STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2022

Alabama

PART C DUE
February 1, 2024

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

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 be:

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. Information, updates and new initiatives are discussed regularly at each ICC meeting and include 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. Data indicate that in 8 reporting indicators, programs achieved over 95%. In addition, AEIS exceeded its targets in 10 of the subsets within indicators 1-11.

Indicator 1 – Timely Services: 98.3%
Indicator 2 – Natural Environment: 99.6%
Indicator 3A1 (SiMR) – Substantial progress in Social-emotional skills: 83.2%
Indicator 3A2 – Achieved functioning as same age peers in social-emotional skills: 51.3%
Indicator 3B1– Substantial progress in knowledge and skill: 87.0%
Indicator 3B2 – Achieved functioning as same age peers in knowledge and skill: 42.4%
Indicator 3C1 Substantial progress in use of appropriate behavior to meet needs: 84.7%
Indicator 3C2 – Achieved functioning as same age peers in use of appropriate behavior to meet needs: 50.5%
Indicator 4A – Parents know rights: 98.5%
Indicator 4B:- Parents communicate needs: 96.5%
Indicator 4C – Parents can help their child develop and learn: 97.5%
Indicator 5 - Number served birth to one: .73%
Indicator 6 – Number served birth to three: 2.53%
Indicator 7 –IFSP developed within 45 days: 99.03%
Indicator 8A – Transition plan developed on time: 90.15%
Indicator 8B – Notification to LEA on time: 97.95%
Indicator 8C – Transition meeting with LEA on time: 99.66%
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: 83.2%

The AEIS monitoring manual was revised during FFY 2022-2023 to include procedural changes, specification of requirements for compliance and performance indicators, inclusion of a revised self-evaluation tool, definitions of findings, action plans and required correction, definitions of determinations and sanctions, and other indicator requirements. A copy of the most recent Monitoring Manual can be found at www.rehab.alabama.gov/services/ei.

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 (83.2% actual compared to target of 82.0%). All three OSEP child outcome areas exceeded the target for both Summary Statement 1 and Summary Statement 2. For monitoring purposes, child outcomes are reviewed through onsite file reviews and desk audits. 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 were collected via a Family Survey conducted by the independent research entity, Southeast Research. Questions regarding the impact of the child and family receiving services, the family's ability to participate in typical daily activities and community events, whether the child made progress in social-emotional, knowledge/skill and appropriate behavior as a result of EI services, and the family's participation in the COS process were asked. Data on each of the OSEP family outcomes, in addition to other data on the implementation of evidence-based practices (the Routines-Based Model) 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 2022 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 four years were as follows:

FFY 2019 = 80.68%
FFY 2020 = 81.72%
FFY 2021 = 81.5%
FFY 2022 = 83.2% (Exceeded target)

AEIS is pleased to provide the FFY 2022 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 and the OSEP TA Centers for their support and guidance.

Additional information related to data collection and reporting

In response to the determination of "needs assistance" for FFY 2021, AEIS sought the assistance of multiple federal TA providers, including ECTA, DaSy, and CIFR. With the assistance of these entities, AEIS revised its monitoring process to include more emphasis on child outcomes (one of the areas of concern in the FFY 2021 determination). These monitoring changes will provide increased oversight and technical assistance to programs not meeting the targets for Indicator 3. In addition, AEIS instituted the requirement that all service coordinators, existing and new, participate in the COS-Knowledge Check (developed by ECTA) to determine their knowledge and application of the COS process. The ECTA COS modules were utilized in training for those not passing the COS-KC. COS training will also be provided to other team members and families to ensure their working knowledge of the process.

General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions).

The general supervision system in Alabama's Early Intervention System (AEIS) includes the following interrelated components, all of which inform infrastructure development: Leadership, Families and Stakeholders, Child and Family Outcomes, Professional Development, Technical Assistance, Fiscal Management, Data Collection, Integrated monitoring, Child Find and Eligibility, Transition services, Procedural Safeguards, Complaints and resolution sessions.

Information and data from sources such as the AEIS database, family surveys, and record reviews are utilized in monitoring. AEIS has a database system in place (GIFTS) that gathers data from providers on all components of the system, such as eligibility, IFSP development, IFSP reviews, child outcomes, settings, and numbers served. In addition to using these data for monitoring, AEIS uses the data in reporting for the SSP/APR. Data entry is monitored by the state office data manager and compliance monitors to ensure validity and reliability. Business rules within the data system require the input of all required data as the service coordinator moves through the system.

All community-based EI programs (49 programs) participate in a monitoring review every year regardless of status at a prior review. AEIS focuses on both compliance and performance indicators.

