability Coalition's Health Information Center both employ regional Parent Peer Mentors to support families of children with disabilities of all ages. TCFEF assigns one of the regional Parent Peer Mentors as a "Part C Liaison" to support cross agency collaboration to support families of infants and toddlers with disabilities. The TCFEF Part C Liaison and regional Parent Peer Mentors of TCFEF and F2F meet with the Part C CSPD quarterly to bring topics of parent-identified need or interest up for discussion and joint planning to co-present parent information trainings on topics such as dispute resolution options, how to develop your IFSP, and planning for transition at age. Presentations may be live or recorded and shared on the TCFEF Facebook page. Jointly planned and developed materials around parent-identified interest are also part of the collaboration between the TCFEF and F2F Parent Peer Mentors and the CSPD.

Early Intervention Providers and First Connections staff are also important stakeholders. The CSPD focuses on building the capacity of these important stakeholders. The CSPD manager surveys Providers and First Connections staff annually to solicit input from EI Professionals on topics they'd like to know more about to support their ongoing professional development. In the current reporting year, the CSPD developed short, self-paced online modules on each of the APR Indicators to support EI Professionals in "knowing what is measured." First Connections managers requested training in team building, resulting in the development of an ongoing professional development course based on Patrick Lencioni's "Overcoming Common Dysfunctions of Teams." The modules are designed to support EI Professionals in various roles (including IFSP Teams) in identifying barriers to effective collaboration and teaming and implementing effective strategies to build trust, accountability, and positive work relationships.

Historical Data

Baseline Year	Baseline Data
2005	0.00%

FFY	2018	2019	2020	2021	2022
Target>=		.00%	.00%	0.00%	0.00%
Data					

Targets

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

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	0	0		0.00%		N/A	N/A

Provide additional information about this indicator (optional)

N/A

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2023. The State is not required to meet its targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

Baseline Data: The State must provide baseline data 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., February 1, 2024). 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 2023 APR, report on anticipated outcomes to be obtained during FFY 2024, i.e., July 1, 2024-June 30, 2025).

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 (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., 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 2023 APR, report on activities it intends to implement in FFY 2024, i.e., July 1, 2024-June 30, 2025) 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)?

Parents report that early intervention helped them know how to help their child develop and learn. (Indicator 4c, Family Outcome)

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.

https://cdf1e4ba-4b74-44ce-a7ec-998c2da78e22.usfiles.com/ugd/cdf1e4_219b02f80a1c465291b5c8584f1b7d2d.pdf

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2014	88.00%

Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	90.00%	90.50%	91.00%

FFY 2023 SPP/APR Data

Numerator: Number of Family Outcomes Survey respondents who report that early intervention services have helped the family help their children develop and learn	Denominator: The total number of responses to the question of whether early intervention services have helped the family help their children develop and learn	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
491	516	98.74%	90.00%	95.16%	Met target	No Slippage

Provide the data source for the FFY 2023 data.

The source of FFY 2023 data is APR Indicator 4c data (from the annual Family Outcomes Survey). This data is used to measure progress toward the SiMR.

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

Indicator 4c data used to measure progress toward the SiMR is collected via annual Family Outcomes Survey. The Numerator is the number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn, and the Denominator is the total number of responses to the question of whether early intervention services have helped the family help their children develop and learn.

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

NO

Did the State identify any general data quality concerns, unrelated to COVID-19, which 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)

NO

Section B: Implementation, Analysis and Evaluation

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

https://cdf1e4ba-4b74-44ce-a7ec-998c2da78e22.usrfiles.com/ugd/cdf1e4_ec030f830819496eb33081e811ef734b.pdf

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

NO

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

Infrastructure improvement strategies implemented in this reporting period are intended to support plan implementation, practice change, and progress toward the SiMR. Infrastructure improvement strategies implemented in this reporting period include:

Summary of Infrastructure Improvement Area from Theory of Action Area – Knowledge:

In this reporting period, the Program provided personnel development training to Early Head Start professionals as part of outreach designed to support a primary referral sources and partnering program in identifying children suspected of disability and referring for early intervention.

The Program also developed and presented parent education and training on how to prepare for the initial IFSP meeting and how to develop a family-centered IFSP.

Summary of Infrastructure Improvement Area from Theory of Action area -- PD/TA/Training:

The State developed an online asynchronous Certification Training for EI Professionals. The Certification Training for EI Professionals (therapists, therapy assistants, and service coordinators) in the stakeholder-identified Core Competencies is part of in-service personnel development, a key SSIP strategy identified in Phase I.

To support EI Professionals in implementing DEC RPs or other best practices, First Connections developed a weekly brief TA infographic called "TA Tip for Tuesday," distributed to EI Professionals weekly.

First Connections provided Differentiated Support to Local Provider Programs whose Determination Rating did not meet requirements. This individualized level of support included assigning each program a TA Specialist to help them use their data to identify strengths and needs at the local program level with the goal of meeting requirements in the next reporting cycle.

Summary of Infrastructure Improvement Area from Theory of Action area -- Quality Assurance:

The State developed written processes for general supervision monitoring and the annual Local Provider Program Determination Ratings to include Performance Indicator data in the Local Provider Program Annual Determination Ratings, including 4c data on the effectiveness of early intervention services to support parents in knowing how to support their child's participation, learning, and development in Provider Programs' annual ratings.

Summary of Infrastructure Improvement Area from Theory of Action area -- Policy:

The State worked closely with CIFR to develop written processes for fiscal supervision that monitor service provision in the natural environment and service provision in accordance with the IFSP. The changes to improve fiscal monitoring support implementing with fidelity, program improvement, and holding Local Provider Programs accountable.

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.

Outcome of Infrastructure Improvement Area from Theory of Action Area – Knowledge:

The short-term outcome of outreach provided to parents prepared families and parent advocates from the PTIC to participate in IFSP development and supported referral sources in understanding the State's early intervention program. The helpfulness of early intervention to support families in knowing their rights and advocating for their child is measured in Indicator 4a and 4b. The effectiveness of outreach to referral sources is measured by comparing the number of referrals from specific referral sources. Remarketing the program through outreach to families and referral sources is a key SSIP strategy supporting system change where parents understand their active role in early intervention and are prepared to participate. These strategies are necessary for achievement of the SiMR.

Outcome of Infrastructure Improvement Area from Theory of Action area -- PD/TA/Training:

The short-term outcomes of weekly TA Tips, Differentiated Support for Provider Programs not meeting requirements, and of the online asynchronous Certification Training for EI Professionals was an increase in the number of EI Professionals who completed Core Competencies Training (initial certification or re-certification). The number of EI Professionals who completed Core Competencies Training was measured via monthly reports from the online training platform (FC PATHS). Understanding IDEA, Part C requirements is a critical strategy that supports EI Professionals in implementing evidence-based practices and meeting IDEA requirements that is necessary for sustainability of system improvement efforts and foundational and necessary for scale up.

