

# AL Part C

# FFY2016 State Performance Plan / Annual Performance Report

# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

## Executive Summary:

Alabama's Early Intervention System (AEIS) provides services to children, birth to three, and their families based on 7 Core Values. These values ensure that recommended practices are incorporated into all services provided throughout the system. The Core Values require that services be:

Family Centered

Developmentally Appropriate

Individualized

Provided in Natural Environments

Training and Equipping the Parent/Caregiver

Collaborative

Routines-Based

Supervision and monitoring of programs statewide is based on these Core Values in addition to the use of recommended practices (i.e., the DEC Recommended Practices and the Routines-Based Intervention Model), and the OSEP indicators.

The AEIS SPP-APR is being submitted based on supervision/monitoring results, evaluation of outcomes, ongoing data collection and stakeholder input. Data indicates that in 7 of the 8 indicators, programs achieved over 90%, including a 99.91% in settings, 98.40% for the 45 day timeline and 98.03% average in transition. Ten of the 17 indicator sections did not show slippage (58.82%) as compared to FFY 2015 where only 41.17% did not show slippage. This shows an overall improvement over FFY 2015. For all areas of supervision and monitoring noncompliance, action plans were developed and programs came back into compliance within one year. Actual data for FFY 2016 are as follows:

Indicator 1: 95.75%

Indicator 2: 99.91%

Indicator 3A1: 74.6%

Indicator 5: .68%

Indicator 3A2: 61.23%

Indicator 6: 1.87%

Indicator 3B1: 83.19%

Indicator 7: 98.40%

Indicator 3B2: 49.92%

Indicator 8A: 95.67%

Indicator 3C1: 76.99%

Indicator 8B: 98.83%

Indicator 3C2: 61.13%

Indicator 8C: 99.61%

Indicator 4A: 98.54%

Indicators 9 and 10 were NA

Indicator 4B: 95.19%

Indicator 4C: 99.34%

State monitoring data were used in determining progress on the 100% indicators. All of these indicators showed achievement of over 95%. The PAR manual was revised during FFY 2016 to include requirements for recommended practices and to reflect state policy changes. A copy of the manual is attached. The settings data, taken from the GIFTS database, showed that 99.91% of children and families were served in the natural environment.

Child outcomes data were collected via the COS process. The data related to the SIMR (social emotional development) showed slight slippage from last year's data and did not achieve the targets as planned. Alabama has determined that this is due to a shift in the method for determining progress. During May 2016, mandatory training was provided on using the COS process/rating practices that shifted the rating away from domain-based to functional development across all settings. The foundation for the training came from resources found in ECTA Center videos and COS training materials which were embedded into the required training. Because of this shift, it was anticipated that the percentages would change, potentially decrease, and that it would show an increase and reflect a more accurate picture of progress once the state began fully implementing the SSIP strategies (which were initiated during FFY 2016). The total impact of these procedural changes will not become evident until data on the new children entering and exiting is available in FFY 2017 - 2018. Another factor that potentially impacted child outcome results was an increase in the number of children with diagnoses who were served. The children with diagnosed conditions increased from 1594 in FFY 15 to 1783 in FFY 16, an 11% increase. In order to drill down data further to explore outcome data, revisions were made in the GIFTS data system to better clarify reasons why children did or did not make progress. A sample list of reasons are summarized under Indicator 3 explanation of slippage. Follow-up from state monitors is also taking place to provide TA and guidance for those children not making progress.

Family outcomes data were collected via a Family Survey process conducted by an independent research entity at Auburn University in Montgomery. This family survey is conducted via a sampling over a three year process whereby, every three years, all families in all programs are surveyed (sampling plan has been approved by OSEP).

## Research Methodology

During federal fiscal year 2016, ten (10) Early Intervention programs were evaluated in order to assure that families currently involved are receiving the service and assistance they need. A total of eight hundred forty-eight (848) families were involved in the programs under the Alabama Early Intervention System in federal fiscal year 2016. Four hundred thirty-two (432) families completed the family satisfaction survey by telephone. Four hundred five (405) families could not complete the survey by telephone because of "No English/Language Problem," "Disconnected", "Wrong Number," "No Phone," "Incorrect Address & Telephone Number," and "Unable to Contact." These families were mailed a family satisfaction survey and forty-six (46) surveys were completed by mail. The return rate was 56%. The family satisfaction questionnaire utilizes 3 types of responses: a four-point rating scale; a Yes/No response scale; and open-ended responses. The four-point rating scale used was: "Excellent", "Good", "Fair", and "Poor". The values for the scaled response questions ranged from 4 for "Excellent" to 1 for "Poor". All responses were then summarized and a percentage score was computed. The percentage scores are based upon a maximum of 100%.

Over ninety-eight percent (98.54%) of families indicated that they knew their rights. 95.19% indicated that they have been able to effectively communicate their needs and 99.34% indicated that they were able to help their child develop and learn. Two of the three areas showed higher percentages than the previous year. With all percentages over 95%, AEIS is pleased with the results. (A copy of the Family Survey is included under Indicator 4.)

The number of children and families served showed an increase over FFY 2015 (from 6625 to 7005 or 5.4%). This increase is attributable to increased outreach and public awareness activities, especially in low referring counties and in those with a low health index. A Statewide Public Awareness Week was designated by the Governor in a Proclamation for April 17-21, 2017, "Babies Can't Wait". Each District targeted the low referring counties and those with a poor health index. As a result of these PA efforts, all of the targeted counties showed an increase in referrals. One of the lowest counties, DeKalb, showed a 90% increase in referrals. Also, new referrals were received through collaboration with other statewide initiatives such as Help Me Grow through the Alabama Partnership for Children and Reach Out and Read. As a result, data on Child Find (C5 and C6) exceeded the FFY 2016 targets. AEIS submitted a detailed report to OSEP in response to the Differential Monitoring results related to Child Find. This report provided trend data on referral rates by county showing the percentage of increase or decrease, the identification of low referring counties and those with a low health rating which were targeted during the PA initiative, trend data on the numbers referred by specific referral sources, the number of referrals from urban vs. rural settings, trend data on the number of referrals by ethnicity, and other general information about the state that impacts referrals. (See attached report.)

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The ICC serves as the primary stakeholder group providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are provided regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data process, selection of targets, training initiatives, and public reporting of program status. In addition, ICC Subcommittees and special task groups are given updates and ongoing opportunities for input throughout the year in the development of all aspects of AEIS. The AEIS state office has a Leadership Team who identifies and involves additional broad-based stakeholder groups.

AEIS is pleased to provide the FFY 2016 SPP/APR and applauds the outstanding work of personnel in local Early Intervention Programs across Alabama. The ICC certification form is attached.

### Attachments

File Name	Uploaded By	Uploaded Date	Remove
<a href="#">icc form signed ffy 2016.pdf</a>	Jeri Jackson		<input type="button" value="R"/> e m o v e
<a href="#">alabama ei child find component.docx</a>	Jeri Jackson		<input type="button" value="R"/> e m o v e

### General Supervision System:

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

#### ADMINISTRATION, SUPERVISION, AND MONITORING METHODS UTILIZED FOR SERVICE COORDINATORS AND PROVIDERS OF SERVICES UNDER PART C

### LEAD AGENCY FOR PART C OF INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

The Lead Agency, Alabama Department of Rehabilitation Services (ADRS) Division of Early Intervention is responsible for general administration and supervision/monitoring of compliance for community-based early intervention programs (and District Early Intervention Coordinators) providing services under Part C of the Individuals with Disabilities Education Act (IDEA). Assisting ADRS/Division of Early Intervention (DEI) in monitoring are contracting agencies' liaisons from the Department of Mental Health (DMH) and the Alabama Institute for Deaf and Blind (AIDB). Administrative methods for supervision and monitoring for continuous improvement includes Technical Assistance (TA) and Provider Appraisal Reviews (PAR) to ensure compliance with Part C regulations. As Lead Agency, ADRS/EI is responsible for ensuring that programs adhere to requirements under IDEA, Part C regulations. ADRS/EI provides guidelines in the selection of data and records for review, but reserves the right to request additional documentation if determined necessary to fulfill these responsibilities.

#### PROVIDER APPRAISAL REVIEW (PAR)

Provider Appraisal Reviews (PAR) document how programs assist families in developing and meeting appropriate functional outcomes and ensure that early intervention services enhance the capacity of families to improve their children's development PAR also ensures that programs remain in compliance with state and federal regulations. A PAR team consists of EI state office monitor, a fiscal agency representative, and may include other EI state office approved personnel. A PAR examines documentation accumulated by a program and focuses on compliance indicators defined by OSEP and subject to federal regulations and state criteria for evaluation, timelines and service delivery. The PAR process emphasizes program quality, child and family outcomes, effectiveness, best practices, and compliance with rules and regulations under Part C of IDEA. Programs are expected to protect procedural safeguards of families during referral, eligibility determination, IFSP development, transition planning, service delivery and closure. PAR involves the following: (1) validating compliance with all required indicators including 100% target indicators; (2) Reviewing the family survey (3) reviewing 100% of data and (4) self-monitoring by the program. A primary monitor:

- Arranges family survey 6 weeks prior to PAR
- Reviews database-100% of caseloads
- Reviews outcome data as per the COS process and provides TA based on level of progress
- Reviews randomly selected open cases to include service coordination only cases
- Reviews randomly selected ineligible cases and closed cases
- Evaluates program timeliness of required activities and program services
- Reports data for Annual Performance Report to OSEP
- Develops action plans to remediate or correct findings
- Provides results for future programmatic planning and improvement
- Examines basis of family complaints and due process information

Specifically, database and record reviews ensure early intervention services are:

- Helping families meet functional family defined outcomes
- Providing developmentally appropriate services to Part C eligible infants, toddlers and families

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- Services are being provided per the IFSP
- Based on AEIS 7 core values (family centered, individualized, natural environment, developmentally appropriate, train/equip the parent and/or caregiver, collaborative and routines-based)
- Meeting requirements of Part C rules and regulations

### **PAR COMPONENTS:**

In addition to the OSEP 100% Target Indicators there are seven (7) components for which information is collected in a Provider Appraisal Review and describe indicators that determine compliance based on federal and state regulations.

- OSEP 100% Target Indicator Timely IFSP
- OSEP 100% Target Indicator Timely Delivery of Services
- OSEP 100% Target Indicator Timely Transition Planning
  
- Child Find Referral and Eligibility Determination
- Family Assessment
- Individualized Family Service Plan Service Delivery and Natural Environments
- Procedural Safeguards
- Data Collection
- Comprehensive System of Personnel Development (CSPD)
- Public Awareness and DCC Collaboration

AEIS expects programs to maintain policies that verify and assure appropriate services for families. Any program policy such as an attendance policy must be available to monitors for review.

When two or more agencies collaborate to provide appropriate services, collaborative agencies must ensure that compliance standards are met. Collaborative agencies, service providers, and service coordinators will be held equally accountable for providing service documentation.

### **PREPARATION FOR PROVIDER APPRAISAL REVIEW**

#### **PRE-PAR DOCUMENTS**

Programs scheduled for PAR are requested to submit documents six (6) weeks in advance of the PAR date.

- Complete the following documents for pre-PAR: (found in the back of Manual)
  - Pre-PAR Information Checklist as cover sheet for pre-PAR packet
  - Listing of Personnel Providing Part C Services and Qualifications (includes training)
  - Listing of Para-professional Personnel if applicable
  - Listing of Professional Evaluators
  - Report of Independent Audits Form (signed only; do not send audit report)
  -

#### **SELECTION OF RECORDS FOR PAR**

Program personnel are responsible for ensuring required documentation and records are available. A 100% data review is completed during a pre-PAR period. AEIS will randomly select records and provide programs with a list of the names on the day of PAR. A cross-section of needs and demographics (diagnoses, race, services, residence, etc.) are considered. It is the expectation that each program will have a record review process in place prior to PAR date (supervisor review, peer review etc.) Monitors will expect programs to describe ongoing internal review methods utilized. At least 10 records but no more than 15% of their program's total caseload will be selected for review however; monitors reserve the rights to select additional records if needed. Targeted records will be reviewed for detailed discussions on how service delivery determinations were made, identified challenges, strategies that were successful, family involvement status, specific interventions that promote improvement and other factors that effect programs quality improvement. All records selected will be subject to a complete or partial review.

#### **DETERMINING PROGRAM QUALITY & COMPLIANCE AT PAR**

A program will participate in a PAR at least every three (3) years regardless of status at a prior Technical Assistance and Record Review. Compliance will be determined based on review of records and data at PAR. Data, as entered in GIFTS by service coordinators are used to report a program's annual performance to OSEP. If a program is found to be "Out of Compliance", an Action Plan will be developed outlining actions to reestablish compliance within one year. Follow-up reviews are based on the length of Action Plans and may require additional scheduling but may be reviewed as a desk audit for specific documentation. Per federal regulations, AEIS is considered "Out of Compliance" if a program does not reestablish compliance within one year. If circumstances warrant, ADRS/EI staff may remove records from the program to complete a more thorough review. A written PAR Report with Action Plan for correcting findings of non-compliance is provided to programs within four (4) weeks following the PAR. The report will include the Cover Sheet for Provider Appraisal Review Report, Summation of Provider Appraisal Review and Explanation of Compliance Status.

ADRS/EI may impose sanctions under the following circumstances:

**SANCTIONS**

- ADRS/EI determines service provider failed to reestablish compliance within specified periods of time and within federally required year
- Program fails to address recommendations or to meet requirements of an Action Plan
- Program utilizes Part C dollars for activities which are not in compliance with Part C regulations.
- Program has ongoing compliance issues

These sanctions include but may not be limited to:

1. Repayment of misapplied federal and state funds based on federal and state regulations.
2. Withholding state and federal funds until corrective action is taken to insure Part C compliance.
3. Additional PAR Review of all program records.
4. Withholding referrals to programs for specified period of time.
5. Cancellation of a program contract.
6. Other sanctions as deemed by the Lead Agency.

**FAMILY SURVEY**

To ensure that families have an opportunity to provide valuable information in a confidential manner, a family survey is conducted by an independent reviewer. Family surveys are generally conducted each time a program participates in a PAR, but for various reasons, monitors may not schedule a family survey. The goal of the family survey is to determine families' satisfaction with their EI experience and providers' capabilities to train and equip them so they may help their children achieve functional outcomes. There is a focus on families' perspectives of service coordination, service delivery, community-based resources, plan development and procedural safeguards.

During SFY 2017, additional questions were embedded in the survey pertaining to the child's social-emotional development as per the state's SIMR of the SSIP. These questions explore not only the child's progress, but the family/caregiver's feelings of competence and confidence in addressing their child's social-emotional needs.

AEIS staff and monitors use information and trends data to identify program and systemic issues that warrant further review. Families additionally indicate preferences for workshops, training needs, and other assistance that is shared with ICC subcommittees for utilization. A copy of the family survey will be provided as part of reporting to the program. Service coordinators are responsible for notifying families about the survey 7-10 days prior to a pre-PAR date. A "parent letter" is included in PAR Handbook materials which should be copied to a program's letterhead.

