STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2021

Alabama

PART C DUE
February 1, 2023

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

Alabama's Early Intervention System (AEIS) provides services to children with disabilities, birth to three, and their families based on state and federal regulations and Alabama's 8 Core Values. These values, or guiding principles, ensure that recommended and evidence-based practices are incorporated into all services provided throughout the system. The Core Values, which are embedded in the AEIS Evidence-Based Practice Model, require that the system and services are:

Family Centered
Developmentally Appropriate
Individualized
Provided in Natural Environments
Train and Equip the Parent/Caregiver
Collaborative
Routines-Based
Evidence-Based

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, child outcome data, training initiatives, and public reporting of program status. In addition, ICC Subcommittees (Personnel, Program Planning and Evaluation, Public Awareness and Financial) and special task groups (such as, but not limited to, the Early Childhood Workgroup for Young Children with ASD, the Early Intervention-Preschool Conference planning committee, the Financial Task Force, and the Routines-Based Model Implementation Task Force) are given ongoing opportunities for input throughout the year in the development of all aspects of AEIS.

The AEIS SPP/APR is being submitted based on supervision/monitoring results, evaluation of child outcomes, family survey data, ongoing data collection/analysis and stakeholder input. Broad stakeholder representation was solicited through family surveys conducted with all AEIS families, not just a random sample, a new appointment to the ICC representing the homeless population (with representatives from the Native American Tribes and the military pending), and the creation of a Core Group Task Force whose sole purpose is to increase the diversity of stakeholders, families and providers within the system.

Data indicate that in 8 reporting indicators, programs achieved over 95%. In addition, AEIS exceeded its targets in 7 of the reporting indicators and met targets in 1 indicator.

Actual data for FFY 2021 are as follows:

Indicator 1 – Timely Services: 96.88%
Indicator 2 – Natural Environment: 99.85%
Indicator 3A1 (SiMR) – Substantial progress in Social-emotional skills: 81.5%
Indicator 3A2 – Achieved functioning as same age peers in social-emotional skills: 50.9%
Indicator 3B1– Substantial progress in knowledge and skill: 85.6%
Indicator 3B2 – Achieved functioning as same age peers in knowledge and skill: 41.0%
Indicator 3C1 Substantial progress in use of appropriate behavior to meet needs: 83.9%
Indicator 3C2 – Achieved functioning as same age peers in use of appropriate behavior to meet needs: 49.2%
Indicator 4A – Parents know rights: 96.3%
Indicator 4B:- Parents communicate needs: 96.6%
Indicator 4C – Parents can help their child develop and learn: 96%
Indicator 5 - Number served birth to one: 440/ 0.78% (using 2020 census data Easy Access to Juvenile Populations: County Comparisons (ojjdp.gov))
Indicator 6 – Number served birth to three: 3992/ 2.31% (using 2020 census data Easy Access to Juvenile Populations: County Comparisons (ojjdp.gov))
Indicator 7 –IFSP developed within 45 days: 99.58%
Indicator 8A – Transition plan developed on time: 88.50%
Indicator 8B – Notification to LEA on time: 99.18%
Indicator 8C – Transition meeting with LEA on time: 100%
Indicators 9 and 10 - AEIS was below the threshold for reporting on these indicators in that there were no resolution sessions or mediations.
Indicator 11 – SSIP/SiMR: 81.5%

State monitoring data were used in determining progress on the compliance indicators. The AEIS monitoring manual was revised during FFY 2021 to include procedural changes and submission of self-evaluation data. A copy of the most recent Monitoring Handbook can be found at www.rehab.alabama.gov/services/ei under "Other Documents". For all areas of noncompliance as per monitoring reviews, action plans were developed, and programs were brought back into compliance.

Child outcomes data were collected via the Child Outcome Summary process (COS). The data related to Alabama's State Systemic Improvement Plan SiMR (i.e., substantial progress in social emotional development) exceeded the target (81.5% actual compared to target of 72.48%). All three OSEP child outcome areas exceeded the target for Summary Statement 1 (substantial progress). Child outcomes are reviewed through the monitoring process and desk audits, and when the monitors receive data on children who are not making substantial progress at their annual review, they provide technical assistance to the program and service coordinator on how to effectively help those children develop and learn.

Lastly, family outcomes data and family stakeholder input into targets and SSIP activities were collected via two Family Surveys conducted by independent research entities, Southeast Research, and the University of Alabama at Birmingham. Data on each of the OSEP family outcomes, in addition to other data on the implementation of evidence-based practices (the Routines-Based Model), child progress, and family perspectives related to the three OSEP child outcome areas were collected.

Indicators 9 and 10 had no resolution sessions or mediations.

Indicator 11, the State Systemic Improvement Plan, summarizes improvement activities that have been undertaken during FFY 2021 as well as new activities that have been identified through stakeholder input. The State Identified Measurable Result, or the SiMR, adopted by AEIS from the beginning, is that the percent of children who substantially increased their rate of growth in social-emotional development by the time they turn 3 years of age or exit the program will show an increase from year to year. Data for the past three years were as follows:

FFY 2019 = 80.68%
FFY 2020 = 81.72%
FFY 2021 = 81.5%

AEIS is pleased to provide the FFY 2021 SPP/APR as approved by the ICC and applauds the outstanding work of personnel in local Early Intervention Programs across Alabama. AEIS also thanks the OSEP state lead, Kate Moran, and the OSEP TA Centers for their support and guidance.

Additional information related to data collection and reporting

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.

Monitoring ensures that programs remain in compliance with state and federal regulations and that they assist children and families in developing and meeting appropriate functional outcomes. Monitoring determines each child's progress and the extent to which early intervention services have enhanced the capacity of families to improve their child's development. A monitoring team consists of EI state office monitors, fiscal agency representatives, and may include other EI state office approved personnel. Monitoring examines documentation accumulated by a program and focuses on compliance indicators defined by OSEP as well as indicators subject to federal regulations and state criteria for evaluation, timelines, and service delivery.

The monitoring process emphasizes program quality, child and family outcomes, effectiveness, evidence-based practices, and compliance with rules and regulations under Part C of IDEA. Programs are expected to protect procedural safeguards of families during referral, eligibility determination, IFSP development, transition planning, service delivery and closure. Monitoring involves the following: (1) validating compliance with all required indicators including compliance indicators; (2) reviewing the family survey data; (3) reviewing child outcome and other data and (4) self-monitoring by the program. When there are findings, an action plan is developed that requires the program to address and correct the source of noncompliance. Through follow-up onsite reviews, desk audits and data analysis, AEIS verifies that the source of noncompliance has been corrected and that the program is correctly implementing the regulatory requirements. In addition, the same process is used to verify that each individual case of noncompliance has been corrected. Programs are provided a detailed report summarizing findings based on specific federal and state regulations. Should there still be noncompliance at the follow-up review, another action plan will be developed for correction of noncompliance and another follow-up will be conducted.

A primary monitor, through either onsite reviews, program submission of information or database reviews, conducts the following activities:

• Reviews database
•   Reviews randomly selected open cases to include service coordination only cases
• Reviews randomly selected ineligible cases and closed cases
• Evaluates program timeliness of required activities and program services
• Reports data for Annual Performance Report to OSEP
• Develops action plans to remediate or correct findings
• Provides results for future programmatic planning and improvement
• Examines basis of family complaints and due process information

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

•   Helping families meet functional family defined outcomes
• Providing developmentally appropriate services to Part C eligible infants and toddlers
• Based on the IFSP
•   Based on AEIS core values (family centered, individualized, natural environment, developmentally appropriate, train/equip the parent and/or caregiver, collaborative, and evidence-based)
• Meeting requirements of Part C rules and regulations

MONITORING COMPONENTS:

In addition to the OSEP indicators, there are seven 7 components for which information is collected. These include:

•   Child Find Referral and Eligibility Determination
• Family Assessment
•   Individualized Family Service Plan Service Delivery and Natural Environments
• Procedural Safeguards
• Data Collection
• Comprehensive System of Personnel Development (CSPD)
• Public Awareness and DCC Collaboration

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

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

A copy of the monitoring manual may be found at www.rehab.alabama.gov/services/ei under 'Other Documents".

Technical Assistance System:

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

The purpose of TA is to ensure that programs have opportunities to discuss with AEIS and contracting agency any identified issues, safeguards, or procedures. Monitors educate program staff regarding federal and state regulations, engage in discussions of evidence-based practices in early intervention, offer input into needs identified during the program's self-assessment, and address training needs of personnel. Outside consultants and trainers are utilized as appropriate. Following the TA, a written report is provided outlining such information as to what was provided, who was in attendance, and any suggested next steps.

Technical Assistance (TA) is provided based on reasons such as program request, monitoring results, and state-level updates. TA may include but IS NOT limited to any combination of the following:

• District Training (district forum for discussing system concerns or interests)
•   In-services or individual program training
• Informal discussions with program (videoconference, teleconference, on-site forum)
• E-mail responses to program inquiries
•   AEIS Policy Memoranda regarding administrative decisions and actions
• EI Updates

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 Comprehensive System of Personnel Development or CSPD is an annual statewide plan that addresses three areas: Family Involvement, Personnel Development and Recruitment/ Retention. This plan is developed/recommended by the ICC Personnel Subcommittee, which includes EI stakeholders, program representatives, ICC representatives, higher education, and families, and is discussed/approved by the ICC. 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: (1) Families should have input regarding the effectiveness of EI services and AEIS initiatives. (2) Families should have input regarding workshops topics that are provided to address their identified interests and needs; (3) Families should be supported in such a way that their involvement in early intervention activities and training events are enhanced; (4) Families should assume leadership roles in training and technical assistance activities.

Ongoing Methodology:
1. Utilize results from the FAMILY Survey and family membership on committees to plan workshop opportunities at the state, district and local levels that address the most frequently requested training topics.
2. Inform families of opportunities for involvement in AEIS and routinely ask families if they would like to serve on state/local committees.
3. Provide reimbursement for family participation in EI by utilizing (when available): (a) the District Coordinating Council parent activity fee, (b) the ICC parent reimbursement format, and (c) the DD Council Parent Involvement Fund.
4. Utilize parent co-presenters in training activities provided through the District Councils, the EI/Preschool Conference, and other CSPD training activities.
5. Create and implement a plan for increasing diversity, equity and inclusion of families in stakeholder activities.

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

Ongoing Methodology:
1. Request input from national and state professional organizations and licensure boards on professional requirements for credentialing, licensure, and continuing education.
2. Review and update requirements for personnel qualifications under the AEIS Personnel Standards based on federal mandates, state policies and recommendations from the field.

GOAL 2 Training: AEIS will have highly qualified professionals delivering evidence-based services to eligible children and families.
GUIDING PRINCIPLES: (1) Customized personnel training should be provided at the district level in response to local needs; (2) Global training should be offered at the state level that advances the knowledge/skill of service providers based on identified needs and peer-reviewed research; (3) On-site technical assistance should be available to support the application of knowledge/skill in the field; (4) There should be consistency in the interpretation and implementation of policies by direct service providers under the three anchor agencies (AIDB, AEIS/ADRS and DMH) and by individual vendors; (5) Developmental Specialists should have proficiency in evidence-based practice for special instruction services; (6) Service Coordinators should have a working knowledge of the requirements of IDEA under AEIS, family centered philosophy, and evidence-based practice in EI service delivery; (7) The inclusion of children with special needs in home and community-based settings should be cultivated; (8) The impact of training activities should be measured.

Ongoing Methodology
1. Utilize a systematic method of identifying statewide training needs (i.e., through monitoring, post training evaluations, and family surveys).
2. Conduct required annual TA training per district.
3. Provide on-site technical assistance to service providers and program site supervisors statewide.

4. Require foundational training on evidence-based practice for conditional Developmental Specialists immediately upon hire.

5. Require foundational training for service coordinators that addresses state/federal requirements/regulations, family centered philosophy, and evidence-based practice in EI service delivery.

6. Require continuing education for all personnel providing early intervention services within AEIS.

7. Require advanced training for all early intervention personnel within every three years during their employment with AEIS.

8. Require personnel implementing eligibility evaluations to complete training and/or coursework in child development and on the specific tools to be utilized.

9. Develop alternative methodologies for service providers and families to participate in state CSPD trainings such as by webinars and virtual training events.

10. Monitor the effects of AEIS training on staff behavior and service delivery through follow-up surveys and interviews by the AEIS external evaluators.

11. Require service coordinators to complete the Routines-Based Interview boot camp/training and early intervention providers to complete the Routines-Based Home Visiting training.

12. Develop and implement training for providers on family diversity, equity and inclusion.

RECRUITMENT AND RETENTION

GOAL 1: Pre-service training in all EI related disciplines includes content in early intervention/pediatrics.

GUIDING PRINCIPLE: Early intervention information should be included in pre-service class instruction for disciplines related to EI service provision.

Ongoing Methodology: 1. Offer EI speakers to provide early intervention/pediatric information during higher education class instruction; 2. Continue District Council activities to provide EI/pediatric instruction for physicians; 3. Participate in the Higher Education Consortium.

GOAL 2: AEIS has innovative strategies and activities for recruitment and retention.

GUIDING PRINCIPLES: (1) High school students, community college students, university students, and other potential EI providers/vendors should be made aware of AEIS; (2) Early Intervention Program sites should be used as practicum and internship sites for college students; (3) Professionals who are willing to work in rural and inner city areas should be identified and recruited.

Ongoing Methodology: 1. Utilize District Coordinating Councils to disseminate AEIS PA materials to educational sites; 2. Encourage district coordinators to attend career days and participate in speaking engagements; 3. Encourage programs to participate in practicum experiences; 4. Maintain representatives from higher education on the Personnel Subcommittee; 5. Encourage new vendor applications through District Early Intervention Coordinators.

Annually, training activities are added to the CSPD plan based on SSIP goals, monitoring results, stakeholder input, provider and family input, and priorities of the state office. The approved CSPD Plan and Personnel Standards can be accessed on the AEIS website at https://rehab.alabama.gov/services/ei under "Other Documents".

Broad Stakeholder Input:

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

During FFY 2021, broad stakeholder input was gathered in setting new baselines and targets, evaluating SSIP results, and developing new SSIP activities. With this stakeholder involvement, decisions were made utilizing trend data, stakeholder feedback, and SSIP activity progress data. Data, proposed baselines and targets, and SSIP summaries were shared with a variety of stakeholder groups for their input using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Examples of the involvement of stakeholder groups in decision-making towards target setting and SSIP initiatives are as follows:

1.   At the ICC meeting in December 2021, baselines, targets and SSIP activities/initiatives were specifically discussed. Attendance was 65 participants in December 2021, including new representation by the homeless community (representation of the Native American Tribes and the military are pending). Based on the data discussed, the ICC approved of the new baseline and targets. For ongoing stakeholder involvement, progress utilizing updated data and information on completed activities is discussed routinely during all quarterly ICC meetings.

2.   During FFY 2021, subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness met to discuss system initiatives, including SSIP activities, baseline and targets. For instance, the Public Awareness subcommittee routinely reviewed data by county on numbers and demographics of children referred and served. The goal was to identify underserved pockets in the state where targeted campaigns could increase awareness and referrals of diverse groups, which could lead to more diverse stakeholder involvement. In addition, AEIS began the development of a new Public Awareness Campaign which included an overall rebranding, new print and media materials, new posts on social media (e.g., posts on Facebook requesting input into baseline/targets and other AEIS initiatives), and a new dedicated AEIS website to provide broader access to information related to AEIS at large.

3.   The BLOCKS newsletter routinely disseminates information and requests input on such topics as baseline/target setting, improvement activities, and child progress. It also allows families an opportunity to share their success stories that ensures their involvement. Newsletter recipients include 65 programs and their providers, state staff and family stakeholders. Specifically, in 2021, the publication incorporated areas in need of decision-making, in particular, targets and SSIP goals and activities.