Outcome of Infrastructure Improvement Area from Theory of Action area -- Quality Assurance:

The short-term outcome of changes to how Local Provider Program Determination Ratings are calculated were that Local Program Determination Ratings were lower (fewer Provider Programs met requirements) than in previous years because the former process did not include Performance data from Indicator 3 and 4 to assess the effectiveness of service provision in improving results for children and families. This outcome was measured by

comparing the ratings in 2024 to Local Program trend data. The effectiveness of service provision to support parents in knowing how to help their child learn and develop is measured in the annual Family Outcomes Survey. This data is weighted and used in the annual Local Program Determinations as follows: survey ratings of services as extremely helpful (to the parents) receive 5 points, ratings of "somewhat helpful" receive 3 points, and ratings of "not helpful" receive 1 point. The weighted point system incentivizes service provision in ways that build caregiver capacity. Shifting the focus away from solely compliance to include a focus on improved results for families (Indicator 4c) and children (Indicator 3 a, b, c) are necessary for achievement of the SiMR.

Outcome of Infrastructure Improvement Area from Theory of Action area -- Policy:

The short-term outcome of changes in fiscal supervision and monitoring is Local Program accountability and supporting EI Providers in fully understanding and implementing IDEA, Part C requirements. These improvements are measured by fiscal monitoring data and correction of any identified noncompliance. This infrastructure improvement is necessary to prepare and to support Local Programs in implementing evidence-based practices with fidelity in ways that will support both reaching the SiMR.

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.

Next Steps for Infrastructure Improvement Area from Theory of Action Area – Knowledge:

The next steps in "knowledge" (remarketing the program through outreach, training referral sources, collaboration with the PTIC, and other Child Find activities) is to include short, family-friendly recorded videos on key Part C process that (1) prepare families to take an active role in early intervention and (2) inform referral sources about the program and processes. The anticipated outcomes of this strategy is an increase in parent reported helpfulness of early intervention and more accurate program information provided to families by referral sources at the time of initial referral.

Next Steps for Infrastructure Improvement Area from Theory of Action area -- PD/TA/Training:

The next steps in Training and Professional Development to prepare a highly qualified workforce include providing stipends to support EI Professionals in attending and participating in Practice Based Coaching (PBC) in Early Intervention (ECHO/Denver) to enhance their capacity to: (a) coach parents and other caregivers in home and community visits, (b) coordinate and collaborate with team members and families to develop shared goals and action plans, (c) use data to drive continuous progress monitoring, and (d) enhance equity and effectiveness in coaching. The anticipated outcome of this strategy is to have EI Professionals trained to serve as coaches to their professional peers.

Next Steps for Infrastructure Improvement Area from Theory of Action area -- Quality Assurance:

Next Steps in quality assurance through annual Local Program Determination Ratings is using 4a Family Outcomes Survey data linked to specific staff and Provider Service Coordinators. The anticipated outcome of this strategy is the incentivization of quality service provision focused on parent/caregiver coaching to improve outcomes for children and for families and incentivizing service coordination services focused on preparing families to take an active role, know their rights, and advocate for their child and family.

Next Steps for Infrastructure Improvement Area from Theory of Action area -- Policy:

Next Steps in enhanced fiscal monitoring include an annual parent fiscal survey to assess how effectively EI Professionals explain options and no cost protection provisions to families. The anticipated intermediate outcome of the family fiscal survey and the changes in fiscal monitoring is quality service provision (regardless of IFSP funding source), increased percentage of services provided in the natural environment, and services provided in accordance with the IFSP.

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

The Division of Early Childhood (DEC) Recommended Practices (PRs) are the evidence-based practices selected for implementation to reach the SiMR. DEC PRs implemented in this reporting period include:

Leadership:

L7 -- Leaders develop, refine, and implement policies and procedures that create the conditions for practitioners to implement the DEC Recommended Practices.

L9 -- Leaders develop and implement an evidence-based professional development system or approach that provides practitioners with a variety of supports to ensure they have the knowledge and skills needed to implement the DEC Recommended Practices.

L12 -- Leaders collaborate with stakeholders to collect and use data for program management and continuous program improvement and to examine the effectiveness of services and supports in improving child and family outcomes.

Assessment:

A7 -- Practitioners obtain information about the child's skills in daily activities, routines, and environments such as home, childcare, and community.

Environment:

E1 -- Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child's access to and participation in learning experiences.

Transition:

TR2 -- Practitioners use a variety of planned and timely strategies with the child and family before, during, and after the transition to support successful adjustment and positive outcomes for both the child and family.

Provide a summary of each evidence-based practice.

Summary of Implementation of DEC RP L9 and L12 (Leadership):

L9 (evidence-based professional development system or approach to build practitioner knowledge and skills)

First Connections launched the fully online asynchronous learning platform, the First Connections Professional Growth System (FC PATHS) to support EI Professional's ongoing professional development at times (and places) convenient to busy professionals. Additionally, First Connections administrators served as stakeholders in a national community of practice supporting the work of Sherri Britt Williams and Catasha Williams on Engaging Professional Development Support to Improve and Change Practices (EPIC-P) by assisting in the review and recommended edits for this national TA guide to support States' Part C and Part B programs in ensuring effective Personnel Development systems. First Connections used the self-assessment and other materials to set goals for continuous improvement of TA and PD.

L12 (collaboration with stakeholders to collect and use data for program management and continuous program improvement)

As part of Differentiated Support for Local Provider Programs whose annual Determination Rating did not meet requirements, First Connections scheduled one on one Data Review meetings designed to support Local Provider Program administration in accessing, understanding, and using their local program data to identify strengths and develop improvement strategies in areas of data-identified need.

Annually, First Connections hosts a stakeholder meeting in July to review the State Determination Rating and APR data and invites stakeholders to complete an anonymous survey to identify their priority areas for program improvement and to suggest strategies to improve areas of data-identified need.

Annually, First Connections hosts a stakeholder "Year in Review Meeting" in December to summarize key events of the calendar year and to highlight what's coming in the new calendar year. The annual Year in Review Meeting also includes an anonymous stakeholder survey in which Providers, staff, families, and other stakeholders can identify their priorities for program improvement/change.

Summary of Implementation of DEC RP A7 (Assessment):

A7 (Practitioners obtain information about the child's skills in daily activities)

The required use of the Measure of Independence, Engagement, and Social Relationships (MEISR) as part of Program Eligibility Determination and in IFSP development ensures that EI Professionals conduct routines-based assessments focused on how the child uses age-level skills in daily activities.

Summary of Implementation of DEC RP E1 (Environment) and L7 (Leadership):

E1 (Practitioners provide services and supports in natural and inclusive environments) and L7 (develop, refine, and implement policies and procedures that create the conditions for practitioners to implement)

Program administration developed and implemented procedures to provide a Natural Environment Travel Stipend (an SSIP strategy) to create the conditions for Local Provider Programs to provide travel stipends to support EI practitioners in service provision in natural and inclusive environments in rural areas of the State.