AEIS randomly selects records and provides programs with a list of the names on the day of the monitoring. A cross-section of needs and demographics are selected. 15% of the program's total caseload, but not less than 10 records, are selected for review and are children who are being served within the current federal fiscal year.

The monitoring process examines documentation accumulated by a program in relation to the following: compliance indicators as defined by OSEP; federal regulations; fiscal management; child and family outcomes; use of evidence-based practices; and other criteria as found in the monitoring manual. If a program is found to be out of compliance, monitoring reports are developed outlining actions to reestablish compliance within one year.

AEIS defines identification of noncompliance as the determination that a program's policies, procedures, or practices are inconsistent with IDEA and/or state requirements. In order to demonstrate that noncompliance has been corrected, AEIS verifies that the program is correctly implementing the specific regulatory requirements based on a review of updated data and information, and has corrected each individual case of child-specific noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, and no outstanding corrective action exists under a State complaint or due process hearing decision for the child.

Any needed TA and follow-up reviews occur after the initial monitoring visit. The follow-up review includes the submission of documentation by the program or an on-site review. Documentation submitted by the program for a subsequent review must be from an active record and the content developed after the initial monitoring and record review. If found out of compliance during this subsequent review, the program will be required to submit a corrective action plan that identifies the cause of noncompliance and its plan for correcting it and ensuring it does not reoccur. The corrective action plan should also specify any area(s) where additional training or TA is needed. A second subsequent data review of different records will be scheduled to determine if the program is in 100% compliance. If the program remains out of compliance, sanctions will be used to support the program's efforts. They will remain in place until regulatory requirements are achieved, and the root causes of noncompliance have been addressed.

Program determinations are based on level of achievement in 5 primary areas:
Compliance indicators (at least 80% performance required)
Valid, reliable, and timely data
Correction of noncompliance within one year (100% required)
Performance indicators (i.e., settings, family outcomes, and child outcomes must meet or exceed state targets)
Audit findings
AEIS providers, administrators, and service coordinators, along with other stakeholders provide input annually on indicators, priorities, requirements, and data elements for compliance. AEIS provides explanations of data and monitoring priorities for stakeholders to understand and provide input into the general supervision system. Programs are notified of their determination via an explanatory letter that includes the level of determination, the reasons, and any sanctions needed. These determination letters are distributed within the 120-day timeline after submission of the APR. Information about the AEIS General Supervision policies, procedures and process is included in the AEIS Handbook distributed statewide and posted on the website (www.rehab.alabama.gov/services/ei).

AEIS uses enforcement actions as listed in the federal regulations. As required by OSEP. ADRS/EI may impose sanctions under the following circumstances:

•   The program failed to reestablish compliance within one year.
• The program fails to address recommendations or to meet the requirements of an Action Plan.

- The program utilizes Part C dollars for activities not in compliance with Part C regulations.
- The program has ongoing compliance issues (two or more years out of compliance).

These sanctions include but may not be limited to the following:
1. Repayment of misapplied federal and state funds based on federal and state regulations.
2. Withholding state and federal funds until corrective action is taken to ensure Part C compliance.
3. Withholding referrals to programs for a specified period.
4. Cancellation of a program contract.

Programs are expected to perform self-assessments to include record reviews for compliance indicators, performance indicators, and documentation of service provision based on evidence-based practices. Programs must use the AEIS Monitoring Manual and Self-Assessment Checklist developed for this purpose.

AEIS has a fiscal monitoring system in place as a mechanism for overall checks and balances in fiscal management. Policies and procedures provide internal controls, and a protocol has been developed for EI program audits. Fiscal audit findings are used in developing the EI Program Profiles for making local determinations. Based on audit findings, sanctions will be implemented as needed. AEIS has worked extensively with CIFR, ECTA and DaSy Centers in creating a comprehensive fiscal management system.

AEIS collects and examines information through the State's dispute resolution system, including credible allegations, and due process complaints. This system is incorporated into the monitoring system to identify and correct noncompliance. Family concerns and/or complaints are referred to the state office for discussion with the family of their concerns, exploration of their complaint, root causes, and their rights and the process for requesting due process. Programs are held responsible for correcting issues that pertain to the complaint. Our dispute resolution processes are provided in our state regulations, Ala. Admin, Code 795-3-1-.04, Procedural Safeguards.

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 their contracting agency any identified issues related to service provision under Part C. Monitors educate programs 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. Following the TA, a written report will be provided within (4) weeks outlining such information as what was provided, who was in attendance, and any next steps recommended.