**PUBLIC AWARENESS AND DCC COLLABORATION**

Family participation ranges from IFSP development to offering stakeholder input. In addition to the family survey described above, programs have a responsibility to encourage family involvement in all aspects of system planning and implementation. Programs must inform families about local council activities and encourage their participation in public awareness opportunities and community events. Training and support for families should be based on the needs identified by families and communities (family survey results report family priorities). Programs are expected to create and support outreach initiatives about AEIS, sharing information with the general public and primary referral sources to improve the efficiency of services and to increase awareness of the mission of AEIS, Child Find and the availability of early intervention services and supports. It is expected that Early Intervention programs and district councils will coordinate outreach and support and include families when possible. The Public Awareness Subcommittee of the ICC addresses the PA activities and focus for the system. Documentation of outreach activities is required. Service coordinators and other program personnel may conduct early intervention public awareness activities and report activities using a current Public Awareness Activity Report Form which is included in PAR Handbook.

**DOCUMENTATION REVIEWED DURING OR IN PREPARATION FOR TA/PAR**

- APR/SPP Data
- Program Determinations
- IFSP and Transition Plans
- Service Coordination Notes
- Report of Continuing Eligibility Determination
- GIFTS Database
- Opt-Out Form
- Correspondence As Appropriate
- Permission to Evaluate (EI 91-2)
- Annual IFSP Attendance Form (if applicable)
- Notice of Intent Regarding EI (EI 91-5)
- Early Intervention Child & Parent Rights (EI 91-7)
- Consent for use of Public Benefits/Public Insurance/Private Insurance
- PAR Family Survey
- District Coordinating Council Minutes
- Child Outcome Summary Forms and review of progress for all children within program
- AEIS Public Awareness, Training and Family Supports Reports (should be sent to state at least quarterly)
- GIFTS Database
- Parent signed complaints, due process, mediation, resolution meetings
- Record of Access (EI 91-6)

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- Notice of Ineligibility (EI 91-4)
- Request for Parent to Attend IFSP Meeting (EI 91-3)
- Permission for the Release of Information/Records (EI 91-1)
- Physician Letter
- EI to LEA Notification Letter
- Provider Progress Notes (includes “No-show notes”)
- Report of Early Intervention Eligibility Determination
- Voluntary Family Assessment page of IFSP
- Verification Trends
- Program Profiles

**NEW PROGRAMS**

1. Contracting agencies (DMH, AIDB, ADRS/EI) are responsible for reporting and verifying independent program audits which occur during a PAR cycle. Findings will be shared with ADRS internal auditors for necessary follow-up. ADRS Internal Audit Team will provide technical assistance, training and reports based on their review of program financial records. The Part C Assistant Coordinator will report findings to the ADRS Internal Audit Section. (See form in back)

**FINANCIAL AUDITS**

1. GIFTS database was created to compile and report relevant data about referrals, eligibility, services, transition, and other information. GIFTS database reports quantifiable data by programs, counties and districts to identify trends and strategies for collaborative service planning. These reports with monitoring information and results are generated for OSEP annually for purposes of making a State Determination (federal equivalent of PAR) and determining the success of outcomes. GIFTS reports are utilized to assist with TA and investigation of family concerns. Programs also receive a “determination” based on monitoring results, family survey data, and other program information. EI program profiles are posted on the website annually.
2. The ADRS Audit Team conducts semi-annual on-site visits to monitor the appropriate use of state and federal funds as well as the use of proper procedures. Follow up reviews for program(s) with noted issues during the on-site visit are also conducted. The ADRS Audit Team also conducts annual and ongoing reviews of budgets submitted by every program at the beginning of each fiscal year and quarterly. AEIS EI Medicaid Option Reviews are also conducted to monitor the appropriate use of Medicaid funds and the use of proper procedures set forth by the Medicaid Agency. Technical Assistance and training is provided for new programs as well as existing programs upon request.

**PROGRAM SELF-ASSESSMENT**

Programs are expected to self-assess their records on a continuous basis. Programs must use AEIS TA/PAR checklists or develop their own methods to self-assess to insure compliance. Monitors will expect programs to describe their ongoing internal review process and methods.

Attachments				
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<a href="#">provider-appraisal-review-handbook-revised-10-01-2017.doc</a>	Jeri Jackson		<input type="button" value="R"/> e m o v e	

**Technical Assistance System:**

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

**• TECHNICAL ASSISTANCE PROCESS (TA)**

Program participation in technical assistance (TA) activities is required at least twice annually (Fall District TA and Program TA). The purpose of TA is to ensure that programs have opportunities to discuss with AEIS and contracting agency any issues, safeguards or procedures. An AEIS primary monitor will be assigned to each program. Monitors educate programs regarding federal and state regulations, engage in discussions of best practices in early intervention, assess and review program data, address training needs of personnel and monitor Action Plans from previous reviews, and provide TA to address any compliance needs etc.

District TA helps to inform all personnel annually regarding practices, policies and system information and provide consistent information. Agency liaisons participate in district TA. Agency liaisons (AIDB, DMH and EI/ADRS) are encouraged to participate in all TA but are required to participate in all Provider Appraisal Reviews. Agency liaisons are also required to participate in TA if program is in a status of “Out of Compliance”. Agency liaisons may provide independent TA to programs.

Technical Assistance (TA) may include but IS NOT limited to any combination of the following:

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- Record reviews ( on-site review, database, desk audits; specific data review of outcomes/service delivery patterns/family survey results/program profiles/and other pertinent information)
- District Training (district forum for discussing system concerns or interests)
- In-services or individual program requests
- Informal discussions with program (videoconference, teleconference, on-site forum)
- E-mail responses to program inquiries
- Review of TA or PAR Action Plans
- AEIS Policy Memoranda regarding administrative decisions and actions
- EI Updates

### SELECTION OF RECORDS FOR TA

Record reviews are arranged annually based on mutually convenient dates and site for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year. The extent of reviews may be determined by AEIS staff depending on factors of historic performance, current data or family concerns or complaints. AEIS will randomly select records and provide programs with a list of the names on the day of TA.

Record reviews may include but are not limited to:

- Selected data and record review based on concerns, program performance and demographics. (A minimum of 3 files per service coordinator to include initial IFSP and transition records.)
- Desk audit of selected records and documents requested by EI state office staff
- Onsite review
- Review by polycom
- Database review

### PREPARATION FOR TECHNICAL ASSISTANCE AND RECORD REVIEW

#### TA DOCUMENTS

Programs scheduled for TA are requested to submit documents six (6) weeks in advance of the TA date.

- Pre-TA Information Checklist as cover sheet for pre-PAR/pre-TA packet
- Listing of Personnel Providing Part C Services and Qualifications (includes training)
- Listing of Para-professional Personnel if applicable
- Listing of Professional Evaluators

### DETERMINING COMPLIANCE AT TA

At an EI program's TA, the program's compliance status will be evaluated as either "In Compliance" or "Out of Compliance". Compliance status will be based on a review to determine if state and federal rules and regulations have been followed and if best practices are implemented. A partial database review is also a part of this overall review. If there are findings based on limited data and record review, more records may be reviewed to help reestablish compliance. It is possible for a program to reestablish compliance on the same day of a finding if subsequent review reflects best practices and are in compliance. When reporting on the correction of noncompliance, AEIS must report, that it has verified that each program or provider with noncompliance is 1) correctly implementing the specific regulatory requirements based on a review of updated data such as data subsequently collected through on-site monitoring or through a database; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the program. If a program is found to be "Out of Compliance", an Action Plan will be developed outlining actions to be taken to reestablish compliance by a target date. Follow-up reviews are based on the length of Action Plans and may require additional scheduling but may be reviewed as a desk audit for specific documentation. If a program is unable to reestablish compliance by the Action Plan target date, a Provider Appraisal Review (PAR) will be scheduled. Per federal regulations, AEIS is considered "Out of Compliance" if a program does not reestablish compliance within one year. This is based on OSEP's review of annual state data. TA reports will be provided to the program EI Coordinator or administrator by the primary monitor within 4 weeks following the TA. ADRS/AEIS also reserves the option to conduct a PAR at any time based on:

- - Family complaints for service issues
  - Unresolved programmatic issues (including staffing concerns)
  - Other issues which could impact services to families or affect compliance with state and federal regulations
  - Not completing an Action Plan

A database tracking each EI program is maintained at the state office.

#### Attachments

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The CSPD (Comprehensive System of Personnel Development) is an annual statewide plan that addresses three areas of development: Family Involvement, Personnel Development and Recruitment/ Retention. The goals and guiding principles are as follows:

### Family Involvement

**Family Involvement GOAL:** Families of young children with disabilities (aged 12 or younger) will be active participants in AEIS. *Guiding Principles:* (1) Families should have input regarding workshops topics that are provided to address their identified interests and needs; (2) Families should be supported in such a way that their involvement in early intervention activities and training events are enhanced; (3) Families should assume leadership roles in training and technical assistance activities.

### Personnel Development

**GOAL 1 - Standards:** AEIS will have personnel standards that are consistent with current licensure and certification requirements in the state. *Guiding Principles:* (1) Up-to-date licensure and/or certification standards within each discipline providing EI services must be maintained by all AEIS personnel; (2) Personnel qualifications for the delivery of each AEIS service must be established and monitored.

**GOAL 2 Training:** AEIS will have highly qualified professionals delivering research/evidence based services to eligible children and families. *Guiding Principles:* (1) Customized personnel training should be provided at the district level in response to local needs; (2) Global training should be offered at the state level that advances the knowledge/skill of service providers based on identified needs and peer-reviewed research; (3) On-site technical assistance should be available to support the application of knowledge/ skill in the field; (4) There should be consistency in the interpretation and implementation of policies by direct service providers under the two anchor agencies (AIDB and DMH) and by individual vendors; (5) Special Instructors should have proficiency in core competencies for special instruction services (*Foundations of Special Instruction; Developmental Theory (and the Importance of Play); Building Partnerships and Teams; Interventions with Specific Populations; Effective Instructional and Accommodative Practices; Summative Activities and Special Instruction Mentorship Preparation* through Troy University Workshop/Mentorship); (6) Service Coordinators should have a working knowledge of the requirements of IDEA under AEIS, family centered philosophy, and recommended practice in EI service delivery; (7) The inclusion of children with special needs in home and community-based settings should be cultivated; (8) A variety of training venues should be offered for service providers and families; (9) The impact of training activities should be measured.

The seven core values that include recommended practice which are required to be utilized in service delivery and are infused in all training activities include the following:

1. **Family Centered:** Services and supports are aimed at helping the family support and care for their child. Research indicates that a child's most effective teachers are those with whom they have a nurturing relationship and with whom they spend the most time, such as his or her mother, father, grandparent, childcare provider or primary caregiver. How these individuals interact with the child while feeding, diapering, playing, and cuddling will have the greatest impact on how your child develops and learns.
2. **Developmentally appropriate:** A team of professionals will assist the family with understanding typical development and how their child is likely to develop based on factors which may include a medical diagnosis or delay. Services and home activities are designed to support the child's development. The EI team will assist the family with the functional and developmental needs of their child and family "today".
3. **Individualized:** If the child is eligible for services, the Service Coordinator will assist them and their family in developing an Individualized Family Service Plan (IFSP), which will include individualized outcomes based on needs and their priorities. From this plan, the parent/caregiver and their Service Coordinator will identify a team of professionals, other family members, caregivers, and/or friends to help in reaching the outcomes included in the IFSP and the appropriate services rendered. This plan can and should change as the child grows and develops, and is based on the child's progress toward meeting these outcomes
4. **Natural Environment:** EI services are provided in a location where the child and family typically would be: home, childcare, playgrounds, etc. Natural environments also include the daily activities and routines of the family.
5. **Trains/Equips the Parent/Caregiver:** AEIS is a program that supports and trains families and caregivers. EI will aid and support the family while teaching them skills to meet their child's developmental needs. With the support of the team of professionals, together they will work to carry out these activities on a daily basis so that the child and family will meet their outcomes. This will strengthen the capacity of the family caring for, teaching and helping their child grow and develop.
6. **Collaborative:** The EI team will work closely with each other as well as with the family and their child to reach outcomes. The team can also work with other service providers which might include the child's physician(s), therapists from other agencies, child care providers, community partners, and other specialists. If the family or their physician feel more services are needed which are determined to be outside the scope of EI, the Service Coordinator will assist them in identifying resources that might supplement EI services, using either their public or private insurance.
7. **Routines-based:** Routines are activities that happen naturally and with some regularity. Routines are how families organize themselves to get things done, spend time together and have fun. Every family has routines that are uniquely theirs. Every family has routines that help them know who should do what, when, in what order and how often. Routines based intervention provides assistance with routines identified by a family as problematic. Routines based intervention provides assistance with activities a family has identified as not going well. Providing routines based interventions has proven to be more effective in assisting families and it is evidence based.

### Recruitment and Retention:



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**GOAL 1 Pre-service:** Pre-service training in all EI related disciplines includes content in early intervention/pediatrics. *Guiding Principle:* Early intervention information should be included in pre-service class instruction for disciplines related to EI service provision.

**GOAL 2 Recruitment/Retention:** AEIS has innovative strategies and activities for the recruitment and retention of early intervention service providers. *Guiding Principles:* (1) High school students, community college students, university students, and other potential EI providers/vendors should be made aware of AEIS (AEIS will cultivate collaboration with the universities in fields of early childhood); (2) Early Intervention Program sites should be used as practicum and internship sites for college students; (3) Professionals and paraprofessionals who are willing to work in rural and inner city areas should be identified and recruited.