Summary of Implementation of DEC RP TR2 (Transition):

(Practitioners use a variety of planned and timely strategies with the child and family).

To support EI Professionals in using a variety of strategies to prepare families to participate in transition planning and to support timely transition planning, the Program developed TA Transition Tip Sheets and TA/PD modules on transition planning.

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

Anticipated Impact on SiMR of Implementation of DEC RP L9 (Leadership) – practice change:

Completion of Core Competencies Training ensures that EI Professionals have the foundational knowledge, abilities, and skills of the Part C program and processes necessary upon which to build through implementation of EBPs. Accessible, high-quality in-service personnel development is critical to changing practice to improve outcomes for children and families.

Anticipated Impact on SiMR of Implementation of DEC RP L12 (Leadership) – practice change:

When all Local Provider Programs have the knowledge, abilities, and skills to access, understand, and use their own local program data to identify strengths and set goals/develop improvement strategies in areas of data-identified need, Providers can self-monitor their own implementation and fidelity.

Anticipated Impact on SiMR of Implementation of DEC RP A7 (Assessment) – changing program procedures and practices:

As EI Professionals are supported to focus on child-participation rather than building isolated skills in traditional child therapy, parents will be more equipped to help their child learn and develop (the SiMR) from their participation in early intervention services.

Anticipated Impact on SiMR of Implementation of DEC RP L7 (Leadership) – changing program policies, procedures, and practices:

The ability of the Lead Agency to develop, refine, and implement policies and procedures that create the conditions for practitioners to implement DEC RPs will promote scale up to reach the SiMR.

Anticipated Impact on SiMR of Implementation of DEC RP E1 (Environment) – practice change, improved outcomes for children, improved outcomes for families:

As EI practitioners are supported to not only provide services within natural environments but also to use Natural Environment Practices that support child participation in typical activities, the parent or caregiver present and participating will have the support needed to build their capacity to support child participation in typical activities (reaching the SiMR). When children have support and many opportunities to practice in context and with familiar people, they make more rapid progress in social emotional development and learning/skill acquisition (improved outcomes for children).

Anticipated Impact on SiMR of Implementation of DEC RP TR2 (Transition) – changing program procedures and practices, improved outcomes for families, improved outcomes for children:

By preparing families to participate in their own transition planning and process, it is expected that Transition Plans will be more well-developed (more steps, steps are more individualized) and that knowing how to prepare for and plan transition is part of parents knowing how to help their child learn and develop (the SiMR).

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

Data to monitor implementation and assess practice change of DEC RP L9 (Leadership):

FC PATHS (online learning management platform) report data on the number of EI Professionals completing Core Competencies Training

Data to monitor implementation and assess practice change of DEC RP L12 (Leadership):

Number of Local Provider Programs that have completed Program Improvement Plans (PIPs)

Data to monitor implementation and assess practice change of DEC RP A7 (Assessment):

IFSP Quality Rating data (IFSP OAT – Outcome Assessment Tool) across the state indicating that IFSPs are routines and participation-based (functional), a strategy to reach the SiMR

Indicator 4 Family Outcomes Survey data on the helpfulness of early intervention to support parents in knowing how to help their child participate, learn, and develop

Data to monitor implementation and assess practice change of DEC RP L7 (Leadership):

The number of policies/procedure guides that create the conditions for practitioners to implement DEC RPs compared to prior years

Data to monitor implementation and assess practice change of DEC RP E1 (Environment):

Indicator 2 data on the percentage of services provided in natural environments

Indicator 4c data on the effectiveness of IFSP services to support parents in knowing how to help their child participate, learn, and develop Indicator 3 a, b, c data (child outcomes)

Data to monitor implementation and assess practice change of DEC RP TR2 (Transition):

Indicator 8a data on the percentage of children who have a Transition Plan with steps developed no later than 90 days prior to the 3rd birthday Indicator 8a data demonstrating an increase in the average number of steps in Transition Plans

Indicator 4 Family Outcomes Survey data demonstrating that the EI Professionals on the IFSP Team helped families prepare for and plan for their child's transition from early intervention.

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 inclusion of an additional question on the Indicator 4 Family Outcomes Survey regarding how well the IFSP Team supported the family in understanding their options and planning for transition provided some additional data to support the need for continuing implementation of TR2 and other DEC RPs that support transition. The parent responses to this question will also provide baseline data that can be used to measure progress in implementing this strategy. The State used the ECTA Transition from Early Intervention Services to Part B Preschool Special Education Checklist as a self-assessment with the 2nd cohort to collect baseline data to assess practice change related to implementation of DEC Recommended Practice TR2.

The State also collects additional data on IFSP Quality to assess change of practice in a key SSIP strategy of developing family-centered, child-participation IFSPs that families can and will use. IFSP Quality Ratings are calculated using the IFSP-Outcome Assessment (OAT) Tool from The Ohio State University Nisonger Center, developed by Witwer, A.N., Saltzman, D., Appleton, C., & Lawton, K. (2014). This data is collected by pulling random samples of IFSPs developed during the reporting period. IFSP Quality Ratings from the SSIP cohort groups are compared to IFSP Quality Ratings from random samples across the State as a whole (minus the cohort groups).

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

Next Steps for implementation of DEC RP L9 (Leadership) and anticipated outcomes:

Policy change to require certification of individuals who serve as evaluation interpreters (attending the initial IFSP meeting in place of the evaluating therapist) is anticipated to (1) improve accuracy of initial COS ratings conducted/collected by the IFSP Team and (2) ensure well developed initial IFSPs.

Next Steps for implementation of DEC RP L12 (Leadership) and anticipated outcomes:

The Lead Agency collaborates with Local Provider Programs to provide quarterly data reports is anticipated to result in local level goal setting and program improvement and more accurate data.

Next Steps for implementation of DEC RP A7 (Assessment) and anticipated outcomes:

Policy/procedure changes to support the use of functional routines-based and child participation assessment instead of annual evaluations is anticipated to support families and practitioners in making a shift from a traditional clinical child therapy model to an early childhood educational program.

Next Steps for implementation of DEC RP L7 (Leadership) and anticipated outcomes:

The formation of a Provider stakeholder group to collaborate with the Lead Agency to identify barriers and to propose solutions to support implementation of DEC RPs is anticipated to result in the development of processes, policies, and procedures that promote the implementation of EBPs.

Next Steps for implementation of DEC RP E1 (Environment) and anticipated outcomes:

Modifications to the data system to ensure the development of adequate justification for a service or services provided outside of the natural environment is anticipated to eliminate clinic based service settings on initial IFSPs and support IFSP Teams in only providing services outside of the natural environment after service provision in a natural environment failed to support child progress toward IFSP outcomes and objectives.