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

- District Training (district forum for discussing system concerns or interests)
- In-service or individual program training
- Informal discussions with the program (videoconference, teleconference, onsite forum)
- Email responses to program inquiries
- AEIS Policy Memoranda regarding administrative decisions and actions
- EI Updates

TA is usually recommended once the Monitoring team has identified a pattern or determined the extent of non-compliance is programmatic. If the non-compliance is an isolated occurrence, information and guidance is provided during the Exit. The Exit is also an opportunity for program staff to engage with the Monitoring team, ask questions, and get assistance on any topic or area of concern.

TA may include required professional development and targeted consultation. In addition, there are 5 required professional activities and a requirement for 20 contact hours of continuing education every two years. The required trainings include the following:

- Journey I (a required foundational training for all new service coordinators on the structure of the EI system and their role in service provision)
- Journey II (training on service delivery requirements)
- RBI modules (evidence-based practice for service coordinators)
- RBHV modules (evidence-based practice for EI providers)
- Child development (for new service coordinators)

Technical Assistance, as part of professional development per individual provider or program, is provided in areas where compliance issues or concerns are found. Some of the more frequently identified topics for TA include Transition, Child and Family Outcomes, COS process, and IFSP components. TA is provided by the AEIS state monitors, state agency partners such as the Alabama Department of Mental Health, and the Alabama Institute of the Deaf Blind, university faculty from the University of Alabama and Auburn University, and other outside consultants as needed.

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 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.

Stakeholder Engagement:

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

During FFY 2022, broad stakeholder input was gathered for setting new baselines and targets for Indicator 3, evaluating SSIP results to develop new state activities, revising the general supervision/monitoring system, revising the family survey process, and initiating and monitoring a cost study to streamline funding mechanisms for EI service delivery. Input was gathered using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Examples of the involvement of stakeholders are as follows:

1. At each ICC meeting, system updates are provided, and feedback is solicited/received. For example, during the year, 70 ICC members and

stakeholders participated quarterly in ICC activities including discussions of baselines, targets, current data and SSIP activities/initiatives. In addition, ICC members provided suggestions and strategies in surveying families to increase the response rate, made suggestions to consider when making decisions based on the AEIS rate study results, provided input into strategies to address 3rd party and Medicaid billing issues, and offered suggestions on agency to agency collaboration in terms of training and family support. During the December 2023 meeting, ICC members approved the submission of the FFY 2022 SPP/APR in February 2024.

2. During FFY 2022, ICC subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness discussed system initiatives, including SSIP activities, baseline, and targets for Indicator 3. The Public Awareness subcommittee, with 15 parent and provider members, 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. As a result of this discussion, AEIS district councils and programs were able to target those underserved counties during the statewide PA initiative. In addition, with stakeholder input, AEIS completed the development of a new Public Awareness Campaign which included an overall rebranding, new print and media materials, new posts on social media, billboards and a new dedicated AEIS website to provide broader access to information related to AEIS. These new resources were and continue to be shared with referral sources statewide.

The Personnel Subcommittee, with 25 parent and provider members, developed criteria for monitoring the use of evidence-based practices with fidelity, i.e., the Routines-Based Model, by establishing standards for service coordinators and service providers to achieve before delivering services. In addition, they helped develop new strategies for approving applicants to be service coordinators in the system.

The Program, Planning and Evaluation Subcommittee, with 15 parent and provider members, provided feedback and suggestions on the development of the new AEIS Handbook for providers, families, and other interested parties. In addition, they provided input on the revision of the IFSP and the Service Coordinator Handbook.

The Financial Planning Subcommittee, with 15 parent and provider members, focused on the rate study and provided input/data for its implementation.

The Public Awareness Subcommittee, with 17 parent and provider members, focused on the rebranding of the public awareness campaign and the targeting of areas of the state with low referrals and underserved populations.

3. The quarterly BLOCKS newsletter routinely disseminates information to stakeholders statewide and requests input on such topics as improvement activities, child progress strategies, family involvement, proposed changes to procedures such as general supervision/monitoring, service coordinator handbook, changes to the AEIS Personnel Standards, and financial planning. In FFY 2022, 110 stakeholders received BLOCKS quarterly and, in turn, shared it with additional families.

