

Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

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.

NOTE/UPDATE: During FFY 2014, AEIS used its state fiscal year as the reporting period (October 1 through September 30). Beginning with the next fiscal year (FFY 2015), AEIS will transition to the federal fiscal year reporting period (July 1 through June 30).

[\(The PAR Monitoring Manual is available upon request\)](#)

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 fiscal agencies' liaisons from the Department of Mental Health (DMH), Children's Rehabilitation Services (also ADRS) 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 for selection of data and records for review, but reserves the right to request additional documentation if determined necessary to fulfill these responsibilities.

TECHNICAL ASSISTANCE PROCESS (TA)

Program participation in technical assistance (TA) activities is required for programs at least twice annually. The purpose of TA is to ensure that programs have opportunities to discuss with AEIS and fiscal agencies (sub-recipients) any issues of procedure, safeguards, planning, or services. An AEIS primary monitor will be assigned to programs and will be responsible for reporting to the program and collecting program data. Monitors educate programs regarding federal and state regulations, engage in discussions of best practices in early intervention, assess program data, address training needs of personnel and monitor *Action Plans* from previous reviews.

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

- **Record reviews** (database, records on-site, desk audits)
- **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

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 right to select additional records if needed. All records selected will be subject to a complete or partial review.

DETERMINING 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.

SANCTIONS

ADRS/EI may impose sanctions under the following circumstances:

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 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. Cancellation of a program contract.

For repeated findings of non-compliance in multiple components, the program's sub-recipient agency (GRS, DMH or AIDB) may impose sanctions independently of ADRS/EI.

PROGRAM SELF-ASSESSMENT

Programs are expected to self-assess their records on a continuous basis. Programs are encouraged to 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.

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. 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 may 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. Responses of less than 90% satisfaction to individual questions require a program to identify in writing new strategies to address the 10% or more.

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) (See more complete explanation of technical assistance and monitoring in General Supervision above)

Program participation in technical assistance (TA) activities is required for programs at least twice annually. The purpose of TA is to ensure that programs have opportunities to discuss with AEIS and fiscal agency any issues of procedure, safeguards, planning, or services. An AEIS primary monitor will be assigned to programs and will be responsible for reporting to the program and collecting program data. Monitors educate programs regarding federal and state regulations, engage in discussions of best practices in early intervention, assess program data, address training needs of personnel and monitor *Action Plans* from previous reviews.

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- **Record reviews** (database, records on-site, desk audits)
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Professional Development System:

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

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 GOAL: Families of young children with disabilities (aged 12 or younger) will be active participants in AEIS. *Guiding Principles:* Families should have input regarding workshops topics that are provided to address their identified interests and needs; Families should be supported in such a way that their involvement in early intervention activities and training events are enhanced; 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:* Up-to-date licensure and/or certification standards within each discipline providing EI services must be maintained by all AEIS personnel; 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:* Customized personnel training should be provided at the district level in response to local needs; 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; On-site technical assistance should be available to support the application of knowledge/ skill in the field; There should be consistency in the interpretation and implementation of policies by direct service providers under the three anchor agencies (AIDB, CRS, and DMH) and by individual vendors; 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*); Service Coordinators should have a working knowledge of the requirements of IDEA under AEIS, family centered philosophy, and recommended practice in EI service delivery; The inclusion of children with special needs in home and community-based settings should be cultivated; A variety of training venues should be offered for service providers and families; The impact of training activities should be measured.

Recruitment and Retention:

GOAL 1 Pre-service: Pre-service training in all EI related disciplines will include 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 will have innovative strategies and activities for the recruitment and retention of early intervention service providers. *Guiding Principles:* High school students, community college students, university students, and other potential EI providers/vendors should be made aware of AEIS; Early Intervention Program sites should be used as practicum and internship sites for college students; Professionals and paraprofessionals who are willing to work in rural and inner city areas should be identified and recruited.

Stakeholder Involvement:

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

The ICC serves as the stakeholder group providing ongoing guidance and input into the development of the APR/SPP. 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. Ongoing and multiple opportunities for input are made available throughout the year.

Public input is gathered as follows.

- o The **AEIS SPP** 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.
- o The **AEIS APR** is published on the AEIS website annually upon completion and submission to OSEP. The website includes a mechanism for the provision of feedback and recommendations (www.rehab.alabama.gov).
- o The **ICC** reviews the final draft of the APR document and provides feedback/input on targets, suggestions for improvement activities, and approval for submission to OSEP.

The stakeholders, identified by the leadership team from the lead agency, were as follows:

- o The ICC and subcommittees as the primary leaders in this process (as identified by the ICC bylaws).
- o The District Councils, comprised of the same stakeholders as the state ICC, but at the local level such as Head Start, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Children's Affairs, etc.
- o Local families

Involvement continues to expand and include a broad based group of partners. This is an ongoing process!

Each stakeholder was asked to partner with the Lead Agency by continuing to offer input, feedback and to invest in the process. The challenge was accepted by stakeholders – old and new! This process has and will become our roadmap for the future and all stakeholders will continue to be one of our most valuable resource!

- o Verbal feedback has been gathered at stakeholder meetings held at each district throughout the state, at ICC meetings, and at ICC subcommittee meetings.

FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

- o Written feedback has been solicited from stakeholders regarding strengths, areas for improvement and additional data needed. To date, all districts across the state have provided written feedback and there has been approximately 173 people in attendance at stakeholder meetings.

Reporting to the Public:

How and where the State reported to the public on the FFY 2012 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 2012 APR, as required by 34 CFR §300.602(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 2012 APR in 2014, is available.

A complete copy of the AEIS SPP/APR can be found at www.rehab.alabama.gov. The completed SPP/APR for SFY 2014 - 2019 will be posted on the AEIS website for final public dissemination in March 2015. In addition, data compiled for the APR has been and will continue to be routinely shared with the ICC, ICC subcommittees 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 SFY 2013 Program Profiles were disseminated to state agency liaisons and program administrators and to the public via web posting (www.rehab.alabama.gov). AEIS will disseminate and post the SFY 2014 Program Profiles within 120 days after submission of the SPP/APR.

Currently, AEIS is using its state fiscal year as the reporting period (October 1 through September 30). Beginning with the next fiscal year (FFY 2015), AEIS will transition to the federal fiscal year reporting period (July 1 through June 30).

Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with 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 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|--------|--------|--------|------|--------|--------|--------|--------|--------|
| Target | | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Data | 96.60% | 98.30% | 100% | 97.40% | 97.40% | 95.00% | 99.20% | 96.10% |

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

| FFY | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|--------|------|------|------|------|------|------|
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

FFY 2013 SPP/APR Data

Prepopulated Data

| Source | Date | Description | Data | Overwrite Data |
|--|-----------|---|-------|----------------|
| SY 2013-14 Child Count/Educational Environment Data Groups | 9/24/2014 | Total number of infants and toddlers with IFSPs | 3,023 | 458 |

Explanation of Alternate Data

Timely services are considered within 30 days of IFSP development/revision.

Monitoring data from SFY 2014 were used in calculating this indicator. Programs are selected for monitoring according to a three year cycle in which all programs are monitored. A selection of records are reviewed for compliance during each visit. For SFY 2014, 458 records were reviewed. Calculations are as follows:

From the 458 IFSPs reviewed during SFY 2014 monitoring:

- 433 IFSPs reflected initial and subsequent services received in a timely manner (i.e., within 30 days of IFSP development/revision)
- 15 IFSPs had documented delays attributable to exceptional family circumstances and are included in the numerator and denominator.
- 10 IFSPs had services not delivered in a timely manner.

FFY 2013 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 2012 Data* | FFY 2013 Target* | FFY 2013 Data |
|---|---|----------------|------------------|---------------|
| 418 | 458 | 96.10% | 100% | 94.54% |

Explanation of Slippage

There were 7 programs out of compliance under Indicator 1 accounting for the slippage. Information on these programs and follow-up reviews are as follows:

1. Goodwill Easter Seals: 2 findings under Timely Services

During a TA conducted on 02-13-2014 two findings were noted under Timely Services Component. Two records indicated that SLP services did not begin within 30 days of the service begin date. Although late, services were rendered and no compensatory services were required. During further review on 02-13-2014, eight additional records were reviewed and all met criteria for this component, therefore the program regained compliance for Timely Services. Official notice was issued to the program that compliance had been achieved. Back into compliance on 2-13-14

2. UCP of Birmingham/Blount/St. Clair: 3 findings under Timely Services

During a TA conducted on 4-30-14, three findings were noted. Services were delivered late. During a follow-up visit on June 24, 2014, the program came back into compliance. Compensatory services were provided for two of the three families, whereas one of the programs had difficulty getting compensatory services for the family. A follow up visit will occur during SFY 2015.

3. UCP of Birmingham/Etowah/DeKalb: 1 finding under Timely Services

Back into compliance on 12-16-13

4. UCP of Huntsville: 1 finding under Timely Services

During a TA review conducted on 2-6-14, one finding was noted under Timely Services. One record indicated that SI services were delivered two days late. Although late, the service was delivered and no compensatory services were required. **Follow up:** During further review on 2-6-14, eleven other records were reviewed and all met criteria for this component, therefore the program regained compliance for Timely Services. Official notice was issued to the program that compliance had been achieved.

5. UCP of Northwest AL: 1 finding under Timely Services

During a TA review conducted on 12-02-13, one finding was noted under Timely Services. One record indicates that PT services were delivered 21 days late. This delay was on the part of the provider. An action plan was developed whereby the SC offered the family compensatory service. The compensatory service was subsequently provided to the family and documentation of it was sent to the monitor for review. **Follow up:** During further review on 12-02-13, three records written subsequently to this plan were reviewed and the program regained compliance under the PAR component of Child Find Referral and Eligibility. Official notice was issued to the program that compliance had been achieved.

6. Valley Haven: 1 finding under Timely Services

During a TA conducted on 12-03-2013 one finding was noted under Timely Services Component. One record revealed OT services had not been provided; this record indicated a service begin date of 11-01-2013. An action plan was developed whereby the program staff will schedule and provide OT services by 12-09-2013. **Follow-up:** On 12-09-2013 the program submitted a progress note which indicated OT service was rendered on 12-05-2013. Therefore, the program regained compliance for Timely Services. Official notice was issued to the program that compliance had been achieved.

7. District 4, Montgomery: 2 findings under Timely Services

During a PAR on 11-6-14 there were two findings noted. In one record speech services were not provided within 30 days. The begin date for this speech service was actually the same date as the speech evaluation. By doing this, it means the speech evaluation and speech service have to occur within 30 days. Because of this, the family is owed one month of compensatory services (3 x month for 1 hour). In another record, speech progress notes for the month of May were not in the record. DEIC indicated the services had been provided and that the notes were likely just not filed. A follow-up TA is scheduled for 1-8-15 to insure services were subsequently delivered in the one record and that documentation of services are in the other.

| |
|---|
| Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner) |
|---|

| |
|----|
| 15 |
|----|

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.

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 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. All records selected will be subject to a complete or partial review.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2012

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 23 | 23 | 0 | 0 |

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

Timely correction of noncompliance for TIMELY SERVICES from SFY 2013

1. **AIDB Birmingham: 5 findings under Timely Service.** During a TA review conducted on 7-25-13, five findings were noted under timely service. Because the program Service Coordinator had been out on leave and was not present for the TA on 7-25-13, another review was scheduled for 8-28-13 in order for this Service Coordinator to locate missing documentation. **Follow up:** During the 8-28-13 review, the previously missing documentation was presented to verify that services had actually been provided to these 5 children within the 30 day timeline. No compensatory services were needed and the individual files were corrected. The program regained **100% compliance for timely service within one year.** Official notice was issued to the program that they were back into 100% compliance.
2. **AIDB Huntsville: 2 findings under Timely Service.** During a TA review conducted on 12-12-12, two findings were noted under timely service. Compensatory services were provided as per the IFSP and the children are receiving the services that had been previously delayed. The individual files have been updated. **Follow up:** After further review on 12-12-12 for timely services, additional plans written subsequent to these two plans were considered in compliance for timely service. Therefore, the program regained **100% compliance for timely service within one year.** Official notice was issued to the program that they were back into 100% compliance.
3. **AIDB Talladega: 1 finding under Timely Service.** During a review conducted on 4-18-13, one finding was noted under timely service. Compensatory service was

offered by the program as per the IFSP but family declined. The child is receiving the service that had previously been delayed and the individual file has been updated. **Follow up:** After further review of records on 4-18-13, an additional plan that had been written subsequent to this plan was considered in 100% compliance for timely service. Therefore, the program regained **100% compliance for timely service within one year**. Official notice was issued to the program that they were back into 100% compliance.

4. **AIDB Tuscaloosa: 1 finding under Timely Service.** During a review conducted on 4-15-13, one finding was noted under timely service. Compensatory service was offered by the program as per the IFSP but the family declined. The child is receiving the service that had previously been delayed and the individual file has been updated. **Follow up:** After further review on 4-15-13, additional plans written subsequent to this plan were considered in 100% compliance for timely service. Therefore, the program regained **100% compliance for timely service within one year**. Official notice was issued to the program that they were back into 100% compliance.

5. **Arc of Autauga/Western Elmore: 3 findings under Timely Service.** During a review conducted on 9-16-13, three findings were noted under timely service. Compensatory services were provided as per each IFSP. The children are receiving the services which were previously delayed and the individual files have been updated. **Follow up:** After further review on 9-16-13, additional plans written subsequent to this plan were considered in 100% compliance for timely service. Therefore, the program regained **100% compliance for timely service within one year**. Official notice was issued to the program that they were back into 100% compliance.

6. **CSP: 1 finding under Timely Service.** During the PAR conducted on 9-20-13, one finding was noted under timely service. Compensatory service was offered by the program as per the IFSP but the family declined. The child is receiving the service which was previously delayed and the individual file has been updated. **Follow up:** After further review on 9-20-13 for timely services, an additional plan written subsequent to this plan was considered in 100% compliance for timely service. Therefore, the program regained **100% compliance for timely service within one year**. Official notice was issued to the program that they were back into 100% compliance.

7. **Goodwill Easter Seals: 1 finding under Timely Service.** During a review conducted on 1-24-13, one finding was noted under timely service. Compensatory service was offered by the program as per the IFSP but the family declined. The child is receiving the service which was previously delayed and the individual file has been updated. **Follow up:** After further review on 1-24-13, a plan completed subsequent to this plan was reviewed, and considered in 100% compliance for the timely service. Therefore, the program regained **100% compliance for timely service within one year**. Official notice was issued to the program that they were back into 100% compliance.

8. **Gulf Coast Therapy: 1 finding under Timely Service.** During a review conducted on 7-13-13, one finding was noted under timely service. Compensatory service was provided per the IFSP and the child continues to receive the service as appropriate. The individual file has been updated. **Follow up:** After further review on 7-13-13, additional IFSPs written subsequent to this plan were reviewed and considered in 100% compliance for timely service. Therefore, the program regained **100% compliance for timely service within one year**. Official notice was issued to the program that they were in 100% compliance.

9. **NCA-MRA: 1 finding under Timely Service.** During a review on 6-17-13, one finding was noted under timely service. Compensatory service was provided as per the IFSP and the child continues to receive the service as appropriate. The individual file has been updated. **Follow up:** After further review on 6-17-13, an additional record was reviewed and considered in compliance for timely service. Therefore, the program regained **100% compliance for timely service within one year**. Official notice was issued to the program that they were in 100% compliance.

10. **UCP of Greater Birmingham/Blount & St. Clair: 5 findings under Timely Service:** During a PAR conducted on 3-25-13, five findings were noted under timely service. Compensatory services were provided as per the IFSP for 3 children, and compensatory services were offered to 2 children but these 2 families declined. All children continue to receive these services as appropriate and their individual files have been updated. **Follow up:** After further review on 3-25-13, additional records were reviewed and considered in 100% compliance for timely service. Therefore, the program regained **100% compliance for timely service within one year**. Official notice was issued to the program that they were in 100% compliance was achieved.

11. **UCP Mobile/Families First, New Journey and Special Delivery: 1 finding under Timely Service.** During a review on 3-1-13, one finding was noted under timely service. Compensatory service was provided as per the IFSP and the child continues to receive the service as appropriate. The individual file has been updated. **Follow up:** After further review on 3-1-13, additional records were reviewed and considered in 100% compliance for timely service. Therefore, the program regained **100% compliance for timely service within one year**. Official notice was issued to the program that 100% compliance was achieved.

12. **Vaughn Blumberg: 1 finding under Timely Service.** During a review on 3-5-13, one finding was noted under timely service. Compensatory service was provided as per the IFSP and the child continues to receive the service as appropriate. The individual file has been updated. **Follow up:** After further review on 3-5-13, additional records written subsequent to this record were reviewed and considered in 100% compliance for timely service. Therefore, the program regained **100% compliance for timely service within one year**. Official notice was issued to the program that 100% compliance was achieved.

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

See explanation above for verification of correction of noncompliance.

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 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|----------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target ≥ | | 88.50% | 89.00% | 89.50% | 90.00% | 90.50% | 91.00% | 91.50% |
| Data | 87.40% | 89.50% | 95.00% | 88.00% | 97.30% | 98.00% | 98.40% | 99.70% |

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

| FFY | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|----------|--------|--------|--------|--------|--------|--------|
| Target ≥ | 94.00% | 95.00% | 96.00% | 97.00% | 98.00% | 99.00% |

Targets: Description of Stakeholder Input

The ICC serves as the stakeholder group providing ongoing guidance and input into the development of the APR/SPP. 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. Ongoing and multiple opportunities for input are made available throughout the year.

Public input is gathered as follows.

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- o Local families

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- o Verbal feedback has been gathered at stakeholder meetings held at each district throughout the state, at ICC meetings, and at ICC subcommittee meetings.
- o Written feedback has been solicited from stakeholders regarding strengths, areas for improvement and additional data needed. To date, all districts across the state have provided written feedback and there has been approximately 173 people in attendance at stakeholder meetings.

Prepopulated Data

FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

| Source | Date | Description | Data | Overwrite Data |
|--|-----------|---|-------|----------------|
| SY 2013-14 Child Count/Educational Environment Data Groups | 9/24/2014 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 3,019 | |
| SY 2013-14 Child Count/Educational Environment Data Groups | 9/24/2014 | Total number of infants and toddlers with IFSPs | 3,023 | |

FFY 2013 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 2012 Data* | FFY 2013 Target* | FFY 2013 Data |
|---|---|----------------|------------------|---------------|
| 3,019 | 3,023 | 99.70% | 94.00% | 99.87% |

Provide additional information about this indicator (optional)

Number: 3019 children out of 3023 received services in the home or community based settings (as per Section 618 report based on GIFTS database).

Calculation: $(3019 \div 3023 = 99.9\%)$

Explanation of numbers from Section 618 report:

208 Number in community-based settings
 + 2811 Number in home _____
 3019 Total in home & community-based settings
 3023 Total served overall

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

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)

Historical Data

| | Baseline Year | FFY | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|----|---------------|----------|------|------|------|--------|--------|--------|--------|--------|
| A1 | 2008 | Target ≥ | | | | | 70.00% | 71.50% | 72.20% | |
| | | Data | | | | 71.40% | 73.70% | 75.80% | 75.60% | 79.00% |
| A2 | 2008 | Target ≥ | | | | | 70.80% | 73.40% | 74.10% | |
| | | Data | | | | 73.30% | 74.20% | 76.00% | 72.80% | 74.80% |
| B1 | 2008 | Target ≥ | | | | | 78.00% | 79.70% | 80.50% | |
| | | Data | | | | 79.60% | 78.60% | 82.30% | 81.10% | 83.00% |
| B2 | 2008 | Target ≥ | | | | | 55.80% | 60.00% | 60.60% | |
| | | Data | | | | 56.90% | 57.20% | 59.30% | 53.60% | 54.70% |
| C1 | 2008 | Target ≥ | | | | | 78.80% | 80.50% | 81.30% | |
| | | Data | | | | 80.40% | 78.80% | 83.60% | 83.30% | 84.10% |
| C2 | 2008 | Target ≥ | | | | | 73.60% | 75.20% | 76.00% | |
| | | Data | | | | 75.10% | 73.60% | 75.50% | 74.70% | 76.20% |

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

| FFY | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|-------------|--------|--------|--------|--------|--------|--------|
| Target A1 ≥ | 76.20% | 76.30% | 76.40% | 76.50% | 76.60% | 76.70% |
| Target A2 ≥ | 74.20% | 74.30% | 74.40% | 74.50% | 74.60% | 74.70% |
| Target B1 ≥ | 82.20% | 82.30% | 82.40% | 82.50% | 82.60% | 82.70% |
| Target B2 ≥ | 60.70% | 60.80% | 60.90% | 70.00% | 70.10% | 70.20% |
| Target C1 ≥ | 82.70% | 82.80% | 82.90% | 83.00% | 83.10% | 83.20% |
| Target C2 ≥ | 76.10% | 76.20% | 76.30% | 76.40% | 76.50% | 76.60% |

Targets: Description of Stakeholder Input

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FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

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FFY 2013 SPP/APR Data

| | |
|--|-------|
| Number of infants and toddlers with IFSPs assessed | 2,168 |
|--|-------|

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

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

| | Number of Children |
|---|--------------------|
| a. Infants and toddlers who did not improve functioning | 29 |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 278 |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 316 |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 662 |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 880 |

| | Numerator | Denominator | FFY 2012 Data* | FFY 2013 Target* | FFY 2013 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 $(c+d)/(a+b+c+d)$. | 978 | 1,285 | 79.00% | 76.20% | 76.11% |
| 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 $(d+e)/(a+b+c+d+e)$. | 1,542 | 2,165 | 74.80% | 74.20% | 71.22% |

Explanation of A1 Slippage

Natural fluctuations occur each year with the population exiting the system. These fluctuations are due to differing functional levels, diagnoses, and environmental factors impacting progress. It is these fluctuations that account for the slippage/difference in percentage of progress made during SFY 2014. There were no programs out of compliance in this area.

Explanation of A2 Slippage

Natural fluctuations occur each year with the population exiting the system. These fluctuations are due to differing functional levels, diagnoses, and environmental factors

FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

impacting progress. It is these fluctuations that account for the slippage/difference in percentage of progress made during SFY 2014. There were no programs out of compliance in this area.

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

| | Number of Children |
|---|--------------------|
| a. Infants and toddlers who did not improve functioning | 38 |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 313 |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 669 |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 942 |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 206 |

| | Numerator | Denominator | FFY 2012 Data* | FFY 2013 Target* | FFY 2013 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 $(c+d)/(a+b+c+d)$. | 1,611 | 1,962 | 83.00% | 82.20% | 82.11% |
| 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 $(d+e)/(a+b+c+d+e)$. | 1,148 | 2,168 | 54.70% | 60.70% | 52.95% |

Explanation of B2 Slippage

Natural fluctuations occur each year with the population exiting the system. These fluctuations are due to differing functional levels, diagnoses, and environmental factors impacting progress. It is these fluctuations that account for the slippage/difference in percentage of progress made during SFY 2014. There were no programs out of compliance in this area.

Outcome C: Use of appropriate behaviors to meet their needs

| | Number of Children |
|---|--------------------|
| a. Infants and toddlers who did not improve functioning | 29 |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 212 |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 333 |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 809 |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 784 |

| | Numerator | Denominator | FFY 2012 Data* | FFY 2013 Target* | FFY 2013 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 $(c+d)/(a+b+c+d)$. | 1,142 | 1,383 | 84.10% | 82.70% | 82.57% |
| 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 $(d+e)/(a+b+c+d+e)$. | 1,593 | 2,167 | 76.20% | 76.10% | 73.51% |

Explanation of C1 Slippage

Natural fluctuations occur each year with the population exiting the system. These fluctuations are due to differing functional levels, diagnoses, and environmental factors impacting progress. It is these fluctuations that account for the slippage/difference in percentage of progress made during SFY 2014. There were no programs out of compliance in this area.

Explanation of C2 Slippage

Natural fluctuations occur each year with the population exiting the system. These fluctuations are due to differing functional levels, diagnoses, and environmental factors impacting progress. It is these fluctuations that account for the slippage/difference in percentage of progress made during SFY 2014. There were no programs out of compliance in this area.