Next Steps for implementation of DEC RP TR2 (Transition) and anticipated outcomes:

Modifications to the data system to provide a transition timeline and system notification of the "transition due date" to the service coordinator is expected to increase the percentage of children and families who have timely transition plans and timely transition conferences and by prompting system users to plan early, to result in more well-developed Transition Plans in the IFSP.

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

YES

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

Infrastructure changes to the program's data system significantly increased IFSP Quality rating data for the state as a whole (non SSIP cohort groups) during the previous reporting period, and the State anticipates that future enhancements to FC STANDS (data system) such as the Parent Portal will (1) increase the Family Survey response rate (ensuring adequate and accurate Indicator 4 Family Outcomes data), (2) more adequately prepare families to participate in each stage of the EI process to increase the percentage of families who reported that early intervention helped them know their rights and know how to communicate their child's strengths and needs, and (3) provide a mechanism for the State to link Indicator 3 (Child Outcomes) with Indicator 4 (Family Outcomes) to analyze results for children and families in more depth.

Section C: Stakeholder Engagement

Description of Stakeholder Input

Broad stakeholder engagement activities designed to obtain input from stakeholders include quarterly State Interagency Coordinating Council meetings in addition to two annual stakeholder meetings, the July meeting to share the State Determination Rating information and APR data and the Year in Review Stakeholder Meeting (held in December). Each of these annual stakeholder meetings include an anonymous survey (survey participants identify by their "role" such as "parent," "therapist," "service coordinator," "EI Provider Program administration," "other agency representative," etc.). Survey participants rank the order of importance of the data-identified areas of need shared in the meeting and have open text spaces in the survey to share what they perceive as barriers to reaching goals and space to propose strategies and solutions. The Year in Review Stakeholder Meeting (December 2023 and 2024) is where the Lead Agency recaps the key events of the calendar year and highlights upcoming important dates and activities coming in the next calendar year. The annual Year in Review Stakeholder Meeting was developed in response to EI Provider Stakeholder request (in FFY 2022) for improved communication.

Arkansas' Interagency Coordinating Council (AICC) meets quarterly in January, April, July, and October and EI Providers, First Connections staff, and the public are invited to attend. Stakeholder engagement focused on analyzing data with the purpose of target setting and revisions to targets is carried out primarily by the AICC as part of the council's advisory capacity to the Lead Agency, although all stakeholders have an opportunity to provide input via anonymous survey to vote on proposed targets and share feedback/comments in survey comment boxes. The Lead Agency responded to the requests of AICC council members to develop short online video modules in addition to the new council member welcome/guidebook to train new council members in AICC by-laws, what to expect in council meetings, and the purpose and process of the council as a mechanism for building the capacity of parents and other stakeholders who serve on the council.

EI Providers and First Connections staff are engaged in assisting with the Indicators 5 and 6 root cause analyses.

Stakeholder engagement specifically designed to improve outcomes, including data analysis, developing improvement strategies, and evaluating progress is the main work of the EI Improving Outcomes Stakeholder Group (EIOSG). The EIOSG is facilitated by the Part C CSPD, and the group members include Local EI Provider Program administrators, EI therapists, and parents. This group meets monthly with a focus on improving child and family outcomes. The Lead Agency facilitates the group in ways that empower the group members to set their own goals and priorities. The Lead Agency builds the capacity of group members to engage in program improvement work by:

explaining the breadth and scope of the 3 global Child Outcomes areas and sharing ECTA resources

explaining where the data comes from and how it is collected in the field (process) by the IFSP team

ending each meeting with opportunities for stakeholders to identify what they want to know, what information they need, and what they'd like to accomplish in the next meeting and next quarter

inviting content experts from national TA providers to share information with the group

creating data visuals to facilitate stakeholders' ability to understand and analyze the data

explaining (and sharing) how the data is calculated and reported

creating data visuals to support understanding how State data compares to national data

guiding stakeholders in selecting data-identified areas of need to focus on

guiding stakeholders in conducting root cause analysis

creating organizational tools to support stakeholders (as needed) in developing improvement strategies for the areas they've identified as priorities

sharing/reporting/presenting the stakeholder group's proposed strategies to the Lead Agency

closing the feedback loop by regularly reporting back to the group the Lead Agency's progress in implementing the stakeholder group's proposed strategies

Arkansas' Parent Training and Information Center (PTIC), The Center for Exceptional Families (TCFEF) and Family2Family (F2F) of the Arkansas Disability Coalition's Health Information Center both employ regional Parent Peer Mentors to support families of children with disabilities of all ages. TCFEF assigns one of the regional Parent Peer Mentors as a "Part C Liaison" to support cross agency collaboration to support families of infants and toddlers with disabilities. The TCFEF Part C Liaison and regional Parent Peer Mentors of TCFEF and F2F meet with the Part C CSPD quarterly to bring topics of parent-identified need or interest up for discussion and joint planning to co-present parent information trainings on topics such as dispute resolution options, how to develop your IFSP, and planning for transition at age. Presentations may be live or recorded and shared on the TCFEF Facebook page. Jointly planned and developed materials around parent-identified interest are also part of the collaboration between the TCFEF and F2F Parent Peer Mentors and the CSPD.

Early Intervention Providers and First Connections staff are also important stakeholders. The CSPD focuses on building the capacity of these important stakeholders. The CSPD manager surveys Providers and First Connections staff annually to solicit input from EI Professionals on topics they'd like to know more about to support their ongoing professional development. In the current reporting year, the CSPD developed short, self-paced online modules on each of the APR Indicators to support EI Professionals in "knowing what is measured." First Connections managers requested training in team building, resulting in the development of an ongoing professional development course based on Patrick Lencioni's "Overcoming Common Dysfunctions of Teams." The modules are designed to support EI Professionals in various roles (including IFSP Teams) in identifying barriers to effective collaboration and teaming and implementing effective strategies to build trust, accountability, and positive work relationships.

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

The Lead Agency uses Leading by Convening practices to support stakeholder engagement and to prepare stakeholders to participate. Ways of preparing stakeholders to participate include sharing information in ways that are meaningful such as data infographics (and in small "chunks"). Another strategy to engage stakeholders is facilitating meetings of their group and having stakeholders set their own goals, propose agenda items, and identify what they want to accomplish in the next meeting, next quarter, etc. First Connections involves stakeholders in "shaping their own learning" by identifying what they need/want to know on specific topics, then inviting topic experts from national TA centers to share information, a national perspective, and resources. Engaging stakeholders goes beyond informing participants to actually including them in the work by supporting stakeholders in conducting data analysis, root cause analyses, and developing and proposing coherent improvement strategies.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

Yes.

Stakeholders indicated that in some portions of the State, the Provider is not included in the initial COS rating and that the process is completed either as part of intake or in a separate meeting prior to the initial IFSP meeting. Providers indicated that since this data also represents the effectiveness of their services and work with families and that often the therapist is “the expert” on child development, extent of the child’s use of immediate foundational skills (or not), etc. that the State needs policies and/or procedures to require that the COS rating take place within full IFSP Team meetings (initial, bi-annual, annual). The State addressed these concerns by issuing guidance on IFSP Team meetings and by reminding EI Professionals who serve as evaluation interpreters in place of the evaluating therapist or the direct service provider (at an IFSP Team meeting) of the availability of an Evaluation Interpreter Core Competencies training

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.