4. A diversity of families were involved in the ongoing feedback process through participation in interviews to address the implementation of evidence-based practice, the achievement of child outcomes, the ability to help their child develop, the ability to participate on the team, and the achievement of family outcomes. Routinely, through this interview process, family input is gathered as to system infrastructure, methods for improvement, and training/resources needed by families. In FFY 2023, a new family survey was developed to increase diversity of stakeholders who are representative of the state demographics (e.g., race/ethnicity, child age, and primary language spoken in the home) by surveying all families served in AEIS, rather than a random sample, and diving deeper into the use of the Routines-Based Model and the COS process. In FFY 2022, the following demographics were represented in the interviews which were determined to be representative of the AEIS population (sample = 201):

American Indian/Alaska = .5%
Asian = .5%
Black = 35.3%
White = 54.2%
Hispanic/Latino = 6%

PRIMARY LANGUAGE
ENGLISH = 94.5%

5. The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level, 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 statewide initiatives. During FFY 2022, there were 6 families who participated in District Council discussions along with a variety of other stakeholders (the numbers vary per district and per meeting).

6. 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.

7. 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 and the grant leaders have pulled together community stakeholders (i.e., referral sources and programs) to discuss the structure of AEIS, its goals and priorities, and to gather input into strategies for ensuring appropriate referrals. The initial pilot site included 4 counties in southeast Alabama. Within this site, there were 8 individuals invited to participate in the stakeholder group. The model developed through this pilot will be scaled up statewide.

In general, the ICC, subcommittees and other stakeholder groups provide ongoing guidance and decision-making into system initiatives and infrastructure improvements such as setting APR targets, proposing SSIP activities, developing strategies for improving child outcomes, suggesting training initiatives, and revising monitoring procedures. 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.

The mechanisms for making stakeholder feedback available to the public include such activities as the dissemination of family survey results to all families and programs statewide, including decisions on target setting, dissemination of the APR and SSIP to stakeholder groups such as the ICC and partnering state agencies, and posting of the APR/SSIP, family survey results, program profiles, policies/procedures, personnel standards, and CSPD plan on the website.

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

YES

Number of Parent Members:

247

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.

During FFY 2022, ongoing methods were utilized to engage parents in system improvement. Strategies included surveys, subcommittee participation, participation in District Coordinating Councils, and ICC involvement. Surveys were used to gather parent input in evaluating progress which assisted in the development of new improvement strategies. Families participating in these survey interviews were representative of demographics in the state system. Service Coordinators were required to acquaint families with the family survey process to enhance their participation, and a summary of survey findings was distributed to all families to encourage future engagement. Families were also prepared to participate in the Child Outcome Summary process for evaluating child progress. In addition, AEIS reinstituted a partnership with the Alabama Parent Education Center (APEC) to increase the number of parent stakeholders. The APEC Director attends all District Coordinating Council meetings to encourage family and stakeholder involvement. During FFY 2022, 216 parents provided feedback and input through family interviews which focused on the use of evidence-based practices, the activities designed to increase family participation, and the results of services. Thirty-one (31) families participated in the ICC, Subcommittees, and District Councils for input regarding target setting, development of new improvement activities, and evaluating child progress.

Decisions and actions implemented by the state leaders as a result of family suggestions and input included the following:
1.   Activities to enhance family involvement were utilized which included using new venues such as zoom and interviews.
2.   New ideas were identified for consideration in enhancing family involvement which included:
a. Establishing an early childhood focused "parent cabinet" that includes families who are receiving Part C supports throughout the state to provide support and input to all child serving systems and work to advocate and share information from a family perspective.
b. Establishing an ICC Parent Advisory Subcommittee.
c.   Identifying Parent Educators/Parent Consultants at the state level (a parent of children who previously received early intervention services) with responsibilities such as providing technical assistance to the local programs and engaging with families.
d. Increasing communication between families and service coordinators on how to be involved in system decision making.
e. Adding a family forum to the annual Early Intervention and Preschool Conference.
f. Adding strategies to train families on how to interpret state level data, what it means, how it's used and what input they may have.
3.   Methods for empowering families to provide informed input were accomplished through the provision of additional training to increase their knowledge/skill in participating in COS team meetings and decision making.
4. Suggestions were provided by families through an updated survey on improving service delivery and the overall system which will be considered by the state leaders for system enhancement.
5. The AEIS Public Awareness campaign was rebranded including materials, billboards, and a designated website (nevertooearlyAL.org) with links to new public awareness videos for dissemination statewide, especially in counties that have low referrals for EI and low percentages of referrals being determined eligible for IFSP development. The intent of this campaign was not only to identify potentially eligible children, but to encourage families to be involved in system enhancements.
6.   The method for communicating data to families for their understanding of the AEIS system that would prepare them for involvement was enhanced through the development of an infographic describing data on referrals, children served, services provided and length of stay in AEIS.
7.   A new family survey was developed to gather more specific data on the three OSEP family outcomes and the implementation of evidence-based practices to help in determining fidelity.
8.   The partnership with the Alabama Parent Training and Information organization (PTI) was renewed to provide awareness and support for families statewide.
9. Monitoring practices were revised to include making phone calls with randomly selected families on service provision, outcome planning/results, service coordination which resulted in monitoring enhancements, training, and focused TA.
10.   Targeted TA was provided to programs based on the parent survey and COS results.
11. The District Coordinating Councils stepped up activities to help families understand various aspects of AEIS services and support through training and discussions, and to recruit more families of diversity to participate in District Coordinating Council activities to provide stakeholder input.
12. The AEIS rate study was conducted and completed with family input through the rate/cost study steering committee.
13. The Collective Impact Model for Part C, through a federal grant to WestEd, was implemented with family participation and input within the initial pilot site. With family involvement within each district, the model will be scaled up for statewide implementation.