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)? Yes

Actions required in FFY 2012 response table

The State must report progress data and actual target data for FFY 2013 in the FFY 2013 APR.

Responses to actions required in FFY 2012 response table

Please see the attachments under FFY 2013 page for the actual progress data for Indicator 3.

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 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---------------|----------|------|--------|--------|--------|--------|--------|--------|--------|
| A | 2006 | Target ≥ | | | | 96.70% | 96.80% | 96.80% | 96.90% | 97.00% |
| | | Data | | 94.50% | 98.00% | 98.00% | 97.10% | 96.70% | 97.30% | 98.48% |
| B | 2006 | Target ≥ | | | | 94.00% | 94.10% | 94.20% | 94.30% | 94.40% |
| | | Data | | 95.40% | 94.90% | 94.00% | 96.40% | 93.70% | 94.00% | 94.51% |
| C | 2006 | Target ≥ | | | | 98.00% | 98.00% | 98.00% | 98.10% | 98.20% |
| | | Data | | 98.00% | 99.00% | 98.00% | 98.30% | 99.50% | 96.00% | 98.39% |

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

| FFY | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|------------|--------|--------|--------|--------|--------|--------|
| Target A ≥ | 98.60% | 98.70% | 98.80% | 98.90% | 99.00% | 99.10% |
| Target B ≥ | 95.10% | 95.20% | 95.30% | 95.40% | 95.50% | 95.60% |
| Target C ≥ | 98.50% | 98.60% | 98.70% | 98.80% | 98.90% | 99.00% |

Targets: Description of Stakeholder Input

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FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

- o Verbal feedback has been gathered at stakeholder meetings held at each district throughout the state, at ICC meetings, and at ICC subcommittee meetings.
- o Written feedback has been solicited from stakeholders regarding strengths, areas for improvement and additional data needed. To date, all districts across the state have provided written feedback and there has been approximately 173 people in attendance at stakeholder meetings.

FFY 2013 SPP/APR Data

| | |
|---|-----|
| Number of respondent families participating in Part C | 294 |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 292 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 294 |
| 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 | 276 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 294 |
| 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 | 277 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 294 |

| | FFY 2012 Data* | FFY 2013 Target* | FFY 2013 Data |
|--|----------------|------------------|---------------|
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights | 98.48% | 98.60% | 99.32% |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs | 94.51% | 95.10% | 93.88% |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn | 98.39% | 98.50% | 94.22% |

Explanation of C Slippage

The AEIS system for collecting family data each year is based on the AEIS PAR monitoring cycle. This annual process surveys families from the programs selected for monitoring in that particular year (a three year cycle). Because this process selects different programs and different families each year, results will naturally vary. This natural variation in results accounts for the slippage/difference in results from the previous fiscal year. There were no programs out of compliance in this area.

Describe how the State has ensured that any response data are valid and reliable, including how the data represent the demographics of the State.

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.

Research Methodology

During fiscal year 2014, seven (7) Early Intervention programs were evaluated in order to assure that families currently involved are receiving the service and assistance they need. These programs were the ones in the rotation for this fiscal year's monitoring. A total of four hundred ninety-eight (498) families were involved in the programs under the Alabama Early Intervention System evaluated in fiscal year 2014. Two hundred fifty-four (254) families completed the family satisfaction survey by telephone. Two hundred forty-four (244) 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 (40) surveys were completed by mail. All contact with families involved with the Early Intervention programs were made between November 2013 and August 2014.

Alabama continues to adhere to the **approved sampling plan** submitted as per the March 2, 2006 OSEP response

letter.

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 may 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. Responses of less than 90% satisfaction to individual questions require a program to identify in writing new strategies to address the 10% or more.

AEIS has reviewed the response group for the SFY 2014 Family Survey, which was administered under the approved sampling methodology, and it is evident that the **response group reflects a valid and reliable representation** of the population served within AEIS.

Was sampling used? Yes

Has your previously-approved sampling plan changed? No

Was a collection tool used? Yes

Is it a new or revised collection tool? No



Yes, the data accurately represent the demographics of the State



No, the data does not accurately represent the demographics of the State

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

Approved Sampling Methodology: Through the PAR Family Survey process, families participate in a comprehensive survey if they have received services through programs monitored during the fiscal year. The AEIS monitoring process is on a three-year cycle. This process assures that all programs and eligible families in the system are surveyed at least once within a three-year timeframe.

The Early Intervention Programs monitored and families surveyed each year represent the diversity of Alabama's state populations. It includes families and programs from all 7 AEIS districts, all state level fiscal agents, and rural and urban counties. These programs range from small to large in service capacity and serve children and families with diverse ethnic, cultural and socioeconomic backgrounds. AEIS is confident that this is a valid sampling based on the above explanation of monitoring.

In order to maintain acceptable levels on target data, the AEIS PAR monitoring system provides for a review of IFSPs to ensure that family concerns are carried over into outcome statements to guide intervention. In addition, family survey results are utilized to target areas for ongoing improvement. The utilization of these family survey results are reflected in the action plans of programs scoring less than 90% on any survey question. AEIS also utilizes family survey results to develop DCC family support workshops statewide. The surveys were completed either by telephone or written survey via the mail by an independent third party.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

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 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|----------|-------|-------|-------|-------|-------|-------|-------|-------|
| Target ≥ | | 0.75% | 0.60% | 0.62% | 0.69% | 0.56% | 0.57% | 0.58% |
| Data | 0.50% | 0.46% | 0.58% | 0.54% | 0.54% | 0.52% | 0.52% | 0.47% |

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

| FFY | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|----------|-------|-------|-------|-------|-------|-------|
| Target ≥ | 0.59% | 0.60% | 0.61% | 0.62% | 0.63% | 0.64% |

Targets: Description of Stakeholder Input

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Prepopulated Data

FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

| Source | Date | Description | Data | Overwrite Data |
|--|------------|--|--------|----------------|
| SY 2013-14 Child Count/Educational Environment Data Groups | 9/24/2014 | Number of infants and toddlers birth to 1 with IFSPs | 289 | |
| U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013 | 12/16/2014 | Population of infants and toddlers birth to 1 | 58,439 | |

FFY 2013 SPP/APR Data

| Number of infants and toddlers birth to 1 with IFSPs | Population of infants and toddlers birth to 1 | FFY 2012 Data* | FFY 2013 Target* | FFY 2013 Data |
|--|---|----------------|------------------|---------------|
| 289 | 58,439 | 0.47% | 0.59% | 0.49% |

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

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 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|----------|-------|-------|-------|-------|-------|-------|-------|-------|
| Target ≥ | | 1.37% | 1.50% | 1.53% | 1.58% | 1.62% | 1.67% | 1.72% |
| Data | 1.39% | 1.37% | 1.46% | 1.57% | 1.63% | 1.70% | 1.67% | 1.64% |

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

| FFY | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|----------|-------|-------|-------|-------|-------|-------|
| Target ≥ | 1.73% | 1.74% | 1.75% | 1.76% | 1.77% | 1.78% |

Targets: Description of Stakeholder Input

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- o Local families

Involvement continues to expand and include a broad based group of partners. This is an ongoing process!

Each stakeholder was asked to partner with the Lead Agency by continuing to offer input, feedback and to invest in the process. The challenge was accepted by stakeholders – old and new! This process has and will become our roadmap for the future and all stakeholders will continue to be one of our most valuable resource!

- o Verbal feedback has been gathered at stakeholder meetings held at each district throughout the state, at ICC meetings, and at ICC subcommittee meetings.
- o Written feedback has been solicited from stakeholders regarding strengths, areas for improvement and additional data needed. To date, all districts across the state have provided written feedback and there has been approximately 173 people in attendance at stakeholder meetings.

Prepopulated Data

FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

| Source | Date | Description | Data | Overwrite Data |
|--|------------|--|---------|----------------|
| SY 2013-14 Child Count/Educational Environment Data Groups | 9/24/2014 | Number of infants and toddlers birth to 3 with IFSPs | 3,023 | |
| U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013 | 12/16/2014 | Population of infants and toddlers birth to 3 | 176,863 | |

FFY 2013 SPP/APR Data

| Number of infants and toddlers birth to 3 with IFSPs | Population of infants and toddlers birth to 3 | FFY 2012 Data* | FFY 2013 Target* | FFY 2013 Data |
|--|---|----------------|------------------|---------------|
| 3,023 | 176,863 | 1.64% | 1.73% | 1.71% |

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

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 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|--------|--------|------|------|--------|--------|--------|------|------|
| Target | | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Data | 98.00% | 100% | 100% | 99.40% | 99.30% | 99.20% | 100% | 100% |

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

| FFY | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|--------|------|------|------|------|------|------|
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

FFY 2013 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 2012 Data* | FFY 2013 Target* | FFY 2013 Data |
|--|--|----------------|------------------|---------------|
| 289 | 302 | 100% | 100% | 99.67% |

| | |
|--|----|
| Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline) | 12 |
|--|----|

Explanation of Slippage

One program was out of compliance for indicator 7 during SFY 2014 which accounts for the slippage. The explanation is as follows:

Marshall Jackson: 1 finding under 45 Day Timeline

During a PAR conducted on 06-23-14, one finding was noted under **Eligibility Determination and IFSP Completed within 45 Days**. One record indicated that eligibility was determined and the IFSP was written after the 45 day timeline had expired. There were no exceptional circumstances on the part of the family, therefore, this one record was out of compliance. During further review on 06/23/14, three IFSPs written subsequently to this plan were reviewed and all three met criteria for this component. The program **regained compliance** on 06/23/14 for Eligibility Determination and IFSP Completed within 45 Days. Official notice was issued to the program that compliance had been achieved.

For the other 12 records where IFSPs were not conducted within the 45 day timeline, exceptional circumstances occurred.

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.

Data is taken from PAR monitoring and GIFTS, the state data system, which addresses the timeline from point of referral to the initial IFSP meeting based on actual, not an average, number of days. The PAR process consistently monitors whether eligible infants and toddlers and their families receive early intervention services that are linked to “identified concerns” in a timely manner. Alabama measures timeliness under this indicator by ensuring that any EI services identified on the initial IFSP and any additional EI services identified on subsequent IFSPs are initiated within the required time period.

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 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. All records selected will be subject to a complete or partial review.

Provide additional information about this indicator (optional)

Number: 302 IFSPs for eligible infants/toddlers were reviewed. 289 had E/As & initial IFSPs begun during SFY 14 that were within 45 days.

12 of the 302 initial IFSPs had exceptional family circumstances

1 initial IFSP was over 45 days due to a program delay.

Calculation: 289 (numerator not including exceptional circumstances - OSEP will add back in the 12 exceptional circumstances to equal 301) ÷ 302 (denominator including exceptional circumstances)

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2012

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

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 SEA and the 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 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|--------|--------|------|--------|------|--------|--------|--------|--------|
| Target | | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Data | 98.00% | 100% | 98.00% | 100% | 98.00% | 93.00% | 98.60% | 93.00% |

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

| FFY | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|--------|------|------|------|------|------|------|
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

FFY 2013 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 2012 Data* | FFY 2013 Target* | FFY 2013 Data |
|---|---|----------------|------------------|---------------|
| 199 | 216 | 93.00% | 100% | 92.13% |

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.

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 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. All records selected will be subject to a complete or partial review.

Provide additional information about this indicator (optional)

Number: From the 216 records of children transitioning during the FY 2014 monitoring cycle, 199 had transition plans written at least 90 days, and at the discretion of all parties, not more than nine months prior to the toddler's third birthday. The remaining 17 records were out of compliance, not due to exceptional family circumstances.

Calculation $199 \div 216 = 92.1\%$

AEIS experienced slippage over the previous fiscal year due to 4 programs being out of compliance for Indicator 8A. A description of the findings and corrections is listed below.

1. **Central Alabama Therapy:** During a PAR conducted on 12-19-13 one finding was noted under Timely Transition Plan (8A). One record indicates that the transition plan was written two days early. All other transition timelines were met as required. Follow up: During further review on 12-19-13, four other transition plans were reviewed and were found to meet all criteria for Timely Transitions, therefore the program regained compliance for Timely Transitions. Official notice was issued to the program that compliance had been achieved.

2. **TODD's Club :** During a TA conducted on 12-17-13 and 01-23-14, one finding was noted under Timely Transition Plan (8A) and one finding under Timely Notification (8B). One record did not contain a written transition plan. All other steps in the transition process were documented and took place at the correct time and the SC notes indicate that the transition plan was written with the family. In another record, the LEA notification was sent 30 days after the 27 month meeting was held with the family. So, although late, notification was made. An action plan was developed whereby all transition plans written between 01-23-14 and the next TA date of 05-08-14 would be reviewed to determine compliance for this PAR indicator. The SC was to send the written transition plan for the record that it was not in. Either she would locate the missing plan or she would meet with the family again and develop a new one. Follow-up: On 03-27-14 the SC sent a copy of the signed transition plan that was completed on 09-05-13. Prior to the TA review on 05-08-14, a data base review revealed that five of the six transition plans that were written since 01-23-14 were completed too early. Therefore, the program remained out of compliance for Timely Transition (8A). Although early, all transition plans were completed and subsequent timelines were met. The monitoring team agreed to reschedule the TA planned for May 8, 2014 and instead provide the SC with Journey I and transition specific one-on-one training on that day. The TA was rescheduled for June 16, 2014. The SC was asked to send copies of the next 2 transition plans completed. Follow up: On 6-6-14 the SC sent 2 transition plans that had recently been completed. These plans were written to meet all criteria, therefore the program regained compliance for Timely Transition. Official notice was issued to the program that compliance had been achieved. • **TODD's Club:** During a TA review on 9-4-14, three findings were noted under Timely Transition (8A). One record revealed that there was no written transition plan in the record, however, the LEA notification had been sent (signed release of information was in the record). In another record, the only transition related outcome that was addressed in the IFSP was concerning "Opt Out". The SC stated she was not aware that other transition outcomes should be addressed when the family opts out of LEA notification. In the third record, a transition plan was present, but it had not been signed by the family, therefore it is not a valid transition plan. The SC was instructed to meet with all three of these families as soon as possible and develop written transition plans in which the parent would be asked to sign and date. Follow up: A 2-day follow up TA was scheduled for October 30-31 in which the monitoring team will review these three records as well as all other records on the SC's caseload. At this follow up TA visit, the team will develop a plan for training and monitoring the program in upcoming months in order to reestablish and maintain compliance with this PAR component.

3. **NCA/MRA:** During a TA review on 2-7-14, one finding was noted under Timely Transition Plan (8A). One record revealed that the parent did not sign the transition plan. The parent did, however, initial and date to evaluate the transition outcomes and all other steps in the transition process were documented and took place at the correct time. An action plan was

developed whereby the SC will schedule a meeting with the parent to review the transition plan and she will ask the parent to sign the plan. SC will send a copy of the signed plan to primary monitor. Follow up: Further review of four other transition plans revealed that they all met criteria for this component. The SC sent the signed transition plan on March 3, 2014, therefore the program regained compliance for Timely Transition. Official notice was issued to the program that compliance had been achieved.

4. **District 3:** During a TA on 5-13-14, two findings were noted for Transition. One finding was noted under Timely Transition Plan (8A). The transition planning meeting was scheduled three days late, and the LEA notification (8B) was sent five days after that meeting (therefore, also late). All other records reviewed at this TA were in compliance for this component and the district office regained compliance for this component on 5-13-14. Follow up: A 2-day follow up TA is scheduled for October 30-31 in which the monitoring team will review these four records as well as all other records on the SC's caseload. At this follow up TA visit, the team will develop a plan for training and monitoring the program in upcoming months in order to reestablish and maintain compliance with this PAR component.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2012

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 17 | 17 | 0 | 0 |

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

1. **AIDB Birmingham: 1 finding under Transition 8A and 3 findings under Transition 8B.** During a PAR on 7-25-13, one finding was noted for timely transition planning (8A). Although late, the meeting was held and the plan was developed. The individual file has been updated. Three findings were noted for timely notification (8B). Although late, notification was sent to the SEA and LEA for all three plans and the individual files have been updated. An action plan was developed for monitors to review transition plans, developed subsequent to this plan, for transition planning and timely notification. **Follow up:** During further review on 10-10-13, a subsequent plan was reviewed and it was determined that the plan was written which means at least 90 days, and not more than nine months prior to the toddler's third birthday). It was also determined that notification had been sent to the SEA and LEA (at least 90 days, and not more than nine months prior to the toddler's third birthday). Therefore, it was determined that the program regained **100% compliance for timely transition planning (8A) and timely notification (8B) within one year.** Official notice was issued to the program that 100% compliance was achieved.
2. **AIDB Huntsville: 1 finding under Transition 8A.** During a TA conducted on 11-12-12, one finding was noted. A transition plan was written prior to the child turning 27 months. Based on the finding, the program was considered out of compliance for timely transition (8A). Another transition plan was presented on 12-13-12. This plan was completed correctly and met compliance criteria for this component. **Follow up:** During a follow up review on 12-13-12, it was determined that the program regained **100% compliance for timely transition planning which means at least 90 days, and at the discretion of all parties, not more than nine months prior to the toddler's third birthday (8A) within one year.** Official notice was issued to the program that 100% compliance was achieved.

3. **AIDB Mobile: 1 finding under Transition 8A.** During a TA conducted on 1-10-13, one finding was noted under timely transition planning (8A). The plan was subsequently developed and the individual file updated. Another transition plan was presented on 1-10-13. This transition plan was completed correctly and met compliance criteria for timely transition (8A). **Follow up:** During further review on 1-10-13, it was determined that the program regained **100% compliance for timely transition planning which means at least 90 days, and at the discretion of all parties, not more than nine months prior to the toddler's third birthday (8A) within one year.** Official notice was issued to the program that 100% compliance was achieved.
4. **AIDB Montgomery: 2 findings under Transition 8A.** During a TA on 4-24-13, two findings were noted under timely transition planning (8A). The plans were subsequently developed and the individual files updated. Another transition plan was presented on 4-24-13. This transition plan was completed correctly and met compliance criteria for this indicator. **Follow up:** During further review on 4-24-13, it was determined that the program regained **100% compliance for timely transition planning which means at least 90 days, and at the discretion of all parties, not more than nine months prior to the toddler's third birthday (8A) within one year.** Official notice was issued to the program that 100% compliance was achieved.
5. **ARC of Autauga: 1 finding under Transition 8B.** During a TA conducted on 12-18-12, one finding was noted for timely notification (8B). Although late, notification was sent to the LEA. Another transition plan was presented on 12-18-12. This transition plan was completed correctly and met 100% compliance for timely notification (8B). **Follow up:** During a further review conducted on 12-18-12, it was determined that the program regained **100% compliance for timely notification to the SEA and LEA (at least 90 days prior to the child's third birthday) (8B) within one year.** Official notice was issued to the program that 100% compliance was achieved.

4 findings under Transition 8A, 8 findings under Transition 8B. During a TA on 9-16-13, four findings for timely transition planning were noted. Of these, one plan had been completed, but late, and three plans were closed at the time of the TA on 9-16-13 and could not be completed. Eight findings for timely notification (8B) were noted on 9-16-13 as well. Although late, notifications were sent to the SEA and LEAs for all of these plans and the individual files updated. An action plan was developed to include; staff to attend transition training on 9-27-13, staff to attend Journey I training on 10-8-13 and 10-9-13, and another TA to review transition plans written from 9-16-13 until the next TA on 12-13-13. **Follow-up:** On 09-27-2013 program staff attended an onsite transition training in addition to attending Journey 1 training on October 8th-9th. During further review on 01/17/2014, five additional transition plans were reviewed and were found to meet all criteria for Timely Transitions, therefore the program regained **100% compliance for Timely Transitions within one year.** Official notice was issued to the program that 100% compliance had been achieved.

6. **CSP: 1 finding under Transition 8A and 2 findings under Transition 8B.** During a TA conducted on 4-24-13, one finding was noted for timely transition planning (8A). Although late, the meeting occurred and the plan was developed. The individual file was updated. Two findings were noted for timely notification (8B). Although late, notification was sent to the LEA on both plans. Other transition plans were presented on 4-24-13. These transition plans were completed correctly and met compliance criteria for this indicator. **Follow up:** During further review on 4-24-13, it was determined that the program regained **100% compliance for timely transition planning which means at least 90 days, and at the discretion of all parties, not more than nine months prior to the toddler's third birthday (8A) and timely notification to the SEA and LEA (at least 90 days prior to the child's third birthday) (8B) within one year.** Official notice was issued to the program that 100% compliance was achieved.

7. **UCP of Greater Birmingham/Blount & St. Clair: 5 findings under Transition 8A, 1 finding under Transition 8B.** During a TA conducted on 10-23-12 and a PAR conducted on 3-25-13, six findings were noted. Five transition plans were written either early or late and one notification was sent late. The individual files have been updated. **Follow up:** During further review on 3-25-13, transition plans completed subsequent to this transition plan were reviewed and the program regained **100% compliance for timely transition planning which means at least 90 days, and at the discretion of all parties, not more than nine months prior to the toddler's third birthday) (8A) and timely notification to the SEA and LEA (at least 90 days prior to the child's third birthday) (8B) within one year.** Official notice was issued to the program that 100% compliance was achieved.

8. **UCP Mobile Bright Beginnings: 1 finding under Transition 8A, 1 finding for Transition 8C.** During a TA conducted on

3-14-13, two findings were noted. One plan was written early and the other 33 month meeting with the LEA was completed late. The individual files have now been updated. **Follow up:** During further review on 3-14-13, transition plans completed subsequent to these plans were reviewed and it was determined that the program regained **100% compliance for timely transition planning which means at least 90 days, and at the discretion of all parties, not more than nine months prior to the toddler's third birthday (8A) and timely notification to the SEA and LEA (at least 90 days prior to the child's third birthday) (8B) within one year.** Official notice was issued to the program that 100% compliance was achieved.

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9. **Montgomery District: 1 finding under Transition 8A and 1 finding under Transition 8B.** During a TA conducted on 4-19-13, two findings were noted. One plan was out of compliance for both timely transition planning (8A) and timely notification (8B). The plan was ultimately developed and although late, notification was sent. The individual file was updated. **Follow up:** During further review on 4-19-13, a transition plan completed subsequent to this plan was reviewed and it was determined that the program regained **100% compliance for timely transition planning which means at least 90 days, and at the discretion of all parties, not more than nine months prior to the toddler's third birthday (8A) and timely notification to the SEA and LEA (at least 90 days prior to the child's third birthday) (8B) within one year.** Official notice was issued to the program that 100% compliance was achieved.

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

See above description for each individual program and the actions used to verify that each individual case of noncompliance was corrected.

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 SEA and the 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 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|--------|--------|--------|--------|------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Data | 99.50% | 89.39% | 93.20% | 100% | 95.00% | 92.40% | 96.00% | 89.10% |

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

| FFY | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|--------|------|------|------|------|------|------|
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

FFY 2013 SPP/APR Data

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 2012 Data* | FFY 2013 Target* | FFY 2013 Data |
|---|--|----------------|------------------|---------------|
| 187 | 216 | 89.10% | 100% | 95.90% |

Describe the method used to collect these data

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.

FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

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. All records selected will be subject to a complete or partial review.

Do you have a written opt-out policy? Yes

Is the policy on file with the Department? Yes

Provide additional information about this indicator (optional)

Number: Of the 216 children potentially eligible for Part B monitored during SFY 2014, 21 families opted out from notification to the LEA (leaving 195 children for whom notification to the LEA should occur).

Of the 195 children who should have had notification sent to the SEA and LEA, 187 notifications were made at least 90 days prior to the child's third birthday .