Implementing L7 (Leaders develop, refine, and implement policies and procedures that create the conditions for practitioners to implement the DEC Recommended Practices) through Lead Agency collaboration with Medicaid to develop the billing infrastructure, policies, and procedures that support implementation of DEC Recommended Teaming and Collaboration Practices (joint home visits).

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

The timeline for implementing L7 would involve gathering information and scheduling preliminary discussions and joint identification of needs (March -- May 2025), creation of billing mechanisms, policies and procedures (June -- August 2025), joint training (September -- December 2025) for implementation January 2026. The intended outcome is a billing mechanism in place to support joint home visits (DEC Recommended Teaming and Collaboration Practices).

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

In the beginning of this reporting period, the change in Lead Agency from the Arkansas Department of Human Services, Division of Developmental Disabilities to the Arkansas Department of Education, Division of Elementary and Secondary Education, Office of Special Education created an SSIP implementation barrier due to joint leadership across two separate state agencies. This barrier was resolved in the middle of this reporting period after the Arkansas Department of Education submitted the annual Part C grant application and the move to the new Lead Agency was accomplished July 1, 2024, so that First Connections is no longer under joint agency leadership.

Provide additional information about this indicator (optional).

N/A

11 - Prior FFY Required Actions

The State did not provide an Evaluation Plan. The State must provide a link to the current Evaluation Plan in the FFY2023 SPP/APR.

Response to actions required in FFY 2022 SPP/APR

The Link to the SSIP Evaluation Plan is included:

https://cdf1e4ba-4b74-44ce-a7ec-998c2da78e22.usrfiles.com/ugd/cdf1e4_ec030f830819496eb33081e811ef734b.pdf

11 - OSEP Response

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

Compliance indicator: This SPP/APR indicator focuses on the State lead agency's exercise of its general supervision responsibility to monitor its Early Intervention Service (EIS) Providers and EIS Programs for requirements under Part C of the Individuals with Disabilities Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1416(a) and 1435(a)(10); 34 C.F.R. §§ 303.120 and 303.700). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

Percent = [(b) divided by (a)] times 100

States are required to complete the General Supervision Data Table within the online reporting tool.

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage. OSEP assumes that the State's FFY 2023 data for this indicator is the State's baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

Starting with the FFY 2023 SPP/APR, States are required to report on the correction of noncompliance related to compliance indicators 1, 7, 8a, 8b, and 8c based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 12, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

In the last row of this General Supervision Data Table, States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (2, 3, 4, 5, 6, 9, 10, and 11), fiscal and other areas.

If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	74.00%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

Indicator 1. 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)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
3	0	3	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 1 due to various factors (e.g., additional findings related to other IDEA requirements).

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

The State issues Findings to EI Provider Programs (ie: one Finding for Indicator 1 regardless of how many children in their APR data did not receive services within 30 days of consent.

The State issued 3 EI Provider Programs a Finding of Noncompliance in Indicator 1 of FFY 2022 APR data.

The timeline for monitoring in FFY 2022 involved identifying noncompliance at the EI Provider Program Level in APR Data Monitoring that began in February 2024 after APR submission. With the move from one state agency to the next July 1, 2024, written notices (Findings) were delayed and were not sent to EI Providers until September 6, 2024. Through the DMS 2.0 process, work with national TA Providers, and preparation of Indicator 12 for this APR, the state is aware that the process for verification of correction is correct, but the State's timeline of implementation of the new monitoring process was outside of required timelines to issue written notice within 90-days of identification.

The State, however, verified correction of noncompliance for all 3 of the 3 EI Provider Programs at the Provider Program Level within one year of (a) identification of noncompliance by EI Provider Programs (Feb/March of 2024) and (b) date of written notification (September 2024). The State verified correction of noncompliance for each of the 3 EI Provider Programs issued a Finding for Indicator 1 in FFY 2022 APR Data, in October of 2024 through a review of subsequent Indicator 1 data from 7/1/24-9/30/24 that demonstrated 100% timely service provision/meeting the regulatory requirements for this Indicator for all 3 of the EI Provider Programs issued a Finding.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

FFY 2022 APR data analyzed timely service provision data for 324 children. FFY 2022 APR data demonstrated that 308 children had timely services and 7 children's services began later than 30 days from parent consent but had a documented family delay/exceptional family circumstance in the child record. 11 children in FFY 2022 had untimely services.

The State makes use of Pre-Finding Correction. 2 EIS Provider Programs involving 7 child records were not issued Findings through the use of Pre-Finding Correction that verified at the time of monitoring both (a) each child whose service began late did have a service start date or a date of exit verifying that the child was no longer in the program's jurisdiction and (2) subsequent data for a period of 90 days met the regulatory requirements at 100% compliance for Indicator 1 for each of the 2 EIS Provider Programs not issued a Finding through the use of Pre-Finding Correction.

3 EI Provider Programs were issued Findings in FFY 2022, and these 3 Findings involved 4 children. Correction at the individual child record level was verified during the FFY 2022 APR data monitoring process (February and March of 2024). At the time of monitoring FFY 2022 APR data (Feb/March of 2024), the FC monitor verified that each of the 4 children whose services did not begin within 30 days of parent consent had a service start date (although late) in the FFY 2022 data report.

Indicator 7. Percent of eligible infants and toddlers with IFSPs for whom initial evaluation, initial assessment, and the initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
3	0	2	0	1

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 7 due to various factors (e.g., additional findings related to other IDEA requirements).

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

The State issued 3 EI Provider Programs a Finding of Noncompliance in Indicator 7 of FFY 2021 APR data.

The timeline for monitoring in FFY 2022 involved identifying noncompliance at the EI Provider Program Level in APR Data Monitoring that began in February 2024 after APR submission. With the move from one state agency to the next July 1, 2024, written notices were delayed and were not sent to EI Providers until September 6, 2024. Through the DMS 2.0 process, work with national TA Providers, and preparation of Indicator 12 for this APR, the state is aware that the process for verification of correction is correct, but the State's timeline of implementation of the new monitoring process was outside of required timelines to issue written notice within 90-days of identification.

The State, however, verified correction of noncompliance for 2 of the 3 EI Provider Programs at the Provider Program Level within one year of (a) identification of noncompliance by EI Provider Programs (Feb/March of 2024) and (b) date of written notification (September 2024). The State verified correction of noncompliance for 2 of the 3 EI Provider Programs issued a Finding for Indicator 7 in FFY 2022 APR Data, in October of 2024 through a review of data from 7/1/24-9/30/24 that demonstrated 100% timely IFSP development/meeting the regulatory requirements for this Indicator for 2 of the 3 EI Provider Programs.