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.

Training and coaching of families in evidence-based practices are critical activities that AEIS conducts to ensure that families are equipped to provide input and to help their children develop and learn. Through these activities, which are provided to all families enrolled in services, they can help develop new activities designed to improve their child's and family's outcomes and suggest ways to improve services.

Through the family survey and interview process, 216 families were provided with data specific to targets and numbers served and provided statewide input into targets, use of evidence based practices, participation in the Child Outcome Summary process, and other system concerns. An analysis of demographics of those providing input demonstrated that the parent respondents were representative of the demographics served in Alabama's Early Intervention System.

An expanded public awareness campaign was initiated to reach underserved populations and referral sources within those counties. The PA activities included such approaches as the revision of print materials for increased dissemination in targeted areas, the use of billboards, the development of an introductory video about AEIS, services and methods for gathering more information, and the process for making referrals. These efforts are designed to increase the diversity of families providing input. The monitoring of data on referrals by counties and demographics will be conducted once the new data system (GIFTS) has been completed.

Professional development for service providers on the Routines-Based Model (RBM), the Naturalistic Developmental Behavioral Interventions Model (NDBI), and the Infant/Toddler Early Childhood Mental Health (I/ECMH) model, which rely on coaching activities with families and professionals, ensures that effective intervention is provided for improving outcomes. Monitoring and TA activities review provider participation in required training and their implementation of evidence-based practices to help with fidelity. Onsite observations by coaches also enable targeted technical assistance and training.

In addition, to assist families in helping monitor their child's progress and making decisions about next steps, Service Coordinators are required to

provide initial and ongoing instruction/explanation of the Child Outcome Summary Process to enhance family participation. Through the monitoring of programs (general supervision system), parent involvement in the COS process is reviewed and TA/support is provided as necessary. In addition, AEIS is in the process of embedding the COS procedures and outcome determinations into the IFSP to ensure effective family and team involvement. Using the Routines-Based Model, families are engaged in providing input (through the Routines-Based Interview) and receiving instruction (through the Routines-Based Home Visiting) for implementation of activities to enhance their child's development. All families are provided with these opportunities for input and participation in implementation activities to ensure the involvement of diverse groups of parents. Through the AEIS rebranding and heightened public awareness campaign, areas of low participation in AEIS have been targeted to increase the involvement of diverse and underserved populations.

An AEIS Handbook was developed for families, providers and other stakeholders that includes a comprehensive description of procedures, an explanation of services, requirements for system implementation, methods for data collection, glossary of terms/acronyms, and other significant information pertaining to the operation of AEIS. The handbook was disseminated statewide through the AEIS Lead Agency, partnering state agencies, providers and program administrators to share with families. The intent was to provide stakeholders and families with such details as the process for system implementation, the procedures for service delivery, the methods for evaluations and assessments, the opportunities for providing input, and the acronyms used. In addition to direct dissemination, the handbook was posted on the website for ongoing review (which can be found at www.rehab.alabama.gov/services/ei).

Soliciting Public Input:

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

AEIS requires programs (providers and administrators) and outside state agency stakeholders (Alabama institutes for the Deaf and Blind, and the Alabama Department of Mental Health) to participate in structured meetings and public forums (in person or virtual) on a quarterly or annual basis (i.e., District TAs, ICC meetings, ICC Subcommittee meetings and individual monitoring visits) to discuss data (e.g., child and family outcomes, achievement of compliance and performance indicators), propose new targets, and suggest SSIP improvement activities (including training recommendations). The District TAs and monitoring for all programs are conducted, at a minimum, on an annual basis. Through the BLOCKS of Information document, which is distributed quarterly to EI providers and families, information is provided, and input is solicited on SPP/APR/SSIP data and improvement activities. Facebook postings were used to acquaint the public with the AEIS system and invitations were provided for public input/feedback.