(Alabama's **Opt-Out Policy** was submitted to OSEP with the Part C Application for Funding in May 2009 and was approved during the state's FY 09. Alabama's Opt-Out Policy is on file with the Department)

Calculation 187 ÷ 195 = 95.9%

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2012

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 21 | 21 | 0 | 0 |

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

1. **AIDB Auburn: 1 finding under Transition 8B.** During a TA conducted on 5-6-13, one finding was noted under timely notification (8B). Although late, notification to the LEA occurred for this plan. The individual file was updated. Another transition plan was presented on 5-6-13. This transition plan was completed correctly and met 100% compliance criteria for this component (i.e., developed at least 90 days, and not more than nine months prior to the toddler's third birthday) . **Follow up:** During further review conducted on 5-6-13, it was determined that the program regained **100% compliance for timely notification to the SEA and LEA (at least 90 days prior to the child's third birthday) (8B) within one year.** Official notice was issued to the program that 100% compliance was achieved.
2. **AIDB Birmingham: 1 finding under Transition 8A and 3 findings under Transition 8B.** During a PAR on 7-25-13, one finding was noted for timely transition planning (8A). Although late, the meeting was held and the plan was developed. The individual file was updated. Three findings were noted for timely notification (8B). Although late, notification was sent to the SEA and LEA for all three plans and the file was updated. An action plan was developed for monitors to review transition plans, developed subsequent to this plan, for transition planning and timely notification. **Follow up:** During

further review on 10-10-13, a subsequent plan was reviewed and it was determined that the plan was written at least 90 days, and not more than nine months prior to the toddler's third birthday). It was also determined that notification had been sent to the SEA and LEA (at least 90 days, and not more than nine months prior to the toddler's third birthday). Therefore, it was determined that the program regained **100% compliance for timely transition planning (8A) and timely notification (8B) within one year**. Official notice was issued to the program that 100% compliance was achieved.

6. **AIDB Talladega: 1 finding under Transition 8B.** During a PAR on 10-30-12, one finding was noted under timely notification (8B). Although late, notification to the LEA occurred for this plan. The individual file was updated. Another transition plan was presented on 10-30-12. This transition plan was completed correctly and met compliance for timely notification (8B). **Follow up:** During further review conducted on 10-30-12, it was determined that the program regained **100% compliance for timely notification to the SEA and LEA (at least 90 days prior to the child's third birthday) (8B) within one year**. Official notice was issued to the program that 100% compliance was achieved.
7. **ARC of Autauga: 1 finding under Transition 8B.** During a TA conducted on 12-18-12, one finding was noted for timely notification (8B). Although late, notification was sent to the LEA and the file was updated. Another transition plan was presented on 12-18-12. This transition plan was completed correctly and met compliance for timely notification (8B). **Follow up:** During a further review conducted on 12-18-12, it was determined that the program regained **100% compliance for timely notification to the SEA and LEA (at least 90 days prior to the child's third birthday) (8B) within one year**. Official notice was issued to the program that 100% compliance was achieved.

4 findings under Transition 8A, 8 findings under Transition 8B. During a TA on 9-16-13, four findings for timely transition planning were noted. Of these, one plan had been completed, but late, and three plans were closed at the time of the TA on 9-16-13 and could not be completed. Eight findings for timely notification (8B) were noted on 9-16-13 as well. Although late, notifications were sent to the SEA and LEAs for all of these plans. The individual files were updated. An action plan was developed to include; staff to attend transition training on 9-27-13, staff to attend Journey I training on 10-8-13 and 10-9-13, and another TA to review transition plans written from 9-16-13 until the next TA on 12-13-13. **Follow-up:** On 09-27-2013 program staff attended an onsite transition training in addition to attending Journey 1 training on October 8th-9th. During further review on 01/17/2014, five additional transition plans were reviewed and were found to meet all criteria for Timely Transitions, therefore the program regained **100% compliance for Transition within one year**. Official notice was issued to the program that 100% compliance had been achieved.

8. **CSP: 1 finding under Transition 8A and 2 findings under Transition 8B.** During a TA conducted on 4-24-13, one finding was noted for timely transition planning (8A). Although late, the meeting occurred and the plan was developed. Two findings were noted for timely notification (8B). Although late, notification was sent to the LEA on both plans. The individual files were updated. Other transition plans were presented on 4-24-13. These transition plans were completed correctly and met compliance criteria for this indicator. **Follow up:** During further review on 4-24-13, it was determined that the program regained **100% compliance for timely transition planning which means at least 90 days, and at the discretion of all parties, not more than nine months prior to the toddler's third birthday (8A) and timely notification to the SEA and LEA (at least 90 days prior to the child's third birthday) (8B) within one year**. Official notice was issued to the program that 100% compliance was achieved.
9. **Children's of Alabama: 1 finding under Transition 8B.** During a TA conducted on 3-23-13, one finding was noted under timely notification (8B). Notification was sent late. The individual file was updated. Another transition plan was presented on 3-23-13. This transition plan was completed correctly and met compliance criteria for timely notification (8B). **Follow up:** During further review on 3-23-13, it was determined that the program regained **100% compliance for timely notification to the SEA and LEA (at least 90 days prior to the child's third birthday) (8B) within one year**. Official notice was issued to the program that 100% compliance was achieved.
-
10. **UCP of Greater Birmingham/Blount & St. Clair: 5 findings under Transition 8A, 1 finding under Transition 8B.** During a TA conducted on 10-23-12 and a PAR conducted on 3-25-13, six findings were noted. Five transition plans were written either early or late and one notification was sent late. The individual files were updated based on the monitoring review. **Follow up:** During further review on 3-25-13, transition plans completed subsequent to this transition plan were reviewed and the program regained **100% compliance for timely transition planning which means at least 90 days, and at the discretion of all parties, not more than nine months prior to the toddler's third birthday) (8A) and timely notification to**

the SEA and LEA (at least 90 days prior to the child's third birthday 8(B) within one year. Official notice was issued to the program that 100% compliance was achieved.

-

11. **UCP of Greater Birmingham/Etowah & DeKalb: 2 finding under Transition 8B.** During a PAR conducted on 6-7-13, two findings were noted under timely notification (8B). Although late, notification to the LEA was sent for both plans. The individual files were updated. **Follow up:** During further review on 6-7-13, transition plans completed subsequent to this transition plan were reviewed and it was determined that the program regained **100% compliance for timely notification to the SEA and LEA (at least 90 days prior to the child's third birthday) (8B) within one year.** Official notice was issued to the program that 100% compliance was achieved.

13. **Montgomery District: 1 finding under Transition 8A and 1 finding under Transition 8B.** During a TA conducted on 4-19-13, two findings were noted. One plan was out of compliance for both timely transition planning (8A) and timely notification (8B). The plan was ultimately developed and although late, notification was sent. The individual file was updated. **Follow up:** During further review on 4-19-13, a transition plan completed subsequent to this plan was reviewed and it was determined that the program regained **100% compliance for timely transition planning which means at least 90 days, and at the discretion of all parties, not more than nine months prior to the toddler's third birthday (8A) and timely notification to the SEA and LEA (at least 90 days prior to the child's third birthday) (8B) within one year.** Official notice was issued to the program that 100% compliance was achieved.

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

See above description for each individual program and the actions used to verify that each individual case of noncompliance was corrected.

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 SEA and the 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 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|--------|--------|------|------|------|--------|--------|--------|--------|
| Target | | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Data | 99.00% | 100% | 100% | 100% | 95.30% | 95.10% | 98.10% | 95.00% |

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

| FFY | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|--------|------|------|------|------|------|------|
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

FFY 2013 SPP/APR Data

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

- Yes
- No

| 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 2012 Data* | FFY 2013 Target* | FFY 2013 Data |
|---|--|----------------|------------------|---------------|
| 150 | 150 | 95.00% | 100% | 100% |

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

- State monitoring
- State database that includes data for the entire reporting year

Describe the method used to select EIS programs for monitoring.

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 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. All records selected will be subject to a complete or partial review.

Provide additional information about this indicator (optional)

There were 0 programs where parents did not give permission for the transition conference to occur.

Number: Of the 150 meetings with LEAs that should have occurred within the timeframe, 150 meetings were convened.

Calculation 150 ÷ 150 = 100%

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, **not including correction of findings**

Correction of Findings of Noncompliance Identified in FFY 2012

| 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 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

- UCP Mobile Bright Beginnings: 1 finding under Transition 8A, 1 finding for Transition 8C.** During a TA conducted on 3-14-13, two findings were noted. One plan was written early and the other 33 month meeting with the LEA was completed late. The individual files were updated as per the monitoring review. **Follow up:** During further review on 3-14-13, transition plans completed subsequent to these plans were reviewed and it was determined that the program regained **100% compliance for timely transition planning which means at least 90 days, and at the discretion of all parties, not more than nine months prior to the toddler’s third birthday (8A) and timely notification to the SEA and LEA (at least 90 days prior to the child’s third birthday) (8B) within one year.** Official notice was issued to the program that 100% compliance was achieved.

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

See above description for each individual program and the actions used to verify that each individual case of noncompliance was corrected.

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 are adopted).

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

Historical Data

Baseline Data:

| FFY | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|----------|------|------|------|------|------|------|------|------|
| Target ≥ | | | | | | | | |
| Data | | | | | | | | |

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

| FFY | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|----------|------|------|------|------|------|------|
| Target ≥ | | | | | | |

Targets: Description of Stakeholder Input

Prepopulated Data

| Source | Date | Description | Data | Overwrite Data |
|--|-----------|--|------|----------------|
| EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints | 11/5/2014 | 3.1 Number of resolution sessions | 0 | |
| EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints | 11/5/2014 | 3.1(a) Number resolution sessions resolved through settlement agreements | 0 | |

FFY 2013 SPP/APR Data

| 3.1 Number of resolution sessions | 3.1(a) Number resolution sessions resolved through settlement agreements | FFY 2012 Data* | FFY 2013 Target* | FFY 2013 Data |
|-----------------------------------|--|----------------|------------------|---------------|
| 0 | 0 | | | |

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

| |
|--|
| |
|--|

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 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|----------|------|------|------|------|------|------|------|------|
| Target ≥ | | | | | | | | 100% |
| Data | | | | | | | | |

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

| FFY | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|----------|------|------|------|------|------|------|
| Target ≥ | 100% | 100% | 100% | 100% | 100% | 100% |

Targets: Description of Stakeholder Input

Prepopulated Data

| Source | Date | Description | Data | Overwrite Data |
|--|-----------|---|------|----------------|
| EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/5/2014 | 2.1.a.i Mediations agreements related to due process complaints | 0 | |
| EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/5/2014 | 2.1.b.i Mediations agreements not related to due process complaints | 0 | |
| EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/5/2014 | 2.1 Mediations held | 0 | |

FFY 2013 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 2012 Data* | FFY 2013 Target* | FFY 2013 Data |
|---|---|---------------------|----------------|------------------|---------------|
| 0 | 0 | 0 | | 100.00% | |

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

| |
|--|
| |
|--|

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.

Baseline Data

| FFY | 2013 |
|------|--------|
| Data | 79.00% |

FFY 2014 - FFY 2018 Targets

| FFY | 2014 | 2015 | 2016 | 2017 | 2018 |
|--------|--------|--------|--------|--------|--------|
| Target | 80.00% | 80.50% | 81.00% | 85.00% | 88.00% |

Description of Measure

CONTENTS OF THIS SECTION:

- I. Measurement source
- II. Calculations
- III. Stakeholder involvement

The measure used in the collection of data for this indicator is the COSF (Child Outcome Summary Form). Entry data is collected on all children and exit data is collected upon exiting the system if the child has been in the program for 6 months or longer. Data under Summary Statement 1 in the Social-Emotional outcome area (those children making substantial progress towards functioning as same age peers) will be used to measure progress.

A higher education strategist assisted in the calculations of targets based on stakeholder input and realistic expectations of progress. The baseline is the last fiscal year's level of substantial achievement in social emotional growth (79%) and targets were set by incrementally increasing to 88% by FFY 2018. In order to put in place statewide evidence-based strategies that will impact social-emotional outcomes, smaller increments of improvement were selected for the first three years with higher targets set for the remaining years.

There were 1841 children who exited in 2012, 1939 who exited in 2013 and 2168 who exited in 2014 representing a 15% increase from 2012 to 2014 in the overall number of children exiting the system. Based on this projected growth of 15% in the number of children exiting in 2018 (over those who exited in 2013), there will be 2493 children exiting, 88% of which will be projected to make substantial progress in social emotional development (or 2194 children). This will equate to approximately 481 additional children or approximately 10 children per program.

Stakeholders were involved in the selection of targets, giving feedback during meetings held across the state via the district councils as well as at the ICC and ICC subcommittee meetings. A timeline of these activities is attached as a Word document. The stakeholders included the ICC and subcommittees, Higher Education, District Councils, service coordinators, local program interventionists, local program administrators, state agency liaisons, families, state agency commissioner representatives, and state monitoring staff (see description below).

Targets: Description of Stakeholder Input

Stakeholder Involvement

Summary: Stakeholders reviewed all AEIS data gathered for use in selecting the SIMR and setting targets (see attached Data Comparison Chart Word document and AEIS State Systemic Improvement Plan PowerPoint document for details on data).

Review meetings were held in each of the 7 districts across the state, in each of the ICC subcommittees, and at the Early Intervention-Preschool Conference. From this review, AEIS solicited feedback using a standard feedback form. (The results are

summarized under the Infrastructure Analysis section.) Following the identification of the SIMR, stakeholders were again queried for feedback on additional needs, the selection of targets and further system analysis. The timeline for data collection began in December 2013 with the ICC stakeholder meeting. Introductory data was provided and timelines for continued data collection and stakeholder input were presented. January and February 2014 were used to gather additional data from numerous sources pertaining to child health index (i.e., children in poverty, single parent households, and teenage parents).

From March 2013 through December 2014, stakeholder groups were convened to review the data and learn of the current state of affairs in terms of a potential SIMR. Additional stakeholder input into the SIMR and targets occurred throughout January, February and March of 2015.

- What internal and external stakeholders have you involved in this analysis?

- o District providers and local councils (made up of program interventionists, administrators, state/local agency representatives, district staff, service coordinators and families).
- o Leadership of Local Councils and subcommittees within the Districts
- o ICC and subcommittees: Personnel Preparation, Financial Planning, Public Awareness, Program Planning and Evaluation. ICC membership includes: Alabama Department of Rehabilitation Services, Alabama Institute for the Deaf/Blind, Alabama Department of Human Resources, Alabama Department of Mental Health, Alabama Department of Insurance, Alabama Department of Transportation, Alabama Department of Public Health, Alabama Medicaid Agency, Alabama Department of Education, Children's Rehabilitation Services, District Council Representative, Alabama Legislator, Direct Service Providers, Head Start and Parents.
- o District staff (who serve as the entry point for referrals, conduct public awareness activities, involve families in system input, and maintain the functioning of the district council).
- o State staff and leadership from the Lead Agency (e.g., the Commissioner)
- o Families and caregivers
- o Vendors providing services through Alabama's Early Intervention System
- o Targeted stakeholder groups (families, local child welfare workers, child care personnel, public health nurses, nurse managers from birthing hospitals, community program representatives, United Way agencies etc.)
- o Family Voices of Alabama
- o Others – nurse managers, doctors etc.

- What was your process to select and identify which stakeholders would be involved?

AEIS identified a broad base of diverse stakeholders across all state, district and local areas throughout Alabama. At the initial training/feedback sessions, the entire SSIP process was graphically described and explained. Staff outlined the required activities and commitment over the next few years.

Each stakeholder was asked to partner with the Lead Agency by continuing to offer input, feedback and invest in the process. The challenge was accepted by stakeholders – old and new! This process has and will become our roadmap for the future and stakeholders will continue to be our most valuable resource! The process of selecting these stakeholders included the following strategies:

- o Leadership team from within lead agency identified how process would begin and which stakeholders to engage.
- o ICC bylaws identify those to serve on ICC as the primary leaders into this process.
- o ICC subcommittees were involved with membership representing a wide range of stakeholders statewide.

- o Through the stakeholder involvement process, additional stakeholders were identified and added to the process (e.g., representatives from the Launch Project with the Alabama Department of Mental Health)
- o The District Councils were greatly involved. They are comprised of some of the same state stakeholders, but at the local level (i.e., local representatives from district/regional offices). Councils were surveyed to be sure we were getting broad representation and input from these important partners.
- o Identified local stakeholders/representatives that we wanted to be sure to engage – Head Start, Department of Human Resources, AL Department of Public Health, Department of Children’s Affairs etc.
- o Identified local families to be involved, including the families represented on the ICC.
- o Involvement continues to expand and include a broad based group of partners. This is an ongoing process!

· How are you involving or plan to involve your stakeholders in selecting, identifying and analyzing your exiting data in establishing your plan?

- o Verbal feedback has been gathered at all of our stakeholder meetings across the state
- o Written feedback had been solicited and received from stakeholders regarding strengths, areas for improvement and additional data needed.

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.

CONTENTS OF THIS SECTION

- I. Summary of Key State Data and Conclusions
- II. Identification and Analysis of Data
- III. Description of data sources
- IV. Disaggregation of Data
- V. Data Quality
- VI. Compliance Data
- VII. Stakeholder Involvement and Input

I. Summary of Key State Data and Conclusions

Summary: Alabama's Early Intervention System (AEIS) conducted an extensive review of data in an effort to determine the area of greatest need. Several factors were noted from this data review that were used in selecting the SIMR:

1. Trend data from the past 3 years for child outcomes (summary statement 1) indicated that the area of social-emotional development had the lowest percentage of achievement for children. There were 1576 children identified with delays in the area of social-emotional development over the past three years (835 in SFY 2014). For families, the area of lowest achievement was in communicating their needs and/or their children's needs.

2. Of the 10 programs with 60% or less of children making progress in social-emotional development, the average frequency of services for these 10 programs is 2.3 times per month, the average time in program was 19 months, the ages at entry were 0-1 year = 92, 1-2 years = 132, and 2-3 years = 84, showing a significantly higher rate of intake for children over the age of 1. The factor here appears to be that there are more children entering after age 1 which impacts the amount of time in the program.

3. AEIS is higher than national data in social-emotional achievement, however upon discussion with OSEP, the nation as a whole is low in this area.

4. The state of Alabama is lower than the national average in Economic well-being, Education, Health, and Family and Community well-being, all factors that affect social-emotional outcomes in young children.

5. Although data for EI appears to be consistent with the state data on race, other data indicates that more males are served in EI.

6. "Time in program" was the most frequent reason chosen for children not making progress in all domains.

7. Analysis of diagnosis vs. developmental delay indicates that, on average, 82% of children making no progress in Social-Emotional outcomes have generalized developmental delay, not a specific diagnosis.

Summary: The decision for choosing Social/Emotional development as the SIMR was based on the factors above from data analysis and on the opinion that the area of social emotional development impacts all other developmental domains. Alabama data indicates that this is the area of highest need and is consistent with the ranking of child health status and child well-being statistics for the state. Also, the assumption is that the overall number of children impacted by choosing OSEP Outcome Statement 1 (moving closer to same age peers) will be higher than those who achieve functioning at the level of same age peers (OSEP Outcome Statement 2) upon exit. The state has the availability of new resources (e.g., Project LAUNCH) and other connections to help in this area of social-emotional development (e.g., Smart Start, Perinatal system, First Teachers, CPTA, Family Guidance Center, Help Me Grow, and Nurse-Family Partnership).

Contributing factors:

- State rankings for poverty, teen births, low birth weight, and lack of secure employment would affect social/emotional development
- Age of referral is highest for those children over the age of one year which would impact time in program and ultimately outcomes (this coupled with the feedback from stakeholders indicates a need for more public awareness for referral of young babies)
- Isolation of families who have few or no community resources/opportunities for social interaction
- Low income families (61% of families in 2012 and 58% of families in both 2013 and 2014 were on Medicaid).
- Maternal depression

II. Identification and Analysis of Data

Summary: The State staff and stakeholders identified, analyzed and focused on key state data needed after a complete review of all data through GIFTS data base (including child outcomes trend data over the past 3 years). AEIS is supported through the Computer Services Division at the lead agency (ADRS) with an identified programmer for EI. The staff have assisted the Data Manager in drilling down data in the web based computer system and addressing specific data requests needed for assessment. Alabama has utilized the numerous resources available through the technical assistance centers and OSEP funded supports. State staff identified key data needed after a review of all data including: state monitoring data; 618 data; GIFTS database (including child outcomes trend data over the past 3 years); Kids Count; state demographics; child health index; state rankings for economic well-being, education and health; state data on gender and race; state data on socioeconomic status; settings in which children were served; % of children on Medicaid; age at referral; length of time in service; diagnosis; and frequency of services. Stakeholders were then involved through focus groups, ICC meetings and ICC subcommittee meetings in the identification and collection of additional data. Additionally, AEIS...

- o Used ECTA Resources/website for guidance
- o Reviewed existing data and reports to determine what we had and what we needed
- o Reviewed further data as requested by stakeholders and stakeholder groups.

- How did you select data?

Staff and stakeholders identified additional data to review and drill down, including other variables which might impact outcomes (ie ethnicity, gender). Guidelines and tools were distributed at the national meeting and on the various TA websites which assisted us in our efforts. Determinations and decisions were made incrementally on what data was needed as the review continued. As we drilled down the data, more questions seemed to arise highlighting particular system components which led to additional data questions and requests. This investigation and in depth review allowed us greater clarification of each data element and how it impacted the EI system, local programs and infants and toddlers.

- How did you analyze?

Alabama linked demographic and programmatic data to child and family outcomes data whenever possible. The ECTA System Framework, the SSIP Roadmap with resource tools, and other templates were used to assist in the broad and in depth data analysis. Additionally, AEIS:

- o Sought TA and support from our IT department staff within the Lead Agency and other stakeholders.
- o Solicited input from all stakeholders of the system. Data was reviewed by the ICC and stakeholders across the state through the district councils.
- o Conducted ongoing analysis comparing all data and data specific to areas of need and low performance.
- o Compared all national, state, district, county, program and service coordinator data.
- o Analyzed data patterns, program practice and root causes of these patterns.
- o Developed powerpoints that highlighted national, state and local performance data by state and district.
- o Studied what's working and what's not working in all of the system components as they relate to the SIMR.
- o Conducted comparisons of the SIMR by district and by similar programs and by fiscal agent.

- How did you focus in on certain data?

Alabama utilized all of the strategies above with guidance from our OSEP State Contact to drill down and focus on the data in the system that impacted outcomes. We determined the lowest performance data and began to focus on factors including system framework and infrastructure analysis. We identified the lowest performing programs and studied the children within those programs in an attempt to understand the root causes. See attached Data chart. AEIS...

- o Focused on Child Outcome data trends over time showing the lowest percentage
- o Focused on Family Outcome data trends over time showing the lowest percentage

- How did you identify root causes in relation to poor performance of that data?

Alabama analyzed the linkages between program practices and system infrastructure to help identify root causes contributing to the low performance of the SIMR – social emotional development. We identified and compared programs, geographic areas, similar populations and other system components to determine factors that were alike and those that were different. We looked at what was working and what was not working in the system components to determine if they affected performance. The variables were reviewed to compare local program performance. We found after careful analysis of the data that:

- o EI personnel in the field did not know how to effectively evaluate the social emotional area of development;
- o Few children were qualifying as eligible under this domain;
- o Few children had goals and outcomes associated with this domain;
- o There were few effective tools in the field to be used in this domain;
- o Staff knew very little about what affects social emotional growth and development;
- o Some of the lowest referral rates were occurring in some of the lowest ranked counties in the state where data indicated there was greater need.

III. Description of Data Sources

Summary: The state did a tremendous amount of research to help in making determinations and decisions on selection of the Alabama SIMR. Below is a summary of data sources/research that was identified and reviewed and which continues to be utilized through all phases of the SSIP development. The data overwhelmingly supports the selection of the SIMR based on Alabama data as compared to the national data and county data comparisons found in many of the data sources below. There is a high number of Alabama children living in extreme poverty, with low child health index status, high infant mortality rates, high number of children exposed to violence in the home, child deaths, maltreatment of children under the age of 3, substance abuse and other significant factors that affect our infants and toddlers. The data below summarizes our data sources and findings, and substantiates selection of the SIMR.