Annually, activities are added based on SSIP goals, stakeholder input, family training needs and priorities of the state office. For FFY 2016, the following activities were planned and accomplished:

1. Train and equip families on how to identify and communicate their child's needs through local council training/conferences (by 12/16) During the 2016 EI-Preschool Conference, a Family Leadership forum/training was provided for families. This will be an ongoing activity within the annual District Conferences.
2. Update Personnel Standards as per Personnel Subcommittee recommendations:
  - **Use of interns in service delivery:** This was accomplished at the 4-14-16 Personnel Subcommittee meeting. The statement added to the Personnel Standards is as follows: "Students should adhere to university department policies, professional organization guidelines, and licensure regulations. Additionally, services rendered by students of any discipline must be under direct supervision of their discipline-specific EI provider at all times."
  - **Required statewide training:** This was accomplished at the 4-14-16 Personnel Subcommittee meeting. The discussion and decision was as follows: There was discussion about the section on personnel development regarding the requirement for administrators to attend Journey II: Message Revitalized. The committee thought that there should be clarification about which administrators should attend. The language will be changed to reflect that only EI administrators are to attend. Other changes were made pertaining to "contract staff and vendors". It was decided to change the language to "those providing one of the 17 deliverable services".
  - **Evaluator requirements:** This was accomplished at the 12-7-16 Personnel Subcommittee meeting. The discussion and decisions were as follows: The committee decided that if therapists doing evaluations had never administered a specific tool before, they would need to do a mentor checkoff. There will be grandfathering in for those employed in EI prior to October 1, 2015.
3. Review the requirements in the AEIS Personnel Standards to include Mental Health Consultant.(by 9/16): This was accomplished at the 7-7-16 Personnel Subcommittee meeting. The consensus at the state office was that the MH Consultant would fall under the Counseling and Family Training/Home Visit sections of the Personnel Standards.
4. Facilitate training as per the SSIP and PARs on:
  - **SEAM assessment**, initially for Implementation Site Service Coordinators and evaluators, then statewide upon scaling up SSIP to all. SEAM assessment training was accomplished for all Implementation sites beginning in July 2016 and scheduled to be completed by February 2017. Statewide scale-up will follow in 2017.
  - **COS process** and format for statewide utilization. Training on the revised COS process was provided statewide from May 2016 through June 2016 which included videos and resources from the ECTA Center. The GIFTS database will be revised to reflect the updated format.
  - **Curricula** – Family Routines Guide for all team members in Demonstration Site and Implementation Sites, then scaling up statewide. Accomplished with Implementation Sites as of January 2017. Implementation Sites were trained on the SEAM assessment and the Family Routines Guide from M. In addition, a variety of websites such as the ECTA Center, Zero to Three and the Center for Social-Emotional Foundations for Learning. Statewide scale-up will follow during 2017.
  - **Social-Emotional development and intervention** through the AEIS SE webinar. Accomplished as of January 2016 and is ongoing. The Webinar, required by all providers statewide, provides training in 5 areas:
    1. Healthy Social-Emotional Development in Babies and Toddlers
    2. Effects of Stress on Social-Emotional Development
    3. Reflective Practice
    4. Developing strategies using the SEAM
    5. Introduction to Infant Mental Health and Early Childhood Mental Health Competencies and the process for endorsement as an Infant Mental Health Consultant through the Alabama First 5 initiative.
  - **Service coordination issues/tasks** through training and conference sessions. Accomplished at the 2016 EI-Preschool Conference and will be ongoing. Sessions included training on writing effective and appropriate visit notes; effective teaming, and having crucial conversations with families;
  - Facilitate **knowledge and skill of social-emotional development** of children and interventions through the use of the mentoring system. Mentors have been identified. This is an ongoing process.
5. Collaborate with higher education for training and system development. New partnerships have been developed with the University of Alabama, Auburn University, Troy University and Samford University. Initial discussions occurred during May and November 2016 and are ongoing. (See Section Three: Recruitment and Retention below.)
6. Collaborate with Project LAUNCH for statewide training on social-emotional development. Initial planning meeting occurred in May 2016 to become acquainted with project initiatives and plans as well as the AEIS SSIP initiatives and plans. Follow up will

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- be planned to discuss further collaboration.
- 7. Develop and provide training on the use of data in program level decision making. This is an ongoing activity through the PAR process. Family survey data is shared with programs during their PAR/TA to provide feedback on family perceptions and needs. In addition, desk reviews of programs yields data on children selected in the sample for monitoring. This data is shared with the programs to assist in program improvement.
- 8. Strengthen CSPD links with higher education related to the SE domain and knowledge/skills needed in preservice upon graduation/exit. This is an ongoing activity. Meetings were held with Dr. Vanessa Hinton at Auburn University in May 2016 and Dr. Robin McWilliam at the University of Alabama in November 2015. Discussions centered around the inclusion of EI information in the preservice curriculum and the use of EI programs as practicum/internship sites for graduate students in ECSE.

**Methodology for Determining Training Needs**

**Instruments** (questionnaires, checklists, surveys, scales)

Workshop evaluations; assessment of training needs by state agency liaisons; Parent PAR Survey

**Document Analysis** (records, reports, planning documents, audits, work samples, written policies/procedures)

Reports from PAR TA/monitoring, system concerns; family interviews; State/federal policies/procedures; Alabama State Performance Plan and Annual Performance Report benchmarks and activities

**Identification of Weaknesses** (frequency count, critical incidents, data analysis)

Observations and/or requirements for training made during PAR TA/monitoring visits.

**Interviews/Consensus** (focus groups, one-to-one interviews, critical incident interviews)

Personnel Subcommittee and other Higher Education focus groups; EI/Preschool Conference Planning Committee; District Coordinating Council Training Subcommittees; Special Task Forces and other stakeholder groups.

A copy of the SFY 2018 CSPD Plan is attached.

**Attachments**

File Name	Uploaded By	Uploaded Date	Remove
<a href="#">cspd plan revised for sfy 18-19.docx</a>	Jeri Jackson		<input type="button" value="R"/>

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

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

The ICC continues to be active in reviewing the APR/SPP and offering input and clarification at each quarterly meeting. Several members of the ICC are active on subcommittees and have also been involved in its development.

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are provided regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data process, selection of targets, training initiatives, and public reporting of program status. In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include staff representing other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting. Several members of the ICC are active on subcommittees and have also been involved in its development.

Each subcommittee follows specific By-laws for membership which reflects diversity within the state. ICC subcommittees include Personnel Development, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team who identifies broad-based stakeholders and methods for gathering their input.

The District Councils which are comprised of the same stakeholders as the state ICC, but at the local level such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, etc. provide verbal feedback at ongoing stakeholder meetings held at each district throughout the state. Written feedback has been solicited from stakeholders regarding strengths, areas for improvement and additional data needed through a "Feedback Form". Actions and planning have been based on this input. To date, all districts across the state have provided written feedback.

District Technical Assistance Feedback meetings were held in the Fall as a required training with all **District Coordinating Councils**. Current state and local data was shared and feedback was encouraged and solicited. All state office specialists and partner agencies helped to prepare and discuss the information.

"**Blocks of Information**" quarterly newsletter is distributed to all providers which includes updates on policies, highlights of the quarter and recap of ICC committee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

Local families are involved in the ongoing feedback process (those serving on the ICC, ICC subcommittees and others selected by programs). State and local conferences have been used to host family meetings and opportunities for input. Alabama Family Voices hosted a Family Leadership luncheon and training which allowed for input.

Participation on Special Education Advisory Panel, Head Start committees, Department of Human Resources QA state board, and Department of Early Childhood Education are also venues for gathering input.

The Inclusion Task Force, Alabama Partnership for Children, Strengthening Families and many other organizations and agencies allow AEIS to gather additional input and stakeholder buy-in as we strive to serve all eligible

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infants, toddlers and families.

All AEIS programs are now implementing the new policies and procedures as developed through the SSIP. These programs continue to provide feedback on the child outcome summary process, and data collections and methods of reporting on an ongoing basis. Revisions and future planning are based on this input for the APR and SSIP. Our outside evaluators from the **School of Public Health at UAB** have also developed an input process via one-on-one interviews to gather feedback and insight on a confidential basis.

In addition, a group of stakeholders who developed the updated COS training and the use of the training modules as well as training teams who revise the content for the Journey I and II training workshops provide ongoing feedback.

AEIS and other state agencies working with young children in Alabama have been instrumental in the establishment of **First 5 Alabama – Alabama Association for Infant and Early Childhood Mental Health**. During this time, First 5 Alabama became a licensed affiliate of the Alliance for the Advancement of Infant Mental Health, a global organization that includes those states and countries whose infant mental health associations have licensed the use of the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health under their associations' names. The Part C Coordinator acts as the Chairperson for the First 5 Board of Directors. This organization and membership have provided additional opportunities for stakeholder input into the EI system and particularly the SSIP (SIMR) and work in the social emotional domain.

Through the early childhood work and **Partnerships** with the AL Department of Early Childhood Education Inclusion Task Force (Part C Coordinator chairperson), Project LAUNCH, Help Me Grow, State Perinatal Advisory Committee – Al Department of Public Health (ADPH), New Born Screening Advisory Board (ADPH), Universal Newborn Hearing Screening Advisory Board (ADPH), Head Start Advisory, AL Department of Mental Health – Communities of Practice, Al Department of Human Resources Quality Assurance Board and Child Death Review committee, Alabama Partnership for Children Board, Birth Defects Registry Development with the ADPH, Family Voices, University of Alabama and Auburn University schools of special education/rehabilitation, bi-monthly meetings as a member of the Executive Leadership Team for Lead Agency. Through participation in all of these initiatives, AEIS has utilized multiple opportunities to share data, information and solicit input from these valued partners. Additional information on each partnership and these initiatives is available upon request.

Public input is gathered as follows.

The AEIS SPP/APR was originally published on the AEIS website, <http://www.rehab.alabama.gov>, upon its completion in December 2005 and is updated annually as revisions are made with OSEP approval (specific data on the numbers accessing annual reports and applications for funding are available). This website continues to be available to the public and includes a mechanism for the provision of feedback and recommendations.

AEIS has received support, information and assistance from Kate Moran (OSEP – State Contact) and multiple TA Centers through monthly phone calls which has allowed for additional input and guidance.

### Attachments

File Name	Uploaded By	Uploaded Date
No APR attachments found.		

### Reporting to the Public:

How and where the State reported to the public on the FFY 2015 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2015 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2015 APR in 2017, is available.

A complete copy of the AEIS SPP/APR can be found at <http://www.rehab.alabama.gov/docs/default-source/default-document-library/ffy2015-annual-performance-review.pdf?sfvrsn=0>. The completed SPP/APR for FFY 2013-2018 has been posted on the AEIS website for final public dissemination. In addition, data compiled for the APR has been and will continue to be routinely shared with the ICC, ICC subcommittees, local councils, stakeholder groups and state fiscal agents on a quarterly basis for ongoing public dissemination, stakeholder input, and assistance in the ongoing provision of technical assistance and monitoring of AEIS programs.

As per OSEP requirements, AEIS reported to the public on the performance of each EIS program in meeting the measurable and rigorous targets found in the Part C SPP. The FFY 2015 Program Profiles were disseminated to state agency liaisons and program administrators and to the public via web posting ([Program Profiles](#)). AEIS will disseminate and post the FFY 2016 Program Profiles within 120 days after submission of the SPP/APR.

### Attachments

File Name	Uploaded By	Uploaded Date
No APR attachments found.		

### Actions required in FFY 2015 response

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Indicator 1: Timely provision of services**

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		96.60%	98.30%	100%	97.40%	97.40%	95.00%	99.20%	96.10%	94.54%	98.22%

FFY	2015
Target	100%
Data	95.85%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target	100%	100%	100%

**FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
584	659	95.85%	100%	95.75%

<p><b>Number of documented delays attributable to exceptional family circumstances</b>  <i>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.</i></p>	47
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Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

AEIS' criteria for "timely" receipt of early intervention services is as follows:

All early intervention services are initiated or attempted within 30 days of service begin dates.

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

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

All AEIS programs are required to participate in technical assistance/monitoring activities at least twice annually (Fall District TA and Program TA). The purpose of these activities is to ensure that programs have opportunities to discuss with AEIS and contracting agency issues, safeguards or procedures. An AEIS primary monitor is assigned to each program. Monitors educate programs regarding federal and state regulations, engage in discussions of best practices in early intervention, assess and review program data, address training needs of personnel, monitor Action Plans from previous reviews, and provide TA to address any compliance needs.

All programs participate in a Provider Appraisal Review (PAR - official monitoring review) at least every three (3) years regardless of status at a prior Technical Assistance and Record Review, and more frequently should it be determined that a program needs further review/assistance. (The Provider Appraisal Review manual is attached under the Introduction.) This scheduling process ensures that all programs are selected for a monitoring review in a timely manner. Compliance is determined based on a review of records and data at PAR. Data, as entered in GIFTS by service coordinators, are used to report a program's annual performance to OSEP. If a program is found to be "Out of Compliance", an Action Plan is developed outlining actions to reestablish compliance within one year. Per federal

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regulations, programs must re-establish compliance within one year.

Follow-up reviews are based on the length of Action Plans and may require additional scheduling, but may be reviewed as a desk audit for specific documentation. If circumstances warrant, ADRS/EI staff may remove records from the program to complete a more thorough review. A written PAR Report with Action Plan for correcting findings of non-compliance is provided to programs within four (4) weeks following the PAR. The report will include the Cover Sheet for Provider Appraisal Review Report, Summation of Provider Appraisal Review and Explanation of Compliance Status.

Record reviews are arranged annually based on mutually convenient dates and site for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year. The extent of reviews may be determined by AEIS staff depending on factors of historic performance, current data or family concerns or complaints. AEIS will randomly select records and provide programs with a list of the names on the day of TA.

**Actions required in FFY 2015 response**

none

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

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

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
35	35	0	0

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

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

Verification of correction of each instance of noncompliance was conducted through the PAR monitoring and TA process. Each record found to be out of compliance had an associated action plan that included timely correction and compensatory services as needed. The action plan also included assurances that the program was correctly implementing the regulatory requirements. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year. Each individual instance of noncompliance as reviewed by the monitoring team was determined to have been addressed by the programs as per their action plan. The programs were subsequently notified that they had achieved compliance within one year. Details of the findings and determinations of correction are as follows:

- AIDB Auburn = 2
- AIDB Huntsville = 1
- AIDB Talladega = 3
- ARC of Jefferson = 1
- ARC of Walker = 1
- Cahaba = 10
- Cheaha/Burton = 1
- Children's = 1
- CSP = 3
- GWES = 2
- Twin Acres = 1
- UCP BB = 2
- UCP B'ham = 6
- Vaughn Blumberg = 1
- TOTAL = 35

**AIDB Auburn:** During a PAR conducted on 11-4-2015, two findings were noted under Timely Services Component. One record indicated PT services did not begin within 30 days of the service begin date. Another record indicated vision services did not begin within 30 days of the service begin date. Although late, services were rendered and no compensatory services were required by the families thereby addressing each instance of noncompliance for these two children/families. During further review on 11-4-2015, additional records were reviewed and met all PAR criteria for this component. Therefore the program re-established compliance for Timely Services within each individual record and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.