The State is unable to verify correction at the Provider Program Level for 1 EI Provider Program. A review of subsequent data from 7/1/24-9/30/24 (in

October of 2024) did not demonstrate 100% compliance. A following review of new data for the period of 10/1/24-12/31/24 (in January of 2025) showed that the EI Provider Program had insufficient data to verify correction (no new IFSPs/child records). This EI Provider Program no longer provides Service Coordination Services and will not have subsequent data for this Indicator in order for the state to verify that the EI Provider Program has corrected at the program level/meeting regulatory requirements.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

FFY 2022 APR data analyzed timely IFSP development for 423 children. FFY 2022 APR data demonstrated that 310 children had the IFSP developed within 45 days from the date of the child's referral for early intervention and 73 children whose IFSP was developed later than 45 days from referral had documented family delay/exceptional family circumstance in the child record. 40 children in FFY 2022 had an untimely initial IFSP with no documented exceptional family circumstance.

The State makes use of Pre-Finding Correction. 4 EIS Provider Programs involving 16 child records were not issued Findings through the use of Pre-Finding Correction that verified at the time of monitoring both (a) each child whose service began late did have a service start date or a date of exit verifying that the child was no longer in the program's jurisdiction and (2) subsequent data for a period of 90 days met the regulatory requirements at 100% compliance for Indicator 7 for each of the 4 EIS Provider Programs not issued a Finding through the use of Pre-Finding Correction.

3 EI Provider Programs were issued Findings in FFY 2022 in Indicator 7. These 3 Findings involved 24 children. Correction at the individual child record level for all 24 children was verified during the FFY 2022 APR data monitoring process (February and March of 2024). At the time of monitoring FFY 2022 APR data (Feb/March of 2024), the FC monitor verified in the line-by-line child record included in the Indicator 7 APR data report that there was an IFSP effective (start) date, although late, or there was a child exit date and exit reason demonstrating that the child was no longer in the jurisdiction of the program.

Indicator 8A. 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. (20 U.S.C. 1416(a)(3)(B) and 1442).

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
5	0	3	0	2

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8A due to various factors (e.g., additional findings related to other IDEA requirements).

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

In FFY 2022, the State issued 5 Findings of noncompliance for Indicator 8a.

The timeline for monitoring in FFY 2022 involved identifying noncompliance at the EI Provider Program Level in APR Data Monitoring that began in February 2024 after APR submission and ended late March 2024. With the move from one state agency to the next, written notices were delayed and were not sent to EI Providers until September 6, 2024. Through the DMS 2.0 process, work with national TA Providers, and preparation of Indicator 12 for this APR, the state is aware that the process for verification of correction is correct, but the State's timeline of implementation of new monitoring process was beyond the required 90-days from Identification.

However, the State verified correction of noncompliance at the Provider Program Level within one year of (a) identification of noncompliance by EI Provider Programs that occurred in Feb/March of 2024 and (b) date of written notification (September 2024). The State verified correction of noncompliance for 3 of the 5 EI Provider Programs issued a Finding for Indicator 8a in FFY 2022 APR Data, in October of 2024 through a review of data from 7/1/24-9/30/24 that demonstrated 100% timely Transition Plans/meeting the regulatory requirements for this Indicator for 3 of the 5 EI Provider Programs.

The State is unable to verify that 2 of the EI Provider Programs are meeting the regulatory requirements for Indicator 8a because:

1. EI Provider Program issued a Finding in FFY 2022 is no longer providing Service Coordination Services and there is no subsequent data with which to verify correction at the Provider Program Level
2. The EI Provider (First Connections service coordinator) issued a Finding in FFY 2022 is no longer a Part C Provider, and there is no subsequent data with which to verify the individual Provider is meeting regulatory requirements.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

FFY 2022 APR data analyzed timely Transition Plan development for 131 children and demonstrated that 127 children had a Transition Plan developed no later than 90 days prior to the child's third birthday and there was no documentation of exceptional family circumstance delaying development of the Transition Plan for the 4 children whose plans were not timely.

The State makes use of Pre-Finding Correction in Compliance Indicators but for Indicator 8a in FFY 2022, no EIS Provider Program received Pre-Finding correction for Indicator 8a because reviews of subsequent data did not show 100% compliance/meeting requirements. Correction at the individual child record level for all 4 children whose plans were untimely was verified during the FFY 2022 APR data monitoring process (February and March of 2024). At the time of monitoring FFY 2022 APR data (Feb/March of 2024), the FC monitor verified in the line-by-line child record included in the Indicator 8a APR data report that there was a Transition Plan development date, although late, for 2 children and for the 2 children who had no Transition Plan developed, the monitor verified that the child had turned 3 or exited the program and was no longer in the program's jurisdiction.

Indicator 8B. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

B. Notified (consistent with any opt-out policy) the SEA and 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. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8B due to various factors (e.g., additional findings related to other IDEA requirements).

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

N/A

Indicator 8C. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

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)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
8	0	6	0	2

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8C due to various factors (e.g., additional findings related to other IDEA requirements).

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

In FFY 2022, the State issued 8 Findings of noncompliance for Indicator 8c.

The timeline for monitoring in FFY 2022 involved identifying noncompliance at the EI Provider Program Level in APR Data Monitoring that began in February 2024 after APR submission and ended late March 2024. With the move from one state agency to the next, written notices were delayed and were not sent to EI Providers until September 6, 2024. Through the DMS 2.0 process, work with national TA Providers, and preparation of Indicator 12 for this APR, the state is aware that the process for verification of correction is correct, but the State's timeline of implementation of new monitoring process was beyond the required 90-days from Identification.

However, the State verified correction of noncompliance at the Provider Program Level within one year of (a) identification of noncompliance by EI Provider Programs that occurred in Feb/March of 2024 and (b) date of written notification (September 2024). The State verified correction of noncompliance for 6 of the 8 EI Provider Programs issued a Finding for Indicator 8c in FFY 2022 APR Data, in October of 2024 through a review of data from 7/1/24-9/30/24 that demonstrated 100% timely Transition Plans/meeting the regulatory requirements for this Indicator for 6 of the 8 EI Provider Programs.

The State is not able to verify correction at the EI Provider Program Level for 2 Findings issued in FFY 2022 because 1 EI Provider Program no longer provides Service Coordination services, and the other (1) EI Provider (FC Staff Service Coordinator) is no longer an EI Provider. The state is unable to verify correction at the Provider Level for either the EI Provider Program or the FC Staff Service Coordinator at the program level/meeting regulatory requirements due to no further Indicator 8c data.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

FFY 2022 APR data analyzed timely Transition Conference for 131 children. FFY 2022 APR data demonstrated that 92 children had their Transition Conference no later than 90 days prior to the 3rd birthday and 13 children whose conferences were held fewer than 90 days prior to the 3rd birthday had

exceptional family circumstances documented in the child record. 26 children had late Transition Conferences in FFY 2022 APR data.