4. Families were involved in the ongoing feedback process through participation in stakeholder groups, surveys, focus groups and special task forces. Two standard surveys are conducted annually by independent external evaluators (University of Alabama at Birmingham School of Public Health and Southeast Research) and are revised each year to include questions related to current initiatives. In FFY 2021, questions specific to indicators, baselines and targets, implementation of evidence-based practices, child outcomes, SSIP initiatives, data collection and other pertinent areas were included. An overwhelming majority of families agreed with the proposed baseline/targets, which ultimately led to their inclusion in the APR. In order to ensure broad stakeholder input, surveys were disseminated to all AEIS families, not just a random sample and for future input, an individual interview process will be added. An Executive Summary/Infographic of results is shared with all families to keep them up to date on AEIS initiatives and results.

In general, the ICC and its subcommittees provide ongoing guidance and decision-making into the development of the SPP/APR. the implementation and evaluation of SSIP activities, and assistance with other special tasks (e.g., the setting of new baselines and targets). The Governor has recently appointed a new member representing the homeless population to increase the diversity of participation. Additional groups targeted for ICC appointments include the Native American Tribal population and the military. Information and updates are discussed regularly at each ICC and subcommittee meeting regarding progress towards the achievement of targets, the child outcome data, training initiatives, policy, and public reporting of program status. Not only do ICC and subcommittee members participate in these discussions, but other program representatives and parents who

attend the meetings and choose to participate offer their input (all meetings are open for public participation and are conducted either face-to-face or virtually). In addition, special task/focus groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include leaders from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. AEIS is also in the process of developing an online survey for ICC members, subcommittees, task groups and other stakeholder groups to gathering additional input into current AEIS initiatives, SSIP activities, and ideas for new initiatives.

The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, families/caregivers, etc.) also provide feedback and input into system development. These councils provide the opportunity for face-to-face discussions, family and provider training, and input related to the APR (including proposed baseline/targets and SSIP activities).

AEIS continues to expand the number and diversity of stakeholders who give feedback on the APR, indicator baselines and targets, SSIP activities, and system infrastructure improvements throughout the year. For instance, a Core Group of stakeholders representing diverse perspectives has been established to explore and recommend strategies for expanding the pool and diversity of family stakeholders. AEIS is also partnering with an external Diversity, Equity and Inclusion consulting firm to guide the process. New initiatives to increase diversity and involvement of family stakeholders will be the use of special focus groups and interviews through the AEIS District Coordinating Councils. In addition, AEIS has re-established its collaboration with the Alabama PTI to increase the number and diversity of family stakeholders. The Alabama PTI Executive Director is working with the ICC and the District Councils to share their initiatives and to discuss strategies for collaborative involvement by families of children birth to three with disabilities.

AEIS has also been chosen as a state pilot site through a WestEd 5-year federal grant project to implement the Collective Impact Model aimed at improving the infrastructure, policies, and practices of the state's comprehensive child find system. The goal of this project is to increase appropriate referrals with an emphasis on equitable and efficient access to Part C for underserved or under-identified children and families potentially eligible for EI services. This project will enable AEIS to identify more diverse stakeholders for inclusion in family surveys and other mechanisms for gathering input.

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

YES

Number of Parent Members:

1,061

Parent Members Engagement:

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

AEIS implemented a variety of strategies to engage parents in setting baselines and targets, analyzing data, development of improvement efforts and addressing other issues. During FFY 2021, parents participated in annual surveys that gathered input in such areas as services/service provision methodology, child and family outcomes, satisfaction with services and child progress, recommendations for improvements, training suggestions, target setting, and feedback on SSIP requirements. They were also involved in task groups (focus groups) where there were discussions about improvement strategies and infrastructure changes (e.g., required trainings, personnel qualifications, family engagement).

In addition, members of the ICC and its four subcommittees, which include families, were routinely involved in discussions of key improvement efforts based on relevant data. Analysis and input included revisions to the AEIS Personnel Standards, development of financial and legislative initiatives, updating program monitoring strategies, monitoring of child outcomes, recommendations for the new DEI initiative, discussion of targets, and input into the updated public awareness initiative. A new task group on the implementation of the adopted evidence-based practice, the Routines-Based Model as well as RBM Community of Practice groups, were developed and in place for FFY 2022.

Input on concerns and ideas for improvement were taken back to the state leadership team for strategizing and planning. Concerns were addressed through updating standards and policies (such as the degree requirements for individuals to serve as Developmental Specialists), training and technical assistance on addressing the SiMR (such as Infant/Early Childhood Mental Health consultation) and utilization of the NDBI model for working with children who have autism. It is the policy of AEIS that family members be invited to all committees, task groups, training activities, and other state and local initiatives to inform statewide improvement efforts.

Target setting:
The UAB Applied Evaluation and Assessment Collaborative launched a survey to gather feedback from caregivers about their experience with Alabama's Early Intervention System (AEIS) services and provide their thoughts on target goals set for the agency. The AEAC and AEIS collaborated to draft survey questions and used the online platform Qualtrics for data collection. The data were exported, and descriptive statistics and thematic analyses were used to report the survey results. There were 524 total completed responses out of 2388 sent out through email distribution, resulting in a response rate of 21.9%.

AEIS and stakeholders reviewed the data for Indicator 3, summary statement 2 in all three outcome areas because of not having met targets for children achieving functioning as same age peers. The stakeholders agreed that the child outcome baseline as originally set in FFY 2008 for achieving functioning as same-age peers was set unrealistically high. Now that the system has been working on the SPP/APR for the past 14 years, there is historical data to guide the setting of baselines and targets. Stakeholders agreed that the baseline for this indicator should be revised to be more in line with national data. Further detail on this proposal are included in this report under Indicator 3.

Stakeholder input included 327 representatives from programs, families, state and local agencies, and others as invited by the state office. The stakeholders were presented with current and historical data as described above. The following groups of stakeholders were provided with direct opportunities for input and recommendations:
o ICC (N = 108)
o Personnel Subcommittee (N = 16)
o Financial Planning Subcommittee (N = 12)
o Program Planning and Evaluation Subcommittee (N = 32)
o Public Awareness Subcommittee (N = 12)
o State leadership team within the AEIS state office, including program monitors (N = 8)
o Families enrolled in EI via a survey sent to all families (response N = 139)
o AEIS Programs/Providers (N=197)

AEIS has also re-established its collaboration with the Alabama Parent Training and Information Center to increase family stakeholder involvement. The Executive Director of the Alabama PTI provided an overview of all their initiatives to the ICC and will be sharing the same information at the district levels to enhance collaborative efforts.

Activities to Improve Outcomes for Children with Disabilities:

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

AEIS conducted five targeted initiatives to increase the capacity of a diverse group of parents to impact strategic growth and improved outcomes for infants and toddlers.

1. AEIS gathered feedback from a new set of families on current and ongoing initiatives, baselines and achievement of targets, implementation of evidence-based practices (i.e., the Routines-Based Model), and system infrastructure. Surveys were disseminated to all AEIS families, not just a random sample, in order to increase the number and diversity of stakeholders. To ensure family participation by all demographic groups, service coordinators shared information on the purpose of the survey, how the information will be used, and offered assistance through a review of the questions that were to be asked. Service Coordinators also responded to questions the families had so that they could be prepared when the surveyors contacted them. These surveys included specific questions in such areas as system practices, target setting, child progress related to the three OSEP outcomes, and the accomplishment of family outcomes. An Executive Summary of results was shared with all families to keep them up to date on AEIS initiatives and survey results.

2. Parent training initiatives were conducted to ensure families were knowledgeable about early intervention, core values, and the AEIS service delivery model. At the local level, service coordinators helped families understand what early intervention entails and about AEIS at large. At the district level, councils provided training for families based on current initiatives as well as their identified preferences and needs. At the state level, sessions at the annual Early Intervention and Preschool Conference were conducted for families to assist them in making informed decisions and participate in state level activities. In addition, through the AEIS Autism and Infant/Early Childhood Mental Health initiatives, families of children with autism and other mental health needs are specifically involved in learning about AEIS and its services. These families participate in newly developed service options, such as diagnostic clinics and autism/mental health trained specialists who assist them in navigating the system. All of these families as stakeholders provide a unique perspective for system decision-making and improvements.

3. New representation was added to the ICC for the homeless population, and AEIS is taking steps towards adding representatives from the Native American Tribal population and the military as well. Information and updates are discussed regularly at each ICC meeting and input/feedback is requested regarding target setting and progress towards the achievement of targets, the child outcome data, training initiatives, policy, and public reporting of program status. In addition, special task groups were created with diversity in mind to give new stakeholders an opportunity to provide ongoing input throughout the year. For instance, AEIS instituted a DEI Core Group of families, service providers, administrators, and other diverse stakeholders to provide input into strategies for increasing diversity, equity, and inclusion within the AEIS infrastructure. This core group is in place to identify areas of the state and demographic groups where more diverse families could be involved, and to recommend training related to diversity and inclusion. To date, two training activities have been identified for individuals working within AEIS to increase their capacity to involve more diverse families and professionals in decision-making at all levels. These trainings, which were planned in FFY 2021 to be conducted in FFY 2022, include the following:

The Silent Relationship Killer - Unconscious Bias to provide knowledge, skills, language, tools, and resources to help learners identify invisible barriers. These barriers, unconscious biases, impede a variety of outcomes such as problem-solving, decision-making, conflict-resolution, communication, productivity, and engagement.

Conversing with Courage to provide learners with strategies and tools needed to have conversations with diverse groups that will enable involvement in the system.

The Core Group is guided by an external consulting firm whose sole purpose is to assess infrastructure state of affairs and to develop a DEI state plan. Surveys and interviews were conducted statewide to gather feedback on diversity, equity and inclusion of stakeholders and of the diversity of children/families served. The results of the initial survey were released in FFY 2022 with a report from individual interviews to follow. Ultimately, a state plan will be developed to assist in incorporating strategies for diversity, equity, and inclusion in all aspects of the system. The ongoing activities of the Core Group include the following:

• Create a cadre of diverse stakeholders who are informed about AEIS and its initiatives and create opportunities for their involvement/input in policy decision-making, new initiatives, and current initiatives.
• Ensure that children/families of diversity (both culturally and geographically) are served.
• Assess the system to identify institutional practices and policies that inhibit equity and inclusion of diverse groups.
• Develop a state plan for addressing practices and policies pertaining to diversity, equity and inclusion.
• Conduct DEI training seminars for early intervention providers, service coordinators and administrators.
• Identify potential stakeholders and how to recruit them.
• Suggest public awareness strategies (for recruiting stakeholders and to impact child find in underserved locations).
• Suggest strategies that would ensure diversity on subcommittees, task groups, etc.
• Suggest strategies for informing stakeholders and the public on what was done with their input, e.g., system decisions made, materials developed, supports added.
• Suggest strategies for recruitment and retention of diverse providers and how to ensure that diversity is considered throughout the hiring process.

4. AEIS has been chosen as a state pilot site through a WestEd 5-year federal grant project to implement the Collective Impact Model aimed at improving the infrastructure, policies, and practices of the state's comprehensive child find system. The goal of this project is to increase appropriate referrals with an emphasis on equitable and efficient access to Part C for underserved or under-identified children and families potentially eligible for EI services. Through this project, AEIS will identify more diverse stakeholders for inclusion in family surveys and other mechanisms for gathering input. AEIS and WestEd will develop local Child Find Leadership teams to include referral sources and community partners, develop and implement strategies for parent engagement and communication, and identify and address barriers to family access and involvement in service delivery and family input.

5. AEIS developed a targeted public awareness campaign to increase awareness of and participation in early intervention services and activities by diverse populations. Based on data from each county of the rate of participation by racial and ethnic groups, each district council conducted awareness campaigns within those counties with low participation by minority groups. Newly designed PA materials and venues (e.g., videos, a dedicated website, and social media) were established to reach additional populations to encourage participation. AEIS posted a request for participation on the lead

agency's Facebook page related to target setting, family surveys and other AEIS initiatives. In addition, the newsletter, BLOCKS OF INFORMATION, was disseminated quarterly to provide insight into system initiatives, data, progress towards targets, and success stories.

Soliciting Public Input:

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

AEIS employed the following mechanisms and timelines for soliciting public input:

ICC in December 2021, March 2022 and June 2022: Targets and SSIP activities/initiatives were discussed with feedback solicited.

Personnel Subcommittee in July 2021: SSIP activities/initiatives were discussed with feedback solicited.

Program Planning & Evaluation Subcommittee in April 2022: SSIP activities/initiatives were discussed with feedback solicited.

Financial Planning Subcommittee in July 2021: SSIP activities were discussed with feedback solicited.

Public Awareness Subcommittee in January 2022: SSIP activities were discussed with feedback solicited.

Feedback from stakeholders (programs, state agencies) on profiles in April 2022 and annually for data analysis.

ICC review of/feedback on APR data (ongoing) for data analysis.

Quarterly statewide newsletter, BLOCKS, disseminated information and requested input.

Alabama Department of Rehabilitation Services Facebook post (August 2021) sharing an overview of SSIP activities and requesting feedback from providers and families.

Posted documents on the AEIS website related to data and improvement activities (ongoing).

Posted the Monitoring Family Survey, SSIP Survey and the GTKYF report on the website (annually).

Posted AEIS SSIP Evaluation Plan on website

Posted the AEIS Theory of Action on the website

Making Results Available to the Public:

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

Each year, after the submission of the SPP/APR, AEIS posts the full report on its website. This posting occurs within 120 days of the submission. In addition, an Executive Summary/Infographic of the family survey results is posted to the website and disseminated to families and providers through email and direct contact. This typically occurs within a month of the survey completion. Other mechanisms for making information available to the public include statewide technical assistance meetings, program TA sessions, emails, and newsletter postings.

Reporting to the Public:

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

The completed SPP/APR for FFY 2020 has been posted on the AEIS website for public dissemination. In addition, data compiled for the APR has been and will continue to be routinely shared with the ICC, ICC subcommittees, local councils, stakeholder groups and state fiscal agents on at least a quarterly basis. This sharing is intended for ongoing public dissemination, stakeholder input, and assistance in the ongoing provision of technical assistance and monitoring of AEIS programs. A complete copy of the AEIS SPP/APR for FFY 2020 can be found at https://www.rehab.alabama.gov/services/ei under Information for Families and Other Stakeholders. As per OSEP requirements, AEIS reported to the public on the performance of each AEIS program in meeting the measurable and rigorous targets found in the Part C SPP/APR. The FFY 2020 Program Profiles were disseminated to state agency liaisons, program administrators and to the public via web posting. The profiles may be viewed at https://www.rehab.alabama.gov/services/ei under "Program Profiles". AEIS will disseminate and post the FFY 2021 SPP/APR and Program Profiles within 120 days after submission.

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

The State attached its 2022 Annual Report Certification of the State Interagency Coordinating Council (SICC) Form. The State must submit its 2023 SICC form to confirm that the SICC is supporting the State's submission of the FFY 2021 SPP/APR.

The State did not describe the mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR and subsequent revisions that the State made to those targets. Specifically, the State did not report a description of the activities conducted to increase the capacity of diverse groups of parents.

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	96.60%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	95.75%	95.37%	91.56%	97.13%	98.36%

Targets

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

FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
715	793	98.36%	100%	96.97%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Slippage for Indicator 1 can be attributed to service coordinator turnover with new service coordinators being in various stages of training who are learning the various timelines, structuring their strategies for monitoring service due dates, and learning how to effectively communicate those requirements to families. Post Covid, there has been an influx of new families and new service coordinators entering the system. In FFY 2021, AEIS issued 12 findings in only 7 out of the 48 programs statewide.