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**AIDB Huntsville:** During a PAR conducted on 07-09-2015, one finding was noted under Timely Services Component. One record indicated PT services did not begin within 30 days of the service begin date nor had PT services been rendered. An action plan was developed whereby the program will inform the PT that compensatory services are owed. Once the PT service is provided, the program will provide the monitoring team with a copy of PT note indicating services occurred. **Follow-up:** During further review on 09/29/2015, this record revealed that compensatory PT services occurred therefore the incidence of noncompliance for this child/family was addressed and the program re-established compliance for Timely Services within the individual record and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**AIDB Talladega:** During a PAR conducted on 09-01-2015, three findings were noted under Timely Services Component. One record indicated the PT evaluation did not begin within 30 days of the service begin date. Another record indicated OT services did not begin within 30 days of the service begin date. Although late, services were rendered for both records and no compensatory services were required by the family. One record indicated PT services did not begin within 30 days of the service begin date nor was PT service rendered. An action plan was developed whereby the program will contact the family to schedule a visit for compensatory PT services. Once PT services are provided, the program will provide the monitoring team with a copy of provider note indicating services occurred. **Follow-up:** During further review on 10/14/2015, this record indicated compensatory PT services occurred for each child/family as required, therefore the program re-established compliance for Timely Services for each individual record and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**Arc of Jefferson:** During a TA conducted on 05-17-2016, one finding was noted under Timely Services Component. One record indicated speech services did not begin within 30 days of the service begin date. Although late, services were rendered and no compensatory services were required by the family, thus addressing this one incident for this child/family. During further review on 05-17-2016, additional records were reviewed and met all PAR criteria for this component. Therefore the program re-established compliance for Timely Services within the individual record and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**Arc of Walker:** During a TA conducted on 12-11-2015, one finding was noted under Timely Services Component. One record indicated the OT evaluation did not begin within 30 days of the service begin date. An action plan was developed whereby the program was instructed to have OT administer an evaluation. **Follow Up:** During further review on 2-9-2016, the record indicated an OT evaluation occurred thus addressing this one incident for this child/family. The program, therefore, re-established compliance for Timely Services within the individual record and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**Cahaba:** During a PAR conducted on 08-27-2015, 08-28-2015, and 09-10-2015, ten findings were noted under Timely Services Component. Eight records indicated services (PT/SLP/SI/OT) did not begin within 30 days of the service begin date. Although late, services were rendered with no compensatory services required by the family, thus addressing the needs within each individual record. Two records indicated SI services did not begin within 30 days of the service begin date nor had services been rendered. The SI resigned therefore there was no one available to provide SI services for a while. Missed visits were provided/offered to the families once new staff was hired, thus addressing the need within each individual record. An action plan was developed whereby the program will contact the family to schedule a visit for SI services. Once SI services are provided, the program will provide the monitoring team with a copy of the SI notes indicating services occurred. **Follow-up:** During further review on 11/04/2015, these two records indicated compensatory SI services occurred thus addressing the individual needs of these children/families. The program, therefore, re-established compliance for Timely Services within each individual record and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**Cheaha/Burton Center -** During a PAR conducted on 08-06-2015, one finding was noted under Timely Services Component. One record indicated SLP services did not begin within 30 days of the service begin date. Although late, services were rendered and no compensatory services were required by the family, thus addressing the one incident for this individual child/family. During further review on 08-06-2015, additional records were reviewed and met all PAR criteria for this component. Therefore the program re-established compliance for Timely Services within the individual record and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**Children's of Alabama:** During a PAR conducted on 09-23-15, one finding was noted under Timely Services Component. One record indicated PT services did not begin within 30 days of the service begin date. Although late, services were rendered and no compensatory services were required by the family thus addressing this one incident of noncompliance with this individual child/family. During further review on 10-07-2015, additional records were reviewed and met all PAR criteria for this component. Therefore the program re-established compliance for Timely Services within the individual record and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**CSP:** During a TA conducted on 03-10-2016, three findings were noted under Timely Services Component. Three records indicated OT services did not begin within 30 days of the service begin date. An action plan was developed whereby the program will instruct the OT to administer compensatory services. Once services has been rendered, the program will submit the monitoring team with documentation. **Follow up:** During further review on 04-10-2016, the records indicated compensatory OT services occurred thus addressing the individual needs of these three children/families. The program, therefore, re-established compliance for Timely Services Component within each individual record and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**Goodwill Easter Seals:** During a TA conducted on 03-30-2016, two findings were noted under Timely Services Component. Two records



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indicated special instruction services did not begin within 30 days of the service begin date. Although late, services were rendered and no compensatory services were required by the family thus addressing these two incidences of noncompliance for each individual child/family. During further review on 03-30-2016, additional records were reviewed and met all PAR criteria for this component. Therefore the program re-established compliance for Timely Services within each individual record and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**Twin Acres:** During a PAR conducted on 08-20-2015, one finding was noted under Timely Services Component. One record indicated an OT evaluation did not begin within 30 days of the service begin date. Although late, services were rendered and no compensatory services were required by the family, thus addressing the one incidence of noncompliance for this individual child/family. During further review on 08-20-2015, additional records were reviewed and met all PAR criteria for this component. Therefore the program re-established compliance for Timely Services within this individual record and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**UCP BB/FT/Horizon:** During a PAR conducted on 06-23-2016, two findings were noted under Timely Services Component. One record indicated the speech evaluation did not begin within 30 days of the service begin date. Another record indicated OT services did not begin within 30 days of the service begin date. Although late, services were rendered for both records and no compensatory services were required by the family, thus addressing each individual case of noncompliance for these two children/families. Therefore the program re-established compliance for Timely Services within each individual record and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**UCP Birmingham:** During a TA conducted on 11-13-15, 11-16-15, and 11-17-15, three findings were noted under Timely Services Component. Three records indicated SLP and/or OT services did not begin within 30 days of the service begin date. Although late, services were rendered and no compensatory services were required by the family, thus addressing the individual incidences of noncompliance for these three children/families. During further review on 11-13-2015, additional records were reviewed and met all PAR criteria for this component. Therefore the program re-established compliance for Timely Services within each individual record and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

During a PAR conducted on 06-13-2016 and 06-14-2016, three findings were noted under Timely Services Component. Three records indicated SI and/or SLP services did not begin within 30 days of the service begin date. Although late, services were rendered and no compensatory services were required by the families, thus addressing the individual incidences of noncompliance for these three children/families. During further review on 06-13-2016 and 06-14-2016, additional records were reviewed and met all PAR criteria for this component. Therefore the program re-established compliance for Timely Services within each individual record and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**Vaughn Blumberg:** During a PAR conducted on 02-22-2016, one finding was noted under Timely Services Component. One record indicated special instruction services did not begin within 30 days of the service begin date. Although late, services were rendered and no compensatory services were required by the family, thus addressing this individual incidence of noncompliance for this child/family. During further review on 02-22-2016, additional records were reviewed and met all PAR criteria for this component. Therefore the program re-established compliance for Timely Services within the individual record and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

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

Verification of correction of each individual case of noncompliance was conducted through the PAR monitoring and TA process. Each individual case found to be out of compliance had an associated action plan that included timely correction and compensatory services as needed. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year and that each individual case of noncompliance had been addressed as noted above. Official notice of compliance was written to each program upon regaining compliance.

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## Indicator 2: Services in Natural Environments

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

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

### Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			88.50%	89.00%	89.50%	90.00%	90.50%	91.00%	91.50%	94.00%	95.00%
Data		87.40%	89.50%	95.00%	88.00%	97.30%	98.00%	98.40%	99.70%	99.87%	99.77%

FFY	2015
Target ≥	96.00%
Data	99.87%

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

### FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	97.00%	98.00%	99.00%

Key:

### Targets: Description of Stakeholder Input

The ICC continues to be active in reviewing the APR/SPP and offering input and clarification at each quarterly meeting. Several members of the ICC are active on subcommittees and have also been involved in its development.

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Public input is gathered as follows.

1/30/2018

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

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#### Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	<a href="#">Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings</a>	3,288	
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	<a href="#">Total number of infants and toddlers with IFSPs</a>	3,291	

#### FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
3,288	3,291	99.87%	97.00%	99.91%

#### Actions required in FFY 2015 response

none

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 3: Early Childhood Outcomes**

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

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

**Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A1	2008	Target ≥						70.00%	71.50%	72.20%		76.20%	77.00%
		Data					71.40%	73.70%	75.80%	75.60%	79.00%	76.11%	76.52%
A2	2008	Target ≥						70.80%	73.40%	74.10%		74.20%	74.30%
		Data					73.30%	74.20%	76.00%	72.80%	74.80%	71.22%	72.29%
B1	2008	Target ≥						78.00%	79.70%	80.50%		82.20%	82.30%
		Data					79.60%	78.60%	82.30%	81.10%	83.00%	82.11%	82.94%
B2	2008	Target ≥						55.80%	60.00%	60.60%		60.70%	60.80%
		Data					56.90%	57.20%	59.30%	53.60%	54.70%	52.95%	53.61%
C1	2008	Target ≥						78.80%	80.50%	81.30%		82.70%	82.80%
		Data					80.40%	78.80%	83.60%	83.30%	84.10%	82.57%	82.91%
C2	2008	Target ≥						73.60%	75.20%	76.00%		76.10%	76.20%
		Data					75.10%	73.60%	75.50%	74.70%	76.20%	73.51%	74.74%

	FFY	2015
A1	Target ≥	77.50%
	Data	75.87%
A2	Target ≥	74.40%
	Data	67.71%
B1	Target ≥	82.40%
	Data	81.84%
B2	Target ≥	60.90%
	Data	51.27%
C1	Target ≥	82.90%
	Data	83.62%
C2	Target ≥	76.30%
	Data	71.55%

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

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target A1 ≥	78.00%	80.00%	82.00%
Target A2 ≥	74.50%	74.60%	74.70%
Target B1 ≥	82.50%	82.60%	82.70%
Target B2 ≥	70.00%	70.10%	70.20%
Target C1 ≥	83.00%	83.10%	83.20%
Target C2 ≥	76.40%	76.50%	76.60%

Key:

**Targets: Description of Stakeholder Input**

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

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**FFY 2016 SPP/APR Data**

Number of infants and toddlers with IFSPs assessed	3351.00
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**Outcome A: Positive social-emotional skills (including social relationships)**

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	53.00	1.79%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	497.00	16.77%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	599.00	20.21%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1017.00	34.31%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	798.00	26.92%

	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	1616.00	2166.00	75.87%	78.00%	74.61%
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	1815.00	2964.00	67.71%	74.50%	61.23%

**Reasons for A1 Slippage**

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

### Proposed changes to targets:

During discussions with stakeholders across the state regarding Alabama's FFY 2016 outcome data and targets, there was concern that the targets were unrealistic, especially when comparing Alabama's outcome data to the national average. When the targets were originally set from the 2008 baseline data, AEIS was rigorous in its predictions of progress. It is now the opinion of stakeholders that the original targets were not practical, especially now considering the changes made in determining progress as described below. Results from those procedural changes in measuring progress will most likely not be seen until a 3 year cycle has been completed, i.e., when all existing children in the system exit and new children are enrolled.

In light of these considerations and the recommendation from stakeholder groups, Alabama would like to propose revising its targets. The proposed targets are as follows:

Outcome Area	2008 Base-line	Target 2016-2017	Actual 2016-2017	National 2015-2016	Current Target for 2017-2018	Proposed Target for 2017-2018	Proposed Target for 2018-2019
Social/Emotional Substantial Progress	71.4	78.0	74.6	68	80.0	71.5	71.6
Social/Emotional Achieved Same Age Peer	73.3	74.5	61.2	59	74.6	73.4	73.5

Outcome Area	2008 Base-line	Target 2016-2017	Actual 2016-2017	National 2015-2016	Current Target for 2017-2018	Proposed Target for 2017-2018	Proposed Target for 2018-2019
Knowledge/Skill Substantial Progress	79.6	82.5	83.2	74	82.6	80.0	80.1
Knowledge/Skill Achieved Same Age Peer	56.9	70.0	49.9	50	70.0	57.0	57.1

Outcome Area	2008 Base-line	Target 2016-2017	Alabama Actual 2016-2017	National 2015-2016	Current Target for 2017-2018	Proposed Target for 2017-2018	Proposed Target for 2018-2019
Appropriate Behavior Substantial Progress	80.4	83.0	77.0	76	83.1	80.5	80.6
Appropriate Behavior Achieved Same Age Peer	75.1	76.4	61.1	57	76.5	75.2	75.3

### Explanation of slippage in child outcomes for FFY 2016:

During FFY 2015, AEIS re-trained early intervention providers statewide on using a different method for gathering data through the COS process. Previously, in using the COS system, decisions about child progress had been based on domain-specific data, primarily using assessment results. The FFY 2015 summer training, using the ECTA modules, focused on how to determine progress based on functional skills and on utilizing the team more effectively in making decisions, including the families as key stakeholders in the process. This new approach was then implemented in FFY 2016.

Implementing this new approach resulted in the FFY 2016 data being entered one way at entry (domain specific) and the exit data being entered another way (team-based decision across settings). The reporting of child outcome data from entry to exit for FFY 2016 was therefore based on different methods of collecting and using data in decision-making. It was anticipated that the data would be affected. It is also anticipated that accurate data on child progress will be available once all providers have utilized the same entry and exit methods with fidelity over time. This process is being monitored through the AEIS PAR monitoring system for individual programs and data analysis at the state level on reasons why some children make little or no progress. Data being reviewed at the state level include such factors as child diagnosis, age at entry and exit, and anecdotal reporting from service coordinators as to why some individual children showed little or no progress. State monitors are working with programs to provide TA for those children who did not make progress.

In looking ahead with the new COS process in place, reviews of data from the first 5 months of FFY 2017 show a modest increase in the three outcomes areas. It is anticipated that this trend will continue. The data from the first 7 months of FFY 2017 are as follows:

		FFY 2016 data	7 months of FFY 2017 data
Summary Statement 1	<b>Social Emotional: Substantial Progress</b>	74.6%	78.9%
Summary Statement 2	<b>Social Emotional: Same Age Peer</b>	61.2%	61.7%
Summary Statement 1	<b>Knowledge-Skill: Substantial Progress</b>	83.1%	84.3%
Summary Statement 2	<b>Knowledge-Skill Same Age Peer</b>	49.9%	51.0%
Summary Statement 1	<b>Appropriate Behavior: Substantial Progress</b>	76.9%	81.4%
Summary Statement 2	<b>Appropriate Behavior: Same Age Peer</b>	61.1%	60.2%

Another factor impacting a child's progress is the presence of a diagnosed condition as cited by service coordinators as to why children did not make progress. In FFY 2016, 25% of children served through AEIS had a diagnosed condition that could have impacted their progress. This year, the top 5 diagnoses showing an increase in percentage from FFY 2015 to FFY 2016 were as follows:



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

Prematurity

Hearing Impairment

Autism

Hydrocephaly

Failure to thrive

Anecdotal data associated with exit was gathered for FFY 2016 and reviewed to determine reasons why ratings did not improve, although some progress was noted. This information was drilled down by Agency, Program, Case ID, Evaluation Date, and Assessment Domain to assist in monitoring progress and providing technical assistance for service coordinators and teams. In addition, external evaluators from UAB are currently gathering data from families through a new survey, "Getting to Know Your Family", related to child progress in the social-emotional area. This data will provide the parent's perspective on their child's progress in social-emotional development. Moreover, the PAR Family Survey conducted by external evaluators at AUM was revised during FFY 2016 to include questions related to the child's social-emotional developmental progress.

It is important to note that, although some children do not show progress as per the OSEP summary statements, many do, in fact, make progress as a result of EI services as is evident in the child's record. Data regarding this level of progress is also gathered so that documentation of progress is available. From service coordinator reports and GIFTS database reviews, the highest reported reasons for children not making progress or not making enough progress to move up a level on the COS model are as follows:

1. Diagnosis or medical concerns causing regression
2. Setbacks such as surgeries, newly diagnosed conditions, increase in seizure episodes, etc.
3. Unable to contact/involve family
4. Child getting older and gap in delay increasing
5. Different methods/tools used at entry vs. exit
6. Behavior impeding progress

During FFY 2016, the following percentage of children did make progress, but not enough to move up a level on the COS categories:

Social-Emotional: 16.8% of children made some progress, but not enough to move up.

Knowledge/Skill: 14.2% of children made some progress, but not enough to move up.

Appropriate Behavior: 16.4% of children made some progress, but not enough to move up.

## Reasons for A2 Slippage

See explanation under A1 above.

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	48.00	1.62%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	416.00	14.03%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1021.00	34.44%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1276.00	43.04%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	204.00	6.88%

	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$ .	2297.00	2761.00	81.84%	82.50%	83.19%
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$ .	1480.00	2965.00	51.27%	70.00%	49.92%

## Reasons for B2 Slippage

See explanation under A1 above.