- o **GIFTS DATA (Data Comparison Chart pages 1-17)** – Data gathered from the GIFTS system – data that service coordinators are entering into the system on individual children. Very few children qualify for AEIS with a delay in the Social Emotional domain of development in spite of the Alabama data indicating significant factors contributing to the development of these children in our state.
- o **APR Trend Data (Data Comparison Chart pages 21-22)** – Data collected and reported in the APR over the last 3-5 years.
- o **Alabama Kids Count Data - Voices for Alabama's Children (Data Comparison Chart pages 17-18)** – AEIS has been working with VAC for many years and has served on the board and as president of the board of directors. AEIS drilled down the data to determine the greatest areas of need for the state. Alabama is ranked 45th in 2012 and 48th in 2011. Alabama has been ranked in the lowest 10 states in the areas of Economic Well Being, Education, Health, Family and Community Context for years. The five Indicators for Child Well-Being includes low birth weight, births to unmarried teens, children in single parent families, children in poverty and high school graduation rates. The specific indicators are some of the highest in the state for the central and south Alabama counties. The VOICES Kid Count book has been invaluable in our data review. AEIS has a great collaborative partnership with VOICES and has worked to include some AEIS data in the Kid Count book in the coming years.
- o **Children in Poverty (Data Comparison Chart pages 17-19)** – The national average for children in poverty is 23% and Alabama's average is 28%. Of children whose parents lack secure employment, the national average is 32% and Alabama's average is 35%. Both of these are significant factors affecting young child development in Alabama and confirm the SIMR.
- o **PAR monitoring data from programs (Data Comparison Chart pages 1-22)** - PAR monitoring findings have been studied over a three year period and show high levels of compliance. (See attached Data chart, item 11)
- o **Head Start Data** – number of children enrolled under the age of three by race/ethnicity, number of children under age three identified with disabilities, number of children with health insurance, center locations – all data specific to Alabama.
- o **Child Health Data** – a portrait of Alabama's mental and emotional well-being of children. Most of Alabama's statistics are higher than the national average – prevalence, poverty level, children's overall

health and health care, smoking in the home, maternal health, parental coping, parent/child relationships etc. Also Information/data specific to Children with Special Health Care Needs in Alabama, The Maternal and Child Health program, serving Children with Special Health Care Needs and their families in Alabama is located within the lead agency - ADRS— which allows for optimal collaboration and coordination.

- o **Child Trends Data** – This website holds data on young children and factors that affect their development including SE area of development: ASD, Adverse Experiences, Births to Unmarried Women. Breast feeding, Child Care, Children in Poverty, Children Exposed to Violence, Kindergarten Social Interaction Skills etc. Access is available through articles that support the importance of the social emotional development in young children and evidence of those factors that affect that development.
- o **Child Welfare Data** – This data is from the Administration on Children and Families. Their goal is to promote the economic and social well-being of families, children, individuals and communities. This data reports on the performance of states on 7 outcomes related to child welfare. Longitudinal statistics indicate high rates of maltreatment between the ages of 0-3 – with the highest rate being under the age of 1 year. Alabama statistics also indicate high percentages for this population as well as high rates of child deaths for infants under the age of 1 year.
- o **Alabama Department of Child Abuse & Neglect Data** –“The Cost of Child Abuse in Alabama” indicates that approximately 30% of abused children in Alabama have some type of language or cognitive impairment and over 50% have social – emotional problems. Alabama's Early Intervention System's largest service delivery category is speech delay.
- o **CLASP Data:** Center for Law and Social Policy reports that as many as 1 in 7 children, birth to age 5, may experience social emotional issues that impair their healthy growth and development. The data indicates that 9.5%-14.2% of young children have social emotional impairments. The data also indicates that the poverty rate in Alabama in 2013 was 18.70%, rate of children under age 6 in poverty 31.60%, the rate of extreme poverty was 8.4% and the extreme poverty rate of children under age 6 was 16.30%. All of these factors affect development of young children, including the social emotional domain.
- o **March of Dimes Data/State Report Cards** – MOD leads the Prematurity Campaign to reduce the nation's preterm birth rate to 9.6% or less by 2020. The Premature Birth Report Card measures progress by comparing each state's rate to that goal. Alabama's rate in 2013 was 14.6% which yields an F on the report card. It also ranked Alabama at 27.3% for pregnant women who smoke. These factors affect babies being born early and increases their likelihood for developmental delays. Alabama has some of the highest rates of prematurity and infant mortality in the country.
- o **Al Department of Public Health Data:** Information, health statistics and data on their efforts to reduce Alabama's high infant mortality rate by - reducing non- medically indicated elective deliveries prior to 39 weeks, interconception care Medicaid Waiver, smoking cessation, safe sleep and perinatal regionalization. Due to the high rates of Infant Mortality in Alabama, the Alabama Perinatal System was developed as a regional system of care for pregnant women and their infants to have access to appropriate care (including EI referral and services). There are several areas in which AEIS has been involved and gathered data: Collaborative Improvement and Innovation Network to Reduce Infant Mortality, Fetal and Infant Mortality Review, information and referral, linking with birth certificate information etc. AEIS serves on the state and regional Perinatal Boards in local communities where the issues of young children and their families are specifically addressed through development of regional plans and activities.
- o **National Center for Children in Poverty:** This website offers numerous studies and data to support the negative effect of poverty on a child's development – including the social and emotional domain. Studies show that poor children suffer more frequently than do non-poor children. Emotional outcomes are often grouped along two categories – externalizing behaviors including aggression, fighting and acting out and internalizing behaviors such as anxiety, social withdrawal and depression. Data regarding emotional outcomes are based on parental and teacher reports. This data can be applied to Alabama's extreme poverty rates.
- o **Better Brains for Babies:** A collaboration of state and local public and private organizations dedicated to promoting awareness and education about the importance of early brain development in the healthy growth and development of infants and young children in Georgia. This resource has been helpful in researching all areas of development, including the SE domain.

- o **Prematurity Resources** – Numerous research articles outline the effects of prematurity on development in areas of social emotional growth. They contend that a considerable number of premature children score highly on various behavioral checklists, denoting hyperactivity, low attention span and poor social functioning. Alabama has a high rate of babies born prematurely which affects the social emotional growth in Alabama's young children.
- o **Science Daily:** Describes the long term poverty effects on the mental health of children. As evidenced in the data – Alabama has very high rates of children living in poverty.
- o **Environment and Brain Development of an Infant** – by Elizabeth Smith describes the impact of a stress environment on a young child's development. The Effect of Poverty on Infant Development by Julie Battern– describes that the effects of a child's development have been significantly linked to deficient nutrition, home environment, parent mental health and neighborhood conditions. Although the effects last a lifetime, they are noticeable in the child in the first five years of life while living in poverty conditions. The Effects of Poverty on Children by Jeanne Brooks-Gunn and Greg J. Duncan studies the affects of poverty and other family characteristics on the development of children over time. Poor children suffer from emotional and behavioral problems more frequently than do non-poor children. Other studies and articles relate to the effect of single parenting on children social and emotional development. Again, Alabama has very high rates of poverty and children living in these conditions.
- o **Alabama Developmental Standards for Preschool Children** – Specific social emotional components for use by teachers including four goals, standards and the objectives to meet the standards. All areas of the standards are being utilized in the development of the SIMR and in the development of the theories of action. AEIS works collaboratively with the Alabama State Department of Education (SDE) ensuring smooth transitions for infants and toddlers.
- o **Neil's Study** : EI providers were asked to indicate reasons that children were eligible for EI. Very few indicated that eligibility was due to a social or behavioral problems (4%), but when parents were asked about their child's behavior they learned that many exhibited some of the characteristics that indicate challenges in the social/emotional area of development. 25% had trouble playing with other children, 22% were easily distracted, 25% were jumpy and easily startled etc.
- o **Family Voices of Alabama:** A grassroots family organization that advocates for children with special health care needs in Alabama.

Great resources are available for families and Children with Special Health Care Needs (CSHCN) through their survey information. Family to Family (F2F) Health Centers of Alabama is funded through FVA studying the needs of Alabama families who have CSHCN and their need for access to specialty care, medical homes and needed supports to live and learn in their communities. Data supports that 45.6% of CSHCN experience 4 or more functioning difficulties, such as problems with breathing, communicating, taking care of self, behavior or anxiety. Nationally, 34.3% of their families have insurance that is inadequate, and 25% have cut back on work or stopped work. All of these factors have a great impact on a family and impact a child's development.

- o **Alabama Coalition Against Domestic Violence:** Provides statistics of adult and child victims in Alabama served in shelters, child victims served in shelter, bed nights provided for adult victims (42,692), bed nights for child victims (36,343). Data indicates that domestic abuse affects the growth and development of infants and toddlers in these families.
- o **Zero to Three Website:** Reviewed all data and articles on this nationally renowned website related to social emotional domain. According to the 2009 Parent Survey parents do not fully understand how deeply babies and toddlers' social emotional development is affected by their early experiences. This resource provides important information about how social emotional development unfolds and how parents can nurture their children's healthy development
- o **Frank Porter Graham Child Development Institute:** There are numerous related articles on factors that affect social emotional development. Many directly relate to the population of young children in Alabama.
- o **Child Welfare Data – Administration on Children and Families.** Their goal is to promote the economic and social well-being of families, children, individuals and communities. They report on the performance of states on 7 outcomes related to Child Welfare.

- o **National Child Abuse and Neglect Data System (NCANDS) Data** supports that victims in their first year of life had the highest rate of victimization at 21.9% per 1,000 children of the same age in the national population. More than 75% suffered neglect, more than 15% suffered physical abuse and fewer than 10% suffered sexual abuse. Three quarters of all child fatalities were younger than 3 years old. Risk factors that increase the likelihood of child maltreatment included those with intellectual disabilities, emotional disturbances, visual and hearing impairment, learning disabilities, and physical disabilities. 13.3% of victims were reported as having a disability. The highest percentage of child deaths falls between the ages of birth to age 3 (i.e., 2012 Alabama child fatality data reflects that 19.5% were under the age of 1 year, 8.8% - 1 year of age, 10.3% - 2 years of age and 10.7% - 3 years of age) which supports the national trend in data. 1.5% of caregivers in Alabama had a domestic abuse risk factor, 38.2% of which were due to neglect and 49.6% were due to physical abuse. Alabama data is consistent with national data but with higher percentages in some areas of investigation. This data continues to show the critical importance of strengthening families and providing support to families of very young children.
- o **MCH Needs Assessment Data:** The Children's Rehabilitation Services Needs Assessment is required every 5 years and indicates that the number one need identified by families was information about their child's condition or disability. The Alabama survey also indicated that the greatest service needs for CYSHCN and their families were transportation, respite care and therapies (OT, PT, ST.) One of the key roles of the EI service coordinator is to provide information, resources and coordination for families. The Children's Rehabilitation Services 2015 Needs Assessment indicates that the top reported unmet health service needs were OT, Speech, PT, Mental Health/Behavioral services & Specialty Services.
- o **F2F Health Center/Alabama:** Provides information, training, technical assistance and peer support to families of CYSHCN as well as those who serve them; mentors families; provides information and resources to families; nurtures collaboration between families and professionals in the state; assists families to make informed decisions about their children's health care and be better able to participate in systems building activities in their communities and states; offers training for families on advocacy and partnerships; distributes resource information; and integrates Family Centered Care philosophy, family professional partnership and cultural competence.
- o **Alabama Department of Human Resources:** Data indicates that 10-11% of all births are affected by prenatal alcohol or illicit drug exposure; prenatal exposure to alcohol and illicit drugs has the potential to cause wide spectrum of physical, emotional and developmental problems and most of these substance-exposed infants are undetected and go home. Data shows that prenatal alcohol or illicit drug exposure can significantly effect a child's social and emotional development.
- o **Alabama Department of Mental Health:** Alabama is ranked 51st in Mental Health Workforce availability. This data indicates that there is plenty of opportunity to impact the lives of young children through training opportunities in children's mental health, social emotional development and Evidence Based Practice (EBP) to impact this area of development.
- o **Pediatrics and Child Health on Maternal Depression and Child Development:** Maternal depression is considered a risk factor for the social emotional and cognitive development of children. Women of childbearing age are particularly at risk for depression which is often unrecognized and untreated. Mothers already at risk for depression are particularly fragile during the first months postpartum. Maternal depression has consequences on a child's development. It is important that pediatricians have knowledge and skills for the detection of symptoms of maternal depression. The study shows that marital conflict, stressful life events, limited social support, poverty, lower social class and lower maternal education are factors that exacerbate parental depression. It also demonstrated that social supports and home visiting interventions have been successful in improving depressed mothers' moods and attitudes as well as their infant's attachment. No statistics have been found on this population in Alabama, but it warrants further review and planning.
- o **Journal of Women's Health on Maternal Depression in the United States:** The study indicated that 10% of mothers experienced depression in the past year. White and Native American women, those with low education, and those not married had high rates of depression. Depressed mothers experienced more adversities (poverty, separation or divorce, unemployment, financial difficulties) and had worse functioning. Half of depressed mothers received services for their depression. The study concluded that maternal depression is a major public health problem in the US and an estimated 1 in 10 children experience a depressed mother in any given year. AEIS and stakeholders should be aware of the impact of maternal depression on children's development. Data indicates that maternal depression effects up to 24% of low

income women. We have not found state specific data on this topic, but recognize that maternal depression effects the social emotional development of young children and should be further studied and applied to the SIMR.

IV. Disaggregation of Data

Variables that would impact “outcomes” were identified from the Alabama data. Data was disaggregated by county, district, program, and service coordinator level. AEIS looked at referral data, demographic data, and all Program Evaluation data over the past three years. All data fields were drilled down to the EI program, provider and child record levels. Access to the EI data cube was allowed and training for data manager in utilizing cube is ongoing.

Disaggregation included:

- o Ethnicity/Race
- o Sex
- o Gender
- o Children on insurance, Medicaid or no insurance
- o County of residence
- o Service coordinator
- o Reason for eligibility
- o Length of time in service
- o Service plan/ frequency and intensity
- o Location of service
- o Routines based assessment info

NOTE: Variables that would impact “outcomes” were also examined as follows:

- time in program
- age at entry
- entry/exit tools used
- exit scores
- diagnosis
- services received
- frequency of services
- number of service coordinators
- case load size
- area of delay
- referral data by district and by referral sources

V. Data Quality

- Is data quality a concern?

Data quality has not been a concern. AEIS has many levels of review and oversight to determine data quality. AEIS works continually and closely on data quality through: TA and oversight with lead agency IT department; ongoing data-based reviews of child records and system data; testing of all changes in data system by management and users; users access to help desk and immediate support and ongoing stakeholder review of data at many supervisory levels.

Extensive, ongoing data training has taken place system-wide throughout each fiscal year to support each computer user. Ongoing monitoring through data base reviews, data manager alerts, comparisons of data in system and data in child records and other checks and balances are in place to determine data quality. Data Manager is accessible for TA/questions/resources and there is strong Help Desk responsibilities available to users.

- How did you determine that it was or was not a concern?

AEIS determined that data quality was not a concern based on the safeguards listed below and the information above.

- o Required trainings on local level when a new user enters the AEIS system of employment.
- o Safeguards in place through data system to determine quality and reliability of data. (See Component 3: State Infrastructure Analysis to Support Improvement and Building Capacity/ Description of Infrastructure.)
- o Review of all data reports with IT department and with staff over time to determine quality, reliability and stability over time.
- o Specific review of individual records (on site) to determine validity of data for child's time in system.
- o Reviewed exit data and compared to actual child record at program/SC level.
- o Data reviews in place by different staff on an ongoing basis.
- o Specific IT personnel supported by AEIS and other IT staff available to system.
- o IT Programmer on staff with lead agency, specifically designated for AEIS GIFTS users.
- o State staff and anchor agency staff comparing data entered into GIFTS system to actual data in child's written record including SC notes and service delivery notes.
- o Ongoing monitoring, technical assistance and training offered by monitoring team and agency liaisons.
- o Mentors available and District Early Intervention Coordinators who locally train providers in using the GIFTS system.
- o Strong Help Desk staff who work with users on a daily basis.

• What methods were used to collect the data?

There are a variety of high quality methods used to collect data from the state and local EI program users with safeguards in place to ensure quality and consistency of the AEIS data. These include:

- o GIFTS entry (GIFTS is the state data base system)
- o Verification Validation – system to request monthly payment for services delivered
- o 618 data
- o PAR (Provider Appraisal Review Monitoring Process)
- o APR/SPP
- o Face to face reviews and Technical Assistance
- o Manual collection
- o Electronic submissions, focus groups
- o Research of data based on the demography of Alabama
- o Targeted groups of Head Start, DHR, and ADPH stakeholders etc.

• What timelines are established?

With the establishment of AEIS and the guidance from OSEP, timelines and methods for data collection have been established based on the Federal and State regulations, policies and procedures. For many years, AEIS has adhered to strict policies for compliance with these timelines.

The timeline for SSIP data collection began in December 2013 with the ICC stakeholder meeting.

Introductory data was provided and timelines for continued data collection and stakeholder input were presented. January and February 2014 were used to gather additional data from numerous sources pertaining to child health index (i.e., children in poverty, single parent households, and teenage parents). From March 2013 through December 2014, stakeholder groups were convened to review the data and learn of the current state of affairs in terms of a potential SIMR. Additional stakeholder input into the identified SIMR occurred throughout February and March of 2015.

AEIS standard timelines have been established for components of the system:

- o PAR requirements
- o GIFTS training by District EI Coordinators required upon hiring (See AEIS Personnel Standards)
- o Child find referrals entered daily into the GIFTS System
- o Must enter Eligibility status prior to IFSP development
- o IFSP data required to be entered within 10 days of IFSP meeting
- o Transition data to be entered immediately as it is completed
- o Exit data required prior to closure
- o Verification Validation submitted by the 10th of each month based on number of children served
- o Timely Service Delivery Dates must be entered for each service (initial and subsequent). Timely Service Delivery Dates must be entered for each service with requirements to enter a justification statement if late or if the service is cancelled or not wanted by the parent. A Reason for No Delivery is required before they can enter a 6 month review.

· How did you determine these timelines and methods for your data collection process?

Timelines were established through the direction of OSEP and based on regulations over a period of time and at stakeholder and leadership meetings. Frequent adjustments have been made based on monitoring findings, record and data base reviews, data report reviews and user input. Timelines for stakeholder input into data were based on pre-existing meeting plans within each district as well as ICC and subcommittee meetings.

VI. Compliance Data

Summary: All PAR data for the past three years was collected and areas of noncompliance summarized for each service coordinator, program, district, and for the state. (See data comparison chart, items 11, 12 and 13. See PowerPoint slides for district level data: District One 7-9, District two 15-17, District three 23-25, District four 31-33, District five 39-41, District six 47-49, District seven 55-57, Statewide 69-78). The PAR monitoring manual can be found on the ADRS website.

PAR Broad Compliance Categories that were reviewed include the following:

- *Child Find Referral and Eligibility Determination
- *Public Awareness and District Council Collaboration
- *Family Assessment
- *IFSP
- *Timely Service
- *45 Day Timelines

*Natural Environments

*CSPD/Personnel Standards

*Procedural Safeguards

*Transition Planning, Notification, and Meetings

*Data Collection

- Were any potential barriers established as a result of that analysis?

There were no barriers found as a result of the analysis. Through improvement planning, additional data will be collected and analyzed.

- How will your compliance data affect improvement on child data?

Compliance data over the years has helped to identify areas of improvement, training and TA needs for each SC, program, district, and for the state. Monitoring staff are skilled in identification of non-compliance. Alabama wants to be assured that every child and family are receiving quality services appropriate for their child and family in order that they may achieve their greatest outcomes while in the program and beyond—according to the rules and regulations of IDEA, Part C.

Monitoring and technical assistance will help ensure the implementation of evidence-based practices and will identify areas of continued need. Alabama will continue to keep compliance indicators a top priority in maintaining adherence to state and federal guidelines. There were no barriers as a result of analyzing compliance data and the data will help in identifying areas of improvement for Alabama.

VII. Stakeholder Involvement and Input

- What internal and external stakeholders have you involved in this analysis?

- o District providers and local councils (made up of program interventionists, administrators, state/local agency representatives, district staff, service coordinators and families).
- o Leadership of Local Councils and subcommittees within the Districts
- o ICC and subcommittees: Personnel Preparation, Financial Planning, Public Awareness, Program Planning and Evaluation. ICC membership includes: Alabama Department of Rehabilitation Services, Alabama Institute for the Deaf/Blind, Alabama Department of Human Resources, Alabama Department of Mental Health, Alabama Department of Insurance, Alabama Department of Transportation, Alabama Department of Public Health, Alabama Medicaid Agency, Alabama Department of Education, District Council Representative, Alabama Legislator, Direct Service Providers, Head Start and Parents.
- o District staff (who serve as the entry point for referrals, conduct public awareness activities, involve families in system input, and maintain the functioning of the district council).
- o State staff and leadership from the Lead Agency (e.g., the Commissioner)
- o Family gatherings (e.g., through the Early Intervention and Preschool Conference)
- o Vendors providing services through Alabama's Early Intervention System.
- o Targeted stakeholder groups (families, local child welfare workers, child care personnel, public health nurses, nurse managers from birthing hospitals, community program representatives, United Way agencies etc.)
- o Family Voices of Alabama

- o Head Start
- o Others – nurse managers, doctors etc.

· What was your process to select and identify which stakeholders would be involved?

AEIS identified a broad base of diverse stakeholders across all state, district and local areas throughout Alabama. At the initial training/feedback sessions, the entire SSIP process was graphically described and explained. Staff outlined the required activities and commitment over the next few years.

Each stakeholder was asked to partner with the Lead Agency by continuing to invest in the process by offering input and feedback. The challenge was accepted by stakeholders – old and new! This process has and will become our roadmap for the future and all stakeholders will continue to be one of our most valuable resources. The process of selecting these stakeholders included the following strategies:

- o Leadership team from within lead agency identified how process would begin and which stakeholders to engage.
- o ICC bylaws identified those to serve on ICC as the primary leaders into this process.
- o Through the stakeholder involvement process, additional stakeholders were identified and added to the process (e.g., representatives from the Launch Project out of the Alabama Department of Mental Health)
- o The District Councils were greatly involved. They are comprised of some of the same state stakeholders, but at the local level (i.e., local representatives from district/regional offices). Councils were surveyed to be sure we were getting broad representation and input from these important partners.
- o Identified local stakeholders/representatives that we wanted to be sure to engage – Head Start, Department of Human Resources, Al Department of Public Health, Department of Children’s Affairs etc.
- o Identified local families to be involved, including the families represented on the ICC.
- o Involvement continues to expand and include a broad based group of partners. This is an ongoing process!

· How are you involving or plan to involve your stakeholders in selecting, identifying and analyzing your exiting data in establishing your plan?

- o Verbal feedback has been gathered at all of our stakeholder meetings.
- o Written feedback had been solicited and received from stakeholders regarding strengths, areas for improvement and additional data needed.

The summary of data from stakeholder meetings/input and data analysis reveals the following identified strengths and needs:

RANK ORDER OF STRENGTHS IDENTIFIED BY MULTIPLE STAKEHOLDERS:

1. Services in natural environment
2. Timely services
3. Vision, mission and purpose of EI
4. Quality of programs/services
5. Child Find in general

6. Family involvement at the program level
7. PAR/monitoring
8. Service Coordination
9. Transition
10. Procedural safeguards
11. Quantity of services
12. Eligibility and IFSP development
13. Communication/collaboration
14. Data collection - GIFTS system
15. Communication with monitors and programs/agencies
16. TA – support of state office
17. Outcomes based on families' needs
18. Transition process in general
19. Family outcomes

RANK ORDER OF AREAS FOR IMPROVEMENT IDENTIFIED BY MULTIPLE STAKEHOLDERS:

1. Public awareness
2. Finance/funding
3. Family Involvement at the district level
4. Quality & quantity of services in rural areas
5. Transition meetings with LEAs
6. State/local collaboration
7. Child Find re: below the age of one
8. Data collection at local level
9. Eligibility
10. More training in test protocols and use of different tests
11. Referrals at earlier age
12. More training on outcomes
13. Need ESL materials
14. More training for professionals, beyond conference (more in-depth)
15. More training on eligibility evaluations

Data from all sources is currently (and will continue to be) used with local programs in improving methodology, compliance, services, and outcomes for children and families. Data is reviewed with each EI program through the

monitoring process with discussions centering on recommended practice implementation. Through the development of program profiles as required through the SPP/APR process, individual program progress for children and compliance is gathered and reviewed for areas needing improvement. TA is provided based on the individual programs' needs.