The State makes use of Pre-Finding Correction. 6 EIS Provider Programs were not issued Findings through the use of Pre-Finding Correction that verified at the time of monitoring both (a) each of the 11 children involved whose Transition Conference was late did have a conference date or a date of exit and reason for exit verifying that the child was no longer in the program's jurisdiction and (2) subsequent data for a period of 60-90 days met the regulatory requirements at 100% compliance for Indicator 8c for each of the 6 EIS Provider Programs not issued a Finding through the use of Pre-Finding Correction.

A total of 8 Findings were issued for this Indicator in FFY 2022 – 2 EIS Provider Programs and 6 individual service coordinators (FC Staff Service Coordinators). The 8 Findings issued involved 15 children. Correction at the individual child record level was verified during the FFY 2022 APR data monitoring process (February and March of 2024). At the time of monitoring FFY 2022 APR data (Feb/March of 2024), the FC monitor verified that each of the 15 children whose Transition Conference was late did have either a Transition Conference date in the line-by-line child record data in the Indicator 8c data report or, when no Transition Conference date was documented, the child's exit date, 3rd birthday, and reason for exit verified that the child was no longer in the jurisdiction of the program.

Optional for FFY 2023, 2024, and 2025:

Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).

Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected
0	0	0

Explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

N/A

Total for All Noncompliance Identified (Indicators 1, 7, 8A, 8B, 8C, and Optional Areas):

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
19	0	14	0	5

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
14	19		100%	Not Valid and Reliable	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	26.32%
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Provide additional information about this indicator (optional)

Findings of noncompliance identified in FFY 2022 APR data were not identified in FFY 2022 (between 7/1/22 – 6/30/23), they were identified during data review and analysis (December 2023 and January 2024) in preparation of the FFY 2022 APR report submitted 2/1/2024. Noncompliance identified in FFY 2022 (between 7/1/22-6/30/23) was FFY 2021 APR data reviewed and analyzed while preparing the FFY 2021 APR submitted 2/1/2023.

Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023).	19
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding)	14
3. Number of findings <u>not</u> verified as corrected within one year	5

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	5
5. Number of written findings of noncompliance (Col. A) the State has verified as corrected beyond the one-year timeline ("subsequent correction") - as reported in Indicator 1, 7, 8A, 8B, 8C	0
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 1	0
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 7	0
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8A	0
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8B	0
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8C	0
6f. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Other Areas - <u>All other findings</u>	0
7. Number of findings <u>not</u> yet verified as corrected	5

Subsequent correction: If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

Untimely correction of noncompliance was not the result of EI Provider Programs neglecting to correct noncompliance. Delays occurred as a result of First Connections' move from one Lead Agency to another Lead Agency (different state agency) in this reporting period, causing delays in carrying out monitoring of FFY 2022 APR data and delays in the review and approval of the written notifications (Findings). FFY 2022 APR data was monitored Jan-March of 2024, and written notices sent 9/6/2024). The lateness in issuing written notices reduced the amount of time that First Connections monitors had to verify correction (and increased the "one year from date of written notice" in which EI Provider Programs must correct noncompliance to 9/6/2025). The new Lead Agency has supported First Connections in improving processes and timelines aligning new monitoring processes developed in response to DMS 2.0 and implemented (although untimely in the previous fiscal year) with the OSEP-established 90-day to ensure timely verification of correction of noncompliance moving forward.

12 - OSEP Response

The State did not provide valid and reliable data for FFY 2023. The State's FFY 2023 data were not valid and reliable because the State reported 100% of its findings of noncompliance were corrected within one year of identification. However, the State did not demonstrate that the LEA/EIS program or provider corrected the findings of noncompliance identified in FFY 2022 related to timely provision of services because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. The State must provide valid and reliable data for FFY 2024 in the FFY 2024 SPP/APR.

The State has established baseline for this indicator using data from FFY 2023, but OSEP cannot accept that baseline data because it cannot determine whether the State's FFY 2023 data are valid and reliable, as noted above.

12 - Required Actions

The State must provide valid and reliable data for FFY 2024 in the FFY 2024 SPP/APR.

The state must establish baseline for this indicator in the FFY 20224 SPP/APR.

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

Designated by the Lead Agency Director to Certify

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

Name:

Tracy Turner

Title:

Part C Coordinator

Email:

tracy.turner@ade.arkansas.gov

Phone:

5016828703

Submitted on:

04/22/25 5:17:50 PM

Determination Enclosures

RDA Matrix

Arkansas

2025 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
43.75%	Needs Intervention

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	3	37.50%
Compliance	16	8	50.00%

2025 Part C Results Matrix

I. Data Quality

(a) Data Completeness: The percent of children included in your State's 2023 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	1,003
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	1,547
Percentage of Children Exiting who are Included in Outcome Data (%)	64.84
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	2

(b) Data Anomalies: Anomalies in your State's FFY 2023 Outcomes Data

Data Anomalies Score (please see Appendix B for a detailed description of this calculation)	1
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II. Child Performance

(a) Data Comparison: Comparing your State's 2023 Outcomes Data to other States' 2023 Outcomes Data

Data Comparison Score (please see Appendix C for a detailed description of this calculation)	0
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(b) Performance Change Over Time: Comparing your State's FFY 2023 data to your State's FFY 2022 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	0
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2023	39.15%	33.60%	42.04%	26.22%	40.81%	29.11%
FFY 2022	52.37%	41.51%	52.05%	30.97%	51.54%	34.12%

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2025: Part C."

2025 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2022 (3)	Score
Indicator 1: Timely service provision	75.90%	NO	1
Indicator 7: 45-day timeline	92.89%	YES	2
Indicator 8A: Timely transition plan	72.79%	YES	0
Indicator 8B: Transition notification	95.59%	N/A	2
Indicator 8C: Timely transition conference	68.46%	YES	0
Indicator 12: General Supervision	Not Valid and Reliable	NO	0
Timely and Accurate State-Reported Data	97.37%		2
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			1
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	Yes, 2 to 4 years		

(2) The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at:

<https://sites.ed.gov/idea/files/FFY2023-Part-C-SPP-APR-Reformatted-Measurement-Table.pdf>

(3) This column reflects full correction, which is factored into the scoring only when the compliance data are $\geq 90\%$ and $< 95\%$ for an indicator.

Appendix A

I. (a) Data Completeness:

The Percent of Children Included in your State's 2023 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2023 Outcomes Data (C3) and the total number of children your State reported in its FFY 2023 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2023 in the State's FFY 2023 IDEA Section 618 Exit Data.