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	48.00	1.62%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	487.00	16.43%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	617.00	20.82%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1173.00	39.57%

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

	Number of Children	Percentage of Children
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	639.00	21.56%

	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	1790.00	2325.00	83.62%	83.00%	76.99%
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	1812.00	2964.00	71.55%	76.40%	61.13%

**Reasons for C1 Slippage**

See explanation under A1 above.

**Reasons for C2 Slippage**

See explanation under A1 above.

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

The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's part C exiting 618 data	
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	2617

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

**Was sampling used?** No

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

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

**Documentation used in the decision**

- Parent Observation
- Service Provider Notes
- Concerns/Outcomes identified on the IFSP
- Record review
- EI provider(s) observations or progress notes
- Non-EI service provider observations/reports
- Evaluation/Assessment tool

**Tool(s) that help inform the decision**

- ASQ
- ASQ-SE
- BDI
- DAYC
- E-LAP
- IDA
- SEAM
- PLS
- Rosetti
- REEL
- DOCS
- ELM

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

PDMS

BSID

DP

**How information was acquired from the parents on their child's functioning?**

Received in team meeting

Collected separately

Incorporated into assessment(s)

Voluntary Family Assessment

Not Included due to Closure for No Contact

**Actions required in FFY 2015 response**

none

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

## Indicator 4: Family Involvement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

### Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2006	Target ≥					96.70%	96.80%	96.80%	96.90%	97.00%	98.60%	98.70%
		Data			94.50%	98.00%	98.00%	97.10%	96.70%	97.30%	98.48%	99.32%	100%
B	2006	Target ≥					94.00%	94.10%	94.20%	94.30%	94.40%	95.10%	95.20%
		Data			95.40%	94.90%	94.00%	96.40%	93.70%	94.00%	94.51%	93.88%	95.58%
C	2006	Target ≥					98.00%	98.00%	98.00%	98.10%	98.20%	98.50%	98.60%
		Data			98.00%	99.00%	98.00%	98.30%	99.50%	96.00%	98.39%	94.22%	99.00%

	FFY	2015
A	Target ≥	98.80%
	Data	99.25%
B	Target ≥	95.30%
	Data	94.12%
C	Target ≥	98.70%
	Data	98.19%

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

### FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target A ≥	98.90%	99.00%	99.10%
Target B ≥	95.40%	95.50%	95.60%
Target C ≥	98.80%	98.90%	99.00%

Key:

### Targets: Description of Stakeholder Input

The ICC continues to be active in reviewing the APR/SPP and offering input and clarification at each quarterly meeting. Several members of the ICC are active on subcommittees and have also been involved in its development.

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are provided regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data process, selection of targets, training initiatives, and public reporting of program status. In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include staff representing other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting. Several members of the ICC are active on subcommittees and have also been involved in its development.

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The District Councils which are comprised of the same stakeholders as the state ICC, but at the local level such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, etc. provide verbal feedback at ongoing stakeholder meetings held at each district throughout the state. Written feedback has been solicited from stakeholders regarding strengths, areas for improvement and additional data needed through a "Feedback Form". Actions and planning have been based on this input. To date, all districts across the state have provided written feedback.

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Local families are involved in the ongoing feedback process (those serving on the ICC, ICC subcommittees and others selected by programs). State and local conferences have been used to host family meetings and opportunities for input. Alabama Family Voices hosted a Family Leadership Luncheon and training which allowed for input.

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The Inclusion Task Force, Alabama Partnership for Children, Strengthening Families and many other organizations and agencies allow AEIS to gather additional input and stakeholder buy-in as we strive to serve all eligible infants, toddlers and families.

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

All AEIS programs are now implementing the new policies and procedures as developed through the SSIP. These programs continue to provide feedback on the child outcome summary process, and data collections and methods of reporting on an ongoing basis. Revisions and future planning are based on this input for the APR and SSIP. Our outside evaluators from the **School of Public Health at UAB** have also developed an input process via one-on-one interviews to gather feedback and insight on a confidential basis.

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AEIS and other state agencies working with young children in Alabama have been instrumental in the establishment of **First 5 Alabama – Alabama Association for Infant and Early Childhood Mental Health**. During this time, First 5 Alabama became a licensed affiliate of the Alliance for the Advancement of Infant Mental Health, a global organization that includes those states and countries whose infant mental health associations have licensed the use of the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health under their associations' names. The Part C Coordinator acts as the Chairperson for the First 5 Board of Directors. This organization and membership have provided additional opportunities for stakeholder input into the EI system and particularly the SSIP (SIMR) and work in the social emotional domain.

Through the early childhood work and **Partnerships** with the AL Department of Early Childhood Education Inclusion Task Force (Part C Coordinator chairperson), Project LAUNCH, Help Me Grow, State Perinatal Advisory Committee – AL Department of Public Health (ADPH), New Born Screening Advisory Board (ADPH), Universal Newborn Hearing Screening Advisory Board (ADPH), Head Start Advisory, AL Department of Mental Health – Communities of Practice, AL Department of Human Resources Quality Assurance Board and Child Death Review committee, Alabama Partnership for Children Board, Birth Defects Registry Development with the ADPH, Family Voices, University of Alabama and Auburn University schools of special education/rehabilitation, bi-monthly meetings as a member of the Executive Leadership Team for Lead Agency. Through participation in all of these initiatives, AEIS has utilized multiple opportunities to share data, information and solicit input from these valued partners. Additional information on each partnership and these initiatives is available upon request.

Public input is gathered as follows.

The AEIS SPP/APR was originally published on the AEIS website, <http://www.rehab.alabama.gov>, upon its completion in December 2005 and is updated annually as revisions are made with OSEP approval (specific data on the numbers accessing annual reports and applications for funding are available). This website continues to be available to the public and includes a mechanism for the provision of feedback and recommendations.

AEIS has received support, information and assistance from Kate Moran (OSEP – State Contact) and multiple TA Centers through monthly phone calls which has allowed for additional input and guidance.

**FFY 2016 SPP/APR Data**

Number of families to whom surveys were distributed		848.00
Number of respondent families participating in Part C	56.37%	478.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights		471.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights		478.00
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs		455.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs		478.00
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn		451.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn		454.00

	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	99.25%	98.90%	98.54%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	94.12%	95.40%	95.19%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	98.19%	98.80%	99.34%

**Reasons for A Slippage**

The AEIS family survey process is on a 3 year cycle, thus different families within different programs are surveyed each year. Because of this sampling approach, comparisons from year to year are not made of the same families or programs. Slippage may result from comparing different families and programs from year to year (with all families potentially being surveyed within the 3 year cycle). A copy of the Family Survey is attached.

None of the 10 programs where families were surveyed had percentages less than 95%. Although AEIS did not achieve the target of 98.9%, or the FFY 2015 data of 99.25%, the slippage for FFY 2015 was only .71%. In addition, the indicators 4B and 4C showed an increase over the data from FFY 2015.

**Was sampling used?** Yes

**Has your previously-approved sampling plan changed?** No

**Describe the sampling methodology outlining how the design will yield valid and reliable estimates.**

Alabama continues to adhere to the approved sampling plan submitted and approved as per the March 2, 2006 OSEP response letter. A family survey is conducted by an independent reviewer each year. Family surveys are conducted by this independent reviewer each time a program participates in a PAR (Provider Appraisal Review monitoring) with all families/programs across the state being surveyed over a 3 year cycle. Each year, programs are selected from various locations around the state and represent a variety of demographics.

During federal fiscal year 2016, ten (10) Early Intervention programs were evaluated in order to assure that families currently involved are receiving the service and assistance they need. A total of eight hundred forty-eight (848) families were involved in the programs under the Alabama Early Intervention System evaluated in federal fiscal year 2016. Four hundred thirty-two (432) families completed the family satisfaction survey by telephone. Four hundred five (405) families could not complete the survey by telephone because of "No English/Language Problem," "Disconnected", "Wrong Number," "No Phone," "Incorrect Address & Telephone Number," and "Unable to Contact." These families were mailed a family satisfaction survey and forty-six (46) surveys were completed by mail.

The family satisfaction questionnaire utilizes 3 types of responses: a four-point rating scale; a Yes/No response scale; and open-ended responses (see questionnaire in Section III of this report). The four-point rating scale used was: "Excellent", "Good", "Fair", and "Poor". The values for the scaled response questions ranged from 4 for "Excellent" to 1 for "Poor". All responses were then summarized and a percentage score was computed. The

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

percentage scores are based upon a maximum of 100%.

The goal of the family survey is to determine families' satisfaction with their EI experience and providers' capabilities to train and equip them so they may help their children achieve functional outcomes. There is a focus on families' perspectives of service coordination, service delivery, community-based resources, plan development and procedural safeguards. AEIS staff and stakeholder groups may use information and trend data to identify program and systemic issues that warrant further review. Families additionally indicate preferences for workshops, training needs, and other assistance that is shared with ICC subcommittees for utilization. A copy of the family survey results is provided as part of reporting to each program.

Service coordinators are responsible for notifying families about the survey 7-10 days prior to a pre-PAR date. A parent letter is included in the PAR Handbook materials which is copied to a program's letterhead. Responses of less than 90% satisfaction to individual questions requires a program to identify in writing new strategies to address the 10% or more. There is a "Red Flag" process in place that alerts AEIS to parent concerns that might need follow-up based on responses. These "red flags" are followed up with a call from an AEIS monitor to the program and the family to get clarification and determine if an action plan is needed.

For FFY 2016, AEIS revised the Family Survey to reflect questions related to the SIMR, social-emotional development. A copy of the revised survey is attached.

Was a collection tool used? Yes

Is it a new or revised collection tool? Yes

Submitted collection tool: [AEIS Family Survey](#)

**Include the State's analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.**

To ensure that families have an opportunity to provide valuable information in a confidential manner, a family survey is conducted by an independent reviewer. Family surveys are generally conducted by this independent reviewer each time a program participates in a PAR (Provider Appraisal Review monitoring).

During FFY 2016, ten (10) Early Intervention Programs were evaluated in order to assure that families currently involved are receiving the services and assistance they need. The 10 programs who received an evaluation during this fiscal year are from all regions of the state and include small programs, large programs, rural, urban and suburban. All programs and families statewide are surveyed at least once every three years, thus providing data from all EI programs on a 3 year cycle.

AEIS had a 56% return rate in FFY 2016 (number of respondees 478) and no problems were noted with response rate or selection bias. All contact with families involved with the Early Intervention programs were made between July 2016 and June 2017 thus representing the most recently available performance data. AEIS staff reviewed the programs surveyed and determined that they were representative of the state's EI population.

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The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program. No

Actions required in FFY 2015 response

none



# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Indicator 5: Child Find (Birth to One)

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

## Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			0.75%	0.60%	0.62%	0.69%	0.56%	0.57%	0.58%	0.59%	0.60%
Data		0.50%	0.46%	0.58%	0.54%	0.54%	0.52%	0.52%	0.47%	0.49%	0.55%

FFY	2015
Target ≥	0.61%
Data	0.71%

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

## FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	0.62%	0.63%	0.64%

Key:

## Targets: Description of Stakeholder Input

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The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are provided regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data process, selection of targets, training initiatives, and public reporting of program status. In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include staff representing other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting. Several members of the ICC are active on subcommittees and have also been involved in its development.

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The District Councils which are comprised of the same stakeholders as the state ICC, but at the local level such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, etc. provide verbal feedback at ongoing stakeholder meetings held at each district throughout the state. Written feedback has been solicited from stakeholders regarding strengths, areas for improvement and additional data needed through a "Feedback Form". Actions and planning have been based on this input. To date, all districts across the state have provided written feedback.

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"**Blocks of Information**" quarterly newsletter is distributed to all providers which includes updates on policies, highlights of the quarter and recap of ICC committee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

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The Inclusion Task Force, Alabama Partnership for Children, Strengthening Families and many other organizations and agencies allow AEIS to gather additional input and stakeholder buy-in as we strive to serve all eligible infants, toddlers and families.

All AEIS programs are now implementing the new policies and procedures as developed through the SSIP. These programs continue to provide feedback on the child outcome summary process, and data collections and methods of reporting on an ongoing basis. Revisions and future planning are based on this input for the APR and SSIP. Our outside evaluators from the **School of Public Health at UAB** have also developed an input process via one-on-one interviews to gather feedback and insight on a confidential basis.

In addition, a group of stakeholders who developed the updated COS training and the use of the training modules as well as training teams who revise the content for the Journey I and II training workshops provide ongoing feedback.

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Public input is gathered as follows.  
1/30/2018

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**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	<a href="#">Number of infants and toddlers birth to 1 with IFSPs</a>	396	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2016	6/22/2017	<a href="#">Population of infants and toddlers birth to 1</a>	58,269	null
TBD			null	

**FFY 2016 SPP/APR Data**

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
396	58,269	0.71%	0.62%	0.68%

**Compare your results to the national data**

Data provided by OSEP (Number and percent of infants and toddlers receiving early intervention services under IDEA, Part C, by age and state: 20162) on 11/1/2017 indicates that 1.24% of the national population of children birth to one were served through IDEA Part C programs. Alabama's data indicates that .68% of children birth to one compared to the state's population were served through Part C. This is a difference of .56%.

**Actions required in FFY 2015 response**

none

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

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

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

### Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			1.37%	1.50%	1.53%	1.58%	1.62%	1.67%	1.72%	1.73%	1.74%
Data		1.39%	1.37%	1.46%	1.57%	1.63%	1.70%	1.67%	1.64%	1.71%	1.76%

FFY	2015
Target ≥	1.75%
Data	1.83%

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

### FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	1.76%	1.77%	1.78%

Key:

### Targets: Description of Stakeholder Input

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1/30/2018

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AEIS has received support, information and assistance from Kate Moran (OSEP – State Contact) and multiple TA Centers through monthly phone calls which has allowed for additional input and guidance.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	<a href="#">Number of infants and toddlers birth to 3 with IFSPs</a>	3,291	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2016	6/22/2017	<a href="#">Population of infants and toddlers birth to 3</a>	176,133	
TBD			null	

**FFY 2016 SPP/APR Data**

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
3,291	176,133	1.83%	1.76%	1.87%

**Compare your results to the national data**

Data provided by OSEP (Number and percent of infants and toddlers receiving early intervention services under IDEA, Part C, by age and state: 20162) on 11/1/2017 indicates that 3.12% of the national population of children birth to three were served through IDEA Part C programs. Alabama's data indicates that 1.87% of children birth to three compared to the state's population were served through Part C. This is a difference of 1.25%. Although lower than the national average, AEIS exceeded its target for FFY 2016.