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.

CONTENTS OF THIS SECTION

- I. Summary of Infrastructure Analysis, Improvements Needed and Methods to Address Improvements
- II. Facets of Current Infrastructure to Support Improvements and Build Capacity
- III. Description of State Infrastructure Components
- IV. Strengths of Current State Infrastructure System
- V. State-Level Initiatives
- VI. State Identified Representatives and feedback
- VII. Stakeholder involvement

I. Summary of Infrastructure Analysis, Improvements Needed and Methods to Address Improvements

Summary: Based on stakeholder feedback and discussions, the following are the most frequently identified needs of the system along with strategies and system components that will be used to address these needs (also see section on selection of coherent improvement strategies for additional methodology):

Governance:

1. Public awareness – some of the counties in the districts are low in referrals. Those counties that are identified as some of the lowest referring counties are also some of the lowest ranked in the overall Child Health Index as found in the KidCount Data book. Stakeholders have identified this as an area of need to identify children in low referring, rural counties. Also providers need children to be enrolled to fulfill their contract numbers.
2. Family Involvement – AEIS wants to increase the level of family involvement/participation at the state, district and local areas. One of the foundational principles of AEIS is “a system that is family centered”. Engaging families in local Councils is a need in some areas of the state.
3. Increased local collaboration –The need for more linkages with primary referral sources and other organizations in the poorest and most rural counties of Alabama can assist in the improvement of outcomes.
4. Child find - There is a need to increase efforts in the low referring counties and districts.
5. Transition – There is a need in some local areas to further strengthen relationships with LEAs and increase joint training opportunities. Staff turnover in local communities can be a factor.

AEIS will address the above needs through a variety of methods. The Public Awareness Subcommittee of the ICC will address needs both from the state level and from the district level.

Participants on this subcommittee include state-level agencies, local programs/providers and families. AEIS has the resources, material and manpower to increase public awareness efforts with the goal of increasing referrals of children at younger ages. As for family involvement and local collaboration, AEIS will solicit more participation by families and local providers on state subcommittees, district councils and outreach efforts focusing on spreading the word about the system, increasing state and local involvement, and participation in system improvement.

AEIS has a strong vision, mission and purpose to guide decisions and provide direction for a quality comprehensive Part C state-wide system. AEIS has strong legal statutes and regulations that provide the authority and direction to effectively implement the Alabama Part C System. There are administrative structures in place at the state, regional and local levels to carry out the federal and state mandates to insure the provision of services. Families have been involved in the ongoing development and implementation of the EI system through meaningful participation on the ICC, local councils, subcommittee and other opportunities for representation. The lead agency and many partners provide a strong leadership foundation to advocate and leverage fiscal and human resources to meet the needs within Alabama. There is ongoing and open communication from the lead agency and among the many partners involved in the implementation of Alabama's Part C system. There are many activities, strong partnerships and initiatives taking place in Alabama where AEIS is partnering to build stronger linkages that will lead to better outcomes for our babies and their families! All of these activities and linkages will strengthen the state infrastructure and can be leveraged to improve results for infants and toddlers. These partners have pledged to work with AEIS in the implementation of improvement strategies and support the initiatives and activities to impact the SIMR and thereby improve the results for children and families.

Finance:

1. Finance/funding – Inadequate state funding to keep up with the growing EI population continues to be a challenge year after year. Lack of adequate funding has made it difficult to fully compensate providers for their costs to serve children. There is a discrepancy between the annual average cost to serve children and what they are currently being paid. The data review reveals that families in Alabama are in need of many supports and much assistance – and the funding is not able to meet this growing need!

AEIS has strong Accounting Division within the Lead Agency which provides oversight and management of the fiscal resources. State, district and local structures are in place to allow providers access to fiscal data for program planning, budget development management and other reporting. AEIS provides opportunities for strategic finance planning to identify adequate resources to meet the growing program and service delivery needs. In addition, state legislative awareness activities are conducted during each session and will continue to be strengthened. Resources are coordinated, aligned and allocated in order to improve program effectiveness and ensure efficient use of resources to meet the needs of infants, toddlers and families. A strong monitoring system ensures that resources are used efficiently and effectively to implement high quality programming and complies with all federal, state and local rules and regulations.

Data:

1. Quality & quantity of services- There is a need for further drill down of the data to determine the impact of different factors that affect the outcomes of children and families (time in program, service methodologies, age of mother, diagnosis etc.)
2. Data collection system & analysis – increase training and the capacity of local providers to view and use data to make decisions.

AEIS will utilize its web-based data system called GIFTS (Giving Infants Families and Toddlers Support) in addressing the above needs. GIFTS is a high quality system supported by a network of IT professionals at the lead agency that translate the EI system requirements into the design of the data system and its enhancements. Data governance policies ensure security of the EI data from breach or loss. The system has data governance for appropriate decision making authority, data policies and procedures in place to ensure security. The system was developed with broad-based stakeholder representation in decision making and development. Ongoing enhancements are recommended and implemented frequently within the system with detailed procedures that assist users. The GIFTS system is accessible to all users outside of the lead agency and state IT firewall. This is the first time

the agency has set up security to allow agencies/organizations outside the state system to have access to the computer case management system. The lead agency utilizes all data collected through the GIFTS system to make informed decisions related to service delivery, quality assurance, personnel management and fiscal responsibilities etc.

Personnel:

1. Eligibility – Stakeholders need training and guidance on the SE area of development and information to share with referral sources/providers on strategies of implementing evidence-based practices in the SE area.
2. Evaluation and assessment – There is a need for more training on tools/protocols used to determine eligibility and on additional test protocols to be used for children with specialty needs. There is a need for the identification of tools that better access the social emotional area of development and development of strategies to more closely monitor progress at determined intervals.
3. Referrals – need guidance on the SE area of development and information to share with referral sources and providers on how to implement evidence-based practice.
4. Entry and exit forms - Stakeholders need further training and guidance on the completion of entry and exit forms determining a child’s outcomes. There is a need for clarification in the GIFTS Outcomes Page where a service coordinator explains why a child has not made progress.
5. English as a Second Language – There is a need for more ESL materials.
6. More training for professionals, beyond the annual conference (more in-depth), especially targeting the data in Alabama and how it affects the SE area of development.
7. Comprehensive System of Personnel Development (CSPD) – Stakeholders indicated that they wanted more information and in-depth training on utilizing the data in the SSIP and how it affects the SE area of development. They also voiced a need for additional information and training on social emotional growth, development and evidence-based practices to meet the needs of infants and toddlers.

AEIS will utilize its strong Comprehensive System of Personnel Development (CSPD) component in addressing the above needs. This CSPD guides Alabama in the planning, development, implementation and evaluation of personnel working with infants, toddlers and families. An extensive CSPD plan is developed annually by a broad based “Personnel Preparation Subcommittee” to include guiding principles, goals and methodologies. This committee is active in the development, implementation and evaluation of the plan and is informed on training needs and results through a variety of methods including evaluation of providers, monitoring findings, surveys and recommendations from the field. AEIS ensures that personnel are knowledgeable, skilled, competent and highly qualified to meet the service needs within the state. The coordinated system is designed to provide the staff/personnel needed to support all components of the EI system. The Personnel Preparation Subcommittee of the ICC is active and involved in the development of training, standards, capacity and sustainability of personnel working in all parts of the EI system. Pre-service and in-service planning are critical in implementing, sustaining and building capacity for evidence-based practices as the state approaches the SIMR.

Accountability/Monitoring/Quality:

1. Monitoring/PAR – Stakeholders wanted to strengthen the PAR process for monitoring to increase the review of program quality and not just compliance with regulations. They indicated that it seems like there is more of a focus on paperwork compliance than on the family’s strengths, needs and priorities. They requested more of a focus on child outcomes and not on the paperwork!

AEIS has a strong accountability and quality improvement system in place to review and evaluate the Alabama Part C statewide system as it adheres to state and federal policies and how it affects the outcomes for babies and their families. It assists in the identification and development of continuous improvement strategies that have led to a quality, effective and efficient Alabama system. Alabama’s system of general supervision monitors the statewide implementation of IDEA, identifies and corrects non-compliance and works toward positive results. The primary monitoring tool is the Provider

Appraisal Review (PAR) but additional strengths of the system include policies, procedures, SPP/APR and methods of data collection. This system will be updated to strengthen the emphasis on social-emotional development and on positive outcomes.

Based on the information gathered from the stakeholders, and after an in-depth data review, the indication is that some of the greatest areas of need are aligned with the social emotional area of development. Needed activities identified by stakeholders are to: gather additional information related to SE development; strengthen SE assessment; train on effective evidence-based practices promoting SE development; strengthen the monitoring process to include quality indicators not only for compliance but also regarding SE intervention; and secure the financial resources to implement the program that will change the lives of the people we serve.

AEIS has analyzed all infrastructure areas and has determined that AEIS programs and providers have the capacity to implement, scale up and sustain evidenced based practices that will result in improved social emotional outcomes for babies and their families. The strengths within the EI system in the areas of governance, finance, personnel, data system, monitoring processes, quality standards coupled with extraordinary linkages to many organizations and early childhood initiatives will provide the foundation for leverage to ongoing improvement and sustainability. AEIS is excited about the future and bringing focus to the SIMR.

II. Facets of Current Infrastructure to Support Improvements and Build Capacity

Summary: All of the listed programs and focused initiatives below, including partner organizations, are developing/implementing strategies and activities that will impact the social emotional area of development. AEIS is working with each one to maximize collaborative efforts for greatest impact. Considering the rate of poverty and other risk factors in Alabama, all of us can work better together for a common cause, improving the SE outcomes for our youngest citizens! Monitoring practices, TA and training will be used to support implementation, sustainability and scaling up. ICC and subcommittees (broad based membership) will assist in planning and implementing evidence-based practices. EI Training and Mentor Programs will assist in sharing evidence based practice and implement strategies for the achievement of the SIMR.

What activities have you conducted or plan to conduct to analyze the current infrastructure and to build capacity in your Early Intervention Programs?

There are many strong partnerships and initiatives in Alabama and AEIS is partnering with them to build stronger linkages for outcomes for our babies and their families! Activities that have been or will be conducted include:

- o Ongoing analysis of data
- o Stakeholder meetings and feedback
- o ICC and subcommittee meetings and feedback
- o New linkages in low performing counties (reviewing the county referral data and referral source data to determine what outreach is needed to be most effective).
- o A Train the Trainer program to provide local trainings and reduce travel. This will be expanded to meet needs.
- o A new EI Mentor Program – “EI Partners was established to assist in the implementation stages of our SIMR. Through this program, mentors who have been identified with specific areas of expertise offer support and suggestions to service providers on topics of need. The EI Partners program was developed through the Personnel Preparation Subcommittee of the ICC who oversees the identification of mentors. This program will be utilized to train and link staff centered around the social emotional area of assessment and development. Strategies for effective evidence based practice will be modeled for trainees. The areas of expertise and support are:
 - Data Utilization and Management
 - Social Emotional Assessment and Development
 - Behavioral supports
 - Eligibility Assessment
 - Data Management

- Developmentally Appropriate Practice
 - Evidence-based practice
 - IFSP Development
 - Outcome Development
 - Program Administration
 - GIFTS training and management
 - Provider Notes
 - Service Coordination
 - Special Instruction
 - Training and Equipping Families
 - Targeted Case Management
 - Voluntary Family Assessment (interview & tool)
 - Records Organization
 - Peer Support
 - Time Management
- o An Audio Visual specialist to assist the agency in the development of quality training materials and alternate training formats, public awareness efforts and assisting in sharing the EI message in effective ways. AEIS hopes to use this resource to develop training modules to train staff and families on SE development and strategies to improve the SE domain.
 - o Quarterly EI Updates are disseminated to support the policies, information and activities of AEIS, APR and the SSIP including social emotional news and updates on the SIMR, pertinent data and new ideas and strategies.
 - o New linkages with University Early Childhood programs to foster practicum and intern opportunities so that graduates are better equipped to make job decisions about the future and will graduate with the skills necessary to meet EI Personnel Standards.

AEIS is developing stronger involvement and increasing roles and formal linkages to address the SIMR with the following:

MH/ADPH Launch Grant – (Linking Actions for Unmet Needs in Children’s Health) The purpose of Project LAUNCH is to promote the wellness of young children from birth to eight years old by addressing the physical, social, emotional, cognitive and behavioral aspects of their development. The goal is to create a shared vision for the wellness of young children that drives the development of federal, state, territorial, tribal and local-based networks for the coordination of a key child-serving system and the integration of behavioral and physical health services. The expected result is for children to be thriving in safe, supportive environments and entering school ready to learn and able to succeed. This grant will be able to address the lack of promotion, awareness and services in Alabama regarding early childhood mental health and social/emotional development. The core strategies include: Screening and assessment in a range of child service settings; integration of behavioral health into primary care; mental health consultation in early care and education; enhanced home-visiting through focus on social and emotional well-being and family strengthening and parent skills training. AEIS is working on this grant as a partner and serving as part of the leadership team. AEIS will be a member of the Alabama State Wellness Council and will participate in all of the core activities related to planning and implementation. The Director of the grant is the EI Liaison for the ADMH. (Alabama Department of Mental Health)

Help Me Grow Alabama – promotes optimal development of young children through community resources; provides effective care coordination; and facilitates partnerships. AEIS is a member of the leadership team for Help Me Grow and is helping to promote standardized developmental screening across Alabama in physician’s offices to promote early referral and access to services which supports and strengthens the child and family.

Children’s Policy Councils – local councils have been established to address the needs of children by local district judges. Representation is provided on Early Care and Learning subcommittees located in lowest ranked counties. District Early Intervention Coordinators are involved in these local councils and serve in these communities addressing the needs of babies and their families. Participants will have an opportunity to share the vision and goals of the SSIP so that the membership can be involved as stakeholders.

AEIS is partnering with the **Alabama Department of Children's Affairs and the Alabama Partnership for Children** in hosting neighborhood Books, Balls and Blocks events for families. The ASQ is used as a screening tool and AEIS staff are available to assist in making referrals and supporting families through the process. The events allow children to go through eight fun activity stations of play while they are being observed by their parents. The parents then complete an Ages and Stages Questionnaire that measures their child's development. The ASQ questionnaire is scored and the results are reviewed with the parents. The results show if the child is developmentally on target for their age or if a developmental delay has been detected. If a developmental delay is detected, Early Intervention personnel assist parents by connecting them to services. The Books, Balls and Blocks Child Development screening also includes on site local resources that can benefit children and families.

Alabama Partnership for Children – Smart Start initiatives include Developmental Focus Packets distribution, quality child-care campaign, and distribution of Parenting Kits to newborn mothers. "Don't be in the Dark About Child Care" is a campaign for safe, quality child care. AEIS service coordinators distribute APC resources to be used by families and providers and there are plans to increase distribution of EI materials.

Strengthening Families Initiative (SFI): This program is a research based, cost effective strategy to increase family stability, enhance child development and reduce child abuse and neglect. All of these affect a family's ability to impact their young child's development including the social emotional area of development. It builds on five protective factors: Parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need and the social and emotional competence of children. Alabama is one of many states cross the nation using Strengthening Families Initiative (SFI). Leaders across many systems serving children and families have provided leadership to bring SF to Alabama, as well as other service organizations while impacting parents through the SFI efforts. This work is accomplished in partnership with the Alabama partnership for Children and the Alabama Network of Family Resource Centers and is supported by a grant from the Alabama Department of Child Abuse and Neglect Prevention. All grantees are required to take the training "Strengthening Families through Alabama Department of Child Abuse and Neglect". All of the activities associated with the SFI directly relate to the social emotional areas of development. AEIS will work to identify families to participate in this program and target the counties where data indicates the greatest need.

Smart and Secure Children Parent Leadership Network – This project is focused on the development of parent mentors and parent leaders within local communities to improve the outcomes for families and their children. AEIS plans to link with the network so that the parents of infants and toddlers with disabilities are included in the parent leadership training – equipping them to better meet the needs of their children and build a safe and secure family community – which affects social emotional development.

Parents as Teachers – First Teacher program – Alabama's home visiting program builds the strength in families and children's development – just like the early intervention system of services and supports. This program is implemented by the Alabama Department of Children's Affairs. This program provides screening and intervention linkages to AEIS. Home visits provide free prenatal support and baby resources; free infant and child activities, books and learning materials; linkages to health, dental, social services and community resources and free developmental screenings for pregnant women, mothers, fathers and other caregivers of young children ages 0-5. These children are linked to AEIS through referral. The importance of equipping families to be the "first teachers" of their young children is the foundation of early intervention. Some of the local programs have established linkages with AEIS and those children being served through AEIS are also receiving home visits to help strengthen families. AEIS wants to increase the number of programs to serve more children with disabilities.

Nurse Family Partnership (NFP) –This program is implemented through the Gift of Life Foundation. The NFP is an evidence-based, community health program that helps transform the lives of vulnerable mothers pregnant with their first child. Each mother served by NFP is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits that continue through her child's second birthday. Independent research indicates that there are benefits from this relationship – every dollar invested in NFP can yield more than five-dollars in return. The goals of NFP is to improve pregnancy outcomes, improve child health and development and improve the economic self-sufficiency of the family. The NFP was established by the Gift of Life Foundation to further the mission to decrease infant mortality morbidity,

and reduce teen pregnancy. AEIS plans to provide increased training on “red flags” of development and share strategies for improving outcomes for children and families. Early prenatal care and healthy pregnancies affect child development and pregnancy outcomes. With the high infant mortality rates in Alabama, AEIS will work with NFP to improve outcomes and assist in providing information on child development.

Healthy Start Grant – Alabama has recently received a Healthy Start Grant targeted to the needs of vulnerable mothers and infants in areas with disproportionately high rates of infant mortality. Infant Mortality rates in Alabama have been some of the highest in the country. The program will link nurses to families through home visits, identify babies with developmental ‘red flags’, support grassroots work, and support pregnant women. The program will strive to improve women’s health, promote quality services, strengthen family resilience, achieve collective community impact and increase program accountability. The program will help communities with high infant mortality rates work more effectively to improve maternal health and birth outcomes. All of these issues impact a young child’s development and AEIS will collaborate with HS to link babies to services and support families. Together we can help to make an impact on the infant mortality rate and build strong families. The SIMR will be the focus of our efforts which will lead to better outcomes for all babies.

Reach Out and Read –ROR is an early literacy program of the Alabama Chapter of the Alabama Academy of Pediatrics. This program prepares the youngest children to succeed in school by prescribing books and encouraging families to read together. Time together in reading and reading out loud builds early literacy skills and also strengthens relationships within families. AEIS has a strong partnership with ROR and will provide resources (ie bookmarks) to be included in books distributed in targeted counties through pediatricians offices.

AI Department of Public Health Data: ADPH offers a tremendous amount of information, health statistics and data specifically targeting state efforts to reduce Alabama’s high infant mortality rate by reducing non- medically indicated elective deliveries prior to 39 weeks. All of these initiatives are currently happening and expanding in Alabama and will have a direct affect on the capacity of the AEIS infrastructure to implement evidenced-based practice in the Social-Emotional area of development and all other developmental areas and improve outcomes for young children and their families. AEIS will extend hospital nurse manager trainings to all Perinatal regions.

Department of Children’s Affairs: Alabama boasts the #1 First Class Voluntary Pre K Program in the country. It is part of the Department of Children’s Affairs which provides effective, high quality early childhood experiences that prepare Alabama’s children for school success and lifelong learning. Readiness is defined as an enthusiasm for learning, an ability to function in a social setting, age appropriate communication and problem solving skills, age appropriate physical and emotional skills and optimal health. All of these skills are integral components of child development and are the cornerstones of a strong birth to three system as found in Alabama.

The Alabama Department of Children’s Affairs also has the “First Teacher Home Visiting Program”. This program offers free home visitation support to pregnant women, mothers, fathers, and other caregivers of young children in their own homes. Participants are provided with prenatal support, activities, books and learning materials for children under the age of 5. Monthly visits include vision, hearing, and developmental screenings and link families to other families and with community resources. First Teacher is available in eight counties: Bullock, Butler, Dallas, Lowndes, Macon, Montgomery, Russell and Wilcox

The Alabama Department of Child Abuse and Neglect Prevention (ADCANP) secures resources to fund evidence-based community programs committed to the prevention of child maltreatment. They advocate for children and strengthen families. This year alone they have funded 139 programs that provide essential services to children and families to prevent child abuse and neglect. The types of programs include: Parent Education and Support, Fatherhood programs, respite care, mentoring and others. They have done an extraordinary job in reaching out to local communities and supporting prevention efforts. ADCANP are committed to continuing partnership with AEIS as we address the SIMR. Their efforts will affect the Social-Emotional outcomes for young children and strengthen their families.

III. Description of State Infrastructure Components

Summary: AEIS has analyzed all 6 infrastructure areas (below) and has determined that AEIS programs and providers have the capacity to implement, scale up and sustain evidenced-based practices that will result in improved social emotional outcomes for babies and their families. The strengths within the EI system in the areas of governance, finance, personnel, data system, monitoring processes, quality standards coupled with extraordinary linkages to many organizations and early childhood initiatives will provide the foundation for leveraging ongoing improvement and sustainability. AEIS is excited about the future and bringing focus to the SIMR.

What systems are in place within your state currently?

1. GOVERNANCE

- o AEIS' core values, mission, and vision are in place, based on DEC Recommended Practices. AEIS' Six Core Values are:
 1. Family Centered
 2. Developmentally Appropriate/Evidence Based
 3. Individualized
 4. Natural Environment
 5. Train and Equip Parents and Caregivers
 6. Collaborative
- o The Vital Message is a required training and is embedded into all of the components of the system. The Vital Message document was established with stakeholder input several years ago and has been adopted by the ICC as a foundational cornerstone for AEIS.
- o The Vital Message Q/A is a document supporting the mission and vision of AEIS. It is a tool to be used by service coordinators and providers when explaining the Vital Message to families when they enter AEIS.
- o All Public Awareness and Resource information aligns with the mission, vision and purpose of AEIS.
- o All materials are posted on public website for review:
 - Employment Opportunities
 - EI Personnel Section
 - Reports Section
 - Resource Library Section
 - Publications Section
 - Policies Section
 - Documents/Forms Section
 - Calendar
 - Links
 - Public Comment Notice
 - Other information and resources
- o Legal Foundations provide the authority and direction to effectively implement AEIS. (Alabama Administrative code, agency agreements and policies posted on website, etc.)
- o A strong PAR process is in place to monitor all local EI programs in their adherence to IDEA rules and regulations. (See Data Comparison chart, items 1, 11 and 13).
- o Contract agreements are in place to enforce roles and responsibilities for implementing IDEA.
- o There is strong representation of families on the ICC, District Councils, and committees and they are financially supported in their roles with AEIS.
- o Families have a strong legislative presence in influencing policy making in Alabama.

- o Families are supported to attend the annual Early Intervention and Preschool Conference and are paired with professionals at sessions.
- o State leadership, including families, advocate for resources to meet the needs of AEIS.
- o The anchor agencies have an identified liaison to offer input, innovative solutions to issues and partner in monitoring.
- o AEIS has a strong partnership with other agencies working with young children and partnering on common goals and improvement strategies.
- o Leaders use and promote strategies that facilitate clear communication and collaboration to build and maintain relationships between AEIS and other stakeholders. The Commissioner of ADRS is very involved in the activities and decisions of the Lead Agency. His door is always open and he speaks with providers, families and other stakeholders as needed.
- o AEIS promotes open communication with all stakeholders and families. There is a public awareness resource that delineates the role of each state office EI specialist to encourage ongoing communication.
- o AEIS is strengthening the subcommittee structure and leadership. Annual plans describe visions and activities to attain goals.