Number of documented delays attributable to exceptional family circumstances

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

54

Provide reasons for delay, if applicable.

Reasons for delays on the part of the programs included:
Provider illness
Miscalculations of 30 day timeline with months that have 31 days
Lack of provider availability in area
Staff turnover
Scheduling issues
COVID

Reasons for delay related to exceptional family circumstances included:
Family or child illness
Family out of town
Other family obligations (e.g., court, medical appointments)
Family not available until after the deadline (e.g., work schedule)
Personal reasons (e.g., new baby, death in family)
Family emergency
No show by family
COVID

Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

Timely receipt of services is defined in Alabama as the initiation or attempt to deliver services within 30 days of service begin dates on the IFSP.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All AEIS programs are required to participate in a review annually. This scheduling process ensures that all programs are selected for a monitoring each year and data is used in APR reporting for compliance indicators. Reviews are arranged annually based on mutually convenient dates and sites for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
12	4	8	0

FFY 2020 Findings of Noncompliance Verified as Corrected

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

AEIS issued 12 findings across 7 programs (AIDB Montgomery, AIDB Huntsville, UCP East Central, EI@UA, CDD, Children's Hospital, and Goodwill of Gulf Coast). Within one year, 3 of these individual cases were verified as corrected (Prong I), and the programs were correctly implementing the regulatory requirements (Prong II.)

EI@UA's initial 1 finding was made on 3/9/21. They had a monitoring visit on 9/16/21 and had 100% compliance for this indicator for all records reviewed.

CDD's initial 1 finding was made on 6/18/21. They had a monitoring visit on 2/28/22 and had 100% compliance for this indicator for all records reviewed.

Children's Hospital's initial 1 finding was made on 4/21/21. They had a monitoring visit on 9/16/21 and had 100% compliance for this indicator for all records reviewed.

Goodwill Gulf Coast's initial 1 finding was made on 6/14/21. They had a monitoring visit on 2/9/22 and had 100% compliance for this indicator for all records reviewed.

For the remaining 8 cases, the individual cases were all verified as corrected within one year (Prong I). All of these programs received additional TA from state and local staff. Samples of records were reviewed for this indicator until they demonstrated that they were correctly implementing the regulatory requirements by demonstrating 100% compliance in all records reviewed (Prong II.)

AIDB Montgomery's initial 3 findings were made on 4/29/21. They had a monitoring visit on 5/6/22 and had 100% compliance for this indicator for all records reviewed.

AIDB Huntsville's initial 4 findings were on 6/29/21. They had a monitoring visit on 1/25/22, and 1 finding in Timely Services was made. They had another monitoring visit on 11/9/22 and had 100% compliance for this indicator for all records reviewed.

UCP East Central's initial 1 finding was made on 4/18/21. They had a monitoring visit on 3/4/22, and 1 finding was made in Timely Services. They have received extensive TA from their monitoring team. They have had extensive staff turnover, so the monitoring team agreed to reschedule their review once they'd had time to write new IFSPs. This review took place on 1/11/23, and they had 100% compliance for this indicator for all records reviewed.

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

AEIS issued a total of 12 findings across 7 programs (AIDB Montgomery, AIDB Huntsville, UCP East Central, EI@UA, CDD, Children's Hospital, and Goodwill of Gulf Coast). All of these individual cases of noncompliance were verified as corrected within one year. These were determined to be individual instances of noncompliance and not a systemic issue. Each program that had findings of noncompliance was either brought back into compliance at the table (service found to be rendered, although late) or they were issued an action plan that included assurances that the program was correctly implementing the regulatory requirements and that compensatory services were provided as needed. Verification of correction of each instance of noncompliance was also conducted through monitoring based on a review of updated data. Each individual instance of noncompliance was reviewed by the monitoring team and was subsequently determined to have been addressed by the programs as per their action plan or follow-up monitoring visit.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

1 - Prior FFY Required Actions

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

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

Response to actions required in FFY 2020 SPP/APR

1 - OSEP Response

In reporting on the correction of noncompliance, the State reported that 12 findings were identified in FFY 2020, three findings were corrected within one year, and nine findings were subsequently corrected. However, in its description of the correction of noncompliance for the nine findings that were subsequently corrected, the State reported, "Goodwill Gulf Coast's initial 1 finding was made on 6/14/21. They had a monitoring visit on 2/9/22 and had 100% compliance for this indicator for all records reviewed." Therefore, it is unclear whether this findings was corrected within one year or subsequently corrected. The State must clarify the discrepancy.

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	87.40%

FFY	2016	2017	2018	2019	2020
Target>=	97.00%	98.00%	99.00%	99.10%	99.10%
Data	99.91%	99.89%	99.53%	99.53%	99.94%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	99.10%	99.10%	99.10%	99.10%	99.10%

Targets: Description of Stakeholder Input

During FFY 2021, broad stakeholder input was gathered in setting new baselines and targets, evaluating SSIP results, and developing new SSIP activities. With this stakeholder involvement, decisions were made utilizing trend data, stakeholder feedback, and SSIP activity progress data. Data, proposed baselines and targets, and SSIP summaries were shared with a variety of stakeholder groups for their input using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Examples of the involvement of stakeholder groups in decision-making towards target setting and SSIP initiatives are as follows:

1.   At the ICC meeting in December 2021, baselines, targets and SSIP activities/initiatives were specifically discussed. Attendance was 65 participants in December 2021, including new representation by the homeless community (representation of the Native American Tribes and the military are pending). Based on the data discussed, the ICC approved of the new baseline and targets. For ongoing stakeholder involvement, progress utilizing updated data and information on completed activities is discussed routinely during all quarterly ICC meetings.

2.   During FFY 2021, subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness met to discuss system initiatives, including SSIP activities, baseline and targets. For instance, the Public Awareness subcommittee routinely reviewed data by county on numbers and demographics of children referred and served. The goal was to identify underserved pockets in the state where targeted campaigns could increase awareness and referrals of diverse groups, which could lead to more diverse stakeholder involvement. In addition, AEIS began the development of a new Public Awareness Campaign which included an overall rebranding, new print and media materials, new posts on social media (e.g., posts on Facebook requesting input into baseline/targets and other AEIS initiatives), and a new dedicated AEIS website to provide broader access to information related to AEIS at large.

3.   The BLOCKS newsletter routinely disseminates information and requests input on such topics as baseline/target setting, improvement activities, and child progress. It also allows families an opportunity to share their success stories that ensures their involvement. Newsletter recipients include 65 programs and their providers, state staff and family stakeholders. Specifically, in 2021, the publication incorporated areas in need of decision-making, in particular, targets and SSIP goals and activities.

4. Families were involved in the ongoing feedback process through participation in stakeholder groups, surveys, focus groups and special task forces. Two standard surveys are conducted annually by independent external evaluators (University of Alabama at Birmingham School of Public Health and Southeast Research) and are revised each year to include questions related to current initiatives. In FFY 2021, questions specific to indicators, baselines and targets, implementation of evidence-based practices, child outcomes, SSIP initiatives, data collection and other pertinent areas were included. An overwhelming majority of families agreed with the proposed baseline/targets, which ultimately led to their inclusion in the APR. In order to

ensure broad stakeholder input, surveys were disseminated to all AEIS families, not just a random sample and for future input, an individual interview process will be added. An Executive Summary/Infographic of results is shared with all families to keep them up to date on AEIS initiatives and results.

In general, the ICC and its subcommittees provide ongoing guidance and decision-making into the development of the SPP/APR. the implementation and evaluation of SSIP activities, and assistance with other special tasks (e.g., the setting of new baselines and targets). The Governor has recently appointed a new member representing the homeless population to increase the diversity of participation. Additional groups targeted for ICC appointments include the Native American Tribal population and the military. Information and updates are discussed regularly at each ICC and subcommittee meeting regarding progress towards the achievement of targets, the child outcome data, training initiatives, policy, and public reporting of program status. Not only do ICC and subcommittee members participate in these discussions, but other program representatives and parents who attend the meetings and choose to participate offer their input (all meetings are open for public participation and are conducted either face-to-face or virtually). In addition, special task/focus groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include leaders from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. AEIS is also in the process of developing an online survey for ICC members, subcommittees, task groups and other stakeholder groups to gathering additional input into current AEIS initiatives, SSIP activities, and ideas for new initiatives.

The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, families/caregivers, etc.) also provide feedback and input into system development. These councils provide the opportunity for face-to-face discussions, family and provider training, and input related to the APR (including proposed baseline/targets and SSIP activities).

AEIS continues to expand the number and diversity of stakeholders who give feedback on the APR, indicator baselines and targets, SSIP activities, and system infrastructure improvements throughout the year. For instance, a Core Group of stakeholders representing diverse perspectives has been established to explore and recommend strategies for expanding the pool and diversity of family stakeholders. AEIS is also partnering with an external Diversity, Equity and Inclusion consulting firm to guide the process. New initiatives to increase diversity and involvement of family stakeholders will be the use of special focus groups and interviews through the AEIS District Coordinating Councils. In addition, AEIS has re-established its collaboration with the Alabama PTI to increase the number and diversity of family stakeholders. The Alabama PTI Executive Director is working with the ICC and the District Councils to share their initiatives and to discuss strategies for collaborative involvement by families of children birth to three with disabilities.

AEIS has also been chosen as a state pilot site through a WestEd 5-year federal grant project to implement the Collective Impact Model aimed at improving the infrastructure, policies, and practices of the state's comprehensive child find system. The goal of this project is to increase appropriate referrals with an emphasis on equitable and efficient access to Part C for underserved or under-identified children and families potentially eligible for EI services. This project will enable AEIS to identify more diverse stakeholders for inclusion in family surveys and other mechanisms for gathering input.

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	3,986
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Total number of infants and toddlers with IFSPs	3,992

FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
3,986	3,992	99.94%	99.10%	99.85%	Met target	No Slippage

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

During FFY 2021, broad stakeholder input was gathered in setting new baselines and targets, evaluating SSIP results, and developing new SSIP activities. With this stakeholder involvement, decisions were made utilizing trend data, stakeholder feedback, and SSIP activity progress data. Data, proposed baselines and targets, and SSIP summaries were shared with a variety of stakeholder groups for their input using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Examples of the involvement of stakeholder groups in decision-making towards target setting and SSIP initiatives are as follows:

1.   At the ICC meeting in December 2021, baselines, targets and SSIP activities/initiatives were specifically discussed. Attendance was 65 participants in December 2021, including new representation by the homeless community (representation of the Native American Tribes and the military are pending). Based on the data discussed, the ICC approved of the new baseline and targets. For ongoing stakeholder involvement, progress utilizing updated data and information on completed activities is discussed routinely during all quarterly ICC meetings.

2.   During FFY 2021, subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness met to discuss system initiatives, including SSIP activities, baseline and targets. For instance, the Public Awareness subcommittee routinely reviewed data by county on numbers and demographics of children referred and served. The goal was to identify underserved pockets in the state where targeted campaigns could increase awareness and referrals of diverse groups, which could lead to more diverse stakeholder involvement. In addition, AEIS began the development of a new Public Awareness Campaign which included an overall rebranding, new print and media materials, new posts on social media (e.g., posts on Facebook requesting input into baseline/targets and other AEIS initiatives), and a new dedicated AEIS website to provide broader access to information related to AEIS at large.

3.   The BLOCKS newsletter routinely disseminates information and requests input on such topics as baseline/target setting, improvement activities, and child progress. It also allows families an opportunity to share their success stories that ensures their involvement. Newsletter recipients include 65 programs and their providers, state staff and family stakeholders. Specifically, in 2021, the publication incorporated areas in need of decision-making, in particular, targets and SSIP goals and activities.

4. Families were involved in the ongoing feedback process through participation in stakeholder groups, surveys, focus groups and special task forces. Two standard surveys are conducted annually by independent external evaluators (University of Alabama at Birmingham School of Public Health and Southeast Research) and are revised each year to include questions related to current initiatives. In FFY 2021, questions specific to indicators, baselines and targets, implementation of evidence-based practices, child outcomes, SSIP initiatives, data collection and other pertinent areas were included. An overwhelming majority of families agreed with the proposed baseline/targets, which ultimately led to their inclusion in the APR. In order to ensure broad stakeholder input, surveys were disseminated to all AEIS families, not just a random sample and for future input, an individual interview process will be added. An Executive Summary/Infographic of results is shared with all families to keep them up to date on AEIS initiatives and results.

In general, the ICC and its subcommittees provide ongoing guidance and decision-making into the development of the SPP/APR. the implementation and evaluation of SSIP activities, and assistance with other special tasks (e.g., the setting of new baselines and targets). The Governor has recently appointed a new member representing the homeless population to increase the diversity of participation. Additional groups targeted for ICC appointments include the Native American Tribal population and the military. Information and updates are discussed regularly at each ICC and subcommittee meeting regarding progress towards the achievement of targets, the child outcome data, training initiatives, policy, and public reporting of program status. Not only do ICC and subcommittee members participate in these discussions, but other program representatives and parents who attend the meetings and choose to participate offer their input (all meetings are open for public participation and are conducted either face-to-face or virtually). In addition, special task/focus groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include leaders from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. AEIS is also in the process of developing an online survey for ICC members, subcommittees, task groups and other stakeholder groups to gathering additional input into current AEIS initiatives, SSIP activities, and ideas for new initiatives.

The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, families/caregivers, etc.) also provide feedback and input into system development. These councils provide the opportunity for face-to-face discussions, family and provider training, and input related to the APR (including proposed baseline/targets and SSIP activities).

AEIS continues to expand the number and diversity of stakeholders who give feedback on the APR, indicator baselines and targets, SSIP activities, and system infrastructure improvements throughout the year. For instance, a Core Group of stakeholders representing diverse perspectives has been established to explore and recommend strategies for expanding the pool and diversity of family stakeholders. AEIS is also partnering with an external Diversity, Equity and Inclusion consulting firm to guide the process. New initiatives to increase diversity and involvement of family stakeholders will be the use of special focus groups and interviews through the AEIS District Coordinating Councils. In addition, AEIS has re-established its collaboration with the Alabama PTI to increase the number and diversity of family stakeholders. The Alabama PTI Executive Director is working with the ICC and the District Councils to share their initiatives and to discuss strategies for collaborative involvement by families of children birth to three with disabilities.

AEIS has also been chosen as a state pilot site through a WestEd 5-year federal grant project to implement the Collective Impact Model aimed at improving the infrastructure, policies, and practices of the state's comprehensive child find system. The goal of this project is to increase appropriate referrals with an emphasis on equitable and efficient access to Part C for underserved or under-identified children and families potentially eligible for EI services. This project will enable AEIS to identify more diverse stakeholders for inclusion in family surveys and other mechanisms for gathering input.