**Actions required in FFY 2015 response**

none

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 7: 45-day timeline**

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

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

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		98.00%	100%	100%	99.40%	99.30%	99.20%	100%	100%	99.67%	100%

FFY	2015
Target	100%
Data	99.85%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target	100%	100%	100%

**FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
540	562	99.85%	100%	98.40%

Number of documented delays attributable to exceptional family circumstances <i>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.</i>	13
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**Reasons for Slippage**

Three programs out of the 41 reviewed during FFY 2016 (only 7.31%) showed a total of 9 findings under this indicator. Action plans were developed as appropriate. A description of the findings is as follows:

**AIDB Talladega:** During a TA conducted on 04/18/2017, one finding was noted under the 45 day Component. One record indicated an IFSP was not written within the 45 day timeframe and the exceptional circumstance was based on program delay. Although late, the IFSP was subsequently written. During further review on 04/18/2017, additional records were reviewed and met all PAR criteria for this component. Therefore, **the program re-established compliance** for the 45 Day Component. Official notice was issued to the program that compliance had been achieved.

**CSP:** During a PAR conducted on 09/13/2016, seven findings were noted under the 45 Day Component. Seven records indicated the IFSPs were not written within the 45 day timeframe and the exceptional circumstance was based on program delay. The IFSPs were subsequently written but to the number of findings cited, an action plan was developed whereby the program will submit IFSPs written after 09/13/2016 to ensure timeliness. **Follow up:** During further review on 11/29/2016, the program submitted the requested documentation and therefore **the program re-established compliance** for the 45 Day Component. Official notice was issued to the program that compliance had been achieved.

**District 2 Birmingham:** During a TA conducted on 09/9/2016, one plan was written on day 48 with no exceptional circumstances on behalf of the family. Follow up: During further review on 9/9/16, additional records were reviewed and met all PAR criteria for this component. Therefore, **the program re-established compliance** for the 45 Day Component. Official notice was issued to the program that compliance had been achieved.

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

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

State monitoring

State database

Describe the method used to select EIS programs for monitoring.

All AEIS programs are required to participate in technical assistance/monitoring activities at least twice annually (Fall District TA and Program TA). The purpose of these activities is to ensure that programs have opportunities to discuss with AEIS and contracting agency issues, safeguards or procedures. An AEIS primary monitor is assigned to each program. Monitors educate programs regarding federal and state regulations, engage in discussions of best practices in early intervention, assess and review program data, address training needs of personnel, monitor Action Plans from previous reviews, and provide TA to address any compliance needs.

All programs participate in a Provider Appraisal Review (PAR - official monitoring review) at least every three (3) years regardless of status at a prior Technical Assistance and Record Review, and more frequently should it be determined that a program needs further review/assistance. This scheduling process ensures that all programs are selected for a monitoring review in a timely manner. Compliance is determined based on a review of records and data at PAR. Data, as entered in GIFTS by service coordinators, are used to report a program's annual performance to OSEP. If a program is found to be "Out of Compliance", an Action Plan is developed outlining actions to reestablish compliance within one year. Per federal regulations, programs must re-establish compliance within one year.

Follow-up reviews are based on the length of Action Plans and may require additional scheduling, but may be reviewed as a desk audit for specific documentation. If circumstances warrant, ADRS/EI staff may remove records from the program to complete a more thorough review. A written PAR Report with Action Plan for correcting findings of non-compliance is provided to programs within four (4) weeks following the PAR. The report will include the Cover Sheet for Provider Appraisal Review Report, Summation of Provider Appraisal Review and Explanation of Compliance Status.

Record reviews are arranged annually based on mutually convenient dates and site for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year. The extent of reviews may be determined by AEIS staff depending on factors of historic performance, current data or family concerns or complaints. AEIS will randomly select records and provide programs with a list of the names on the day of TA. (A copy of the Provider Appraisal Review manual is included as an attachment under the Introductory Section of the APR.)

### Actions required in FFY 2015 response

none

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



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

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

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

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

Verification of correction of each instance of noncompliance was conducted through the PAR monitoring and TA process. Each record found to be out of compliance had an associated action plan that included timely correction and compensatory services as needed. The action plan also included assurances that the program was correctly implementing the regulatory requirements. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year. Each individual instance of noncompliance as reviewed by the monitoring team was determined to have been addressed by the programs as per their action plan. The programs were subsequently notified that they had achieved compliance within one year.

**Goodwill Easter Seals:** During a TA conducted on 03-30-2016, one finding was noted under 45 Day Component. One record indicated that an IFSP was not written within the 45 day timeframe. Although late, the IFSP was subsequently written thus addressing the individual child/family need. During further review on 03-30-2016, additional records were reviewed and met all PAR criteria for this component. Therefore the program re-established compliance for 45 Day Component and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

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

Verification of correction of each individual case of noncompliance was conducted through the PAR monitoring and TA process. Each individual case found to be out of compliance had an associated action plan that included timely correction and compensatory services as needed. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year and that each individual case of noncompliance had been addressed as noted above. Official notice of compliance was written to each program upon regaining compliance.

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 8A: Early Childhood Transition**

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		98.00%	100%	98.00%	100%	98.00%	93.00%	98.60%	93.00%	92.13%	94.28%

FFY	2015
Target	100%
Data	91.27%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target	100%	100%	100%

**FFY 2016 SPP/APR Data**

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

- Yes
- No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
287	300	91.27%	100%	95.67%

Number of documented delays attributable to exceptional family circumstances <i>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.</i>	0
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**What is the source of the data provided for this indicator?**

- State monitoring
- State database

**Describe the method used to select EIS programs for monitoring.**

All AEIS programs are required to participate in technical assistance/monitoring activities at least twice annually (Fall District TA and Program TA). The purpose of these activities is to ensure that programs have opportunities to discuss with AEIS and contracting agency issues, safeguards or procedures. An AEIS primary monitor is assigned to each program. Monitors educate programs regarding federal and state regulations, engage in discussions of best practices in early intervention, assess and review program data, address training needs of personnel, monitor Action Plans from previous reviews, and provide TA to address any compliance needs.

All programs participate in a Provider Appraisal Review (PAR - official monitoring review) at least every three (3) years regardless of status at a prior Technical Assistance and Record Review, and more frequently should it be determined that a program needs further review/assistance. This scheduling process ensures that all programs are selected for a monitoring review in a timely manner.

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

Compliance is determined based on a review of records and data at PAR. Data, as entered in GIFTS by service coordinators, are used to report a program's annual performance to OSEP. If a program is found to be "Out of Compliance", an Action Plan is developed outlining actions to reestablish compliance within one year. Per federal regulations, programs must re-establish compliance within one year.

Follow-up reviews are based on the length of Action Plans and may require additional scheduling, but may be reviewed as a desk audit for specific documentation. If circumstances warrant, ADRS/EI staff may remove records from the program to complete a more thorough review. A written PAR Report with Action Plan for correcting findings of non-compliance is provided to programs within four (4) weeks following the PAR. The report will include the Cover Sheet for Provider Appraisal Review Report, Summation of Provider Appraisal Review and Explanation of Compliance Status.

Record reviews are arranged annually based on mutually convenient dates and site for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year. The extent of reviews may be determined by AEIS staff depending on factors of historic performance, current data or family concerns or complaints. AEIS will randomly select records and provide programs with a list of the names on the day of TA.

**Actions required in FFY 2015 response**

none

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

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

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
47	47	0	0

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

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

Verification of correction of each instance of noncompliance was conducted through the PAR monitoring and TA process. Each record found to be out of compliance had an associated action plan that included timely correction and compensatory services as needed. The action plan also included assurances that the program was correctly implementing the regulatory requirements. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year. Each individual instance of noncompliance as reviewed by the monitoring team was determined to have been addressed by the programs as per their action plan. The programs were subsequently notified that they had achieved compliance within one year. Details of the findings and determinations of correction are as follows:

AIDB Auburn = 2

AIDB B'ham = 1

AIDB Huntsville = 1

AIDB Montgomery/Dothan = 1

AIDB Talladega = 4

ARC of Jefferson = 4

Cahaba = 8

CSP = 3

GWES = 4

Gulf Coast Therapy = 1

Marshall Jackson = 4

Scope 310 = 2

Twin Acres = 1

UCP B'ham = 10

TOTAL = 47

**AIDB Auburn:** During a PAR conducted on 11-4-2015, two findings were noted under Timely Transition (8A). One record indicated the transition plan was written late and one record indicated the transition plan was not completed. An action plan was developed whereby the program will contact the family to complete the transition plan. **Follow up:** During further review on 12-4-2015, the program provided the monitoring team with a copy of the completed transition plan. Therefore the program addressed each incidence of noncompliance for each individual child/family. The program re-established compliance for Timely Transition and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**AIDB Birmingham:** During a PAR conducted on 06-21-2016, one finding was noted under Timely Transition (8A). One record indicated the transition plan was not completed. An action plan was developed whereby the program will contact the family to complete the transition plan. **Follow up:** During further review on 06-30-2016, the program provided the monitoring team with a copy of the completed transition plan thus addressing the incidence of noncompliance for this one child/family. The program re-established compliance for Timely Transition and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**AIDB Huntsville:** During a PAR conducted on 07-09-2015, one finding was noted under Timely Transition (8A). One record indicated the transition plan was written late. Although late, the transition planning did occur with the individual child/family and transition services proceeded. During further review on 07-09-2015, additional transition plans were reviewed and were found to meet all criteria for Timely Transition, therefore the program re-established compliance for Timely Transition and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**AIDB Montgomery-Dothan:** During a PAR conducted on 09-02-2015, one finding was noted under Timely Transition (8A). One record indicated the transition plan was written early. Although early, the plan had been written and the incidence was addressed for the one child/family. During further review on 09-02-2015, additional transition plans were reviewed and were found to meet all criteria for Timely Transitions, therefore the program re-established compliance for Timely Transition and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**AIDB Talladega:** During a PAR conducted on 09-01-2015, four findings were noted under Timely Transition (8A, 8B, 8C). One record indicated the transition plan was written late. One record indicated LEA notification was late. Two records indicated the 33 month meeting was late. Although late, the individual children/families did receive transition planning and follow-through. An action plan was developed whereby the program were to provide the monitoring team with transition plans written after 09-01-2015. **Follow up:** During further review on 9-9-2015, the program provided the monitoring team with additional transition plans and they met all criteria for Timely Transition, therefore the program re-established compliance for Timely Transition and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**Arc of Jefferson:** During a TA conducted on 05-17-2016, four findings were noted under Timely Transition (8A, 8B, 8C). Two records indicated the transition plans were not completed. One record indicated LEA notification was not complete. One record indicated the 33 month meeting was not completed. An action plan was developed whereby the program will meet with parents to schedule transition meetings to address all the individual issues. **Follow up:** During further review on 06-27-2016 the program completed two transition plans and met all other criteria for Timely Transition for each child/family, therefore the program re-established compliance for Timely Transition and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**Cahaba Early Intervention:** During a PAR conducted on 08-27-2015, 08-28-2015, and 09-10-2015, eight findings were noted under the Timely Transition (8A, 8B) due to staff turnover of one service coordinator. Six records indicated the transition plans were written early or late. Two records indicated the LEA Notification was sent late. Although out of compliance, all transition services were provided for each individual child/family. An action plan was developed whereby the monitoring team was to provide an onsite training on the Transition Component. The monitoring team will review all transition plans completed during October 24 through 11-6-2015. The monitoring team provided an onsite training on the transition component. During further review on 01-14-2016 additional transition plans were reviewed and met all criteria for Timely Transition. Therefore the program re-established compliance for Timely Transition and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**CSP:** During a TA conducted on 03-10-2016, three findings were noted under Timely Transition (8A). Three records indicated that the transition plans were written late. Although late, the plans were written thus addressing the issue for the three individual children/families. During further review on 03-10-2016, additional transition plans were reviewed and met all criteria for Timely Transition, therefore the program re-established compliance for Timely Transition and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**Goodwill Easter Seals:** During a TA conducted on 03-30-2016, four findings were noted under Timely Transition (8A, 8B, 8C). One record indicated the transition plan was not completed. One record indicated LEA notification was mailed late. Two records indicated the 33 month meeting was late. An action plan was developed whereby the program was to contact the parent to schedule the transition meeting and provide the monitoring team with a copy of the plan. On 04- 12 & 13-2016 the program will attend Journey I training. **Follow up:** During further review on 04-11-2016 the program provided the monitoring team with a copy of the completed transition plan which

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

met all criteria thus addressing all incidences of noncompliance for the individual child/family. On 04-12 & 13-2016 the program attended Journey I training. Therefore the program re-established compliance for Timely Transition and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**Gulf Coast Therapy:** During a PAR conducted on 02-18-2016, one finding was noted under Timely Transition (8A). One record indicated the transition plan was written late. Although late, the plan was written thus addressing the incidence for this one child/family. During further review on 02-18-2016, additional transition plans were reviewed and were found to meet all criteria for Timely Transition, therefore the program re-established compliance for Timely Transition and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within each individual record within one year.

**Marshall Jackson:** During a TA conducted on 03-03-2016, four findings were noted under Timely Transition (8A and 8B). Two records indicated the transition plans were late. Two records indicated LEA notifications were late. Although late, the plans were written and notifications were made thus addressing each individual incidence of non compliance for these children/families. An action plan was developed whereby the program was to provide the monitoring team with transition plans completed after 03-03-2016. **Follow-up:** During further review on 08-22-2016, the program provided the monitoring team with transition plans that met all criteria for Timely Transition. Therefore the program re-established compliance for Timely Transition Component and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**Scope 310:** During a TA conducted on 07-20-2015, two findings were noted under Timely Transition (8A). Two records indicated the transition plans were written late/early. Although not written at the appropriate time, the plans were written thus addressing the individual findings for these two children/families. An action plan was developed whereby the program was to submit transition plans to the monitoring team after 07-20-2015. **Follow up:** During further review on 08-31-2015, the program provided transition plans that met all criteria for this component, therefore the program re-established compliance for Timely Transition and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**Twin Acres:** During a TA conducted on 03-31-2016, one finding was noted under Timely Transition (8A). One record indicated the transition plan was not completed. Due to the child aging out of EI, the program could not, therefore, complete the transition plan. During further review on 3-31-2016, additional transition plans were reviewed and met all criteria for Timely Transitions, therefore the program re-established compliance for Timely Transitions and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**UCP BB/FT/Horizon:** During a PAR conducted on 06-23-2016, one finding was noted under Timely Transition (8A). One record indicated the transition plan was not completed. An action plan was developed whereby the monitoring team instructed the service coordinator to meet with parent to complete transition plan. **Follow-up:** During further review on 07-18-2016, the program provided the monitoring team with the completed transition plan which met all criteria for this component and addressed the need of the individual child/family. Therefore, the program re-established compliance for Timely Transition and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**UCP Birmingham:** During a TA conducted on 11-13-15, 11-16-15, and 11-17-15, four findings were noted under Timely Transition (8A). Two records indicated that the transition plans were written prior to the IFSP. Two records indicated that the transition plans were written early and/or late. Although not written at the appropriate time, the plans were written and thereby addressed the issue for each of the individual children/families. During further review on 11-13/16/17-2015, additional transition plans were reviewed and met all criteria for Timely Transition, therefore the program re-established compliance for Timely Transition and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

During a PAR conducted on 06-13-2016 and 06-14-2016, six findings were noted under Timely Transition (8A and 8B). One record indicated the transition plan was late. Four records indicated the plans were not completed. One record indicated the LEA notification was late. An action plan was developed whereby the program was to meet with the family to complete the transition plans. **Follow-up:** During further review on 11-09-2016, the program provided the monitoring team with completed transition plans which met all criteria thus addressing all concerns related to these individual children/families. Therefore the program re-established compliance for Timely Transition Component and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

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

Verification of correction of each individual case of noncompliance was conducted through the PAR monitoring and TA process. Each individual case found to be out of compliance had an associated action plan that included timely correction and compensatory services as needed. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year and that each individual case of noncompliance had been addressed as noted above. Official notice of compliance was written to each program upon regaining compliance.