2. FUNDING/FINANCE:

- o Budget agreements are in place at state and program levels
- o State, regional and local structures have access to fiscal data for their program planning, budget development and required reporting.
- o Linkages exist between program service data and the analysis of amounts spent
- o Average program costs per child are collected and analyzed by the Accounting Department of ADRS. This is used for justifying budget requests with the state legislature.
- o The Financial Planning Subcommittee was established to advise and assist the lead agency and the ICC on issues related to funding the interagency early intervention system. Their primary purpose is to develop an interagency finance system which maximizes all federal, state and local (public and private) dollars. There is broad representation on the FPS and it meets on a regular basis. Through strong leadership and attendance, there are many financial issues discussed and recommendations made to the lead agency. The ADRS Commissioner is an active member and presents a report at each meeting.
- o Fiscal training and technical assistance is available to local EI programs annually from the Lead Agency and anchor agencies (Alabama Institute for the Deaf/Blind, Alabama Department of Mental Health, Alabama Children's Rehabilitation Services). TA by phone and email are always available.
- o Relevant fiscal data and reports from all agencies and programs are shared at each Financial Planning Subcommittee meeting. Anchor agencies give financial and child specific reports. Frequently there are specific data requests that are made available to the group.
- o ADRS - Lead agency has a strong and active Accounting Division and Office of Communications and Information collaboration, which assists in development of information/resources shared with the public and at designated meetings
- o Strong partnership with Medicaid and establishment of approval for billing EI services.
- o EI Assistant Coordinator completes Medicaid reviews/audits of all the EI programs and is a strong link to the Alabama Medicaid Agency.

- o AEIS uses data to make strategic financial planning and decisions for the future.
- o Historic lack of increase in state dollars continues to be a struggle for AEIS.
- o Local EI programs submit an average cost per year per child to assist in development of budget and analysis of service delivery system.
- o AEIS has established a Joint Budget Agreement for all ICC agencies to sign and submit to the Governor. This strategic plan aligns with the vision and mission of AEIS and coordinates efforts for future legislative requests.
- o Financial planning and budget hearings within the lead agency and with stakeholders forecast long term and proposed EI budget to ensure a strong base of financial support.
- o Data is being used to develop financial plans for the future.
- o Families are active in promoting the budget and financial needs of the system. There is strong family involvement in the annual budget request to the legislature. EI/Preschool Conference hosts speakers on pertinent topics and families establish a table for letter writing campaign and Christmas card distribution. "Pinning our Futures on You" held with a baby diaper pin has been used in legislative initiatives for several years.
- o State and district structures secure funds and resources so that funds can be allocated and distributed to meet the needs of the program in accordance with financial plans.
- o Specific face to face contract reviews take place prior to the beginning of the fiscal year to address any questions or concern. Financial staff of local programs are encouraged to attend.
- o AEIS works to align resources and funding streams across agencies that are well coordinated and aligned to improve program effectiveness, implement evidence based practices and ensure efficient use of resources.
- o Contracts and agreements clearly articulate service, programmatic and funding responsibilities. Staff are available to answer questions and provide TA whenever necessary or requested.
- o Funds and resources are allocated based on data and the needs of the program, including children and families and dependent upon the availability of funds to meet the growing needs.
- o The funding and allocation practices are transparent and communicated on a regular basis to stakeholders.
- o Data is gathered and submitted on a regular basis to ensure that programs are addressing all the needs of the EI program in their mission of serving children. Service reports and financial reports are shared regularly.
- o The allocation process is adjusted as needed according to the resources available.
- o Funds and resources are used efficiently and effectively to implement high quality programs in meeting the needs of children and families and comply with all federal, state and local mandates.
- o Guidance information and resources are distributed monthly in an "EI Update" based on questions and inquiries received during the month.
- o The Monitoring system (PAR) provides oversight in the implementation of effective practices that are put into place with the EI program's available funds. PAR data is used to update and revise policies and procedures.
- o Ongoing review of data strengthens the ability to review efficient and effective use of funds and resources.
- o State and local programs disperse funds, make payments and provide reimbursement efficiently and

effectively for allowable expenses.

- o All agreements/contracts include policies and procedures with Maintenance of Effort, payer of last resort, and non-supplanting requirements. Ongoing training takes place to support these efforts.
- o Reports and data are used to report on the use of state and local dollars. The payment policies and procedures are evaluated and revised on an ongoing basis.
- o State and local structures regularly monitor finances and resources to ensure that spending is in compliance with contract performance requirements and all other mandates.
- o An Audit Manager has been hired to assist in the financial monitoring, training and support to local EI programs.
- o Financial training and technical assistance is available to guide EI programs in a clear understanding of the fiscal requirements, responsibilities and accountability controls necessary when providing EI services.
- o Targeted Case Management Training and on-going training by the Alabama Institute for the Deaf/Blind, Alabama Department of Mental Health and Alabama's Children's Rehabilitation Services is provided.

3. QUALITY STANDARDS:

- o DEC Recommended Practices are in place to provide guidance to practitioners and families – new release.
- o Alabama uses the Provider Appraisal Review tool to identify and measure quality standards for programs. It was developed based on federal & state legal requirements.
- o Alabama has developed "The Vital Message" and "6 Core Values" which supports the DEC Recommended Practices and is required to be shared with all families in AEIS.
- o Alabama Developmental Standards for Preschool Children is in place.
- o Quality Rating and Improvement System (QRIS) – Alabama's voluntary program for improving and measuring child care quality. QRIS has completed pilot implementation in about 50 sites. AEIS is involved in these plans and implementation.
- o Professional development supports training the standards.
- o Quality standards are utilized in the PAR process.
- o AEIS shares expectations for high quality programming and effectiveness through ongoing monitoring and TA, trainings, and input.
- o Programs are aware of expectations and are provided with multiple opportunities for training on the expectations.
- o AEIS Mentoring Program supports implementation of Standards
- o Vendors are expected to adhere to Standards as outlined in the Vendor Application that is a requirement for all interested applicants.
- o Alabama Access Guide to Early Childhood Resources with service referral processes and contact information has been developed and distributed.
- o Early Childhood Comprehensive System (ECCS) has been built to sustain quality, standardized developmental screenings and referrals.

4. PERSONNEL WORKFORCE:

4A. Core Knowledge:

o CSPD Annual Plan is approved by the ICC as recommended by a broad based leadership team that sets priorities and recommendations for policy. This includes annual activities and planning in the following areas:

- o Guiding Principles
- o Family Involvement
- o Pre and In-Service Training
- o Recruitment and retention – expansion of partnerships with Universities to recruit students into the field of EI. Opportunities for internships and practicums have been developed for the lead agency and with EI programs.
- o Higher Education Involvement

o The Vital message training is required for all providers statewide every three years, covering six core values of early intervention:

1. Family Centered
2. Developmentally appropriate
3. Individualized
4. Provided in natural environment
5. Trains/equips the parent/caregiver
6. Collaborative

o Plans are underway to utilize the DEC recommended practices and the AL Department of Education core competencies in facilitating growth and training of evidence based practices especially in the area of Social Emotional Development.

4B. Access And Outreach:

- o An online listing of employment and training opportunities is on the ADRS/EI website. (There are recruitment and retention strategies for all disciplines.)
- o There are Linkages with Higher Education – i.e., Transdisciplinary Training Class at the University of Alabama at Birmingham, Auburn University teaching opportunities, and intern and practicum placements. There is a review of discipline specific requirements so that they are in line with the EI Personnel Standards
- o There is a continuum of individual and group supports:
 - Mentoring network - EI Partners
 - Technical Assistance (individual program and district)
- o There are multiple professional development opportunities:
 - Early Intervention-Preschool Conference which moves around the state each year
 - Currently under development – online training modules for targeted case management and basics of early intervention service delivery
 - Online course – Special Instruction Webinar
 - Local Council trainings addressing identified local personnel needs
 - Collaboration with other agencies to access appropriate training for personnel
- o There is a Personnel Preparation Subcommittee made up of representatives from higher education, programs and provider, administrators, therapists, special instructors and service coordinators from across the state.

4C. Qualifications, Credentials And Pathways:

o The "Personnel Standards for Alabama's Early Intervention System" is updated and posted on the website and includes:

Required Degrees and Credentials

Pre-service and in-service requirements

Standards Related To Evaluator Qualifications

Supervision

Initial Staff Orientation

Continuing Education Requirements

Conditional Approval - includes a Review Committee established for professionals who relocate to Alabama from another state and seek approval to deliver services in Alabama.

Use of Paraprofessionals

Required training

5. MONITORING AND ACCOUNTABILITY:

- o There is an approval process through the PAR monitoring based on Personnel Standards
- o Training is available through the Annual Early Intervention/Preschool Conference which provides 2.5 days of training sessions (approximately 45 sessions each year) on topics related to working with young children with special needs and their families
- o There is a contract with the University of West Alabama – Training Program for Special Instructors
- o Journey I training is provided for service coordinators covering the basics of AEIS and early intervention service delivery such as:
 - IFSP development
 - family involvement
 - outcomes
 - documentation
 - procedural safeguards

Also, Journey II training is provided statewide covering the Vital Message for Alabama's Early Intervention System, implementation of critical aspects of service delivery, evidence based practice, updates on policies/procedures, and so forth.

- o Monitoring and TA which assures personnel qualifications are met, tracks and recommends training, and sets up mentoring opportunities
- o Family evaluation of strengths, services provided and recommended training needs are collected to be used in the development of the training component of CSPD and in monitoring/technical assistance
- o Use of DEC Recommended Practices and other resources as standards for evidence based practice
- o There is funding available to ensure accountability:
 - Annual CSPD Project which includes development of the CSPD plan, Personnel Subcommittee liaison, and development of the SPP/APR and SSIP
 - Joint financial contributions to the annual EI-Preschool Conference by: Alabama Department of Rehabilitation Services/Alabama's Early Intervention System; Alabama Department of

Education/Special Education Preschool; Alabama Institute for the Deaf and Blind; United Cerebral Palsy of Alabama

- o Technical Assistance is provided to ensure quality (TA visits and meetings).
- o Other Accountability and Monitoring:
 - Technical Assistance
 - Provider Appraisal Review (PAR) is a sustainable document and process for ensuring ongoing quality and improvement.
 - Monitoring teams made up of Anchor Agency staff (AIDB, DMH, CRS) and AEIS staff.
 - PAR reviews are conducted within the state office to monitor their service delivery.
 - Monitoring of concerns brought forth by families.
 - AEIS Policies and Procedures drive program evaluation and plans for improvement. These are posted on the website.
 - The APR and SPP are developed each year based on data for each indicator, input from stakeholders and system performance.
 - Ongoing planning happens at the state, district, and program levels. Annual reviews and changes are made based on input from all stakeholders.
 - Data is used at all levels to determine changes needed in supervision and monitoring components.
 - Quantitative and qualitative data is collected by AEIS to determine quality, results and improvement strategies.
 - Data is collected and reported at specified times of the year and for targeted groups for review to determine quality and study results. (i.e. Budget development, annual report, APR/SPP development, subcommittee meetings, ICC meetings, monthly for verification, ongoing review for monitoring and technical assistance visits etc.)
 - Leaders at all levels have data and information to make decisions for accountability and improvement.
 - Data is used to assist stakeholders in making decisions related to services for infants and toddlers and their families.
 - Leaders at all levels communicate and report data and information through a variety of methods to document performance and evaluation results. (i.e. APR, website, legislative initiatives, budget development, District Councils, annual District Council Plans, program profiles, Monthly EI Updates, District TA meetings, Family Forums, ICC & committee meetings. etc.)
 - AEIS partners with anchor agencies (AIDB, CRS, DMH), early childhood organizations, LEAs, DHR, Head Start etc. to improve the system.
 - AEIS verifies timely correction of all non-compliance through the PAR process and action planning.
 - Verification validation procedures and the Financial plan are shared with all stakeholders.
 - Subcommittee bylaws ensure broad representation and term limits.
 - Stakeholders at all levels work to enhance their capacity to use data to make decisions and improve services.
 - Levels of GIFTS access have been established with stakeholders for supervision purposes.
 -

6. DATA SYSTEM:

- o AEIS operates with a Web Based data system called GIFTS. GIFTS is set up to house all child data to include Child Find Referral, IFSP, Timely Service Delivery Dates, Entry/Exit Evaluation Summaries, Transition information and Closure
- o All new users must complete a GIFTS training before being assigned a caseload or before access is given to enter data into the system.
- o Users are required to fill out a GIFTS User Agreement Form with all computer information
- o Users must set up a password that meets the secured password definition and are required to change the password every 90 days. The same password cannot be used for 16 password changes.

- o GIFTS Help Desk is maintained by an IT in Computer Services as well as the Child Find Coordinator for Early Intervention.
- o Data that is being reported is a required entry for every case in GIFTS.
- o Timelines are set to ensure that all data is entered in a timely manner.
- o Monthly Verification is run by each program to track all children SERVED, NOT SERVED or that a VALID ATTEMPT, with required documentation, had been made to SERVE.
- o Business Rules are set in areas where needed to ensure accurate and reliable data, and ongoing training is available for all users.
- o The Lead Agency houses its own Computer Services Division with at least one IT assigned to each division making it easier to request and make necessary changes as well as enhancements to the system.
- o TA is available to all programs through TA visits and meetings with programs, individualized training available, monitoring visits etc. This TA process helps inform programs and impacts their capacity to improve in all areas, including the identified SIMR.
- o Weekly meetings are held with IT division of lead agency to address system needs and improvement plans.

How will you/have you analyzed these areas in relation to your identified SIMR?

- o Have solicited feedback from stakeholder groups in all infrastructure areas.
- o Have utilized the ICC in analyzing data and planning for state wide system improvement
- o Have analyzed data and stakeholder feedback in identifying the SIMR
- o Have analyzed PAR and TA results in identifying the SIMR

IV. Strengths of current State Infrastructure System

Summary: The AEIS lead agency was built on the foundation of the three “C”s – communication, coordination, collaboration between all stakeholders including state agencies, local EI programs, providers, families and the public. Through the years there has been an open line of communication and opportunity for frank and honest communication, and the lead agency has welcomed this level of honesty and feedback for improvement. All of the components of the EI system have been developed while working with all stakeholders, including families, during every step of system development. Since AEIS was built with families as the foundation, it has remained a priority while making ongoing improvements to the many facets and components of the Alabama system over the years. The result of this historical foundation increases our ability to continue working together to develop strategies for improvement and increase the capacity to implement, sustain and scale up evidenced based practices that will improve results. The policies, procedures and monitoring processes in Alabama support these improvement practices. Much of the information gathered from the stakeholders and after an in-depth data review indicates that some of the greatest areas of strength are related to the core components of EI: the foundational structure, the family centeredness of the program and mission of the agency. Based on stakeholder feedback and data/system analysis, the following are the most frequently identified strengths of the system and how they will support the SIMR work:

- o **Services in natural environment (NE):** Data indicates a large percentage (99.7%) of services are delivered in NE. These are the same environments that support healthy social and emotional growth. Being able to implement social emotional evidence based strategies in natural environments will improve progress.

- o **CSPD Plan:** The annual plan outlines the personnel training priorities and activities for the year. Updates occur to reflect feedback on the effectiveness of trainings from participants and from monitoring findings. The new CSPD plan will include specific components addressing the SIMR and social emotional assessment and development.
- o **Timely services:** Providers are delivering services as soon as possible which will enable children and families to grow and develop. Delivering services in a timely manner in accordance with the IFSP can serve as a great foundation for reaching milestones in every area of development, including the social emotional domain.
- o **Vision, mission and purpose of EI:** This strong foundation supports every activity, service and initiative that is planned or implemented in Alabama. All service providers are trained on the foundational principals and purposes of AEIS. They are embedded into all decisions and policies at both the state, district and local areas. These foundational structures have supported the development of the APR/SPP over the years and remain the foundation for the SSIP and the theory of action addressing the SIMR.
- o **Quality of programs/services/administrators:** Alabama has a strong provider network of services and supports that have been built on the policies and regulations of IDEA. A strong monitoring system provides support and technical assistance to assess the quality of programs and service delivery systems. Data shows compliance throughout the years and outcomes are improving. AEIS can build on this strong foundation as we train and scale up evidence based practices. Database reviews of IFSP's, strong Personnel Standards, effective Provider Appraisal Review monitoring system, improvement on outcomes over time and other evidence indicates a high quality service delivery system. AEIS intends to use this quality service system to build evidence-based practices and improve the outcomes in the SE area of development. The strength and capacity of our local programs will help to support implementation plans for the SIMR and evidence based practices effecting the overall development of babies and families.
- o **Child Find:** All referrals are entered by two people at the state office which allows for consistency of information and strength in the process. Data integrity is needed for the GIFTS system and only having two people has proven to be beneficial.
- o **Family-Centered practices, collaboration and involvement:** The Vital Message was developed based on family-centered principles in partnership with families. AEIS has strong family involvement in the ICC, District Councils and trainings at all levels, conference, etc. We enlist families as trainers and will continue to use these principles in moving forward to improve the outcomes for babies and families. Family involvement is a priority in Alabama. Certainly all of the data supports working and strengthening families, as they are a critical influence in a child's social-emotional development .
- o **PAR Monitoring:** AEIS has a strong process in place for quick identification of non-compliance and when non-compliance is found, we offer ongoing support and TA to bring individual records and local EI programs back into compliance. We also have an independent research company implementing our Family Survey. This is done in coordination with the monitoring cycle of a program. The survey results are used as portion of the monitoring reports and programs are required to address any question that falls under 90% on the survey. The process will assist personnel in implementation of improvement strategies in the SE area of development. It will help to identify and evaluate the effectiveness of appropriate SE evaluation tools, evidence-based practices and functional outcomes.
- o **Service Coordination:** Service Coordinators (SC) get a great deal of training and are strong advocates, trainers and leaders in AEIS. Alabama Service Coordinators assist parents in obtaining services, coordinate services, coordinate evaluations and assessments, assist in the development of the IFSP, inform families of their rights and procedural safeguard services, coordinate funding sources for services and facilitate transition when a child turns three years of age. Alabama SCs know their communities! Our strong Service Coordination system supports the strategies and methodologies to be determined and utilized in the identification and improvement of SE outcomes. Our strong Service Coordination system is a key factor in supporting families as they learn to care and work with their child. A family's interactions and interventions will have a direct result in their child's growth and development (especially in the SE area of development). Family Survey data remains at high levels and indicates that families are being assisted in obtaining needed services, locating support groups and/or resources, following up on any concerns, and explaining their rights. A strong service coordination system like the one in Alabama will support the work of the SSIP and implementation of strategies to address the

SIMR.

- o **Transition policies and practices:** Strong connections with the State Department of Education and LEAs enables children to transition smoothly and seamlessly. Equipping families to handle transitions with ease through any service system will impact a child's SE development. If AEIS can build this confidence and strength in families, this will build and improve the family's capacity to handle change and stress – it will ultimately improve a child's social-emotional development.
- o **Procedural safeguards:** Intensive procedural safeguard training is a component of the EI training requirements. Face to face trainings have taken place at the local area to answer questions and explain all procedural safeguard forms and policies. These policies are a strong foundation for the monitoring system and can all be found on the website. Family survey results indicate that a high percentage of families understand their procedural safeguard rights.
- o **Quantity of services:** AEIS can build on this strong foundation as we train and scale up evidence-based practices
- o **Eligibility and IFSP development:** AEIS has recently updated the eligibility list to include very low birth weight babies. Through training and awareness within the medical community as well as with EI interventionists, earlier referrals, eligibility evaluations and IFSP development should occur.
- o **Teaming/collaboration/coordination:** AEIS already has a strong relationship with the many organizations and partners that are working to strengthen Alabama families and improve the outcomes for their children. The AEIS monitoring teams have outstanding communication with all EI programs in the local districts. They are available to clarify a policy, provide TA and/or support their work with children and families at any time. Communication is ongoing throughout the year and they are available to assist at any time and on any issue. These long standing relationships will assist in further collaboration on the goals and activities set forth in the SSIP. Every EI specialist at the state office has an open door policy and are ready to answer questions, offer solutions and support local programs and their staff. We participate in many forms of communication through phone, email, alerts, monthly EI Updates, polycom, local meetings, etc. These established vehicles of communication will assist in offering new information and resources as AEIS implements all phases of the SSIP. AEIS also has strong linkages with all of the agencies serving on the ICC (Medicaid, Insurance, Head Start, SDE, Alabama Institute for Deaf and Blind, Alabama Department of Mental Health, etc). Each agency serves infants/toddlers/families in a different and unique way and collaborates with AEIS in meeting the needs of young children with disabilities and their families. Their meaningful participation in our system will strengthen our efforts for improvement.
- o **Strength of local EI programs:** Programs are constantly employing improvement strategies based on evidence-based practice, monitoring guidance and child outcomes. Through the years there have been many changes in policies and procedures based on reauthorization, new evidence based practices, funding and other factors. We have worked in partnership with local programs to do "whatever it takes" to support and serve children and families and to remain in compliance with rules and regulations. There has been strong collaboration and communication between all local EI programs and the fiscal agencies. Their liaisons and representatives that serve on committee membership are a real strength. Alabama is small enough that there is excellent communication between the local and state office staff and efforts to support and assist in the work of the local programs in their attempts to meet the needs of the families that are served. These factors have been a strength in the development of the SSIP and will be beneficial moving forward on the SIMR.
- o **Data collection:** AEIS has a strong web-based data system and support at the Help Desk to offer support, fix problems and train in targeted areas. We can build on the reports we are generating to better support the work of the SSIP and the stakeholders involved in it.
- o **Communication with monitors and programs/agencies:** Our monitors are supporters and enhance the rules and regulations. They are seen as resources who are ready and able to support at any time. Communication is ongoing throughout the year and they are available to assist at any time and on any issue!
- o **TA – support of state office:** Staff members at the state office have an open door policy. They are ready to answer questions, offer solutions and support local programs and their staff. We participate in many

forms of communication through phone, email, alerts, monthly EI Updates, polycom, local meetings, etc. These established vehicles of communication will assist in offering new information and resources as AEIS implements all phases of the SSIP.

- o **AEIS longitudinal data** indicates that the outcomes in all areas have improved and are higher than the national data reports. (See attached Data Chart pages) The training and requirement of Routines Based Assessments have strengthened the IFSP process and all family/child outcomes are generated from this process. Routines Based Assessments and Interventions best define goals, intervention strategies and the outcomes for families, as well as strengthens their desire and ability to attain them. Data shows that families know their rights, can communicate their child's needs, and help their child develop and learn. The data also indicates that families are receiving their services at convenient times, getting services started quickly, getting their phone calls returned quickly, feel part of the team when making decisions and receiving all recommended services. Focusing on the SE domain is a natural component of this practice.
- o **Outcomes based on families' needs:** AEIS longitudinal data indicates that the outcomes in all areas have improved and are higher than the national data reports. The training and requirement of Routines Based Assessments have strengthened the IFSP process and all outcomes are generated from this. Focusing on the SE domain is a natural component of this practice.
- o **Strong Lead Agency/Effective Leadership:** ADRS (Alabama Department of Rehabilitation Services) represents a continuum of services – from birth to old age – with outstanding programs that will support every age and every stage of development. The Lead Agency Commissioner supports the work AEIS and that of the SSIP. He demonstrates this through his participation on the ICC and subcommittee work. He is accessible to the EI staff and has an open door policy to program administrators and providers. The Lead Agency structure lends itself to *action* and not agency "red tape". Title V Children with Special Health Care Needs, Vocational Rehab, Deaf and Blind Program, Homebound Program and Waiver are all a part of the lead agency which promotes greater opportunities for collaboration at all ages. These connections help families with transition and all divisions work together towards one goal. The lead agency has a Blueprint which establishes our mission, vision and values, which is the strength all of the divisions.

Many of these divisions are much larger and have been doing business for many years –their experience and expertise is so valuable to AEIS. The Part C Coordinator also serves on the Executive Leadership Team which makes decisions for the agency and shares the activities and goals of AEIS. This allows for outstanding teamwork and additional resources for the SSIP development. The divisions of Accounting, Computer Services, Communication and Information, Personnel, etc. within the lead agency are beneficial in our work and will assist as we move forward in the SSIP implementation.