Historical Data

Outcome	Baseline	FFY	2016	2017	2018	2019	2020

A1	2021	Target>=	78.00%	71.50%	71.60%	71.70%	72.09%
A1	81.45%	Data	74.61%	79.09%	78.64%	80.68%	81.72%
A2	2021	Target>=	74.50%	73.40%	73.50%	73.60%	73.60%
A2	50.90%	Data	61.23%	62.85%	59.13%	55.29%	50.81%
B1	2021	Target>=	82.50%	80.00%	80.10%	80.20%	80.59%
B1	85.57%	Data	83.19%	84.09%	83.54%	85.68%	86.69%
B2	2021	Target>=	70.00%	57.00%	57.10%	57.20%	57.20%
B2	40.96%	Data	49.92%	51.12%	48.92%	44.17%	40.61%
C1	2021	Target>=	83.00%	80.50%	80.60%	80.70%	81.09%
C1	83.86%	Data	76.99%	81.91%	82.12%	83.16%	83.78%
C2	2021	Target>=	76.40%	75.20%	75.30%	75.40%	75.40%
C2	49.20%	Data	61.13%	60.91%	58.95%	54.89%	49.33%

Targets

FFY	2021	2022	2023	2024	2025
Target A1>=	81.45%	82.00%	82.10%	82.20%	82.30%
Target A2>=	50.90%	51.00%	51.10%	51.20%	51.30%
Target B1>=	85.57%	86.00%	86.10%	86.20%	86.30%
Target B2>=	40.96%	41.10%	41.20%	41.30%	41.40%
Target C1>=	83.86%	84.00%	84.10%	84.20%	84.30%
Target C2>=	49.20%	49.30%	49.40%	49.50%	49.60%

FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

2,837

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	63	2.22%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	379	13.36%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	950	33.49%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	991	34.93%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	454	16.00%

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,941	2,383	81.72%	81.45%	81.45%	N/A	N/A
A2. The percent of infants and toddlers who were functioning	1,445	2,837	50.81%	50.90%	50.93%	N/A	N/A

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
within age expectations in Outcome A by the time they turned 3 years of age or exited the program							

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	57	2.01%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	335	11.81%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,283	45.22%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,042	36.73%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	120	4.23%

Outcome B	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,325	2,717	86.69%	85.57%	85.57%	N/A	N/A
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	1,162	2,837	40.61%	40.96%	40.96%	N/A	N/A

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	52	1.83%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	357	12.58%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,031	36.34%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,094	38.56%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	303	10.68%

Outcome C	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,125	2,534	83.78%	83.86%	83.86%	N/A	N/A
C2. The percent of infants and toddlers who were functioning within age expectations in	1,397	2,837	49.33%	49.20%	49.24%	N/A	N/A

Outcome C	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
Outcome C by the time they turned 3 years of age or exited the program							

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	3,698
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	861

Sampling Question	Yes / No
Was sampling used?	NO

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

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

Documentation used in gathering data:
Parent Observation
Service Provider Notes
Concerns/Outcomes identified on the IFSP
Record review
EI provider(s) observations or progress notes
Non-EI service provider observations/reports
Evaluation/Assessment results

Tool(s) that help inform the decision:
ASQ
ASQ-SE
BDI
DAYC
E-LAP
IDA
SEAM
PLS
Rosetti
REEL
DOCS
ELM
PDMS
BSID
DP

How information was acquired from the parents on their child's functioning:
Received in team meeting
Incorporated into assessment(s)
Voluntary Family Assessment
Routines-Based Interview

Provide additional information about this indicator (optional).

AEIS is proposing to change the baseline and targets for Indicator 3, summary statements 1 and 2 for all three child outcome areas. Two factors have been considered in support of this requested change.

First, AEIS and stakeholders consider the child outcome baseline as originally set in FFY 2008 to have been set unrealistically high. Now that the system has been working on the SPP/APR for the past 14 years, there is historical data to guide the baseline and target setting decisions.

Second, AEIS gathered data on national historical averages for Indicator 3. These national averages ranged from 48% to 59% for Summary Statement 2. AEIS also gathered data from 8 states with the same eligibility criteria as Alabama and found that the average for this indicator, summary statement 2, ranged from 50% to 55%. Alabama's data in FFY 2021 ranged from 41% to 50%, however the targets ranged from 53% to 75%.

Stakeholder input included 327 representatives from programs, families, state and local agencies, and others as invited by the state office. The stakeholders were presented with current and historical data as described above. The following groups of stakeholders were provided with direct opportunities for input and recommendations:
o ICC (N = 108)
o Personnel Subcommittee (N = 16)
o Financial Planning Subcommittee (N = 12)
o Program Planning and Evaluation Subcommittee (N = 32)
o Public Awareness Subcommittee (N = 12)

o State leadership team within the AEIS state office, including program monitors (N = 8)
o Families enrolled in EI via a survey sent to all families (response N = 139)
o AEIS Programs/Providers (N=197)

As recorded in the data chart above, AEIS is proposing baseline revisions for Summary Statements 1 and 2 based on its FFY 2021 data, data research, and stakeholder input. Based on the revised baseline, AEIS is proposing revised targets for Summary Statements 1 and 2 to reflect incremental increases from the baseline data.

3 - Prior FFY Required Actions

The State did not provide an explanation of slippage, as required. The State must provide an explanation of FFY 2020 slippage in the FFY 2021 SPP/APR.

Response to actions required in FFY 2020 SPP/APR

In FFY 2020, AEIS had slippage in summary statement 2 for all three outcome areas. Historically, AEIS has not achieved its target for children achieving functioning comparable to same age peers, even though children have, in fact, made progress as indicated on surveys and through COS discussions. Stakeholders throughout the state have concurred that, when the initial targets were set for summary statement 2, they were set too high, In this FFY 2021 APR, AEIS is proposing to revise its baseline for Summary Statement 2 in all three outcome areas.

AEIS uses the COS process in determining child outcomes and defines "comparable to same-aged peers" as a child who has been assigned a score of 6 or 7 on the COS scale. AEIS also collects data on the children who do make progress, but not enough to move up a level on the COSF and uses this data in program/child monitoring. In addition, data is collected on reasons children make no progress or regress, and service coordinators state that they feel the most common reasons are diagnosis or complex medical issues, environmental issues (e.g., extreme poverty, substance abuse within the family), family missed appointments which relates back to other factors and/or family no longer has concerns over their child's development. Changes in the population from year to year account for the fluctuations in outcome scores (e.g., there was slippage in summary statement 2 in FFY 2020, but there is no slippage in SS2 for FFY 2021). These fluctuations impact the data from year to year.

3 - OSEP Response

OSEP notes the State has provided baselines using data from FFY 2008 for A1,B1 and C1, and using data from FFY 2021 for A2, B2, and C2. However, OSEP cannot accept that revision because OSEP would expect that all summary statements would use a consistent baseline year.

OSEP cannot accept the State's FFYs 2020-2025 targets for this indicator because of the discrepancy in the baseline year and data.

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

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

C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2016	2017	2018	2019	2020
A	2006	Target>=	98.90%	99.00%	99.10%	99.20%	99.21%
A	94.50%	Data	98.54%	99.21%	98.92%	99.10%	98.70%
B	2006	Target>=	95.40%	95.50%	95.60%	95.70%	95.71%
B	95.40%	Data	95.19%	95.32%	95.35%	98.65%	94.30%
C	2006	Target>=	98.80%	98.90%	99.00%	99.10%	99.11%

C	98.00%	Data	99.34%	98.79%	99.09%	99.09%	95.60%

Targets

FFY	2021	2022	2023	2024	2025
Target A>=	99.22%	99.23%	99.24%	99.25%	99.26%
Target B>=	95.72%	95.73%	95.74%	95.75%	95.76%
Target C>=	99.12%	99.13%	99.14%	99.15%	99.16%

Targets: Description of Stakeholder Input

During FFY 2021, broad stakeholder input was gathered in setting new baselines and targets, evaluating SSIP results, and developing new SSIP activities. With this stakeholder involvement, decisions were made utilizing trend data, stakeholder feedback, and SSIP activity progress data. Data, proposed baselines and targets, and SSIP summaries were shared with a variety of stakeholder groups for their input using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Examples of the involvement of stakeholder groups in decision-making towards target setting and SSIP initiatives are as follows:

1.   At the ICC meeting in December 2021, baselines, targets and SSIP activities/initiatives were specifically discussed. Attendance was 65 participants in December 2021, including new representation by the homeless community (representation of the Native American Tribes and the military are pending). Based on the data discussed, the ICC approved of the new baseline and targets. For ongoing stakeholder involvement, progress utilizing updated data and information on completed activities is discussed routinely during all quarterly ICC meetings.

2.   During FFY 2021, subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness met to discuss system initiatives, including SSIP activities, baseline and targets. For instance, the Public Awareness subcommittee routinely reviewed data by county on numbers and demographics of children referred and served. The goal was to identify underserved pockets in the state where targeted campaigns could increase awareness and referrals of diverse groups, which could lead to more diverse stakeholder involvement. In addition, AEIS began the development of a new Public Awareness Campaign which included an overall rebranding, new print and media materials, new posts on social media (e.g., posts on Facebook requesting input into baseline/targets and other AEIS initiatives), and a new dedicated AEIS website to provide broader access to information related to AEIS at large.

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4. Families were involved in the ongoing feedback process through participation in stakeholder groups, surveys, focus groups and special task forces. Two standard surveys are conducted annually by independent external evaluators (University of Alabama at Birmingham School of Public Health and Southeast Research) and are revised each year to include questions related to current initiatives. In FFY 2021, questions specific to indicators, baselines and targets, implementation of evidence-based practices, child outcomes, SSIP initiatives, data collection and other pertinent areas were included. An overwhelming majority of families agreed with the proposed baseline/targets, which ultimately led to their inclusion in the APR. In order to ensure broad stakeholder input, surveys were disseminated to all AEIS families, not just a random sample and for future input, an individual interview process will be added. An Executive Summary/Infographic of results is shared with all families to keep them up to date on AEIS initiatives and results.

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The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, families/caregivers, etc.) also provide feedback and input into system development. These councils provide the opportunity for face-to-face discussions, family and provider training, and input related to the APR (including proposed baseline/targets and SSIP activities).

AEIS continues to expand the number and diversity of stakeholders who give feedback on the APR, indicator baselines and targets, SSIP activities, and system infrastructure improvements throughout the year. For instance, a Core Group of stakeholders representing diverse perspectives has been established to explore and recommend strategies for expanding the pool and diversity of family stakeholders. AEIS is also partnering with an external Diversity, Equity and Inclusion consulting firm to guide the process. New initiatives to increase diversity and involvement of family stakeholders will be the use of special focus groups and interviews through the AEIS District Coordinating Councils. In addition, AEIS has re-established its collaboration with the Alabama PTI to increase the number and diversity of family stakeholders. The Alabama PTI Executive Director is working with the ICC and the District Councils to share their initiatives and to discuss strategies for collaborative involvement by families of children birth to three with disabilities.

AEIS has also been chosen as a state pilot site through a WestEd 5-year federal grant project to implement the Collective Impact Model aimed at improving the infrastructure, policies, and practices of the state's comprehensive child find system. The goal of this project is to increase appropriate

referrals with an emphasis on equitable and efficient access to Part C for underserved or under-identified children and families potentially eligible for EI services. This project will enable AEIS to identify more diverse stakeholders for inclusion in family surveys and other mechanisms for gathering input.

FFY 2021 SPP/APR Data

The number of families to whom surveys were distributed	881
Number of respondent families participating in Part C	323
Survey Response Rate	36.66%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	311
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	323
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	272
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	282
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	310
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	323

Measure	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	98.70%	99.22%	96.28%	Did not meet target	Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	94.30%	95.72%	96.45%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	95.60%	99.12%	95.98%	Did not meet target	No Slippage

Provide reasons for part A slippage, if applicable

Because of Covid's impact, there have been many veteran service coordinators leaving the system and new service coordinators entering. As new service coordinators are hired, they have 3 months to complete the required training that addresses knowledge and skill regarding all AEIS components. Although instruction on Child and Parent Rights is provided immediately, there is still a learning curve, especially in explaining the rights to families. This service coordinator turnover accounts for the slippage in this category. Beginning in FFY 2023, the Indicator 4 survey will identify how long families have been in the system at the time of responding to the survey to determine the number/percentage of new families whose understanding of their rights may yet to be fully understood.

Sampling Question	Yes / No
Was sampling used?	YES
If yes, has your previously approved sampling plan changed?	YES
If the plan has changed, please provide the sampling plan.	

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

AEIS utilized random sampling methodology to identify families to participate in a voluntary annual comprehensive survey that addresses the components of Indicator 4. In FFY 2021, the sample was chosen by external evaluators at Southeast Research. Families were selected from within programs that were monitored during the fiscal year. All programs are monitored on a three-year cycle thus ensuring the selection of families from all programs every three years. During FFY 2021, demographics from the sample were consistent with the demographics of the overall AEIS population (i.e., +/- 3%).

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

Survey Response Rate

FFY	2020	2021
Survey Response Rate	50.79%	36.66%

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

Beginning in FFY 2023, all families enrolled in AEIS, not just a random sample, will be given the opportunity to respond to an online Family Survey which can be accessed through computer and smart phone. For groups identified as underrepresented, AEIS will explore reasons such as the methodology used, the length of the survey, the timing, language barriers, and other factors. In addition, efforts will be made to reach these underrepresented groups by conducting focus groups/interviews and communicating with community partners (such as the Alabama PTI) to discuss strategies for increasing involvement.

It is anticipated that this new process will enhance the representativeness of demographic groups in the state and will provide a more extensive database from which to monitor trend data and individual program data. To increase the response rate, service coordinators will encourage all families to participate and will give support as needed (e.g., reviewing the questions that will be on the survey, assisting with accessing the survey, answering questions as asked, etc.).

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

For FFY 2021, AEIS relied on the representativeness of the survey respondents compared to the overall AEIS population to determine nonresponse bias. Being within +/-3% of the overall population, it was determined that there were no groups for which there was bias. Beginning in FFY 2023, all families will be given the opportunity to respond and comparison to the AEIS population at large will again help identify areas of nonresponse bias. Any identified bias will be examined by looking at factors which may contribute to nonresponses, such as the structure of the survey, the methodology, the wording of questions, language barriers, the length of the survey and other such contributors. AEIS will address the barriers identified and will work with Service Coordinators to ensure that families are prepared for their participation (i.e., help them understand the questions, explain the reasons for the survey, answer questions/concerns the families might have). AEIS will also communicate with other stakeholders within the underrepresented groups to identify strategies for increasing their involvement.

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

An analysis comparing the demographics of the respondents to the overall AEIS population demonstrated representativeness within the +/-3% metric as follows:

Survey respondents:
American Indian = .3%
Asian = 2.2%
Black = 32.8%
White = 55.7%
Two or more races = 6.5%
Hispanic = 5.3%

AEIS population:
American Indian = .14%
Asian = 1.2%
Black = 33.5%
White = 54%
Two or more races = 3.8%
Hispanic = 6.4%

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

The demographics gathered through the survey include race, ethnicity, and primary language spoken in the home. The metric for determining representativeness in comparison to the overall AEIS population is +/- 3%.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Response to actions required in FFY 2020 SPP/APR

4 - OSEP Response

The State submitted its sampling plan for this indicator with its FFY 2021 SPP/APR. OSEP will follow up with the State under separate cover regarding the submission.

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.50%

FFY	2016	2017	2018	2019	2020
Target >=	0.62%	0.63%	0.64%	0.65%	0.68%
Data	0.68%	0.72%	0.69%	0.74%	0.83%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	0.71%	0.74%	0.77%	0.80%	0.83%

Targets: Description of Stakeholder Input

During FFY 2021, broad stakeholder input was gathered in setting new baselines and targets, evaluating SSIP results, and developing new SSIP activities. With this stakeholder involvement, decisions were made utilizing trend data, stakeholder feedback, and SSIP activity progress data. Data, proposed baselines and targets, and SSIP summaries were shared with a variety of stakeholder groups for their input using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Examples of the involvement of stakeholder groups in decision-making towards target setting and SSIP initiatives are as follows:

1.   At the ICC meeting in December 2021, baselines, targets and SSIP activities/initiatives were specifically discussed. Attendance was 65 participants in December 2021, including new representation by the homeless community (representation of the Native American Tribes and the military are pending). Based on the data discussed, the ICC approved of the new baseline and targets. For ongoing stakeholder involvement, progress utilizing updated data and information on completed activities is discussed routinely during all quarterly ICC meetings.