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 8B: Early Childhood Transition**

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		99.50%	89.39%	93.20%	100%	95.00%	92.40%	96.00%	89.10%	95.90%	98.17%

FFY	2015
Target	100%
Data	96.53%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target	100%	100%	100%

**FFY 2016 SPP/APR Data**

**Explanation of Alternate Data**

The data for the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B reflect the total number of transition plans reviewed during PARs and TAs conducted throughout FFY 2016. This number has been used as the denominator in calculations for this indicator. The data box indicated "null" for this indicator when, in fact, the number should be 300.

**Data include notification to both the SEA and LEA**

- Yes
- No

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
253	300	96.53%	100%	98.83%

<p><b>Number of parents who opted out</b> 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.</p>	44
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**Describe the method used to collect these data**

Transition data is collected through the monitoring (PAR) process and TA visits. All programs are included in these processes and all transition records are reviewed. Records are reviewed for compliance in all OSEP Indicator areas. Data reviewed include dates, reasons for noncompliance and methods/dates for correction.

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

Do you have a written opt-out policy? Yes

Is the policy on file with the Department? Yes

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

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

All AEIS programs are required to participate in technical assistance/monitoring activities at least twice annually (Fall District TA and Program TA). The purpose of these activities is to ensure that programs have opportunities to discuss with AEIS and contracting agency issues, safeguards or procedures. An AEIS primary monitor is assigned to each program. Monitors educate programs regarding federal and state regulations, engage in discussions of evidence-based practices in early intervention, assess and review program data, address training needs of personnel, monitor Action Plans from previous reviews, and provide TA to address any compliance needs.

All programs participate in a Provider Appraisal Review (PAR - official monitoring review) at least every three (3) years regardless of status at a prior Technical Assistance and Record Review, and more frequently should it be determined that a program needs further review/assistance. This scheduling process ensures that all programs are selected for a monitoring review in a timely manner. Compliance is determined based on a review of records and data at PAR. Data, as entered in GIFTS by service coordinators, are used to report a program's annual performance to OSEP. If a program is found to be "Out of Compliance", an Action Plan is developed outlining actions to reestablish compliance within one year. Per federal regulations, programs must re-establish compliance within one year.

Follow-up reviews are based on the length of Action Plans and may require additional scheduling, but may be reviewed as a desk audit for specific documentation. If circumstances warrant, ADRS/EI staff may remove records from the program to complete a more thorough review. A written PAR Report with Action Plan for correcting findings of non-compliance is provided to programs within four (4) weeks following the PAR. The report will include the Cover Sheet for Provider Appraisal Review Report, Summation of Provider Appraisal Review and Explanation of Compliance Status. Once compliance is re-established, a letter is sent to the program to notify them of that compliance has been achieved.

Record reviews are arranged annually based on mutually convenient dates and site for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year. The extent of reviews may be determined by AEIS staff depending on factors of historic performance, current data or family concerns or complaints. AEIS will randomly select records and provide programs with a list of the names on the day of TA.

**Actions required in FFY 2015 response**

none

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

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

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
30	30	0	0

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

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

Verification of correction of each instance of noncompliance was conducted through the PAR monitoring and TA process. Each record found to be out of compliance had an associated action plan that included timely correction and compensatory services as needed. The action plan also included assurances that the program was correctly implementing the regulatory requirements. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year. Each individual instance of noncompliance as reviewed by the monitoring team was determined to have been addressed by the programs as per their action plan. The programs were subsequently notified by letter that they had achieved compliance within one year. Details of the findings and determinations of correction are as follows:

AIDB Talladega = 4

ARC of Jefferson = 4



Cahaba = 8

GWES = 4

Marshall-Jackson = 4

UCP B'ham = 6

TOTAL = 30

**AIDB Talladega:** During a PAR conducted on 09-01-2015, four findings were noted under Timely Transition (8A, 8B, 8C). One record indicated the transition plan was written late. One record indicated LEA notification was late. Two records indicated the 33 month meeting was late. Although late, the individual children/families did receive transition planning and follow-through. An action plan was developed whereby the program were to provide the monitoring team with transition plans written after 09-01-2015. **Follow up:** During further review on 9-9-2015, the program provided the monitoring team with additional transition plans and they met all criteria for Timely Transition, therefore the program re-established compliance for Timely Transition and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**Arc of Jefferson:** During a TA conducted on 05-17-2016, four findings were noted under Timely Transition (8A, 8B, 8C). Two records indicated the transition plans were not completed. One record indicated LEA notification was not complete. One record indicated the 33 month meeting was not completed. An action plan was developed whereby the program will meet with parents to schedule transition meetings to address all the individual issues. **Follow up:** During further review on 06-27-2016 the program completed two transition plans and met all other criteria for Timely Transition for each child/family, therefore the program re-established compliance for Timely Transition and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**Cahaba Early Intervention:** During a PAR conducted on 08-27-2015, 08-28-2015, and 09-10-2015, eight findings were noted under the Timely Transition (8A, 8B) due to staff turnover of one service coordinator. Six records indicated the transition plans were written early or late. Two records indicated the LEA Notification was sent late. Although out of compliance, all transition services were provided for each individual child/family. An action plan was developed whereby the monitoring team was to provide an onsite training on the Transition Component. The monitoring team will review all transition plans completed during October 24 through 11-6-2015. The monitoring team provided an onsite training on the transition component. During further review on 01-14-2016 additional transition plans were reviewed and met all criteria for Timely Transition. Therefore the program re-established compliance for Timely Transition and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**Goodwill Easter Seals:** During a TA conducted on 03-30-2016, four findings were noted under Timely Transition (8A, 8B, 8C). One record indicated the transition plan was not completed. One record indicated LEA notification was mailed late. Two records indicated the 33 month meeting was late. An action plan was developed whereby the program was to contact the parent to schedule the transition meeting and provide the monitoring team with a copy of the plan. On 04- 12 & 13-2016 the program will attend Journey I training. **Follow up:** During further review on 04-11-2016 the program provided the monitoring team with a copy of the completed transition plan which met all criteria thus addressing all incidences of noncompliance for the individual child/family. On 04-12 & 13-2016 the program attended Journey I training. Therefore the program re-established compliance for Timely Transition and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**Marshall Jackson:** During a TA conducted on 03-03-2016, four findings were noted under Timely Transition (8A and 8B). Two records indicated the transition plans were late. Two records indicated LEA notifications were late. Although late, the plans were written and notifications were made thus addressing each individual incidence of non compliance for these children/families. An action plan was developed whereby the program was to provide the monitoring team with transition plans completed after 03-03-2016. **Follow-up:** During further review on 08-22-2016, the program provided the monitoring team with transition plans that met all criteria for Timely Transition. Therefore the program re-established compliance for Timely Transition Component and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**UCP Birmingham:** During a PAR conducted on 06-13-2016 and 06-14-2016, six findings were noted under Timely Transition (8A and 8B). One record indicated the transition plan was late. Four records indicated the plans were not completed. One record indicated the LEA notification was late. An action plan was developed whereby the program was to meet with the family to complete the transition plans. **Follow-up:** During further review on 11-09-2016, the program provided the monitoring team with completed transition plans which met all criteria thus addressing all concerns related to these individual children/families. Therefore the program re-established compliance for Timely Transition Component and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

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

Verification of correction of each individual case of noncompliance was conducted through the PAR monitoring and TA process. Each individual case found to be out of compliance had an associated action plan that included timely correction and compensatory services as needed. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year and that each individual case of noncompliance had been addressed as noted above. Official notice of compliance was written to each program upon regaining compliance.

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 8C: Early Childhood Transition**

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		99.00%	100%	100%	100%	95.30%	95.10%	98.10%	95.00%	100%	98.65%

FFY	2015
Target	100%
Data	97.98%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target	100%	100%	100%

**FFY 2016 SPP/APR Data**

**Explanation of Alternate Data**

The data for the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B (300) reflect the total number of transition plans minus those who opted out (44) that were reviewed during PARs and TAs conducted throughout FFY 2016. This number has been used as the denominator in calculations for this indicator. The data box indicated "null" when, in fact, the number should be 256 (300 - 44 = 256).

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

- Yes
- No

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
255	256	97.98%	100%	120.28%

<b>Number of toddlers for whom the parent did not provide approval for the transition conference</b> <i>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.</i>	44
<b>Number of documented delays attributable to exceptional family circumstances</b> <i>This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.</i>	0

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

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

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

All AEIS programs are required to participate in technical assistance/monitoring activities at least twice annually (Fall District TA and Program TA). The purpose of these activities is to ensure that programs have opportunities to discuss with AEIS and contracting agency issues, safeguards or procedures. An AEIS primary monitor is assigned to each program. Monitors educate programs regarding federal and state regulations, engage in discussions of best practices in early intervention, assess and review program data, address training needs of personnel, monitor Action Plans from previous reviews, and provide TA to address any compliance needs.

All programs participate in a Provider Appraisal Review (PAR - official monitoring review) at least every three (3) years regardless of status at a prior Technical Assistance and Record Review, and more frequently should it be determined that a program needs further review/assistance. This scheduling process ensures that all programs are selected for a monitoring review in a timely manner. Compliance is determined based on a review of records and data at PAR. Data, as entered in GIFTS by service coordinators, are used to report a program's annual performance to OSEP. If a program is found to be "Out of Compliance", an Action Plan is developed outlining actions to reestablish compliance within one year. Per federal regulations, programs must re-establish compliance within one year.

Follow-up reviews are based on the length of Action Plans and may require additional scheduling, but may be reviewed as a desk audit for specific documentation. If circumstances warrant, ADRS/EI staff may remove records from the program to complete a more thorough review. A written PAR Report with Action Plan for correcting findings of non-compliance is provided to programs within four (4) weeks following the PAR. The report will include the Cover Sheet for Provider Appraisal Review Report, Summation of Provider Appraisal Review and Explanation of Compliance Status.

Record reviews are arranged annually based on mutually convenient dates and site for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year. The extent of reviews may be determined by AEIS staff depending on factors of historic performance, current data or family concerns or complaints. AEIS will randomly select records and provide programs with a list of the names on the day of TA.

**Actions required in FFY 2015 response**

none

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

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

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
27	27	0	0

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

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

Verification of correction of each instance of noncompliance was conducted through the PAR monitoring and TA process. Each record found to be out of compliance had an associated action plan that included timely correction and compensatory services as needed. The action plan also included assurances that the program was correctly implementing the regulatory requirements. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year. Each individual instance of noncompliance as reviewed by the monitoring team was determined to have been addressed by the programs as per their action plan. The programs were subsequently notified that they had achieved compliance within one year. Details of the findings and determinations of correction are as follows:

AIDB Talladega = 4

ARC of Jefferson = 18

ARC of Walker = 1

GWES = 4

TOTAL = 27

**AIDB Talladega:** During a PAR conducted on 09-01-2015, four findings were noted under Timely Transition (8A, 8B, 8C). One record indicated the transition plan was written late. One record indicated LEA notification was

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

late. Two records indicated the 33 month meeting was late. Although late, the individual children/families did receive transition planning and follow-through. An action plan was developed whereby the program were to provide the monitoring team with transition plans written after 09-01-2015. **Follow up:** During further review on 9-9-2015, the program provided the monitoring team with additional transition plans and they met all criteria for Timely Transition, therefore the program re-established compliance for Timely Transition and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**Arc of Jefferson:** During a TA conducted on 03-26-2015, fourteen findings were noted under the Timely Transition (8A, 8B and 8C). Eleven records indicated the transition plan was written early or late. Two records indicated the LEA notification was late. Also, one record indicated the 33 month meeting was not scheduled or convened. An action plan was developed whereby the monitoring team will provide an onsite training on the Transition Component. The program will contact the parent and schedule the transition meetings, send EI notifications and convene the 33<sup>rd</sup> month meeting. The program will attend Journey I training on April 14<sup>th</sup>-15<sup>th</sup>. **Follow up:** On 04-09-2015 the monitoring team provided the program with onsite training regarding transition component. On 04-15 and 04-16 the program attended Journey I training. During further review on 08-09-2015, the monitoring team reviewed transition plans written between 04-10-2015 to 08-04-2015 and met all criteria for Timely Transitions. Therefore the program re-established compliance for Timely Transitions and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**Arc of Jefferson:** During a TA conducted on 05-17-2016, four findings were noted under Timely Transition (8A, 8B, 8C). Two records indicated the transition plans were not completed. One record indicated LEA notification was not complete. One record indicated the 33 month meeting was not completed. An action plan was developed whereby the program will meet with parents to schedule transition meetings to address all the individual issues. **Follow up:** During further review on 06-27-2016 the program completed two transition plans and met all other criteria for Timely Transition for each child/family, therefore the program re-established compliance for Timely Transition and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**Arc of Walker:** During a PAR conducted on 06-10-2016, one finding was noted under Timely Transition (8C). One record indicated the 33<sup>rd</sup> month meeting was late. During further review on 06-10-2016, additional transition plans were reviewed and met all criteria for Timely Transition, therefore the program re-established compliance for Timely Transition and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

**Goodwill Easter Seals:** During a TA conducted on 03-30-2016, four findings were noted under Timely Transition (8A, 8B, 8C). One record indicated the transition plan was not completed. One record indicated LEA notification was mailed late. Two records indicated the 33 month meeting was late. An action plan was developed whereby the program was to contact the parent to schedule the transition meeting and provide the monitoring team with a copy of the plan. On April 12 & 13, 2016 the program will attend Journey I training. **Follow up:** During further review on 04-11-2016 the program provided the monitoring team with a copy of the completed transition plan which met all criteria thus addressing all incidences of noncompliance for the individual child/family. On April 12 & 13, 2016 the program attended Journey I training. Therefore the program re-established compliance for Timely Transition and is correctly implementing regulatory requirements. Official notice was issued to the program that compliance had been achieved within one year.

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

Verification of correction of each individual case of noncompliance was conducted through the PAR monitoring and TA process. Each individual case found to be out of compliance had an associated action plan that included timely correction and compensatory services as needed. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year and that each individual case of noncompliance had been addressed as noted above. Official notice of compliance was written to each program upon regaining compliance.

# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Indicator 9: Resolution Sessions

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted).

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

## Historical Data

Baseline Data:

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data											

FFY	2015
Target ≥	
Data	

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

## FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥			

Key:

## Targets: Description of Stakeholder Input

The ICC continues to be active in reviewing the APR/SPP and offering input and clarification at each quarterly meeting. Several members of the ICC are active on subcommittees and have also been involved in its development.

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are provided regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data process, selection of targets, training initiatives, and public reporting of program status. In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include staff representing other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting. Several members of the ICC are active on subcommittees and have also been involved in its development.

Each subcommittee follows specific By-laws for membership which reflects diversity within the state. ICC subcommittees include Personnel Development, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team who identifies broad-based stakeholders and methods for gathering their input.