- o **Stated Values:**
 - the worth, dignity and rights of people with disabilities of all ages
 - independence and meaningful work for people with disabilities
 - staff and their contributions in achieving our mission
 - leadership at all levels
 - maximum acquisition and efficient and effective management of resources
 - public support
- o **Multiple opportunities for input and participation:** There are multiple ways of offering input and participating in AEIS. ICC, District EI Councils, forums, trainings, district updates, emails, EI Updates are all examples of ways in which we gather input and stakeholders participate. Established bylaws in subcommittees dictate the membership and term limits. These mechanisms have allowed for input into the AEIS system for many years and will continue to allow for input as AEIS develops the SSIP through all phases.
- o **Diverse participation in all subcommittees and local councils:** Established bylaws dictate the membership and term limits. Strong memberships have driven many EI initiatives and will help to guide the SSIP process and the SMIR planning and implementation.
- o **Strong legislative initiative:** Growing advocacy from the grassroots up will continue to strengthen the EI story and share the importance of data indicating the need, importance and justification for EI dollars. Families do a great job sharing their stories of challenge, improvement and success with local

legislators. These stories will be important as we share the EI message of social emotional development and future activities of the SSIP. The Office of Communication and Information in the Lead Agency will assist in writing stories highlighting the effectiveness of EI and the importance of evidence based practices. Local programs actively inform legislators and are leaders in impacting policy. The budget crisis within Alabama has impacted the ability to secure the funds needed to meet the growing population of eligible infants and toddlers and their families.

- o **Family involvement** is a priority. Families will engage as stakeholders and partners as we move through the APR/SSIP process. They have been involved throughout the years in the development of the system and in all processes!
- o **1-800 line** with data only entered by 2 people – Data integrity is needed for the GIFTS system and only having two people has proven to be beneficial.
- o **Great linkages** with SDE and anchor agencies
- o **Open door** for improvement ideas and strategies
- o **Strong EI programs at the local level** who are willing to change and improve – Through the years with changes in policies and procedures, local programs have been supportive and willing to do whatever it takes to support and serve children and families and to remain in compliance with rules and regulations.
- o **Web-based data system:** GIFTS – Giving Infants Families and Toddlers Support. (See Data Chart, items 1, 2, 4, 10, 14, 15, 16 and 17.)
- o **ADRS support systems:** Accounting, Computer Services, Office of Communication and Information, Personnel etc.
- o **Excellent relationship with Medicaid and other ICC partners** which will enable us to scale up and implement evidence based practices.
- o **Strong linkages with many early childhood initiatives** within the state – AEIS has linked with many evidence based, early childhood initiatives within the state – Pre K, Help Me Grow, Home visiting Program, Alabama Partnership for Children, Strengthening Families Initiative, Books Balls and Blocks, Nurse Family Partnership, etc. AEIS has been an active part of these initiatives in the past and has worked on joint initiatives. Many of these initiatives are further explained under Infrastructure Analysis. We are building on the foundations of these organizations and partnering with them on the improvement of the SIMR.
- o **Strong Monitoring System** is in place
- o **Annual EI and Preschool conference** with many broad based sponsors allows multiple training opportunities, stakeholder input and idea exchange for the SSIP Theory of Action and implementation.

A long history of working collaboratively with local providers and families has laid a strong foundation and level of trust that extends to all components of the Alabama program. The strengths were identified through our in-depth review of data, open and honest forums and historical APR/SPP information. These strengths continue to act as a strong foundation in addressing the SIMR.

V. State-Level Initiatives

What are the current initiatives within your state that work towards the improvement of early intervention?

Summary: There are several current and effective initiatives happening within Alabama that are leading to system improvement for EI babies and their families. AEIS has strong working relationships with each of these organizations and is in discussions to incorporate the SIMR into their current practices to enhance and strengthen our improvements. Many of the missions and goals of our partners align with our SIMR and improvement strategies.

- o PAR process and TA lay the foundation for monitoring and supervision of all the local EI programs in Alabama

which will support strategies for improvement. The PAR and the GIFTS data system will allow effective monitoring of the SIMR and both will be used to review the effectiveness of the Theory of Action/ SSIP implementation.

- o Professional development and the Alabama CSPD plan provide guidance for implementing training for professionals and families that will improve the EI system. An active, broad-based Personnel Subcommittee of the ICC and Personnel Standards guide the work done in Alabama and will continue moving forward into the implementation stages of the SSIP work.
- o Alabama has a strong mission and vision through the “Vital Message” and “6 Core Values” document which supports the DEC Recommended Practices. Service Coordinators are required to explain and share them both with families at the initial meeting.
- o Alabama Developmental Standards for Preschool Children are in place and utilized by the Alabama State Department of Education. Providers use these to align the work done in AEIS.
- o “Blueprint for Zero to Five” was developed by a broad based panel of partners through the ECCS (Early Childhood Comprehensive Systems initiative). The document is used by providers around the state to identify and locate appropriate services for young children and their families in Alabama. The “Alabama Access Guide to Early Childhood Services for Children and Families Prenatal through 5 Years” was also developed and distributed through this collaborative partnership and offers resources and information to providers. Stakeholders have done some great work and will continue to work on the SSIP implementation in partnership with AEIS.
- o Alabama Partnership for Children has effective programs that share the importance of the birth to five years. Their programs include Monthly Focus Packets highlighting issues affecting young children, Project TEACH - a scholarship program for child care providers, Strengthening Families – a program that develops protective factors in families, Books, Balls and Blocks – providing local screenings for delay, and Zero to Five Matters – a public awareness campaign on the importance of the first five years of life. AEIS is on the board for this organization and works collaboratively to improve the availability of services and supports for families and offer training and information to the providers that reach out to them.
- o The Alabama Department of Human Resources is piloting a QRIS system in Alabama which will raise the level of quality in child care settings.
- o Alabama boasts the #1 First Class Voluntary Pre K Program in country. It is part of the Office of Children’s Affairs which provides effective, high quality early childhood experiences that prepare Alabama’s children for school success and lifelong learning. Readiness is defined as an enthusiasm for learning, an ability to function in a social setting, age appropriate communication and problem solving skills, age appropriate physical and emotional skills and optimal health. All of these skills are integral components of child development and are the cornerstones of a strong birth to three system as found in Alabama.
- o The Alabama Department of Children’s Affairs also has the “First Teacher Home Visiting Program”. This program offers free home visitation support to pregnant women, mothers, fathers, and other caregivers of young children. Participants are provided with prenatal support, activities, books and learning materials for children under the age of 5. Monthly visits include vision, hearing, and developmental screenings and link families to other families and with community resources. First Teacher is available in eight counties: Bullock, Butler, Dallas, Lowndes, Macon, Montgomery, Russell and Wilcox.
- o Strong linkages with the State Department of Education make our efforts in transition effective and seamless. AEIS serves on the Special Education Advisory Panel and continues to have open communication between state and local entities. AEIS and SDE work together on activities and initiatives related to young children.
- o The Nurse Family Partnership is implemented through the Gift of Life Foundation – The NFP is an evidence-based, community health program that helps transform the lives of vulnerable mothers pregnant with their first child. Each mother served by NFP is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits that continue through her child’s second birthday. Every dollar invested in NPF can yield more than five-dollars in return. The goals of NFP are to improve pregnancy outcomes, improve child health and development and improve the economic self-sufficiency of the family. The NFP was established by the Gift of Life Foundation to further the mission to decrease infant mortality and morbidity, and reduce teen pregnancy. AEIS plans to provide increased training on “red flags” of development and share strategies for

improving outcomes for children and families. Early prenatal care and healthy pregnancies effect child development and pregnancy outcomes. With the high infant mortality rates in Alabama, AEIS will work together to improve outcomes and assist in providing information on child development.

- o Reach Out and Read is an early literacy program of the Alabama Chapter of American Academy of Pediatrics by partnering with doctors across Alabama to prescribe books and encourage families to read together. AEIS and ROR have worked collaboratively together and will continue work with AEIS in the implementation of the SIMR.
- o The Alabama Department of Child Abuse and Neglect Prevention secures resources to fund evidence- based community programs committed to the prevention of child maltreatment. They advocate for children and strengthen families. This year alone they have funded 139 programs that provide essential services to children and families to prevent child abuse and neglect. The types of programs include: Parent Education and Support, Fatherhood programs, respite care, mentoring and others. They have done an extraordinary job in reaching to local communities and supporting prevention efforts. ADCANP is committed to continuing partnership with AEIS as we address the SIMR. Their efforts will affect the SE outcomes for young children and strengthen their families.

- What are areas of need that you can identify based on the current initiatives within your state?

Throughout the SSIP, it has been noted that through a detailed data and infrastructure analysis, Alabama has identified the social emotional areas for improvement, as well as a family's ability to communicate their child's needs. The areas of need within the state, as identified by stakeholders, have been listed throughout this document and include:

- o staff and families need additional training in the area of SE, evaluation, evidence based practices and implementation;
- o need to strengthen and formalize agreements with evidence-based programs that are addressing SE development;
- o need to increase and strengthen EI mentor program with mentors that know and understand SE development;
- o need to increase number of trainers in field that have an expertise in SE domain and achieving outcomes for children and families;
- o need to develop better ways of evaluating quality outcomes of children and families through PAR processes;
- o need financial capacity to accommodate additional trainings and services for SE;
- o need dashboards to better allow programs the ability to view and utilize data;
- o need manpower capacity to increase services and training for SE area;
- o need ability to maintain high levels of stakeholder input with providers and with families.

- Are there different levels of infrastructure and issues across the state that impact capacity of local programs in improving the SIMR?

Summary: The Financial infrastructure within Alabama continues to be a huge challenge, especially this year. Within the last week, the Alabama Legislature has moved the entire lead agency budget into the General Fund which has been deep in debt and struggled for many, many years. There are few sources of revenue for this fund and most programs in this fund are barely surviving. For many years, the lead agency has been funded through the Education Trust Fund which funds educational entities and has had some growth over the past few years. There has been a move to shift programs out of that fund into the General Fund. The Governor has repeatedly promised no new taxes but has proposed a package of tax bills to build revenue for the General fund, but it is unlikely that this will occur. There is rumor that there will be cuts from 15-30% in the General Fund and if this happens, the lead agency and all of the programs within the agency will be in serious economic ruin. There is no doubt that our dollars are education dollars and we are in the business of educating Alabama's youngest children and their families – but our voices are not being heard. This is a huge challenge and remains one of the greatest threats to our program and those local EI programs. The additional

factors that impact our local programs and the implementation of the SIMR are listed below. They are minor as compared to the financial crisis that threatens our continued system existence!

- o There are anchor agencies that operate with the lead agency, each having their additional policies and procedures above what is required in EI.
- o Lack of adequate funding has made it difficult to fully compensate providers for their costs to serve children. There is a discrepancy between the annual average cost to serve children and what they are currently being paid.
- o Alabama faces high rates of crime, substance abuse, teen parenthood and poor mental health. Alabama also ranks in the top 5 states of obesity, diabetes, stroke and poverty. All of these factors affect our ability to improve the SIMR but also gives us great opportunity for improvement.
- o The different structures of state and local agencies and organizations with aligned values create additional hurdles of bureaucracy, financing and "turfism".

VI. State Identified Representatives and Feedback

Who will be involved in the development of Phase I/II of your SSIP?

Summary: AEIS identified a broad base of diverse stakeholders across all state, district and local areas throughout Alabama. At the initial training/feedback sessions, the entire SSIP process was graphically described and explained. Staff outlined the required activities and commitment over the next few years. Additional meetings have taken place to inform stakeholders and ask for additional feedback throughout the process. Each stakeholder was asked to partner with the Lead Agency by continuing to offer input, feedback and invest in the process. The challenge was accepted by stakeholders – old and new! Stakeholders selected, identified and analyzed exiting data to establish our SIMR. They have reviewed data to help establish targets and will be involved throughout this process. Stakeholders have reviewed and approved the draft SSIP and portions as we have worked through this process. The ICC has had the ultimate authority to approve and make final decisions based on the broad based stakeholder input and feedback. This process has and will become our roadmap for the future and all stakeholders will continue to be one of our most valuable resource!

- o District providers and local councils
- o ICC members – Head Start, Department of Insurance, Department of Human Resources, Department of Children’s Affairs, Alabama Institute for Deaf and Blind, Alabama Department of Education, Medicaid, Alabama Department of Public Health, Alabama Department of Mental Health, physicians, families and providers.
- o Family Voices of Alabama
- o Leadership of Local Councils and subcommittees within the Districts
- o Child Care Providers
- o ICC and subcommittees: Personnel Preparation, Financial Planning, Public Awareness, Program Planning and Evaluation
- o District staff
- o District Council meetings
- o State staff
- o Family/caregiver gatherings
- o Vendors
- o Targeted stakeholder groups

- o Others – nurse managers, doctors, policymakers and community leaders etc.

What was your process to select and identify which stakeholders would be involved?

- o The Leadership team from within lead agency identified how the process would begin and which stakeholders to engage. (See timeline attachment)
- o ICC bylaws identify those who are appointed by the governor to serve on the ICC as the primary leaders/stakeholders into this process.
- o The District Councils are to be comprised of some of the same stakeholders but at the local district level. AEIS facilitated calls with district staff and program personnel to be sure we were getting broad representation in attendance at the councils and input from these important partners.
- o Strategically identified local stakeholders that we wanted to be sure to engage – Head Start, Department of Human Resources, Alabama Department of Public Health, Department of Children’s Affairs etc. Members of local communities that are active in the early education and care of children were also involved.
- o Identified local families to be involved in the process.

Involvement continues to expand to include a broad based group of partners. AEIS recognizes that this is an ongoing process in stakeholder recruitment and investment

How are you involving or plan to involve your stakeholders in selecting, identifying and analyzing your exiting data in establishing your plan?

- o Verbal feedback has been gathered at all of our stakeholder meetings.
- o Written feedback had been solicited from stakeholders regarding strengths, areas for improvement and additional data needed. To date from all districts across the state have provided written feedback and we have had approximately 173 written respondents. This number includes only written comments not those in attendance at our stakeholder meetings or verbal feedback.
- o Offices – Lead agency – ADRS,AEIS state office staff will guide the effort
- o Agencies – Anchor agencies (Alabama Institute for the Deaf and Blind, Department of Mental Health, Children’s Rehabilitation Services) and Lead Agency (ADRS), all partner agencies on the ICC. All agencies that focus on the well-being of children and families.
- o Positions that support that EI families/early care and education efforts: ICC members, families and Subcommittee Members, leaders in the Early Childhood initiatives, legislators
- o Targeted Individuals who work with infants, toddlers and families: physicians, nurses, hospital managers, a diversity of disciplines that serve 0-3 (i.e., OT, PT, ST) etc.
- o Additional Families: Families currently involved or being served and those who have transitioned from early intervention services. AEIS hosted district family forums throughout state
- o Hosting district family forums throughout state.
- o Feedback Meetings: AEIS hosted targeted stakeholder meetings around different sections of the state where data indicated there were needs.
- o Internal and external stakeholders:

The time line for data collection began in December 2013 with the ICC stakeholder meeting. Introductory data was provided and time lines for continued data collection and stakeholder input were presented. January

and February 2014 were used to gather additional data from numerous sources pertaining to child health index (i.e., Children in poverty, single parent households, and teenage parents). From March 2013 through December 2014, stakeholder groups were convened to review the data and learn of the current state of affairs in terms of a potential SIMR. Additional stakeholder input into the SIMR and targets occurred throughout February and March of 2015.

- What internal and external stakeholders have you involved in this analysis?
 - o District providers and local councils (made up of program interventionists, administrators, state/local agency representatives, district staff, service coordinators and families).
 - o Leadership of Local Councils and subcommittees within the Districts
 - o ICC and subcommittees: Personnel Preparation, Financial Planning, Public awareness, Program Planning and Evaluation. ICC membership includes: Alabama Department of Rehabilitation Services, Alabama Institute for the Deaf/Blind, Alabama Department of Human Resources, Alabama Department of Mental Health, Alabama Department of Insurance, Alabama Department of Transportation, Alabama Department of Public Health, Alabama Medicaid Agency, Alabama Department of Education, District Council Representative, Alabama Legislator, Direct Service Providers, Head Start and Parents.
 - o District staff (who serve as the entry point for referrals, conduct public awareness activities, involve families in system input, and maintain the functioning of the district council).
 - o State staff and leadership from the Lead Agency (e.g., the Commissioner)
 - o Families and caregivers
 - o Family Voices of Alabama
 - o Vendors providing services through Alabama's Early Intervention System.
 - o Targeted stakeholder groups (families, local child welfare workers, child care personnel, public health nurses, nurse managers from birthing hospitals, community program representatives, United Way agencies etc.)
 - o Others – nurse managers, doctors etc.

- What was your process to select and identify which stakeholders would be involved?
 - o Leadership team from within lead agency identified how process would begin and which stakeholders to engage.
 - o ICC bylaws identify those to serve on ICC as the primary leaders into this process.
 - o ICC subcommittees garner support from diverse stakeholders across the state.
 - o Through the stakeholder involvement process, additional stakeholders were identified and added to the process (e.g., Representatives from the Launch Project out of the Alabama Department of Mental Health)
 - o The District Councils were greatly involved. They are comprised of some of the same state stakeholders, but at the local level (i.e., Local representatives from district/regional offices). Councils were surveyed to be sure we were getting broad representation and input from these important partners.
 - o Identified local stakeholders/representatives that we wanted to be sure to engage – Head Start, Department of Human Resources, Alabama Department of Public Health, Department of Children's Affairs etc.
 - o Identified local families to be involved, including the families represented on the ICC.

- o Involvement continues to expand and include a broad based group of partners. This is an ongoing process!

How are you involving or plan to involve your stakeholders in analyzing your infrastructure?

- o Variety of methods and formats for involving stakeholders were utilized: group presentations, discussions, polycom participation and formal/informal feedback processes have been used to solicit involvement in infrastructure analysis.
- o Process is open and welcoming: AEIS has attempted to create an atmosphere for safe, free-speaking and judgment-free input. We have strategically identified and welcomed all stakeholders to the table.
- o Feedback is continual and we will continue to involve, include and inform stakeholders and welcome ongoing feedback from all groups of stakeholders

- o Stakeholder Guidelines: These principles were utilized through all the stakeholder groups:

*Listen actively

*Respect all discussions without judgment.

*Understand that the goal is not to agree but gain a deeper understanding of EC issues.

*Respect the input from all participants and don't take it personally if you don't agree.

*Share your own stories and experiences.

*Be as specific as possible.

*No idea is a bad idea.

*Be open to generate new ideas, changes and strategies for improvement!

AEIS staff has utilized these general guidelines while engaging our stakeholders!

What activities have they participated in?

- o Forums and discussions, submission of feedback/input forms, emails, face to face meetings, Polycom, etc.
- o Structured meetings to keep stakeholders informed as to the progress of the APR/SPP and SSIP. Powerpoint presentations were utilized at more formal meetings and there were always opportunities for written and verbal input into the process. (Powerpoint files attached.)
- o Stakeholders have participated in every aspect of the SSIP –identification of key data and infrastructure; conducting broad and in-depth analysis; identifying coherent improvement strategies; developing the theory of action; identifying and narrowing SIMR and overall development and review of the SSIP prior to submission.
- o Targeted conversations for input, committee meetings focused on specific topics. They will and have helped AEIS develop the activities and improvement strategies for implementation of the SIMR. There has been an active buy-in/investment from all stakeholders since they will reap the benefits of this process and their children and families improve their outcomes!

How will you obtain their input and how will you track the ongoing reflection on your work as it relates to infrastructure?

- o Input via forums, conferences, training venues and formal feedback system; summary of suggested strengths and needs to be used as a checklist in developing improvement activities.

- o Follow up meetings have occurred and will continue at all levels to provide feedback on this process and to gather additional feedback on the implementation.

- o Extensive trainings have and will continue to occur across the state and at all levels to describe “next steps” and implementation process

AEIS will track the theory of action steps and improvement activities to measure progress based on the evaluation components listed on the Theory of Action document as follows:

Leadership will be evaluated by...

The increase in referrals from identified counties of need and for ages birth to one

Documented involvement of and referrals from counties in most need of intervention

Family Survey results demonstrating a higher % of families successfully communicating their child’s needs and skills in enhancing their child’s SE development

Additional data on the reasons for not making progress which will inform decision making, training and targeted technical assistance

Additional input from stakeholders and families

Technical assistance will be evaluated by...

The selection, training and utilization of additional tools for determining SE needs and progress

The accurate implementation and scoring of SE assessment tools

An increase in the identification of SE needs

An increase in progress in the area of SE development

The ratings of programs based on the revised PAR (updated for SE emphasis); and targeted training and TA based on the personnel database and identified needs

Development will be evaluated by...

The implementation of DEC and other recommended practices as monitored through the PAR system

Increased referrals for children with social-emotional deficits

The placement of higher education representatives on ICC subcommittees and task groups

The summary of data from stakeholder meetings/input regarding the six components of infrastructure reveals the following identified strengths and needs (see section IV. Strengths of current State Infrastructure System for a more detailed explanation of these strengths):

RANK ORDER OF STRENGTHS IDENTIFIED BY MULTIPLE STAKEHOLDERS:

1. Services in natural environment
2. Timely services
3. Vision, mission and purpose of EI
4. Quality of programs/services
5. Child Find in general

6. Family involvement
7. PAR/monitoring
8. Service Coordination
9. Transition
10. Procedural safeguards
11. Quantity of services
12. Eligibility and IFSP development
13. Communication/collaboration
14. Data collection - GIFTS system
15. Communication with monitors and programs/agencies
16. TA – support of state office
17. Outcomes based on families' needs
18. Transition process in general
19. Family outcomes

RANK ORDER OF AREAS FOR IMPROVEMENT IDENTIFIED BY MULTIPLE STAKEHOLDERS (see strategies for addressing these improvements at beginning of this section):

1. Public awareness
2. Finance/funding
3. Family Involvement
4. Quality & quantity of services
5. Transition meetings with LEAs
6. State/local collaboration
7. Child Find re: below the age of one
8. Data collection at local level
9. Eligibility
10. More training in test protocols and use of different tests besides the 4
11. Referrals
12. More training on outcomes
13. Need ESL materials
14. More training for professionals, beyond conference (more in-depth)
15. More training on eligibility evaluations
16. Monitoring/PAR

17. Seems like focus is more on paperwork at times than the family's needs and being able to help families more

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

CONTENTS OF THIS SECTION:

- I. State Identified Measurable Result
- II. SPP/APR indicator with which the SIMR is aligned
- III. Additional SPP/APR components
- IV. SIMR outcomes
- V. Stakeholder involvement

State-Identified Measurable Result (SIMR)

Based on data reviews and input from stakeholders, AEIS has chosen the area of **social-emotional development** for its SIMR. From the state's baseline of 79%, by the end of FFY 2018, 88% of children (an additional 481 children) will have substantially increased their growth in social-emotional development as determined by using the COSF (Child Outcome Summary Form). The baseline is the last fiscal year's level of substantial achievement in social emotional growth (79%) and targets were set by incrementally increasing to 88% by FFY 2018.

- With what SPP/APR indicator is your SIMR aligned?

After an extensive review of state and national data (see data analysis section), the indicator that has been identified as the measurable result is in the child outcome area of **Social-Emotional Development** (increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills). This SIMR will be for the entire state, not a subset.

The SIMR is based on the SPP/APR Indicator 3, **Summary Statement 1**: Of those infants and toddlers who entered or exited early intervention below age expectations in Social-Emotional development, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exit the program. "Substantially increasing their rate of growth" is based on the COSF (Child Outcome Summary Form) rating scale that is used at entry and again at exit (for those who were in the system for at least 6 months). This scale was developed by the Early Childhood Outcomes Center. One of the AEIS improvement activities is to develop a social-emotional formative assessment tool to be used consistently during intervention which will measure ongoing progress in the area of social emotional development. The data collected through the use of this tool, in addition to other data/information collected on each child, will help in determining the level of progress charted on the COSF form at exit. The entire content found in all of the previous SSIP sections overwhelmingly supports and justifies the selection of the SIMR for Alabama.

- What additional SPP/APR components were included with your SIMR?