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

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2023 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2023 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2019 – FFY 2022 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e (numbers are shown as rounded for display purposes, and values are based on data for States with summary statement denominator greater than 199 exiters). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2023 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

Outcome A	Positive Social Relationships
Outcome B	Knowledge and Skills
Outcome C	Actions to Meet Needs

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

Expected Range of Responses for Each Outcome and Category, FFY 2023

Outcome\ Category	Mean	StDev	-1SD	+1SD
Outcome A\ Category a	1.52	3.25	-1.74	4.77
Outcome B\ Category a	1.34	2.98	-1.64	4.32
Outcome C\ Category a	1.25	2.62	-1.37	3.87

Outcome\ Category	Mean	StDev	-2SD	+2SD
Outcome A\ Category b	24.44	8.87	6.69	42.19
Outcome A\ Category c	21.76	13.64	-5.52	49.04
Outcome A\ Category d	26.56	9.69	7.17	45.94
Outcome A\ Category e	25.72	15.93	-6.14	57.59
Outcome B\ Category b	26.16	9.47	7.23	45.1
Outcome B\ Category c	30.12	12.97	4.17	56.07
Outcome B\ Category d	30.25	8.17	13.92	46.59
Outcome B\ Category e	12.12	8.46	-4.79	29.04
Outcome C\ Category b	21.94	9.15	3.64	40.24
Outcome C\ Category c	23.99	13.89	-3.8	51.77
Outcome C\ Category d	32.49	8.51	15.48	49.51
Outcome C\ Category e	20.33	14.99	-9.66	50.31

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

Anomalies in Your State's Outcomes Data FFY 2023

Number of Infants and Toddlers with IFSP's Assessed in your State	1,003
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Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	0	502	164	159	178
Performance (%)	0.00%	50.05%	16.35%	15.85%	17.75%
Scores	1	0	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	0	517	223	152	111
Performance (%)	0.00%	51.55%	22.23%	15.15%	11.07%
Scores	1	0	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	2	510	199	154	138
Performance (%)	0.20%	50.85%	19.84%	15.35%	13.76%
Scores	1	0	1	0	1

	Total Score
Outcome A	4
Outcome B	4
Outcome C	3
Outcomes A-C	11

Data Anomalies Score	1
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Appendix C

II. (a) Data Comparison:

Comparing Your State's 2023 Outcomes Data to Other States' 2023 Outcome Data

This score represents how your State's FFY 2023 Outcomes data compares to other States' FFY 2023 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement (values are based on data for States with a summary statement denominator greater than 199 exiters). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

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

Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2023

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	46.08%	34.56%	54.67%	27.46%	53.10%	33.55%
90	80.98%	70.42%	82.41%	58.27%	84.63%	73.68%

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

Your State's Summary Statement Performance FFY 2023

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	39.15%	33.60%	42.04%	26.22%	40.81%	29.11%
Points	0	0	0	0	0	0

Total Points Across SS1 and SS2	0
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Your State's Data Comparison Score	0
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Appendix D

II. (b) Performance Change Over Time:

Comparing your State's FFY 2023 data to your State's FFY 2022 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2022) is compared to the current year (FFY 2023) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of $p \leq .05$. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

Test of Proportional Difference Calculation Overview

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

Step 1: Compute the difference between the FFY 2023 and FFY 2022 summary statements.

e.g., C3A FFY2023% - C3A FFY2022% = Difference in proportions

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

$\text{Sqrt}[(\text{FFY2022\%} * (1 - \text{FFY2022\%}) / \text{FFY2022N}) + ((\text{FFY2023\%} * (1 - \text{FFY2023\%}) / \text{FFY2023N})] = \text{Standard Error of Difference in Proportions}$

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

$\text{Difference in proportions} / \text{standard error of the difference in proportions} = \text{z score}$

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

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

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

0 = statistically significant decrease from FFY 2022 to FFY 2023

1 = No statistically significant change

2 = statistically significant increase from FFY 2022 to FFY 2023

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

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

Summary Statement/ Child Outcome	FFY 2022 N	FFY 2022 Summary Statement (%)	FFY 2023 N	FFY 2023 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	506	52.37%	825	39.15%	-13.22	0.0280	-4.7283	<.0001	YES	0
SS1/Outcome B: Knowledge and Skills	561	52.05%	892	42.04%	-10.01	0.0268	-3.7354	0.0002	YES	0
SS1/Outcome C: Actions to meet needs	551	51.54%	865	40.81%	-10.73	0.0271	-3.9657	0.0001	YES	0
SS2/Outcome A: Positive Social Relationships	636	41.51%	1,003	33.60%	-7.91	0.0246	-3.2181	0.0013	YES	0
SS2/Outcome B: Knowledge and Skills	636	30.97%	1,003	26.22%	-4.75	0.0230	-2.0666	0.0388	YES	0
SS2/Outcome C: Actions to meet needs	636	34.12%	1,003	29.11%	-5.01	0.0236	-2.1173	0.0342	YES	0

Total Points Across SS1 and SS2	0
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Your State's Performance Change Score	0
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Data Rubric
Arkansas

FFY 2023 APR (1)

Part C Timely and Accurate Data -- SPP/APR Data

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	1	1
10	1	1
11	1	1
12	0	0

APR Score Calculation

Subtotal	13
Timely Submission Points - If the FFY 2023 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	18

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

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 7/31/24	1	1	1	3
Exiting Due Date: 3/5/25	1	1	1	3
Dispute Resolution Due Date: 11/13/24	1	1	1	3

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

Indicator Calculation

A. APR Grand Total	18
B. 618 Grand Total	19.00
C. APR Grand Total (A) + 618 Grand Total (B) =	37.00
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	38.00
D. Subtotal (C divided by Denominator) (3) =	0.9737
E. Indicator Score (Subtotal D x 100) =	97.37

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2.11111111 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.11111111.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

SPP/APR Data

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

Part C 618 Data

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

618 Data Collection	EDFacts Files/ EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	7/31/2024
Part C Exiting	FS901	3/5/2025
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/13/2024

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

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

Dispute Resolution
IDEA Part C
Arkansas
Year 2023-24

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	0
(1.1) Complaints with reports issued.	0
(1.1) (a) Reports with findings of noncompliance.	0
(1.1) (b) Reports within timelines.	0
(1.1) (c) Reports within extended timelines.	0
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	0

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	0
(2.1) Mediations held.	0
(2.1) (a) Mediations held related to due process complaints.	0
(2.1) (a) (i) Mediation agreements related to due process complaints.	0
(2.1) (b) Mediations held not related to due process complaints.	0
(2.1) (b) (i) Mediation agreements not related to due process complaints.	0
(2.2) Mediations pending.	0
(2.3) Mediations not held.	0

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	0
Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)?	PARTB
(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures).	0
(3.1) (a) Written settlement agreements reached through resolution meetings.	0
(3.2) Hearings fully adjudicated.	0
(3.2) (a) Decisions within timeline.	0
(3.2) (b) Decisions within extended timeline.	0
(3.3) Hearings pending.	0
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	0

This report shows the most recent data that was entered by:
Arkansas

These data were extracted on the close date:
11/13/2024

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2025 will be posted in June 2025. Copy and paste the link below into a browser to view.

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