The District Councils which are comprised of the same stakeholders as the state ICC, but at the local level such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, etc. provide verbal feedback at ongoing stakeholder meetings held at each district throughout the state. Written feedback has been solicited from stakeholders regarding strengths, areas for improvement and additional data needed through a "Feedback Form". Actions and planning have been based on this input. To date, all districts across the state have provided written feedback.

District Technical Assistance Feedback meetings were held in the Fall as a required training with all **District Coordinating Councils**. Current state and local data was shared and feedback was encouraged and solicited. All state office specialists and partner agencies helped to prepare and discuss the information.

"**Blocks of Information**" quarterly newsletter is distributed to all providers which includes updates on policies, highlights of the quarter and recap of ICC committee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

Local families are involved in the ongoing feedback process (those serving on the ICC, ICC subcommittees and others selected by programs). State and local conferences have been used to host family meetings and opportunities for input. Alabama Family Voices hosted a Family Leadership luncheon and training which allowed for input.

Participation on Special Education Advisory Panel, Head Start committees, Department of Human Resources QA state board, and Department of Early Childhood Education are also venues for gathering input.

The Inclusion Task Force, Alabama Partnership for Children, Strengthening Families and many other organizations and agencies allow AEIS to gather additional input and stakeholder buy-in as we strive to serve all eligible infants, toddlers and families.

All AEIS programs are now implementing the new policies and procedures as developed through the SSIP. These programs continue to provide feedback on the child outcome summary process, and data collections and methods of reporting on an ongoing basis. Revisions and future planning are based on this input for the APR and SSIP. Our outside evaluators from the **School of Public Health at UAB** have also developed an input process via one-on-one interviews to gather feedback and insight on a confidential basis.

In addition, a group of stakeholders who developed the updated COS training and the use of the training modules as well as training teams who revise the content for the Journey I and II training workshops provide ongoing feedback.

AEIS and other state agencies working with young children in Alabama have been instrumental in the establishment of **First 5 Alabama – Alabama Association for Infant and Early Childhood Mental Health**. During this time, First 5 Alabama became a licensed affiliate of the Alliance for the Advancement of Infant Mental Health, a global organization that includes those states and countries whose infant mental health associations have licensed the use of the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health under their associations' names. The Part C Coordinator acts as the Chairperson for the First 5 Board of Directors. This organization and membership have provided additional opportunities for stakeholder input into the EI system and particularly the SSIP (SIMR) and work in the social emotional domain.

Through the early childhood work and **Partnerships** with the AL Department of Early Childhood Education Inclusion Task Force (Part C Coordinator chairperson), Project LAUNCH, Help Me Grow, State Perinatal Advisory Committee – Al Department of Public Health (ADPH), New Born Screening Advisory Board (ADPH), Universal Newborn Hearing Screening Advisory Board (ADPH), Head Start Advisory, AL Department of Mental Health – Communities of Practice, Al Department of Human Resources Quality Assurance Board and Child Death Review committee, Alabama Partnership for Children Board, Birth Defects Registry Development with the ADPH, Family Voices, University of Alabama and Auburn University schools of special education/rehabilitation, bi-monthly meetings as a member of the Executive Leadership Team for Lead Agency. Through participation in all of these initiatives, AEIS has utilized multiple opportunities to share data, information and solicit input from these valued partners. Additional information on each partnership and these initiatives is available upon request.

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

Public input is gathered as follows.

The AEIS SPP/APR was originally published on the AEIS website, <http://www.rehab.alabama.gov>, upon its completion in December 2005 and is updated annually as revisions are made with OSEP approval (specific data on the numbers accessing annual reports and applications for funding are available). This website continues to be available to the public and includes a mechanism for the provision of feedback and recommendations.

AEIS has received support, information and assistance from Kate Moran (OSEP – State Contact) and multiple TA Centers through monthly phone calls which has allowed for additional input and guidance.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/1/2017	<a href="#">3.1(a) Number resolution sessions resolved through settlement agreements</a>	n	null
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/1/2017	<a href="#">3.1 Number of resolution sessions</a>	n	null

**FFY 2016 SPP/APR Data**

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
0	0			

**Actions required in FFY 2015 response**

none

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 10: Mediation**

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

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

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data											

FFY	2015
Target ≥	
Data	

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

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target ≥			

Key:

**Targets: Description of Stakeholder Input**

The ICC continues to be active in reviewing the APR/SPP and offering input and clarification at each quarterly meeting. Several members of the ICC are active on subcommittees and have also been involved in its development.

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are provided regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data process, selection of targets, training initiatives, and public reporting of program status. In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include staff representing other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting. Several members of the ICC are active on subcommittees and have also been involved in its development.

Each subcommittee follows specific By-laws for membership which reflects diversity within the state. ICC subcommittees include Personnel Development, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team who identifies broad-based stakeholders and methods for gathering their input.

The District Councils which are comprised of the same stakeholders as the state ICC, but at the local level such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, etc. provide verbal feedback at ongoing stakeholder meetings held at each district throughout the state. Written feedback has been solicited from stakeholders regarding strengths, areas for improvement and additional data needed through a "Feedback Form". Actions and planning have been based on this input. To date, all districts across the state have provided written feedback.

District Technical Assistance Feedback meetings were held in the Fall as a required training with all **District Coordinating Councils**. Current state and local data was shared and feedback was encouraged and solicited. All state office specialists and partner agencies helped to prepare and discuss the information.

"**Blocks of Information**" quarterly newsletter is distributed to all providers which includes updates on policies, highlights of the quarter and recap of ICC committee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

Local families are involved in the ongoing feedback process (those serving on the ICC, ICC subcommittees and others selected by programs). State and local conferences have been used to host family meetings and opportunities for input. Alabama Family Voices hosted a Family Leadership luncheon and training which allowed for input.

Participation on Special Education Advisory Panel, Head Start committees, Department of Human Resources QA state board, and Department of Early Childhood Education are also venues for gathering input.

The Inclusion Task Force, Alabama Partnership for Children, Strengthening Families and many other organizations and agencies allow AEIS to gather additional input and stakeholder buy-in as we strive to serve all eligible infants, toddlers and families.

All AEIS programs are now implementing the new policies and procedures as developed through the SSIP. These programs continue to provide feedback on the child outcome summary process, and data collections and methods of reporting on an ongoing basis. Revisions and future planning are based on this input for the APR and SSIP. Our outside evaluators from the **School of Public Health at UAB** have also developed an input process via one-on-one interviews to gather feedback and insight on a confidential basis.

In addition, a group of stakeholders who developed the updated COS training and the use of the training modules as well as training teams who revise the content for the Journey I and II training workshops provide ongoing feedback.

AEIS and other state agencies working with young children in Alabama have been instrumental in the establishment of **First 5 Alabama – Alabama Association for Infant and Early Childhood Mental Health**. During this time, First 5 Alabama became a licensed affiliate of the Alliance for the Advancement of Infant Mental Health, a global organization that includes those states and countries whose infant mental health associations have licensed the use of the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health under their associations' names. The Part C Coordinator acts as the Chairperson for the First 5 Board of Directors. This organization and membership have provided additional opportunities for stakeholder input into the EI system and particularly the SSIP (SIMR) and work in the social emotional domain.

Through the early childhood work and **Partnerships** with the AL Department of Early Childhood Education Inclusion Task Force (Part C Coordinator chairperson), Project LAUNCH, Help Me Grow, State Perinatal Advisory Committee – AI Department of Public Health (ADPH), New Born Screening Advisory Board (ADPH), Universal Newborn Hearing Screening Advisory Board (ADPH), Head Start Advisory, AL Department of Mental Health – Communities of Practice, AI Department of Human Resources Quality Assurance Board and Child Death Review committee, Alabama Partnership for Children Board, Birth Defects Registry Development with the ADPH, Family Voices, University of Alabama and Auburn University schools of special education/rehabilitation, bi-monthly meetings as a member of the Executive Leadership Team for Lead Agency. Through participation in all of these initiatives, AEIS has utilized multiple opportunities to share data, information and solicit input from these valued partners. Additional information on each partnership and these initiatives is available upon request.

Public input is gathered as follows.  
1/30/2018



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

The AEIS SPP/APR was originally published on the AEIS website, <http://www.rehab.alabama.gov>, upon its completion in December 2005 and is updated annually as revisions are made with OSEP approval (specific data on the numbers accessing annual reports and applications for funding are available). This website continues to be available to the public and includes a mechanism for the provision of feedback and recommendations.

AEIS has received support, information and assistance from Kate Moran (OSEP – State Contact) and multiple TA Centers through monthly phone calls which has allowed for additional input and guidance.

**Prepopulated Data**

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

**FFY 2016 SPP/APR Data**

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
0	0	0			100%

**Actions required in FFY 2015 response**

none

# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Indicator 11: State Systemic Improvement Plan

Monitoring Priority: General Supervision

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

## Reported Data

Baseline Data: 2013

FFY	2013	2014	2015	2016
Target		77.00%	77.50%	78.00%
Data	76.11%	76.52%	75.87%	74.60%

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

## FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	80.00%	82.00%

Key:

## Description of Measure

Data for the FFY 2016 Indicator 11 SIMR were taken from the Indicator 3A1 COS measures.

## Targets: Description of Stakeholder Input

The ICC continues to be active in reviewing the APR/SPP and offering input and clarification at each quarterly meeting. Several members of the ICC are active on subcommittees and have also been involved in its development.

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are provided regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data process, selection of targets, training initiatives, and public reporting of program status. In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include staff representing other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting. Several members of the ICC are active on subcommittees and have also been involved in its development.

Each subcommittee follows specific By-laws for membership which reflects diversity within the state. ICC subcommittees include Personnel Development, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team who identifies broad-based stakeholders and methods for gathering their input.

The District Councils which are comprised of the same stakeholders as the state ICC, but at the local level such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, etc. provide verbal feedback at ongoing stakeholder meetings held at each district throughout the state. Written feedback has been solicited from stakeholders regarding strengths, areas for improvement and additional data needed through a "Feedback Form". Actions and planning have been based on this input. To date, all districts across the state have provided written feedback.

District Technical Assistance Feedback meetings were held in the Fall as a required training with all **District Coordinating Councils**. Current state and local data was shared and feedback was encouraged and solicited. All state office specialists and partner agencies helped to prepare and discuss the information.

"**Blocks of Information**" quarterly newsletter is distributed to all providers which includes updates on policies, highlights of the quarter and recap of ICC committee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

Local families are involved in the ongoing feedback process (those serving on the ICC, ICC subcommittees and others selected by programs). State and local conferences have been used to host family meetings and opportunities for input. Alabama Family Voices hosted a Family Leadership luncheon and training which allowed for input.

Participation on Special Education Advisory Panel, Head Start committees, Department of Human Resources QA state board, and Department of Early Childhood Education are also venues for gathering input.

The Inclusion Task Force, Alabama Partnership for Children, Strengthening Families and many other organizations and agencies allow AEIS to gather additional input and stakeholder buy-in as we strive to serve all eligible infants, toddlers and families.

All AEIS programs are now implementing the new policies and procedures as developed through the SSIP. These programs continue to provide feedback on the child outcome summary process, and data collections and methods of reporting on an ongoing basis. Revisions and future planning are based on this input for the APR and SSIP. Our outside evaluators from the **School of Public Health at UAB** have also developed an input process via one-on-one interviews to gather feedback and insight on a confidential basis.

In addition, a group of stakeholders who developed the updated COS training and the use of the training modules as well as training teams who revise the content for the Journey I and II training workshops provide ongoing feedback.

AEIS and other state agencies working with young children in Alabama have been instrumental in the establishment of **First 5 Alabama – Alabama Association for Infant and Early Childhood Mental Health**. During this time, First 5 Alabama became a licensed affiliate of the Alliance for the Advancement of Infant Mental Health, a global organization that includes those states and countries whose infant mental health associations have licensed the use of the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health under their associations' names. The Part C Coordinator acts as the Chairperson for the First 5 Board of Directors. This organization and membership have provided additional opportunities for stakeholder input into the EI system and particularly the SSIP (SIMR) and work in the social emotional domain.

Through the early childhood work and **Partnerships** with the AL Department of Early Childhood Education Inclusion Task Force (Part C Coordinator chairperson), Project LAUNCH, Help Me Grow, State Perinatal Advisory Committee – Al Department of Public Health (ADPH), New Born Screening Advisory Board (ADPH), Universal Newborn Hearing Screening Advisory Board (ADPH), Head Start Advisory, AL Department of Mental Health – Communities of Practice, Al Department of Human Resources Quality Assurance Board and Child Death Review committee, Alabama Partnership for Children Board, Birth Defects Registry Development with the ADPH, Family Voices, University of Alabama and Auburn University schools of special education/rehabilitation, bi-monthly meetings as a member of the Executive Leadership Team for Lead Agency. Through participation in all of these initiatives, AEIS has utilized multiple opportunities to share data, information and solicit input from these valued partners. Additional information on each partnership and these initiatives is available upon request.

Public input is gathered as follows.

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

The AEIS SPP/APR was originally published on the AEIS website, <http://www.rehab.alabama.gov>, upon its completion in December 2005 and is updated annually as revisions are made with OSEP approval (specific data on the numbers accessing annual reports and applications for funding are available). This website continues to be available to the public and includes a mechanism for the provision of feedback and recommendations.

AEIS has received support, information and assistance from Kate Moran (OSEP – State Contact) and multiple TA Centers through monthly phone calls which has allowed for additional input and guidance.

### Overview

### Data Analysis

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

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

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

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

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

*Statement*

*Description*

### Selection of Coherent Improvement Strategies

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

### Theory of Action

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

 Provide a description of the provided graphic illustration (optional)

### Infrastructure Development

- (a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- (b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- (c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- (d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

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

- (a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.
- (c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

### Evaluation

- (a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- (c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).
- (d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

### Technical Assistance and Support

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

### Phase III submissions should include:

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

### A. Summary of Phase 3

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

### B. Progress in Implementing the SSIP

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

### C. Data on Implementation and Outcomes

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan: (a) How evaluation measures align with the theory of action, (b) Data sources for each key measure, (c) Description of baseline data for key measures, (d) Data collection procedures and associated timelines, (e) [If applicable] Sampling procedures, (f) [If appropriate] Planned data comparisons, and (g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements

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2. How the State has demonstrated progress and made modifications to the SSIP as necessary: (a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR, (b) Evidence of change to baseline data for key measures, (c) How data support changes that have been made to implementation and improvement strategies, (d) How data are informing next steps in the SSIP implementation, and (e) How data support planned modifications to intended outcomes (including the SIMR)—rationale or justification for the changes or how data support that the SSIP is on the right path

3. Stakeholder involvement in the SSIP evaluation: (a) How stakeholders have been informed of the ongoing evaluation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

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

1. Concern or limitations related to the quality or quantity of the data used to report progress or results
2. Implications for assessing progress or results
3. Plans for improving data quality

### E. Progress Toward Achieving Intended Improvements

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

### F. Plans for Next Year

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

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Certify and Submit your SPP/APR**

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

**Selected:** Designated by the Lead Agency Director to certify

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

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