SPP/APR Indicator 4B: Increase the percentage of families who report that they are able to communicate their child's needs, has been selected as a secondary component to be addressed through the SSIP. Although Indicator 4B had a high percentage in FFY 2013 (94%) this area of communicating their child's needs has been the lowest of the family outcomes for the past 3 years. AEIS services and supports are developed based

on the Core Values and Vital Message and are aimed at helping families support and care for their child. Research indicates that a child's most effective teacher is the person with whom they have a nurturing relationship and with whom they spend the most time, such as his or her mother, father, grandmother, daycare provider or primary caregiver. How this person interacts with their child while feeding, diapering, playing, and cuddling will have the greatest impact on how a child develops. These are the reasons why Alabama has selected a family goal as part of the SIMR which is foundational in improving a child's socialemotional development.

Description

SIMR Outcomes

Describe how your SIMR is a child-level outcome instead of a process outcome

- o It is one of the APR Indicator 3 child outcomes which addresses the improvement of social-emotional outcomes for infants and toddlers. It is based on child-level data summarized through the Child Outcome Summary Form (COSF) at entry and exit from the system.

How will your SIMR improve results for children with disabilities within your State?

- o The information from the data and infrastructure analysis substantiate the SIMR and there are initiatives in Alabama that will support the work needed for improvement. Statewide leadership from the lead agency and other stakeholders support the identified SIMR and we feel there can be adequate improvement for babies and families based on these factors.
- o It is believed that the social-emotional domain impacts all other areas of development. It is anticipated that by enhancing social-emotional skills, children will be more attentive, controlled, and ready to learn. Data on progress in all areas of development will be monitored and enhancements will be implemented as appropriate.
- o AEIS will implement strategies and develop in-depth partnerships to impact this area of development (see Infrastructure section for established partnerships and their contributions). Evidence-based assessment and intervention will be implemented to strengthen EI practices that focus on the area of social-emotional development.
- o Alabama has been awarded a grant under the federally funded Project LAUNCH which will directly impact the social-emotional development and mental health of young children. It is anticipated that, through collaboration, AEIS will be able to implement project strategies and training initiatives statewide. (See Infrastructure section for explanation of how Project LAUNCH will impact AEIS' initiatives.)

Stakeholder Involvement

Summary: Stakeholders have been involved in all phases of the SSIP and in the development of the SIMR. They have been involved in: the broad infrastructure and data interpretation and analysis; identification of potential root causes of data patterns; responding to questions about program practices and infrastructure; confirming/narrowing the SIMR and evaluating its feasibility; determining and evaluating coherent improvement strategies; and developing, reviewing and refining a theory of action. We have made them active participants in the process and defined their roles through each component of the SSIP process.

How have you or plan to involve your Stakeholders in developing your SIMR?

District and state level presentations and involvement throughout the process as described above were conducted through focus groups/meetings and trainings consisting of broad representation from local programs,

state agencies, ICC and subcommittees, service providers, local agencies, families and state level liaisons. Stakeholders will continue to be involved all along the way – in fact – they will demand it! We offer an open invitation for participation and input!

- What activities did they or will they participate in (see summary above)?
 - o Review of data, identification of strengths and needs, identification of additional data needed, selection of the SIMR, setting targets and development and implementation of improvement activities.
 - o Investment in developing the plan to implement strategies that impact the SE domain and evidenced-based practices.
 - o Ongoing strengthening of collaborative relationships and agreements.
 - o Follow-up meetings to update on progress. Sharing the data.
 - o Anecdotal information and reaching families in areas that are rural and poverty laden.
 - o Assisting in any area of identified need.
 - o Resource and capacity development.

- How will you obtain their input and how will you track the ongoing reflection on your work as it relates to infrastructure?

Presentations and discussion groups will continue throughout the implementation of this focused effort. Feedback worksheets from district and state presentations of data throughout the state (through the districts) will be utilized. Reports to the ICC, the primary stakeholder group for Alabama's Early Intervention System, will be regularly provided for input, instruction and guidance in implementation of the system, including infrastructure improvements. Work groups through the districts and ICC standing subcommittees will also be utilized. Also there will be additional opportunities for feedback and update through the annual EI and Preschool Conference. The SSIP work has become embedded into all of the work that we do in EI! We will be tracking their participation and input through a variety of methods – survey, feedback forms, forums etc.

- What internal and external Stakeholders have you included in the development of the SIMR?
 - o ICC and subcommittees: Personnel Preparation, Financial Planning, Public Awareness, Program Planning and Evaluation. ICC membership includes: Alabama Department of Rehabilitation Services, Alabama Institute for the Deaf/Blind, Alabama Department of Human Resources, Alabama Department of Mental Health, Alabama Department of Insurance, Alabama Department of Transportation, Alabama Department of Public Health, Alabama Medicaid Agency, Alabama Department of Education, District Council Representative, Alabama Legislator, Direct Service Providers, Head Start and Parents.
 - o Personnel Subcommittee (i.e., Higher Education representatives, program administrators, service coordinators and other service providers, therapeutic representatives, and families)
 - o Program, Planning and Evaluation Subcommittee
 - o Public Awareness subcommittee
 - o Financial Subcommittee
 - o PAR monitors (state monitoring system)
 - o Commissioner of the Lead Agency (Alabama Department of Rehabilitation Services - ADRS)
 - o Shared Services staff in ADRS
 - o Children's Rehabilitation Services staff

- o Conference opportunities through the annual Alabama Early Intervention and Preschool Conference
- o District providers and local councils (made up of program interventionists, administrators, state/local agency representatives, district staff, service coordinators and families)
- o Leadership of Local Councils and subcommittees within the Districts
- o District staff (who serve as the entry point for referrals, conduct public awareness activities, involve families in system input, and maintain the functioning of the district council)
- o State staff and leadership from the Lead Agency (e.g., the Commissioner)
- o Families and caregivers
- o Vendors providing services through Alabama's Early Intervention System.
- o Targeted stakeholder groups (families, local child welfare workers, child care personnel, public health nurses, nurse managers from birthing hospitals, community program representatives, United Way agencies etc.)
- o Family Voices of Alabama
- o Others – nurse managers, doctors etc.
- o TA Centers resources, documents and guidance – Great!
- o OSEP input – Great!
- o Ongoing webinars and conference calls through venues such as ECTA Center, DaSy Center, RRCP, and other TA Centers

Targets, Improvement Activities and Measurable Goals

- Have you developed baseline data for your SIMR?

Yes - 79% is the baseline which is based on the outcome data from the previous fiscal year (FFY 2013).

Improvement activities to impact the SIMR include the following:

1. Develop stronger ties and collaboration with resources in the area of SE
 2. Identify appropriate tool(s) to measure SE needs for those children at greater risk for SE issues
 3. Develop formative assessments tools for monitoring ongoing progress in social emotional development and for use in determining exit outcome achievement
 4. Train, scale up and sustain DEC recommended practices
 5. Focus training on SE and family communication of need
 6. Provide training on evidence-based practice
 7. Train and equip families around social-emotional issues
 8. Train and equip families on communicating their child's needs
 9. Develop a training package on social-emotional development and intervention
 10. Require district trainings with district training teams utilizing a SE training package
 11. Identify specific sessions at the conference around SE and family communicating needs
 12. Review the evaluation and assessment procedures to determine training needs in the SE area
 13. Develop CSPD linkages with higher education around the SE area
 14. Conduct more training on test protocols and use of tests, especially for tools that better assess SE development
 15. Provide guidance on SE area of development and on how to implement evidence based practice
 16. Establish formal linkages with evidence based programs effecting child development to increase our capacity for improvement (see section on Infrastructure Analysis for a listing of some of the programs with which linkages will be strengthened).
- Have you established targets that are measurable and rigorous (percentages) for five years from the FFY 2014 through

FFY 2018?

Yes (see section under Baseline and Targets). The targets span from the baseline of 79% of children making substantial progress in social emotional in 2013 to 88% of children making substantial progress in 2018. This represents an additional 481 children showing substantial progress in their social emotional development upon exit from the system.

- Do your targets reflect measurable improvement by FFY 2018 over the FFY 2013 baseline data?

Yes. The targets were kept relatively level for the first two years in order to allow time for the implementation of new activities to take effect, and then reflect rigorous improvements through FFY 2018.

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.

CONTENTS OF THIS SECTION

- I. Selection of coherent improvement strategies
- II. Summary of improvement strategies
- III. Collaboration with current state initiatives
- IV. Stakeholder involvement

Selection of Coherent Improvement Strategies

Summary: The coherent improvement strategies were selected based on a review of data, infrastructure analysis, stakeholder input and the identified SIMR. (The data used is described in the data analysis section of this report.) Data lent itself to the identification of certain strategies that would impact the state's capacity to improve social-emotional results for children and the parents' ability to communicate their children's needs. Root causes were also identified, such as socioeconomic status, need for more assessment tools for social-emotional development, need for a stronger focus in social-emotional intervention, age of referral, and need for additional professional development. These factors informed the development of the improvement strategies. In addition, strategies were developed to impact all levels of the system - local, district and state.

The state has the capacity and resources in place to support implementation of the strategies, including collaboration with other state initiatives such as Project Launch, Parents as Teachers home visiting programs, and other resources as listed in this report. The implementation of evidence based practices (DEC Recommended Practices) is also addressed in the improvement strategies in relation to professional development, dissemination of information through TA, training and the website, and collaboration with other programs. These Improvement Strategies will help to build the capacity of the Alabama system and of the early intervention programs in order to improve results for infants, toddlers and their families. The process for identification of the strategies was developed in partnership with all stakeholders.

Summary of Improvement Strategies

Summary: The selection of sound, logical and aligned improvement strategies will address root causes of low performance and build on leverage points that are the strengths of our system. They will support early intervention programs in Alabama to implement evidence-based practices and identify effective practices that scale up and will improve the results for the SIMR. Based on a review of data, stakeholder feedback and identified strengths/needs, improvement strategies were selected within each of 5 categories: Leadership, Technical Assistance, Professional Development, Family Support and accountability. These strategies will be implemented/scaled up during the five year period covering the SSIP.

LEADERSHIP strategies will reinforce systemic capacity to improve social-emotional development in infants and

toddlers. Leaders at all levels must understand the foundational mission of early intervention services and the work in the SSIP and their roles in the improvement process. Root causes at the state system level, such as low child find numbers from poorly functioning counties, need for expansion of data collection, analysis and use in developing training and support systems, and professional development needs statewide will be addressed through the leadership strategies as follows:

- Focus efforts on counties that have a low child health index and low referrals
- Continue to engage stakeholders and leaders at all levels
- Continue to gather and analyze data
- Establish formal linkages with effective, evidence-based early childhood initiatives
- Post resources and information to the ADRS website related to SE development
- Enhance the family survey tool related to SE to gather additional data from families
- Assist programs in the use of data in making programing decisions
- Develop a Personnel Database to identify individuals by discipline, what training they have had, vendors, number of Special Instructors, etc.
- Continue to involve the lead agency commissioner and leadership team in sharing information about the system and services
- Enhance the Public Awareness subcommittee and local efforts to increase referrals of children birth to one
- Develop a public awareness plan to lead the state and districts based on the areas of greatest need for social-emotional – in areas where kids are being identified with risk factors for SE development as identified through data review
- Continue to drill down data on factors related to outcomes such as time in program, age, and diagnosis to better determine effect on child/family progress then make adjustments in the data system, entry procedures and strategies. Revise the GIFTS system to better clarify reasons (entered into database) why children did or did not make progress.
- Develop stronger practices and collaboration with early childhood initiatives focused on the area of SE, in particular Project LAUNCH through the Alabama Department of Mental Health and other partners. These joint projects will enhance the capacity of local programs and practitioners to implement evidence-based practices.

TECHNICAL ASSISTANCE strategies will address root causes such as lack of use of appropriate assessment tools in SE, need for more formalized methods of measuring and documenting progress, and accuracy in data entry using the following activities. These will improve identification and application of evidence-based practices for improvement:

- Identify appropriate tool(s) to measure SE needs for those children at greater risk for SE issues.
- Develop formative assessment checklists for gaging progress and monitoring rate of growth in the social-emotional area. These would be utilized by service coordinators and interventionists on a monthly basis. Higher Ed to help in the development of tool.
- Promote standardized developmental screening across Alabama (in partnership with Help Me Grow initiative) in physician's offices to promote early referral and access to services which support and strengthen the child and family.
- Reestablish a GIFTS users group to look at the data system and make recommendations for improvement.

PROFESSIONAL DEVELOPMENT activities will address root causes associated with the lack of expertise in social-emotional assessment and intervention, such as the need for uniformity in the implementation of evidence-based practices, the need for increased Higher Education involvement in system/professional development, and the need for more accuracy in data collection as follows:

- Strengthen the EI mentor program to support new SC and interventionists and be resources for implementation of Evidence-Based practices.
- Provide monthly updates that will support the activities of the SSIP around the SE area
- Assess and Train on DEC recommended practices and other evidence based practices to scale up and sustain in local programs and involve families
- Focus training on SE area and evidence-based practices and equipping families on how to effectively communicate of the needs of their child/family.
- Provide training on evidence based practice
- Utilize stakeholder input to lead training initiatives in partnership with families.
- Require district trainings with district training teams utilizing a SE training package developed by a team of experts and stakeholder.
- Identify specific sessions/experts at the EI conference and other agency events around SE and family communicating needs
- Review the evaluation_ and assessment procedures and Personnel Standards to determine training needs in the SE area. Utilize mentor program to assist in observing and reviewing the skills of evaluators in Social-emotional.
- Train community providers on the ASQ – SE
- Develop CSPD linkages with higher education around the SE area

- Review the Journey and foundational training and add data and information on how to make databased decisions
- Develop better training on Routines Based Assessments and interventions.
- Develop specialized training to clarify reasons (as cited in GIFTS) for entering the categories as to why children don't make progress i.e., what does time in program mean, etc.
- Increase training and capacity of local providers to review data and make decisions
- Conduct additional training on test protocols and use of tests, especially for tools that better assess SE development for child and family.
- Provide guidance on SE area of development and on how to implement evidence based practice
- Provide training on completing entry-exit forms to strengthen process and uniformity.
- Provide increased training on "red flags" of development through the Nurse-Family Partnership Program (and other EB programs) and share strategies for improving outcomes for children and families.

FAMILY SUPPORT activities will address such root causes as family instability, family understanding, family ability to make an impact on social-emotional development, family isolation and family-to-family support as follows:

- Work with the Strengthening Family Initiative to identify families to participate in this prevention program to increase family stability, enhance child development and reduce child abuse and neglect. Target the counties where data indicates the greatest need.
- Link with the Smart and Secure Children Parent Leadership Network so that the parents of infants and toddlers with disabilities are included in the parent leadership training – equipping them to better meet the needs of their children and build a safe and secure family community, which affects social emotional development.
- Train and equip families in efforts that will effect social-emotional development.
- Train and equip families on how to effectively communicate their child's needs.

Evaluation/accountability will ensure that all improvement activities are implemented and their impact will be monitored regarding services at the program, district and state level. These activities are as follows:

- Use data with leaders to assist stakeholders in making decisions (every committee) and generate reports at every meeting
- Enhance the PAR to reflect the importance of child/family outcomes and how EI services have impacted the life of the family and the child – not just compliance with state and federal regulations.
- Develop and enhance the PAR to include factors related to SE so it all improvement strategies can be evaluated and monitored.
- Collaborate with current State initiatives in developing and coordinating improvement strategies (see section on Infrastructure for more details on these initiatives). Some of these initiatives include the following:

MH/ADPH Launch Grant – (Linking Actions for Unmet Needs in Children's Health) Activities in screening and assessment in a range of child service settings; integration of behavioral health into primary care; mental health consultation in early care and education; enhanced home-visiting through focus on social and emotional well-being and family strengthening and parent skills training.

Help Me Grow Alabama – Activities and involvement to promote optimal development of young children to community resources, providing effective care coordination; and facilitating partnerships with Alabama Academy of Pediatrics. AEIS will work with pediatric practices in implementation of Help Me Grow Alabama.

Children's Policy Councils – Involvement in local councils established to address the needs of children by local district judges. Representation on Early Care and Learning subcommittees located in lowest ranked counties is essential.

Books Balls and Blocks –Supporting increased screening through collaborative initiatives in local neighborhoods.

Alabama Partnership for Children – Participation in Smart Start initiatives including increasing distribution of Developmental Focus Packets , quality child-care campaign, distribution of Parenting Kits to newborn mothers. "Don't be in the Dark About Child Care" – campaign for safe, quality child care by increasing linkages with Child Care partners.

Smart and Secure Children Parent Leadership Network – Assist in the development of parent mentor and parent leaders within local communities to improve the outcomes for families and their children who have disabilities.

Parents as Teachers – First Teacher program – Alabama's home visiting program building the strength in families and children's development. Develop screening and intervention linkages with AEIS.

CAPTA Partners – Working with Department of Human Resources on the referral of infants and toddlers with substantiated cases of abuse and neglect with particular focus on identified counties of greatest need for

improvement.

Nurse Family Partnership (NFP) –This program is implemented through the Gift of Life Foundation. The NFP is an evidence-based, community health program that helps transform the lives of vulnerable mothers pregnant with their first child. Each mother served by NFP is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits that continue through her child's second birthday. Independent research proves that there are benefits from this relationship – every dollar invested in NFP can yield more than five-dollars in return. The goals of NFP is to improve pregnancy outcomes, improve child health and development and improve the economic self-sufficiency of the family. The NFP was established by the Gift of Life Foundation to further the mission to decrease infant mortality morbidity, and reduce teen pregnancy. AEIS plans to provide increased training on “red flags” of development and share strategies for improving outcomes for children and families. Early prenatal care and healthy pregnancies effect child development and pregnancy outcomes. With the high infant mortality rates in Alabama, AEIS will work together to improve outcomes and assist in providing information on child development. AEIS will partner with the Healthy Start Grant by better linking with nurses doing home visits and identifying babies with developmental ‘red flags”, grassroots work, and supporting first time mothers, etc.

Strengthening Families through Alabama Department of Child Abuse and Neglect - Working with those families who have abuse and neglect in their families since this is a factor that significantly effects SE development. ADCAN requires all grantees to participate in this training. AEIS will be linking with ADCAN in this initiative.

Success By Six and United Way – development of a 211 system for resource development and interventions for young children under the age of 6.

Reach Out and Read – partnering in literacy initiatives for young children served through pediatric practices in Alabama.

Alabama Academy of Pediatrics – working to establish standardized developmental screenings around the state.

All of these initiatives are currently happening and expanding in Alabama and will have a direct effect on the capacity of the AEIS infrastructure to implement evidence-based practice in the SE area of development and all other developmental areas. Each organization and initiative has a mission and/ or activities that support the improvement work of AEIS and the SIMR.

- Are the improvement strategies based on the data and infrastructure analyses?

Yes. All data collected through the GIFTS system, stakeholder meetings/input, and state leadership data analysis was used in the selection of the SIMR and subsequent improvement strategies. Strategies were identified from reviews of all input, existing and potential collaborative efforts with other state initiatives, and logical courses of action.

The SIMR (Improving social-emotional development in young children with disabilities and the ability of families to communicate their needs) was the focal point of all strategies that were developed. The strategies were selected to strengthen programs/providers and have a positive impact on children/families.

- How will implementation of improvement strategies address identified root causes for low performance and ultimately build capacity to achieve the SIMR for infants and toddlers with disabilities and their families?

As a result of the improvement strategies, state and local providers will:

- Be guided in targeting services in areas and in ways that will enhance the social emotional development of children in EI
- Have the information and resources they need to implement AEIS's vision for children and families
- Be enabled to impact earlier referrals into the system
- Have solid data from which to monitor activities and progress
- Have stronger ties with other state and community leaders in impacting children and families
- Be supported in delivering high quality and data driven services
- Have personnel delivering services through AEIS who are better trained and equipped to:
 - Provide strategic services that will impact social-emotional development
 - Conduct targeted assessments to identify specific areas of need in the SE arena and address those needs
 - Assist families in better communicating their child's needs

- Have personnel with additional expertise in the area of social emotional development
- Have more precise data in identifying reasons children are and are not making progress.

Then children and families will...

- Be assured of quality services that address social-emotional as well as other developmental domains
 - Have the assurance of a well-coordinated, collaborative, and state supported system of services.
 - Have the opportunity to be connected early to the Early Intervention System
 - Have direct access to information on social-emotional development
 - Be better equipped to be team members and communicate their needs in an effective manner
 - Receive evidence-based services
 - Be assured of quality, trained service providers
- How were stakeholders involved in the selection of coherent improvement strategies (see stakeholder involvement under the Baseline and Targets section, the Data Analysis section and the Infrastructure Analysis for further details)?

Summary: Stakeholders have been involved in all phases of the SSIP, in the development of the SIMR and in the selection of coherent improvement strategies. They have been involved in: the broad infrastructure and data interpretation and analysis; identification of potential root causes of data patterns; responding to questions about program practices and infrastructure; confirming/narrowing the SIMR and evaluating its feasibility; determining and evaluating coherent improvement strategies; and developing, reviewing and refining a theory of action. We have made them active participants in the process and defined their roles through each component of the SSIP process.

Stakeholders were and will be involved/engaged as follows:

- o District and state level presentations and identification of strengths and areas for improvement
- o Identification of strengths and needs, identification of additional data needed, and development and implementation of improvement activities
- o Investment in developing the plan to implement strategies that impact the SE domain and evidenced-based practices
- o Strengthening collaborative relationships and agreements
- o Anecdotal information and reaching families in areas that are rural and poverty laden

The following internal and external Stakeholders were included in the development of the strategies:

- o ICC and subcommittees: Personnel Preparation, Financial Planning, Public Awareness, Program Planning and Evaluation. ICC membership includes: Alabama Department of Rehabilitation Services, Alabama Institute for the Deaf/Blind, Alabama Department of Human Resources, Alabama Department of Mental Health, Alabama Department of Insurance, Alabama Department of Transportation, Alabama Department of Public Health, Alabama Medicaid Agency, Alabama Department of Education, District Council Representative, Alabama Legislator, Direct Service Providers, Head Start and Parents.
- o Personnel Subcommittee (i.e., Higher Education representatives, program administrators, service coordinators and other service providers, therapeutic representatives, and families)
- o Program, Planning and Evaluation Subcommittee
- o Public Awareness Subcommittee
- o Financial Subcommittee
- o PAR monitors (state monitoring system)
- o Commissioner of the Lead Agency (Alabama Department of Rehabilitation Services - ADRS)

- o Shared Services staff in ADRS
- o Children's Rehabilitation Services staff
- o Conference opportunities through the annual Alabama Early Intervention and Preschool Conference
- o District providers and local councils (made up of program interventionists, administrators, state/local agency representatives, district staff, service coordinators and families).
- o Leadership of Local Councils and subcommittees within the Districts
- o District staff (who serve as the entry point for referrals, conduct public awareness activities, involve families in system input, and maintain the functioning of the district council).
- o State staff and leadership from the Lead Agency (e.g., the Commissioner)
- o Families and caregivers
- o Vendors providing services through Alabama's Early Intervention System.
- o Targeted stakeholder groups (families, local child welfare workers, child care personnel, public health nurses, nurse managers from birthing hospitals, community program representatives, United Way agencies etc.)
- o Family Voices of Alabama
- o Others – nurse managers, doctors etc.
- o TA Centers resources, documents and guidance – Great!
- o OSEP input – Great!
- o Ongoing webinars and conference calls through venues such as ECTA Center, DaSy Center, RRCP, and other TA Centers

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.

Submitted Theory of Action: [Theory of Action](#)

Illustration

Provide a description of the provided graphic illustration (optional)

Description of Illustration

The Theory of Action is based on an "If-Then" statement describing the impact that improvements will have on the state system, local providers and children/families along with measure for gauging progress. The Theory of Action is organized around three areas: (1) Leadership (including Outreach, Training, Family Support and Data); (2) Technical Assistance; and (3) Development (for Interventionists, Families, Community and Higher Education). These areas represent the changes needed in order to support programs in implementing evidence-based practices and to impact outcomes for children and families.

Stakeholder input was utilized in the development of these actions. Stakeholders included the ICC, ICC Subcommittees, District Councils, state agencies, local providers, families, and administrators. Feedback was obtained by making presentations at standard state and district meetings with feedback worksheets, conducting focus groups, and soliciting input from families at

the annual Early Intervention and Preschool Conference.

Certify and Submit your SPP/APR

This indicator is not applicable.