2.   During FFY 2021, subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness met to discuss system initiatives, including SSIP activities, baseline and targets. For instance, the Public Awareness subcommittee routinely reviewed data by county on numbers and demographics of children referred and served. The goal was to identify underserved pockets in the state where targeted campaigns could increase awareness and referrals of diverse groups, which could lead to more diverse stakeholder involvement. In addition, AEIS began the development of a new Public Awareness Campaign which included an overall rebranding, new print and media materials, new posts on social media (e.g., posts on Facebook requesting input into baseline/targets and other AEIS initiatives), and a new dedicated AEIS website to provide broader access to information related to AEIS at large.

3.   The BLOCKS newsletter routinely disseminates information and requests input on such topics as baseline/target setting, improvement activities, and child progress. It also allows families an opportunity to share their success stories that ensures their involvement. Newsletter recipients include 65 programs and their providers, state staff and family stakeholders. Specifically, in 2021, the publication incorporated areas in need of decision-making, in particular, targets and SSIP goals and activities.

4. Families were involved in the ongoing feedback process through participation in stakeholder groups, surveys, focus groups and special task forces. Two standard surveys are conducted annually by independent external evaluators (University of Alabama at Birmingham School of Public Health and Southeast Research) and are revised each year to include questions related to current initiatives. In FFY 2021, questions specific to indicators, baselines and targets, implementation of evidence-based practices, child outcomes, SSIP initiatives, data collection and other pertinent areas were included. An overwhelming majority of families agreed with the proposed baseline/targets, which ultimately led to their inclusion in the APR. In order to ensure broad stakeholder input, surveys were disseminated to all AEIS families, not just a random sample and for future input, an individual interview process will be added. An Executive Summary/Infographic of results is shared with all families to keep them up to date on AEIS initiatives and results.

In general, the ICC and its subcommittees provide ongoing guidance and decision-making into the development of the SPP/APR. the implementation and evaluation of SSIP activities, and assistance with other special tasks (e.g., the setting of new baselines and targets). The Governor has recently appointed a new member representing the homeless population to increase the diversity of participation. Additional groups targeted for ICC appointments include the Native American Tribal population and the military. Information and updates are discussed regularly at each ICC and subcommittee meeting regarding progress towards the achievement of targets, the child outcome data, training initiatives, policy, and public reporting of program status. Not only do ICC and subcommittee members participate in these discussions, but other program representatives and parents who attend the meetings and choose to participate offer their input (all meetings are open for public participation and are conducted either face-to-face or virtually). In addition, special task/focus groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include leaders from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. AEIS is also in the process of developing an online survey for ICC members, subcommittees, task groups and other stakeholder groups to gathering additional input into current AEIS initiatives, SSIP activities, and ideas for new initiatives.

The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, families/caregivers, etc.) also provide feedback and input into system development. These councils provide the opportunity for face-to-face discussions, family and provider training, and input related to the APR (including proposed baseline/targets and SSIP activities).

AEIS continues to expand the number and diversity of stakeholders who give feedback on the APR, indicator baselines and targets, SSIP activities, and system infrastructure improvements throughout the year. For instance, a Core Group of stakeholders representing diverse perspectives has been established to explore and recommend strategies for expanding the pool and diversity of family stakeholders. AEIS is also partnering with an external Diversity, Equity and Inclusion consulting firm to guide the process. New initiatives to increase diversity and involvement of family stakeholders will be the use of special focus groups and interviews through the AEIS District Coordinating Councils. In addition, AEIS has re-established its collaboration with the Alabama PTI to increase the number and diversity of family stakeholders. The Alabama PTI Executive Director is working with the ICC and the District Councils to share their initiatives and to discuss strategies for collaborative involvement by families of children birth to three with disabilities.

AEIS has also been chosen as a state pilot site through a WestEd 5-year federal grant project to implement the Collective Impact Model aimed at improving the infrastructure, policies, and practices of the state's comprehensive child find system. The goal of this project is to increase appropriate referrals with an emphasis on equitable and efficient access to Part C for underserved or under-identified children and families potentially eligible for EI services. This project will enable AEIS to identify more diverse stakeholders for inclusion in family surveys and other mechanisms for gathering input.

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 1 with IFSPs	440
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 1	55,812

FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
440	55,812	0.83%	0.71%	0.79%	Met target	No Slippage

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

6 - Indicator Data

Baseline Year	Baseline Data
2005	1.39%

FFY	2016	2017	2018	2019	2020
Target >=	1.76%	1.77%	1.78%	1.79%	1.86%
Data	1.87%	2.06%	2.08%	2.20%	2.03%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	1.93%	2.00%	2.07%	2.14%	2.21%

Targets: Description of Stakeholder Input

During FFY 2021, broad stakeholder input was gathered in setting new baselines and targets, evaluating SSIP results, and developing new SSIP activities. With this stakeholder involvement, decisions were made utilizing trend data, stakeholder feedback, and SSIP activity progress data. Data, proposed baselines and targets, and SSIP summaries were shared with a variety of stakeholder groups for their input using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Examples of the involvement of stakeholder groups in decision-making towards target setting and SSIP initiatives are as follows:

1.   At the ICC meeting in December 2021, baselines, targets and SSIP activities/initiatives were specifically discussed. Attendance was 65 participants in December 2021, including new representation by the homeless community (representation of the Native American Tribes and the military are pending). Based on the data discussed, the ICC approved of the new baseline and targets. For ongoing stakeholder involvement, progress utilizing updated data and information on completed activities is discussed routinely during all quarterly ICC meetings.

2.   During FFY 2021, subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness met to discuss system initiatives, including SSIP activities, baseline and targets. For instance, the Public Awareness subcommittee routinely reviewed data by county on numbers and demographics of children referred and served. The goal was to identify underserved pockets in the state where targeted campaigns could increase awareness and referrals of diverse groups, which could lead to more diverse stakeholder involvement. In addition, AEIS began the development of a new Public Awareness Campaign which included an overall rebranding, new print and media materials, new posts on social media (e.g., posts on Facebook requesting input into baseline/targets and other AEIS initiatives), and a new dedicated AEIS website to provide broader access to information related to AEIS at large.

3.   The BLOCKS newsletter routinely disseminates information and requests input on such topics as baseline/target setting, improvement activities, and child progress. It also allows families an opportunity to share their success stories that ensures their involvement. Newsletter recipients include 65 programs and their providers, state staff and family stakeholders. Specifically, in 2021, the publication incorporated areas in need of decision-making, in particular, targets and SSIP goals and activities.

4. Families were involved in the ongoing feedback process through participation in stakeholder groups, surveys, focus groups and special task forces. Two standard surveys are conducted annually by independent external evaluators (University of Alabama at Birmingham School of Public Health and Southeast Research) and are revised each year to include questions related to current initiatives. In FFY 2021, questions specific to indicators, baselines and targets, implementation of evidence-based practices, child outcomes, SSIP initiatives, data collection and other pertinent areas were included. An overwhelming majority of families agreed with the proposed baseline/targets, which ultimately led to their inclusion in the APR. In order to ensure broad stakeholder input, surveys were disseminated to all AEIS families, not just a random sample and for future input, an individual interview process will be added. An Executive Summary/Infographic of results is shared with all families to keep them up to date on AEIS initiatives and results.

In general, the ICC and its subcommittees provide ongoing guidance and decision-making into the development of the SPP/APR. the implementation and evaluation of SSIP activities, and assistance with other special tasks (e.g., the setting of new baselines and targets). The Governor has recently

appointed a new member representing the homeless population to increase the diversity of participation. Additional groups targeted for ICC appointments include the Native American Tribal population and the military. Information and updates are discussed regularly at each ICC and subcommittee meeting regarding progress towards the achievement of targets, the child outcome data, training initiatives, policy, and public reporting of program status. Not only do ICC and subcommittee members participate in these discussions, but other program representatives and parents who attend the meetings and choose to participate offer their input (all meetings are open for public participation and are conducted either face-to-face or virtually). In addition, special task/focus groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include leaders from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. AEIS is also in the process of developing an online survey for ICC members, subcommittees, task groups and other stakeholder groups to gathering additional input into current AEIS initiatives, SSIP activities, and ideas for new initiatives.

The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, families/caregivers, etc.) also provide feedback and input into system development. These councils provide the opportunity for face-to-face discussions, family and provider training, and input related to the APR (including proposed baseline/targets and SSIP activities).

AEIS continues to expand the number and diversity of stakeholders who give feedback on the APR, indicator baselines and targets, SSIP activities, and system infrastructure improvements throughout the year. For instance, a Core Group of stakeholders representing diverse perspectives has been established to explore and recommend strategies for expanding the pool and diversity of family stakeholders. AEIS is also partnering with an external Diversity, Equity and Inclusion consulting firm to guide the process. New initiatives to increase diversity and involvement of family stakeholders will be the use of special focus groups and interviews through the AEIS District Coordinating Councils. In addition, AEIS has re-established its collaboration with the Alabama PTI to increase the number and diversity of family stakeholders. The Alabama PTI Executive Director is working with the ICC and the District Councils to share their initiatives and to discuss strategies for collaborative involvement by families of children birth to three with disabilities.

AEIS has also been chosen as a state pilot site through a WestEd 5-year federal grant project to implement the Collective Impact Model aimed at improving the infrastructure, policies, and practices of the state's comprehensive child find system. The goal of this project is to increase appropriate referrals with an emphasis on equitable and efficient access to Part C for underserved or under-identified children and families potentially eligible for EI services. This project will enable AEIS to identify more diverse stakeholders for inclusion in family surveys and other mechanisms for gathering input.

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 3 with IFSPs	3,992
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 3	171,061

FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
3,992	171,061	2.03%	1.93%	2.33%	Met target	No Slippage

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions
None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	98.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	98.40%	99.53%	99.26%	100.00%	99.55%

Targets

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

FFY 2021 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
677	712	99.55%	100%	99.58%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

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Provide reasons for delay, if applicable.

Reasons for delays on the part of the programs included:
Provider illness
Staff turnover
COVID

Reasons for delay related to exceptional family circumstances included:
Family or child illness
Family out of town
Other family obligations (e.g., court, medical appointments)
Family not available until after the deadline (e.g., work schedule)
Personal reasons (e.g., new baby, death in family)
Family emergency
No show by family
Inclement weather
COVID

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All AEIS programs are required to participate in a review annually. This scheduling process ensures that all programs are selected for a monitoring each year and data is used in APR reporting for compliance indicators. Reviews are arranged annually based on mutually convenient dates and sites for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2020

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

FFY 2020 Findings of Noncompliance Verified as Corrected

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

AEIS issued a total of 3 findings to 1 program (Cahaba EI.) All 3 of these findings were verified as corrected within one year and were correctly implementing the regulatory requirements. Cahaba's initial findings were made on 3/15/21. They had a monitoring visit on 8/24/21 and had 100% compliance for this indicator for all records reviewed.

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

AEIS issued a total of 3 findings to 1 program (Cahaba EI.) All 3 of these cases were determined eligible and their IFSPs were developed, although late, so compliance was re-established at the time of the record review on 3/15/21. These were determined to be individual instances of noncompliance and not a systemic issue. It was determined that each individual case of noncompliance was corrected.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

7 - Prior FFY Required Actions

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

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

Response to actions required in FFY 2020 SPP/APR

7 - OSEP Response

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

Instructions

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

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

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

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

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

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

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

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

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

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	98.00%

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

Data	95.67%	96.06%	93.89%	98.65%	89.04%

Targets

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

FFY 2021 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
254	287	89.04%	100%	88.50%	Did not meet target	No Slippage

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

0

Provide reasons for delay, if applicable.

Reasons for delays on the part of the programs included:
Service Coordinator illness
Service Coordinator miscalculation of transition timeline
Staff turnover
COVID

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All AEIS programs are required to participate in a review annually. This scheduling process ensures that all programs are selected for a monitoring each year and data is used in APR reporting for compliance indicators. Reviews are arranged annually based on mutually convenient dates and sites for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
33	7	26	0

FFY 2020 Findings of Noncompliance Verified as Corrected

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

AEIS issued a total of 33 findings across 13 programs (AIDB Muscle Shoals, Cahaba, Twin Acres, UCP East Central, AIDB Birmingham, Goodwill Gulf Coast, United Ability, Scope, AIDB Montgomery, Arc of Shelby, CSP, UCP Mobile (BB, Horizon, FT), and UCP Mobile (FF, NJ, PSD)). Within one year of the findings, 7 of the 33 individual cases were verified as corrected (Prong I), and the programs were correctly implementing the regulatory requirements (Prong II.)

Cahaba's initial 2 findings were made on 3/15/21. They had a monitoring visit on 8/24/21 and had 100% compliance for this indicator for all records reviewed.

AIDB Birmingham's initial 1 finding was made on 6/8/21. They had a monitoring visit on 6/8/22 and had 100% compliance for this indicator for all records reviewed.

Goodwill Gulf Coast's initial 1 finding was made on 6/14/21. They had a monitoring visit on 2/9/22 and had 100% compliance for this indicator for all records reviewed.

Scope's initial 1 finding was made on 5/27/21. They had a monitoring visit on 12/8/21 and had 100% compliance for this indicator for all records reviewed.

The Arc of Shelby county's initial 1 finding was made on 6/21/21. They had a monitoring visit on 3/16/22 and had 100% compliance for this indicator for all records reviewed.

UCP Mobile (FF, NJ, PSD)'s initial 1 finding was made on 6/29/21. They had a monitoring visit on 2/16/22 and had 100% compliance for this indicator for all records reviewed.

For the remaining 26 cases, the individual cases were all verified as corrected within one year (Prong I.) All of these programs received additional TA from state and local staff, and samples of records were reviewed for this indicator until they demonstrated that they were correctly implementing the regulatory requirements by having 100% compliance in the records reviewed (Prong II.)

Twin Acres' initial 1 finding was made on 3/11/21. They had a monitoring visit on 8/11/21 where 1 finding for this indicator was made. They had another monitoring visit on 5/13/22 and had 100% compliance for this indicator for all records reviewed.

AIDB Montgomery's initial 11 findings were made on 4/29/21. They had a monitoring visit on 5/6/22 and had 100% compliance for this indicator for all records reviewed.

AIDB Muscle Shoal's initial 2 findings were made on 11/19/20 and 3/4/21. They had a monitoring visit on 12/14/21, and 1 finding was made for this indicator. They have received extensive TA from their monitoring team. They have had significant staff turnover. Their next monitoring visit was on 1/18/23, and they had 100% compliance for this indicator for all records reviewed.

CSP's initial 3 findings were on 5/5/21. They had a monitoring visit on 4/26/22, and 1 finding for this indicator was made. They had a subsequent monitoring visit on 9/27/22, where 1 finding was made for this indicator. A sample of their transition records was monitored on 1/10/23, and they were found to be in 100% compliance.

United Ability's initial 6 findings were made on 4/20/21. They had a monitoring visit on 11/9/21, where 1 finding was made for this indicator, and another on 6/23/22, where 2 findings for this indicator were made. A sample of their transition records was monitored on 1/10/23, and they were found to be in 100% compliance.

UCP East Central's initial 2 findings were made on 4/8/21. They had a monitoring visit on 3/4/22, and 1 finding was made for this indicator. They have received extensive TA from their monitoring team. They have had extensive staff turnover, so the monitoring team agreed to reschedule their review once they've had time to write new IFSPs. At their next monitoring visit on 1/11/22 and 3 findings were made for this indicator. They have received more TA and were instructed to submit the next 3 transition plans as they were completed. This sample of their transition records was reviewed on 1/26/23 and found to be in 100% compliance.

UCP Mobile (BB, Horizon, FT)'s initial 1 finding was made on 3/9/21. They had a monitoring visit on 10/26/21, and 1 finding was made for this indicator. They had another monitoring visit on 4/21/22, where 2 findings were made for this indicator. They have received extensive TA and were instructed to submit the next 3 transition plans as they were completed. This sample of their transition records was reviewed on 1/25/23 and found to be in 100% compliance.