Making Results Available to the Public:

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

All results and data from target setting activities, child/family progress, achievement of outcomes, family input, current and new improvement strategies and program evaluations are posted on the AEIS website for public review and feedback (www.rehab.alabama.gov/services/ei under the section entitled "Information for Stakeholders and Families"). In addition, results and data are shared with partnering state agencies (Alabama Institute for the Deaf and Blind, and Alabama Department of Mental Health) for statewide dissemination. These postings and dissemination activities occur at least annually as reports are developed as well as ongoing discussions with ICC and subcommittee members during quarterly meetings.

Reporting to the Public:

How and where the State reported to the public on the FFY 2021 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 2021 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2021 APR in 2023, is available.

The completed SPP/APR for FFY 2021, program profiles (i.e., performance data), and APR/SSIP evaluation plan/results were posted on the AEIS website for public dissemination within 120 days of submission. 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. A complete copy of the AEIS SPP/APR for FFY 2021 and other data documents can be found at https://www.rehab.alabama.gov/services/ei. As per OSEP requirements, AEIS's reporting to the public on the performance of each AEIS program in meeting the measurable and rigorous targets found in the Part C SPP/APR 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. AEIS will disseminate and post the FFY 2022 SPP/APR and Program Profiles within 120 days after submission.

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA Section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	95.37%	91.56%	97.13%	98.36%	96.97%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
599	633	96.97%	100%	98.10%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

22

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
Personnel shortage
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 the primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year.

Provide additional information about this indicator (optional)

There was a discrepancy in the number of findings reported in the FFY 2021 report as compared to the FFY 2022 report. It has been discovered that, in the FFY 2021 data calculations, there were formula errors in the Excel spreadsheet used to calculate the total number of infants and toddlers with IFSPs. Therefore, the data for FFY 2021 should have reflected 23 findings rather than the 24 that were reported. The FFY 2022 data as reported is accurate.

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
23	13	10	0

FFY 2021 Findings of Noncompliance Verified as Corrected

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

AEIS issued 23 findings across 11 programs for Timely Services (AIDB Birmingham, AIDB Huntsville, Arc of Shelby County, Arc of Walker County, Marshall Jackson 310, Montgomery Children's Center, UCP East Central, Valley Haven, AIDB Muscle Shoals, United Ability, and UCP Mobile.) Within one year, 13 of these individual cases were verified as corrected and the programs were correctly implementing the regulatory requirements. The determination that compliance had been achieved was based on data reviews from the GIFTS database, review of records, and the completion of the required action plan by the program.

AIDB Birmingham's initial 4 findings were made on 12/16/21. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 6/8/22.

AIDB Huntsville's initial 1 finding was made on 1/25/22. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 11/9/22.

Arc of Shelby Co's initial 1 finding was made on 3/6/22. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved

11/18/22.

Arc of Walker Co's initial 1 finding was made on 6/14/22. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 2/21/23.

Marshall Jackson 310's initial 3 findings were made on 3/10/22. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/10/23.

Montgomery Children's Center's initial 1 finding was made on 2/22/22. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 9/16/22.

UCP East Central's initial 1 finding was made on 3/4/22. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/11/23.

Valley Haven's initial 1 finding was made on 3/31/22. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 10/25/22.

AIDB Muscle Shoals' initial 1 finding was made on 12/14/21. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 2/6/23.

United Ability's initial findings were made on 11/9/21 (4 finding) and 6/23/22 (1 finding.) Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/19/23.

UCP Mobile's initial 3 findings were made on 10/26/21 (3 findings) and 4/21/22 (1 finding.) Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/25/23.

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

AEIS issued 23 findings across 11 programs (AIDB Birmingham, AIDB Huntsville, Arc of Shelby County, Arc of Walker County, Marshall Jackson 310, Montgomery Children's Center, UCP East Central, Valley Haven, AIDB Muscle Shoals, United Ability, and UCP Mobile.). These findings were determined to be individual instances of noncompliance and not a systemic issue (i.e., individual service coordinator issue). Each program that had findings of noncompliance was either brought back into compliance at the monitoring visit (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 (23 findings) was conducted through monitoring based on a review of updated data and record reviews. The program was subsequently determined to have corrected the individual issues and therefore regained compliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Response to actions required in FFY 2021 SPP/APR

AEIS issued 23 findings across 11 programs (AIDB Birmingham, AIDB Huntsville, Arc of Shelby County, Arc of Walker County, Marshall Jackson 310, Montgomery Children's Center, UCP East Central, Valley Haven, AIDB Muscle Shoals, United Ability, and UCP Mobile.) All of these individual cases of noncompliance were verified as corrected. 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. Further details are provided in the previous section for this indicator.

1 - OSEP Response

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

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	2017	2018	2019	2020	2021
Target>=	98.00%	99.00%	99.10%	99.10%	99.10%
Data	99.89%	99.53%	99.53%	99.94%	99.85%

Targets

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

Targets: Description of Stakeholder Input

During FFY 2022, broad stakeholder input was gathered for setting new baselines and targets for Indicator 3, evaluating SSIP results to develop new state activities, revising the general supervision/monitoring system, revising the family survey process, and initiating and monitoring a cost study to streamline funding mechanisms for EI service delivery. Input was gathered using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Examples of the involvement of stakeholders are as follows:

1. At each ICC meeting, system updates are provided, and feedback is solicited/received. For example, during the year, 70 ICC members and stakeholders participated quarterly in ICC activities including discussions of baselines, targets, current data and SSIP activities/initiatives. In addition, ICC members provided suggestions and strategies in surveying families to increase the response rate, made suggestions to consider when making decisions based on the AEIS rate study results, provided input into strategies to address 3rd party and Medicaid billing issues, and offered suggestions on agency to agency collaboration in terms of training and family support. During the December 2023 meeting, ICC members approved the submission of the FFY 2022 SPP/APR in February 2024.

2. During FFY 2022, ICC subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness discussed system initiatives, including SSIP activities, baseline, and targets for Indicator 3. The Public Awareness subcommittee, with 15 parent and provider members, 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. As a result of this discussion, AEIS district councils and programs were able to target those underserved counties during the statewide PA initiative. In addition, with stakeholder input, AEIS completed the development of a new Public Awareness Campaign which included an overall rebranding, new print and media materials, new posts on social media, billboards and a new dedicated AEIS website to provide broader access to information related to AEIS. These new resources were and continue to be shared with referral sources statewide.

The Personnel Subcommittee, with 25 parent and provider members, developed criteria for monitoring the use of evidence-based practices with fidelity, i.e., the Routines-Based Model, by establishing standards for service coordinators and service providers to achieve before delivering services. In addition, they helped develop new strategies for approving applicants to be service coordinators in the system.

The Program, Planning and Evaluation Subcommittee, with 15 parent and provider members, provided feedback and suggestions on the development of the new AEIS Handbook for providers, families, and other interested parties. In addition, they provided input on the revision of the IFSP and the Service Coordinator Handbook.

The Financial Planning Subcommittee, with 15 parent and provider members, focused on the rate study and provided input/data for its implementation.

The Public Awareness Subcommittee, with 17 parent and provider members, focused on the rebranding of the public awareness campaign and the targeting of areas of the state with low referrals and underserved populations.

3. The quarterly BLOCKS newsletter routinely disseminates information to stakeholders statewide and requests input on such topics as improvement activities, child progress strategies, family involvement, proposed changes to procedures such as general supervision/monitoring, service coordinator handbook, changes to the AEIS Personnel Standards, and financial planning. In FFY 2022, 110 stakeholders received BLOCKS quarterly and, in turn, shared it with additional families.

4. A diversity of families were involved in the ongoing feedback process through participation in interviews to address the implementation of evidence-based practice, the achievement of child outcomes, the ability to help their child develop, the ability to participate on the team, and the achievement of family outcomes. Routinely, through this interview process, family input is gathered as to system infrastructure, methods for improvement, and training/resources needed by families. In FFY 2023, a new family survey was developed to increase diversity of stakeholders who are representative of the state demographics (e.g., race/ethnicity, child age, and primary language spoken in the home) by surveying all families served in AEIS, rather than a random sample, and diving deeper into the use of the Routines-Based Model and the COS process. In FFY 2022, the following demographics were represented in the interviews which were determined to be representative of the AEIS population (sample = 201):

American Indian/Alaska = .5%
Asian = .5%
Black = 35.3%
White = 54.2%
Hispanic/Latino = 6%

PRIMARY LANGUAGE
ENGLISH = 94.5%

5.The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level, 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 statewide initiatives. During FFY 2022, there were 6 families who participated in District Council discussions along with a variety of other stakeholders (the numbers vary per district and per meeting).

6.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.