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

AEIS issued a total of 33 findings across 13 programs (AIDB Muscle Shoals, Cahaba, Twin Acres, UCP East Central, AIDB Birmingham, Goodwill Gulf Coast, United Ability, Scope, AIDB Montgomery, Arc of Shelby, CSP, UCP Mobile (BB, Horizon, FT), and UCP Mobile (FF, NJ, PSD)). All of these individual cases of noncompliance were verified as corrected within one year. These were determined to be individual instances of noncompliance and not a systemic issue. Each program that had findings of noncompliance was either brought back into compliance at the table (service found to be rendered, although late) or they were issued an action plan that included assurances that the program was correctly implementing the regulatory requirements. Verification of correction of each instance of noncompliance was also conducted through monitoring based on a review of updated data. Each individual instance of noncompliance was reviewed by the monitoring team and was subsequently determined to have been addressed by the programs as per their action plan or follow-up monitoring visit.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

8A - Prior FFY Required Actions

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

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

Response to actions required in FFY 2020 SPP/APR

8A - OSEP Response

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

Instructions

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

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

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

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

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

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

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

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

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

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	99.50%

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

| Data | 98.83% | 96.95% | 92.16% | 95.71% | 87.82% |

Targets

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

FFY 2021 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
244	287	87.82%	100%	98.79%	Did not meet target	No Slippage

Number of parents who opted out

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

40

Provide reasons for delay, if applicable.

Service Coordinator illness
Service Coordinator miscalculation of transition timeline
Staff turnover
COVID

Describe the method used to collect these data.

All AEIS programs are required to participate in a monitoring review annually. Through this monitoring process, data on compliance and other indicators for 15% (or a minimum of 10) of the program's records for children served during the current federal fiscal year are reviewed to determine whether there are findings (Prong I). These data on all programs is used in APR reporting.

If there are findings in Prong I, Prong II will be the follow-up to determine whether the program is back in compliance. The Prong II record review will examine 25% (or at least 3) of the original number of files looked at for the indicator(s) in which the finding(s) was made to determine that the programmatic changes to address the findings were effective and the program is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data. Compliance will be restored for the program when no findings have been made during these follow-up Prong II reviews. Compliance must be restored within one year from the date of the finding(s).

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

YES

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

YES

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All AEIS programs are required to participate in a review annually. This scheduling process ensures that all programs are selected for a monitoring each year and data is used in APR reporting for compliance indicators. Reviews are arranged annually based on mutually convenient dates and sites for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
33	19	14	0

FFY 2020 Findings of Noncompliance Verified as Corrected

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

AEIS issued a total of 33 findings across 12 programs (Marshall Jackson, UCP Mobile (BB, Horizon, FT), UCP East Central, AIDB Birmingham, Goodwill Gulf Coast, United Ability, UCP Huntsville, Arc of Shelby, AIDB Huntsville, UCP Mobile (FF, NJ, PSD), AIDB Montgomery, AIDB Muscle Shoals). Within one year of the findings, 19 of these individual cases were verified as corrected (Prong I) and were correctly implementing the regulatory requirements (Prong II.)

Marshall Jackson's initial 1 finding was made on 1/15/21. They had a monitoring visit on 6/22/21 and had 100% compliance for this indicator for all records reviewed.

UCP Mobile (BB, Horizon, FT) 's initial 3 findings were made on 3/9/21. They had a monitoring visit on 10/26/21 and had 100% compliance for this indicator for all records reviewed.

UCP East Central's initial 1 finding was made on 4/8/21. They had a monitoring visit on 3/4/22 and had 100% compliance for this indicator for all records reviewed.

AIDB Birmingham's initial 1 finding was made on 6/8/21. They had a monitoring visit on 12/16/21 and had 100% compliance for this indicator for all records reviewed.

Goodwill Gulf Coast's initial 1 finding was made on 6/14/21. They had a monitoring visit on 3/29/22 and had 100% compliance for this indicator for all records reviewed.

United Ability's initial 7 findings were made on 4/20/21. They had a monitoring visit on 11/9/21 and had 100% compliance for this indicator for all records reviewed.

UCP Huntsville's initial 1 finding was made on 4/6/21. They had a monitoring visit on 11/16/21 and had 100% compliance for this indicator for all records reviewed.

The Arc of Shelby County's initial 1 finding was made on 6/21/21. They had a monitoring visit on 3/16/22 and had 100% compliance for this indicator for all records reviewed.

AIDB Huntsville's initial 1 finding was made on 6/29/21. They had a monitoring visit on 1/25/22 and had 100% compliance for this indicator for all records reviewed.

UCP Mobile (FF, NJ, PSD) 's initial 2 findings were made on 6/29/21. They had a monitoring visit on 2/16/22 and had 100% compliance for this indicator for all records reviewed.

For the remaining 14 findings, the individual cases were all verified as corrected within one year (Prong I.) All of these programs received additional TA from state and local staff. Samples of records were reviewed for this indicator until they demonstrated that they were correctly implementing the regulatory requirements by demonstrating 100% compliance in all records reviewed (Prong II.)

AIDB Montgomery's initial 11 findings were made on 11/18/20 and 4/29/21. They had a monitoring visit on 5/6/22 and had 100% compliance for this indicator for all records reviewed.

AIDB Muscle Shoals had a total of 3 findings. They had a monitoring visit on 11/19/20 and had 1 finding. They had another monitoring visit on 3/4/21 and had 2 findings for this indicator. Their next monitoring visit was on 1/18/23, and they had 100% compliance for this indicator for all records reviewed.

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

AEIS issued a total of 33 findings across 12 programs (Marshall Jackson, UCP Mobile (BB, Horizon, FT), UCP East Central, AIDB Birmingham, Goodwill Gulf Coast, United Ability, UCP Huntsville, Arc of Shelby, AIDB Huntsville, UCP Mobile (FF, NJ, PSD), AIDB Montgomery, AIDB Muscle Shoals). All of these individual cases of noncompliance were verified as corrected within one year. These were determined to be individual instances of noncompliance and not a systemic issue. Each program that had findings of noncompliance was either brought back into compliance at the table (service found to be rendered, although late) or they were issued an action plan that included assurances that the program was correctly implementing the regulatory requirements and that individual cases of noncompliance were corrected. Verification of correction of each instance of noncompliance was also conducted through monitoring based on a review of updated data. Each individual instance of noncompliance was reviewed by the monitoring team and was subsequently determined to have been addressed by the programs as per their action plan or follow-up monitoring visit.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

8B - Prior FFY Required Actions

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

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

Response to actions required in FFY 2020 SPP/APR

8B - OSEP Response

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

Instructions

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

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

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

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

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

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

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

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

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

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	99.00%

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

Data	99.61%	98.98%	100.00%	100.00%	97.42%

Targets

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

FFY 2021 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
247	247	97.42%	100%	100.00%	Met target	No Slippage

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

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

0

Number of documented delays attributable to exceptional family circumstances

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

0

Provide reasons for delay, if applicable.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All AEIS programs are required to participate in technical assistance/review annually and formal program monitoring every three years. This scheduling process ensures that all programs are selected for a monitoring and/or TA review each year and data is used in APR reporting for compliance indicators. Reviews are arranged annually based on mutually convenient dates and sites for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
7	0	7	0

FFY 2020 Findings of Noncompliance Verified as Corrected

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

On 4/9/21, AEIS issued a total of 7 findings for 1 program (AIDB Montgomery). All 7 of these individual cases were verified as corrected within one year. This program received additional TA from state and local staff and samples of records were reviewed for this indicator on 5/6/22 and they demonstrated that they were correctly implementing the regulatory requirements by having 100% compliance for this indicator for all records reviewed.

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

AEIS issued a total of 7 findings for 1 program (AIDB Montgomery). All 7 of these individual cases of noncompliance were verified as corrected. These were determined to be individual instances of noncompliance and not a system issue. All of these findings of noncompliance were brought back into compliance at the table. Verification of correction of each instance of noncompliance was also conducted through monitoring based on a review of updated data. Each individual instance of noncompliance was reviewed by the monitoring team and was subsequently determined to have been addressed by the program.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

8C - Prior FFY Required Actions

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

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

Response to actions required in FFY 2020 SPP/APR

8C - OSEP Response

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Select yes to use target ranges.

Target Range not used

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

NO

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/02/2022	3.1 Number of resolution sessions	0
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/02/2022	3.1(a) Number resolution sessions resolved through settlement agreements	0

Targets: Description of Stakeholder Input

During FFY 2021, broad stakeholder input was gathered in setting new baselines and targets, evaluating SSIP results, and developing new SSIP activities. With this stakeholder involvement, decisions were made utilizing trend data, stakeholder feedback, and SSIP activity progress data. Data, proposed baselines and targets, and SSIP summaries were shared with a variety of stakeholder groups for their input using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Examples of the involvement of stakeholder groups in decision-making towards target setting and SSIP initiatives are as follows:

1.   At the ICC meeting in December 2021, baselines, targets and SSIP activities/initiatives were specifically discussed. Attendance was 65 participants in December 2021, including new representation by the homeless community (representation of the Native American Tribes and the military are pending). Based on the data discussed, the ICC approved of the new baseline and targets. For ongoing stakeholder involvement, progress utilizing updated data and information on completed activities is discussed routinely during all quarterly ICC meetings.

2.   During FFY 2021, subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness met to discuss system initiatives, including SSIP activities, baseline and targets. For instance, the Public Awareness subcommittee routinely reviewed data by county on numbers and demographics of children referred and served. The goal was to identify underserved pockets in the state where targeted campaigns could increase awareness and referrals of diverse groups, which could lead to more diverse stakeholder involvement. In addition, AEIS began the development of a new Public Awareness Campaign which included an overall rebranding, new print and media materials, new posts on social media (e.g., posts on Facebook requesting input into baseline/targets and other AEIS initiatives), and a new dedicated AEIS website to provide broader access to information related to AEIS at large.

3.   The BLOCKS newsletter routinely disseminates information and requests input on such topics as baseline/target setting, improvement activities, and child progress. It also allows families an opportunity to share their success stories that ensures their involvement. Newsletter recipients include 65 programs and their providers, state staff and family stakeholders. Specifically, in 2021, the publication incorporated areas in need of decision-making, in particular, targets and SSIP goals and activities.

4. Families were involved in the ongoing feedback process through participation in stakeholder groups, surveys, focus groups and special task forces. Two standard surveys are conducted annually by independent external evaluators (University of Alabama at Birmingham School of Public Health and Southeast Research) and are revised each year to include questions related to current initiatives. In FFY 2021, questions specific to indicators, baselines and targets, implementation of evidence-based practices, child outcomes, SSIP initiatives, data collection and other pertinent areas were

included. An overwhelming majority of families agreed with the proposed baseline/targets, which ultimately led to their inclusion in the APR. In order to ensure broad stakeholder input, surveys were disseminated to all AEIS families, not just a random sample and for future input, an individual interview process will be added. An Executive Summary/Infographic of results is shared with all families to keep them up to date on AEIS initiatives and results.

In general, the ICC and its subcommittees provide ongoing guidance and decision-making into the development of the SPP/APR. the implementation and evaluation of SSIP activities, and assistance with other special tasks (e.g., the setting of new baselines and targets). The Governor has recently appointed a new member representing the homeless population to increase the diversity of participation. Additional groups targeted for ICC appointments include the Native American Tribal population and the military. Information and updates are discussed regularly at each ICC and subcommittee meeting regarding progress towards the achievement of targets, the child outcome data, training initiatives, policy, and public reporting of program status. Not only do ICC and subcommittee members participate in these discussions, but other program representatives and parents who attend the meetings and choose to participate offer their input (all meetings are open for public participation and are conducted either face-to-face or virtually). In addition, special task/focus groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include leaders from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. AEIS is also in the process of developing an online survey for ICC members, subcommittees, task groups and other stakeholder groups to gathering additional input into current AEIS initiatives, SSIP activities, and ideas for new initiatives.

The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, families/caregivers, etc.) also provide feedback and input into system development. These councils provide the opportunity for face-to-face discussions, family and provider training, and input related to the APR (including proposed baseline/targets and SSIP activities).

AEIS continues to expand the number and diversity of stakeholders who give feedback on the APR, indicator baselines and targets, SSIP activities, and system infrastructure improvements throughout the year. For instance, a Core Group of stakeholders representing diverse perspectives has been established to explore and recommend strategies for expanding the pool and diversity of family stakeholders. AEIS is also partnering with an external Diversity, Equity and Inclusion consulting firm to guide the process. New initiatives to increase diversity and involvement of family stakeholders will be the use of special focus groups and interviews through the AEIS District Coordinating Councils. In addition, AEIS has re-established its collaboration with the Alabama PTI to increase the number and diversity of family stakeholders. The Alabama PTI Executive Director is working with the ICC and the District Councils to share their initiatives and to discuss strategies for collaborative involvement by families of children birth to three with disabilities.

AEIS has also been chosen as a state pilot site through a WestEd 5-year federal grant project to implement the Collective Impact Model aimed at improving the infrastructure, policies, and practices of the state's comprehensive child find system. The goal of this project is to increase appropriate referrals with an emphasis on equitable and efficient access to Part C for underserved or under-identified children and families potentially eligible for EI services. This project will enable AEIS to identify more diverse stakeholders for inclusion in family surveys and other mechanisms for gathering input.

Historical Data

Baseline Year	Baseline Data

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

Targets

FFY	2021	2022	2023	2024	2025
Target>=					

FFY 2021 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
0	0				N/A	N/A

Provide additional information about this indicator (optional)

9 - Prior FFY Required Actions

None

9 - OSEP Response

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

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

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

Targets: Description of Stakeholder Input

During FFY 2021, broad stakeholder input was gathered in setting new baselines and targets, evaluating SSIP results, and developing new SSIP activities. With this stakeholder involvement, decisions were made utilizing trend data, stakeholder feedback, and SSIP activity progress data. Data, proposed baselines and targets, and SSIP summaries were shared with a variety of stakeholder groups for their input using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Examples of the involvement of stakeholder groups in decision-making towards target setting and SSIP initiatives are as follows:

1.	At the ICC meeting in December 2021, baselines, targets and SSIP activities/initiatives were specifically discussed. Attendance was 65 participants in December 2021, including new representation by the homeless community (representation of the Native American Tribes and the military are pending). Based on the data discussed, the ICC approved of the new baseline and targets. For ongoing stakeholder involvement, progress utilizing updated data and information on completed activities is discussed routinely during all quarterly ICC meetings.

2.	During FFY 2021, subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness met to discuss system initiatives, including SSIP activities, baseline and targets. For instance, the Public Awareness subcommittee routinely reviewed data by county on numbers and demographics of children referred and served. The goal was to identify underserved pockets in the state where targeted campaigns could increase awareness and referrals of diverse groups, which could lead to more diverse stakeholder involvement. In addition, AEIS began the development of a new Public Awareness Campaign which included an overall rebranding, new print and media materials, new posts on social media (e.g., posts on Facebook requesting input into baseline/targets and other AEIS initiatives), and a new dedicated AEIS website to provide broader access to information related to AEIS at large.

3.	The BLOCKS newsletter routinely disseminates information and requests input on such topics as baseline/target setting, improvement activities, and child progress. It also allows families an opportunity to share their success stories that ensures their involvement. Newsletter recipients

include 65 programs and their providers, state staff and family stakeholders. Specifically, in 2021, the publication incorporated areas in need of decision-making, in particular, targets and SSIP goals and activities.

4. Families were involved in the ongoing feedback process through participation in stakeholder groups, surveys, focus groups and special task forces. Two standard surveys are conducted annually by independent external evaluators (University of Alabama at Birmingham School of Public Health and Southeast Research) and are revised each year to include questions related to current initiatives. In FFY 2021, questions specific to indicators, baselines and targets, implementation of evidence-based practices, child outcomes, SSIP initiatives, data collection and other pertinent areas were included. An overwhelming majority of families agreed with the proposed baseline/targets, which ultimately led to their inclusion in the APR. In order to ensure broad stakeholder input, surveys were disseminated to all AEIS families, not just a random sample and for future input, an individual interview process will be added. An Executive Summary/Infographic of results is shared with all families to keep them up to date on AEIS initiatives and results.

In general, the ICC and its subcommittees provide ongoing guidance and decision-making into the development of the SPP/APR. the implementation and evaluation of SSIP activities, and assistance with other special tasks (e.g., the setting of new baselines and targets). The Governor has recently appointed a new member representing the homeless population to increase the diversity of participation. Additional groups targeted for ICC appointments include the Native American Tribal population and the military. Information and updates are discussed regularly at each ICC and subcommittee meeting regarding progress towards the achievement of targets, the child outcome data, training initiatives, policy, and public reporting of program status. Not only do ICC and subcommittee members participate in these discussions, but other program representatives and parents who attend the meetings and choose to participate offer their input (all meetings are open for public participation and are conducted either face-to-face or virtually). In addition, special task/focus groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include leaders from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. AEIS is also in the process of developing an online survey for ICC members, subcommittees, task groups and other stakeholder groups to gathering additional input into current AEIS initiatives, SSIP activities, and ideas for new initiatives.

The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, families/caregivers, etc.) also provide feedback and input into system development. These councils provide the opportunity for face-to-face discussions, family and provider training, and input related to the APR (including proposed baseline/targets and SSIP activities).

AEIS continues to expand the number and diversity of stakeholders who give feedback on the APR, indicator baselines and targets, SSIP activities, and system infrastructure improvements throughout the year. For instance, a Core Group of stakeholders representing diverse perspectives has been established to explore and recommend strategies for expanding the pool and diversity of family stakeholders. AEIS is also partnering with an external Diversity, Equity and Inclusion consulting firm to guide the process. New initiatives to increase diversity and involvement of family stakeholders will be the use of special focus groups and interviews through the AEIS District Coordinating Councils. In addition, AEIS has re-established its collaboration with the Alabama PTI to increase the number and diversity of family stakeholders. The Alabama PTI Executive Director is working with the ICC and the District Councils to share their initiatives and to discuss strategies for collaborative involvement by families of children birth to three with disabilities.

AEIS has also been chosen as a state pilot site through a WestEd 5-year federal grant project to implement the Collective Impact Model aimed at improving the infrastructure, policies, and practices of the state's comprehensive child find system. The goal of this project is to increase appropriate referrals with an emphasis on equitable and efficient access to Part C for underserved or under-identified children and families potentially eligible for EI services. This project will enable AEIS to identify more diverse stakeholders for inclusion in family surveys and other mechanisms for gathering input.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2016	2017	2018	2019	2020
Target>=					
Data					

Targets

FFY	2021	2022	2023	2024	2025
Target>=					

FFY 2021 SPP/APR Data

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

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

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

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

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

Additional Implementation Activities

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

11 - Indicator Data

Section A: Data Analysis

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

Infants and toddlers enrolled in AEIS will make significant progress in social emotional development (Indicator 3CA, SS 1).

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

NO

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

NO

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

NO

Please provide a link to the current theory of action.

www.rehab.alabama.gov/services/ei under the section entitled "Information for Families and Other Stakeholders".

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2008	71.40%

Targets

FFY	2021	2022	2023	2024	2025
Target>=	72.48%	72.87%	73.26%	73.65%	74.04%

FFY 2021 SPP/APR Data

Numerator: Number of infants and toddlers who made substantial progress in Social Emotional development (summary statement 1)	Denominator: Total number of infants and toddlers exiting who had been receiving services for at least 6 months.	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
1,941	2,383	81.72%	72.48%	81.45%	Met target	No Slippage

Provide the data source for the FFY 2021 data.

Database

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

The Child Outcome Summary Process is conducted with every child at their initial IFSP, at the annual review and when they exit the system (if they have received services for 6 months or more). These data are entered into the AEIS database (GIFTS.) Results from the COS data are then used to calculate

a percentage of achievement to compare to the indicator target. In FFY 2021, AEIS calculated its data using the numerator of 1941 and the denominator of 2383.

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

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

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

Section B: Implementation, Analysis and Evaluation

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

https://www.rehab.alabama.gov/services/ei under "Information for Families and Other Stakeholders".

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

YES

If yes, provide a description of the changes and updates to the evaluation plan.

Indicators related to current activities and next steps were added to the evaluation plan along with revised timelines. Also, based on consultation and feedback from the DaSy Center, the evaluation plan was reformatted structurally and content wise. A copy may be found at www.rehab.alabama.gov/services/ei under "Information for Families and Other Stakeholders".

If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.

In line with the next steps for activities and use of evidence-based practices, it was determined by state leadership, in consultation with the DaSy Center, that the plan should be updated. New outcomes, evaluation questions and timelines were revised. (See www.rehab.alabama.gov/services/ei for a copy of the plan under "Information for Families and Other Stakeholders".)

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

Strategy 1.   Conducted leadership strategies to support infrastructure improvement and to ensure positive outcomes for children and families.

Activity A. Focused public awareness efforts in counties that have a low child health index and low referrals for EI
Activity B. Participated in a 5-year national grant through WestEd to enhance child find efforts to promote consistency in screening and referral to AEIS
Activity C. Utilized the GIFTS data system for programs and state monitors to view and utilize data for program enhancement
Activity D. Gathered family input related to child progress and for infrastructure improvements

Strategy 2. Provided training, technical assistance and support for the implementation of evidence-based practices in service delivery with fidelity.

Activity A. Provided training and materials on the Routines-Based Model to assist in positive child and family outcomes.
Activity B. Provided training by ASD specialists on the use of evidence-based practices (i.e., Naturalistic Developmental Behavioral Interventions Model or NDBI) for working with children who have autism.
Activity C. Expanded the ASD screening initiative to include additional diagnostic clinics.
Activity D. Enhanced monitoring to include factors related to evidence-based practices, fidelity of use, and child progress
Activity E. Monitored Social-Emotional child outcome results.
Activity F. Provided training on the Child Outcome Summary process for implementation with fidelity.
Activity G. Continued development of Infant/Early Childhood Mental Health Consultants as a support for providers.

Strategy 3.   Developed partnerships to support service delivery for all eligible children and families.

Activity A. Solicited partnerships with community providers to make appropriate referrals for EI services and provide outside resources for families
Activity B. Collaborated with national TA providers to enhance system development.
Activity C. Began development of a diversity, equity and inclusion initiative to ensure that all children and families are identified and served in a supportive manner.
Activity D. Developed CSPD linkages with higher education for early intervention service delivery and increased manpower.
Activity E. Collaborated with the Alabama Department of Mental Health in providing Infant/Early Childhood Consultation for AEIS programs.

Activity E. Provided training to ICC members with follow-up assistance to ensure knowledge of federal and state requirements, the EI system, responsibilities, and current initiatives.
Activity F. Provided a strong financial foundation for program implementation and continue to solicit the support of the Alabama legislature in program and system funding
Activity G. Utilized guidance from the Financial Planning Subcommittee of the ICC to develop a financial plan
Activity H. Conducted financial monitoring/audits.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards,

professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

Strategy One: Conducted leadership strategies to support infrastructure improvement and to ensure positive outcomes for children and families. GOVERNANCE; FINANCE

Outcomes
*   AEIS began participation in an initiative to increase referrals in underserved areas.
* Family input approved new targets and provided positive feedback on services and child outcomes.
* ICC members are more knowledgeable about the requirements for service delivery, the structure of AEIS, their role on the ICC, and the current initiatives.
* No programs had financial audit findings.

Measures to Assess Achievement

*   Beginning in January 2021 and continuing throughout FFY 2021, AEIS participated in a federally funded grant through WestEd to develop a model that would impact screening and appropriate referrals to AEIS. Through this system, local partnerships were developed, informational materials were planned, and training was designed for pediatric and other referral sources.

* Families were enabled to provide input in a variety of ways. Three surveys were conducted throughout the year that gathered input on the selection of new SPP/APR targets, the implementation of evidence-based practices, the provision of family supports and other system activities. The majority of caregivers (90%) agreed with the AEIS proposed 2021-2025 targets. The questions were phrased in a way that families could understand what the targets meant. The statements and responses were as following:

*   On December 1, 2021, ICC members were provided with training by Utah State University on behalf of the Center for Technical Assistance for Excellence in Special Education (TAESE). The outcomes of the training were as follows:

•   ICC members are knowledgeable of the by-laws.
•   The Alabama ICC understands their purpose and duties under IDEA.
•   Members understand their roles and responsibilities.
•   The ICC understands the distinctions between advisory, assistance, and advocacy.
•   ICC members understand their possible role with the APR/DSM-2.0.
• The ICC understands effective meeting procedures and review their by-laws.

*   Financial audits on the use of Part C funds occur annually through the Financial Division of the lead agency. In addition, Medicaid audits occur to ensure the appropriate use of public funds.

Strategy Two: Provided training, technical assistance and support for the implementation of evidence-based practices in service delivery with fidelity. PROFESSIONAL DEVELOPMENT; ACCOUNTABILITY/MONITORING
Outcomes
* Evidence-based practices (Routines-Based Model) have been trained and scaled up statewide.
* SiMR results indicated improvement from previous fiscal year.
* Cohorts of ASD specialists have been established to provide support to programs and families on use of the NDBI model for working with children on the ASD spectrum.
* New ASD diagnostic clinics have been created.
* The General Supervision monitoring process has been updated to include indicators of implementation of EBP (i.e., Routines-Based Model).
* Service Coordinators have been trained on the COS process.
* Additional I/ECMH consultants have been trained in preparation for providing supports to programs.

Measures to Assess Achievement

*   During FFY 2021, training modules on the Routines-Based Model were created for continued training and support. All personnel are required to have completed the training or modules to become "Alabama Approved" in Routines Based Interviewing and Routines-Based Home Visiting. Monitoring activities are in place to determine the implementation of the evidence-based practices with fidelity. Data are reviewed, including onsite file reviews and desk audits, and in the future, monitors will be accompanying providers on visits to observe service delivery. As a result of these service delivery models, the SiMR results have steadily improved and/or maintained over the past years. In that monitoring is required to occur for every program every year, the efforts will be sustainable.

*   Intensive training and TA/consultation was provided to 13 EI providers in preparation for direct consultation/coaching to other EI providers and day care staff in the state. These 13 EI providers received training and coaching (with a fidelity component to achieve ASD Mentor status) on strategies of intervention that are researched based and developmentally appropriated for this young population. EI continues to partner with Children's Rehabilitation Services, Autism Diagnostic clinic in Tuscaloosa and is in talks to develop another diagnostic clinic in another CRS facility within a different region of the state.

* Ongoing training on the COS process is provided for new service coordinators entering the system. This training is two-fold. It is embedded in a required preparatory training, Journey Through Early Intervention, Level I, and individually as service coordinators enter the field. This training will continue and will be advanced during FFY 2022 utilizing the ECTA training modules and the COS-KC assessment to determine competency of new and existing service coordinators. It is anticipated that this renewed competency training in completing the COS process will enhance the team's ratings of the SiMR. This improvement strategy will be embedded in the required training for providers and will sustain system improvement.

Strategy Three: Developed partnerships to support service delivery for all eligible children and families. QUALITY STANDARDS

Outcomes
* Partnerships continue with multiple state and local organizations to enhance referrals, collect ideas and feedback, and share AEIS' vision.
* Partnerships continue with higher education to enhance pre-service instruction, internships in early intervention sites, and in-service training.
* RFPs were disseminated for the creation of a diversity, equity and inclusion initiative.

Measures to Assess Achievement

* AEIS conducts ongoing public awareness activities targeting community providers (e.g., childcare programs, pediatricians, Head Start) and agencies (e.g., Department of Public Health, Department of Mental Health, Alabama Institute of the Deaf/Blind) to share information about AEIS and the referral process with their constituents and families. A focus is also placed on low referring counties and those with low referrals to Part B.

*   Ongoing partnerships continued with the Alabama Department of Mental Health (DMH), Alabama Institute for the Deaf/Blind (AIDB), the University of Alabama (U of A), Auburn University (AU), Samford University, and the University of Alabama at Birmingham (UAB), in providing training, technical assistance and internship opportunities for statewide training and support. DMH, U of A, and AIDB provided direct services to children and families.

The U of A provides all training and TA on the adopted evidence-based practice, the Routines-Based Model. Auburn University and Samford University assist by placing ECSE and SLP interns in AEIS programs to increase their knowledge and experience in working with infants and toddlers with disabilities. In addition, AU has assisted in developing post training evaluations and providing ongoing support in the development of AEIS initiatives/activities. The School of Public Health at the University of Alabama at Birmingham serves as the AEIS SSIP external evaluators.

During FFY 2021, an RFP was disseminated to select an external consultant to implement a DEI initiative for AEIS. Through a review by the state leadership team, one vendor was selected, and the contract process was initiated. Through this process, a state plan will be developed with the intent of ensuring ongoing implementation to sustain the improvement process, to identify underserved populations, to ensure equity in the availability of services and to maintain a structured approach to the diversity, equity and inclusion of all eligible children and families.

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

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

Strategy 1. Conducted leadership strategies to support infrastructure improvement and to ensure positive outcomes for all eligible children and families.

Begin development of an enhanced data system.
Update family survey process for more efficient and comprehensive data collection.
Update methodology for reporting survey and other input results back to families.
Continue working with WestEd in the development of an enhanced and efficient child find/referral process and scale-up a model for screening and making appropriate referrals to child find.

Revise and adopt a standard self-assessment protocol for programs to complete prior to monitoring which requires programs to self-assess their implementation of federal and state compliance requirements and evidence-based practice implementation.

Conduct a rate study to assist in analysis of AEIS financial structure.

Strategy 2. Provide training, technical assistance and support for the implementation of evidence-based practices in service delivery with fidelity.

Train and equip families on communicating their child's progress and participating in the COS process, including the development of an introductory brochure on the COS process and how families should be involved.

Provide more comprehensive training on the Child Outcome Summary process for implementation with fidelity utilizing ECTA modules and the ECTA COS-Knowledge Check.

Collaborate with ECTA and DaSy Centers on utilizing the COS-KC (Child Outcome Summary Knowledge Check) for monitoring knowledge of the COS process.

Revise supervision and monitoring to enhance the use of evidence-based practice with fidelity.

Collaborate with external evaluators to determine effectiveness of all AEIS training activities (including RBI/RBHV) in terms of acquired knowledge, application of learned skills, fidelity in implementing evidence-based practices, and other measures of competence.

Support the use of the MEISR tool in determining ongoing child progress.

Strategy 3.   Develop partnerships to support service delivery for all eligible children and families.

Work with DEI consultant to develop and implement a state plan.

Recruit more families of diversity to participate in District Coordinating Council activities.

Work with Higher Education and other state agencies to develop and implement recruitment and retention strategies.

Create a rebranded public awareness campaign for AEIS districts and programs to conduct targeted public awareness utilizing new strategies, materials, and venues for recruitment and child find, including the use of the bepartofei.org video developed by the Early Childhood Personnel Center (ECPC) through a grant awarded to the University of Connecticut Center for Excellence in Developmental Disabilities.

Expand the provision of Infant/Early Childhood Consultation with the Alabama Department of Mental Health for children with social-emotional needs.

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

Adoption and Fidelity of EBP

Alabama's Early Intervention System is implementing two evidence-based practice models, the Routines-Based Model for working with infants, toddlers, and their families to improve their services and supports through evidence-based practice, and the Naturalistic Developmental Behavioral Interventions Model. These models were selected based on their research efficacy and support by the developers of the models.

Dr. Robin McWilliam, author of the Routines-Based Model, was instrumental in helping Alabama adopt this evidence-based practice and in providing training and assistance in moving the state forward in its implementation. Dr. McWilliam is one of the nation's leaders in recommended practices in early intervention and early childhood special education. He has traveled to 48 states to help improve policies and services for young children with disabilities and their families. He has also consulted and taught overseas. Over the past 30 years, McWilliam has developed the Routines-Based Model for working with young children with disabilities and their families. Through structured initial training (boot camps), ongoing training (modules), technical assistance and observations, AEIS is ensured that the model is being implemented with fidelity.

Dr. Angie Barber who chaired a multi-disciplinary Early Childhood Workgroup through the Interagency Autism Coordinating Council, assisted AEIS in the adoption of evidence-based practice for young children with autism. The workgroup reviewed literature on red flags, intervention strategies, screening techniques and subsequently agreed that the Naturalistic Developmental Behavioral Interventions (NDBI) model was the best, most effective evidence-based practice for this youngest population. Through the extensive work, the workgroup agreed on five strategies that are considered best practice for young children with ASD and families. These strategies were adopted by AEIS and will be utilized by all providers. Using observations and fidelity checklists, AEIS is assured that the model is being implemented with fidelity.

Provide a summary of each evidence-based practice.

Summary of Specific Evidence-Based Practices

Routines-Based Interview (RBI):
The Routines-Based Interview is a semi-structured interview about the family's day-to-day life, focusing on the child's engagement, independence, and social relationships. Its purposes are to create a strong relationship with the family, to obtain a rich and thick description of child and family functioning, and to result in a family-chosen list of functional and family outcomes/goals for IFSP use.

Routines-Based Home Visits (RBHV):
This model provides family-centered, support-based home visits to build families' capacity to meet their children's and the family's needs. This will result in children (a) receiving "intervention" in naturally occurring learning opportunities, (b) receiving more intervention, and (c) receiving intervention from the people they are already learning from. Therefore, children in Alabama's Early Intervention System (AEIS) can be expected to make greater gains in their functioning—through meaningful participation in their everyday routines. This increased functioning includes better learning. Routines-Based Home Visits replace visits in which the home visitor sets the agenda, brings in materials and leaves with them, and works directly with the child as though teaching the child or providing therapy to the child, with the caregiver observing or having other secondary roles.

Naturalistic Developmental Behavioral Interventions: The NDBI model is intended to bridge the "research to practice" gap to early detection and early intervention for Alabama's youngest children with ASD. The Alabama developers, under the leadership of Dr. Angie Barber at the University of Alabama, were comprised of early childhood experts and families throughout the state who have studied the literature on evidence-based practice, reviewed red flags for practitioners, and developed five core strategies when working with infants and toddlers with autism and their families. The core strategies are based on Naturalistic Developmental Behavioral Interventions (NDBI) which are implemented in natural settings, involve shared control between child and therapist, utilize natural contingencies and use a variety of behavioral strategies. The five adopted strategies include natural reinforcement, parent-implemented intervention, modeling, naturalistic teaching and following the child's lead.

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

In implementing evidence-based practices, AEIS has changed policies, procedures, practices, and child and family outcomes. Prior to the adoption of the Routines-Based Model in 2018, there was no consistency in practice. Service Coordinators and providers utilized research-based interventions and tools, but there was no uniformity statewide. Policies and procedures were adapted to facilitate the implementation of the Routines-Based Model as the standard of practice statewide.

The NDBI model was initiated in May 2021 to provide a structured and systematic method for instructing providers on evidence-based interventions for children who have autism. This initiative was funded through a federal grant awarded to the Alabama Department of Early Childhood Education. As the model continues to train additional specialists and scales up statewide, practices will be utilized that will directly impact the social-emotional development of children with autism.

As a result of practice and policy change, the SiMR was positively impacted as evidenced by Alabama's child outcomes summary data showing increases and maintenance in performance each year on the SiMR as follows:
FFY 2018 = 71.60%
FFY 2019 = 71.70%
FFY 2020 = 81.72%
FFY 2021 = 81.40%

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

The Routines-Based Model:
Routines-Based Interview fidelity checks have been conducted on Service Coordinators with data to support their effective implementation of the model. In addition, Routines-Based Home Visiting competency exam scores were collected from providers who have completed the RBHV exam after completion of the modules.

As monitoring of all programs occurs, files are reviewed to determine the fidelity of implementation of the evidence-based practices. Data are collected from IFSP reviews, services provided based on the identified priorities of families, and provider notes to determine the use of the Routines-Based Model (RBM) in practice.In addition, family survey data related to whether the service coordinators are implementing the Routines-Based Interview according to

the model are gathered.

All providers are required to complete the RBM training modules to ensure and understanding of the model prior to direct training via bootcamps or virtual. Those who complete the modules successfully receive a certificate of approval. During FFY 2021, 101 providers completed the Routines-Based Interview modules. In addition, 145 providers completed the Routines-Based Home Visiting modules. Currently, in the module platform, there are 176 people who have access to all the professional development modules.

The AEIS external evaluators have been developing strategies to identify practice change post training to include surveys, and interviews. In addition, as part of the AEIS TA process, monitors will accompany providers on their visits to observe the method of service provision according to the RBM.
The ASD Screening Initiative (PILOT) that began on May 1, 2021 continued into FFY 2021. The initial four Early Intervention Programs brought into this pilot continued to complete a "Modified Checklist for Autism in Toddlers, Revised" (with parent permission) on all Part C Early Intervention referrals between the ages of 18 mos-30 mos. A pilot flow chart is followed closely to determine whether a child failed the MCHAT-R and should be referred to one of the six diagnostic clinics in the state that agreed to take a "priority referral". Since the beginning of the pilot:
• 362 children were given the MCHAT-R
• 204 children failed the MCHAT-R
• Referred for priority referral
• Families declined a priority referral
• 47 ASD evaluation reports received
o 39 - ASD Diagnosis (83% ASD)
o 2 - Other DX
o 6 - No DX

EI continues to partner with Children's Rehabilitation Services, Autism Diagnostic clinic in Tuscaloosa. This clinic serves as the 6th "priority referral" site for the ASD screening initiative and is taking referrals from Early Intervention.

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

Through the PAR monitoring process, data on the implementation of the chosen evidence-based practices, the Routines-Based Model, as well as the DEC Recommended Practices, data were collected. The evidence-based practice activities were embedded in the monitoring checklist used by state monitors to ascertain whether the program/providers were implementing the models with fidelity. During FFY 2021, 43 programs were monitored.

Family survey data were collected that allowed families to provide feedback on whether the evidence-based practices were being used in service delivery. In particular, questions related to whether services were routines-based, and the data are as follows:

Did your AEIS provider ask about your family's daily activities? 95.8%
Did your AEIS provider talk with you about services that fit with your family's daily activities? 95.0%
Did your AEIS provider talk with you about what you most want for your family and child and from AEIS? 97.5%
Did your AEIS provider talk with you about setting goals for your family and child? 98.5%
Do your child's goals fit with your family's daily activities? 83.8%
Do your child's goals fit with what matters most to your family? 90.6%

This survey data will continue to be collected annually to assist in planning, training, technical assistance, focused monitoring, and other supports.

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

Routines-Based Model Next Steps:

1. Continue training on the model and begin using face-to-face training opportunities rather than virtual.
2. Finalize new methods for measuring fidelity in implementation of the model.
3.   Implement a RBI/RBHV Community of Practice. AEIS will hold a monthly RBI and RBHV CoP session for Service Coordinators and EI providers. AEIS will aim to make at least one CoP mandatory for all people who are 1-2 months out of the RBM training modules.
4.   Continue RBM implementation group meetings.
5. Hold a meeting with Dr. McWilliam's EIEIO institute and an AEIS representative to meet individually with all programs to discuss what's not working in their programs with the RBM and try to find ways to address their issues.
6. Collect additional data from Alabama families regarding their experience with the RB Model.

The anticipated outcome is the implementation by all service coordinators and providers of the RBM with fidelity and with follow-up training as required to reach fidelity.

NDBI Model Next Steps:
1. Finalize fidelity on all 13 ASD providers.
2.   Conduct 16-18 Learning Collaboratives across the state of AL by the ASD providers with the focus on training childcare/preschool teachers as well as EI providers who provide EI in a childcare/preschool.
3.   Begin Intensive training on Autism specific strategies for 7 additional EI providers. These seven will be coached and mentored by the those who have achieved ASD mentor status with oversight and fidelity assessments by Samford and Auburn Universities.
4. Develop 5 Modules- 5 ASD strategies of Intervention, Best Practices for working with young children with ASD characteristics.
The anticipated outcome is to include, and increase in the capability of AEIS to develop ASD specialists who will implement the NDBI model with fidelity to a broadened audience of programs serving children who have autism.

Does the State intend to continue implementing the SSIP without modifications? (yes/no)
NO
If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.

Based on stakeholder input, new activities have been developed that will move the system forward. In addition, as based on the APR, new activities have been added to the CSPD (Comprehensive System of Personnel Development) for ensuring highly qualified providers. Activities and strategies for the FFY 2022 timeline include the following:

•   Expand training and support activities for families and utilize trained families in providing support for new families who have children with special needs in collaboration with the national Parent to Parent initiative.
• Expand the number of I/ECMH Consultants and programs receiving assistance.
• Expand partnerships to ensure diversity, equity and inclusion of children with disabilities and their families in service provision and system enhancements..
• Continue to overhaul of the database system, GIFTS, to include operational upgrades, and new data collection and reporting.
•   Utilize the COS-KC (Child Outcome Summary Knowledge Checklist) with service providers statewide as a self-assessment and monitoring tool.
• Require training of service coordinators on the COS process utilizing the ECTA training modules.
• Utilize an external consultant to gather data on and develop a state plan to help identify underserved and unserved children, family stakeholders and service providers to ensure diversity, equity and inclusion
• Continue to implement and expand the ASD screening initiative to include more programs and diagnostic clinics

These activities are designed to improve the system infrastructure and to enhance services for infants and toddlers with disabilities and their families.

Section C: Stakeholder Engagement

Description of Stakeholder Input

During FFY 2021, broad stakeholder input was gathered in setting new baselines and targets, evaluating SSIP results, and developing new SSIP activities. With this stakeholder involvement, decisions were made utilizing trend data, stakeholder feedback, and SSIP activity progress data. Data, proposed baselines and targets, and SSIP summaries were shared with a variety of stakeholder groups for their input using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Examples of the involvement of stakeholder groups in decision-making towards target setting and SSIP initiatives are as follows:

1.   At the ICC meeting in December 2021, baselines, targets and SSIP activities/initiatives were specifically discussed. Attendance was 65 participants in December 2021, including new representation by the homeless community (representation of the Native American Tribes and the military are pending). Based on the data discussed, the ICC approved of the new baseline and targets. For ongoing stakeholder involvement, progress utilizing updated data and information on completed activities is discussed routinely during all quarterly ICC meetings.

2.   During FFY 2021, subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness met to discuss system initiatives, including SSIP activities, baseline and targets. For instance, the Public Awareness subcommittee routinely reviewed data by county on numbers and demographics of children referred and served. The goal was to identify underserved pockets in the state where targeted campaigns could increase awareness and referrals of diverse groups, which could lead to more diverse stakeholder involvement. In addition, AEIS began the development of a new Public Awareness Campaign which included an overall rebranding, new print and media materials, new posts on social media (e.g., posts on Facebook requesting input into baseline/targets and other AEIS initiatives), and a new dedicated AEIS website to provide broader access to information related to AEIS at large.

3.   The BLOCKS newsletter routinely disseminates information and requests input on such topics as baseline/target setting, improvement activities, and child progress. It also allows families an opportunity to share their success stories that ensures their involvement. Newsletter recipients include 65 programs and their providers, state staff and family stakeholders. Specifically, in 2021, the publication incorporated areas in need of decision-making, in particular, targets and SSIP goals and activities.

4. Families were involved in the ongoing feedback process through participation in stakeholder groups, surveys, focus groups and special task forces. Two standard surveys are conducted annually by independent external evaluators (University of Alabama at Birmingham School of Public Health and Southeast Research) and are revised each year to include questions related to current initiatives. In FFY 2021, questions specific to indicators, baselines and targets, implementation of evidence-based practices, child outcomes, SSIP initiatives, data collection and other pertinent areas were included. An overwhelming majority of families agreed with the proposed baseline/targets, which ultimately led to their inclusion in the APR. In order to ensure broad stakeholder input, surveys were disseminated to all AEIS families, not just a random sample and for future input, an individual interview process will be added. An Executive Summary/Infographic of results is shared with all families to keep them up to date on AEIS initiatives and results.

In general, the ICC and its subcommittees provide ongoing guidance and decision-making into the development of the SPP/APR. the implementation and evaluation of SSIP activities, and assistance with other special tasks (e.g., the setting of new baselines and targets). The Governor has recently appointed a new member representing the homeless population to increase the diversity of participation. Additional groups targeted for ICC appointments include the Native American Tribal population and the military. Information and updates are discussed regularly at each ICC and subcommittee meeting regarding progress towards the achievement of targets, the child outcome data, training initiatives, policy, and public reporting of program status. Not only do ICC and subcommittee members participate in these discussions, but other program representatives and parents who attend the meetings and choose to participate offer their input (all meetings are open for public participation and are conducted either face-to-face or virtually). In addition, special task/focus groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include leaders from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. AEIS is also in the process of developing an online survey for ICC members, subcommittees, task groups and other stakeholder groups to gathering additional input into current AEIS initiatives, SSIP activities, and ideas for new initiatives.

The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, families/caregivers, etc.) also provide feedback and input into system development. These councils provide the opportunity for face-to-face discussions, family and provider training, and input related to the APR (including proposed baseline/targets and SSIP activities).

AEIS continues to expand the number and diversity of stakeholders who give feedback on the APR, indicator baselines and targets, SSIP activities, and system infrastructure improvements throughout the year. For instance, a Core Group of stakeholders representing diverse perspectives has been established to explore and recommend strategies for expanding the pool and diversity of family stakeholders. AEIS is also partnering with an external

Diversity, Equity and Inclusion consulting firm to guide the process. New initiatives to increase diversity and involvement of family stakeholders will be the use of special focus groups and interviews through the AEIS District Coordinating Councils. In addition, AEIS has re-established its collaboration with the Alabama PTI to increase the number and diversity of family stakeholders. The Alabama PTI Executive Director is working with the ICC and the District Councils to share their initiatives and to discuss strategies for collaborative involvement by families of children birth to three with disabilities.

AEIS has also been chosen as a state pilot site through a WestEd 5-year federal grant project to implement the Collective Impact Model aimed at improving the infrastructure, policies, and practices of the state's comprehensive child find system. The goal of this project is to increase appropriate referrals with an emphasis on equitable and efficient access to Part C for underserved or under-identified children and families potentially eligible for EI services. This project will enable AEIS to identify more diverse stakeholders for inclusion in family surveys and other mechanisms for gathering input.

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

AEIS engaged stakeholders in a variety of ways to gather input into key improvement efforts. These strategies included ICC and subcommittee involvement, family surveys, task force meetings, and focus groups. As a result of this engagement, AEIS was able to set new APR targets, gather input on the financial structure, discuss the implementation of evidence-based practices, design training initiatives, and plan for family supports. In FFY 2022, a diversity, equity and inclusion initiative will provide additional strategies for input. Through the approved DEI contract, individual interviews will be conducted and a new survey will be added. In addition, a state plan will be developed for ongoing stakeholder engagement.

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

NO

Additional Implementation Activities

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

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

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

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

Designated Lead Agency Director

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

Name:

Amy Blakeney

Title:

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