7.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 and the grant leaders have pulled together community stakeholders (i.e., referral sources and programs) to discuss the structure of AEIS, its goals and priorities, and to gather input into strategies for ensuring appropriate referrals. The initial pilot site included 4 counties in southeast Alabama. Within this site, there were 8 individuals invited to participate in the stakeholder group. The model developed through this pilot will be scaled up statewide.

In general, the ICC, subcommittees and other stakeholder groups provide ongoing guidance and decision-making into system initiatives and infrastructure improvements such as setting APR targets, proposing SSIP activities, developing strategies for improving child outcomes, suggesting training initiatives, and revising monitoring procedures. 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.

The mechanisms for making stakeholder feedback available to the public include such activities as the dissemination of family survey results to all families and programs statewide, including decisions on target setting, dissemination of the APR and SSIP to stakeholder groups such as the ICC and partnering state agencies, and posting of the APR/SSIP, family survey results, program profiles, policies/procedures, personnel standards, and CSPD plan on the website.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	4,355
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Total number of infants and toddlers with IFSPs	4,367

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
4,355	4,367	99.85%	99.10%	99.73%	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 2022, broad stakeholder input was gathered for setting new baselines and targets for Indicator 3, evaluating SSIP results to develop new state activities, revising the general supervision/monitoring system, revising the family survey process, and initiating and monitoring a cost study to streamline funding mechanisms for EI service delivery. Input was gathered using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Examples of the involvement of stakeholders are as follows:

1. At each ICC meeting, system updates are provided, and feedback is solicited/received. For example, during the year, 70 ICC members and stakeholders participated quarterly in ICC activities including discussions of baselines, targets, current data and SSIP activities/initiatives. In addition, ICC members provided suggestions and strategies in surveying families to increase the response rate, made suggestions to consider when making decisions based on the AEIS rate study results, provided input into strategies to address 3rd party and Medicaid billing issues, and offered suggestions on agency to agency collaboration in terms of training and family support. During the December 2023 meeting, ICC members approved the submission of the FFY 2022 SPP/APR in February 2024.

2. During FFY 2022, ICC subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness discussed system initiatives, including SSIP activities, baseline, and targets for Indicator 3. The Public Awareness subcommittee, with 15 parent and provider members, 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. As a result of this discussion, AEIS district councils and programs were able to target those underserved counties during the statewide PA initiative. In addition, with stakeholder input, AEIS completed the development of a new Public Awareness Campaign which included an overall rebranding, new print and media materials, new posts on social media, billboards and a new dedicated AEIS website to provide broader access to information related to AEIS. These new resources were and continue to be shared with referral sources statewide.

The Personnel Subcommittee, with 25 parent and provider members, developed criteria for monitoring the use of evidence-based practices with fidelity, i.e., the Routines-Based Model, by establishing standards for service coordinators and service providers to achieve before delivering services. In addition, they helped develop new strategies for approving applicants to be service coordinators in the system.

The Program, Planning and Evaluation Subcommittee, with 15 parent and provider members, provided feedback and suggestions on the development of the new AEIS Handbook for providers, families, and other interested parties. In addition, they provided input on the revision of the IFSP and the Service Coordinator Handbook.

The Financial Planning Subcommittee, with 15 parent and provider members, focused on the rate study and provided input/data for its implementation.

The Public Awareness Subcommittee, with 17 parent and provider members, focused on the rebranding of the public awareness campaign and the targeting of areas of the state with low referrals and underserved populations.

3. The quarterly BLOCKS newsletter routinely disseminates information to stakeholders statewide and requests input on such topics as improvement activities, child progress strategies, family involvement, proposed changes to procedures such as general supervision/monitoring, service coordinator handbook, changes to the AEIS Personnel Standards, and financial planning. In FFY 2022, 110 stakeholders received BLOCKS quarterly and, in turn, shared it with additional families.

4. A diversity of families were involved in the ongoing feedback process through participation in interviews to address the implementation of evidence-based practice, the achievement of child outcomes, the ability to help their child develop, the ability to participate on the team, and the achievement of family outcomes. Routinely, through this interview process, family input is gathered as to system infrastructure, methods for improvement, and training/resources needed by families. In FFY 2023, a new family survey was developed to increase diversity of stakeholders who are representative of the state demographics (e.g., race/ethnicity, child age, and primary language spoken in the home) by surveying all families served in AEIS, rather than a random sample, and diving deeper into the use of the Routines-Based Model and the COS process. In FFY 2022, the following demographics were represented in the interviews which were determined to be representative of the AEIS population (sample = 201):

American Indian/Alaska = .5%
Asian = .5%
Black = 35.3%
White = 54.2%
Hispanic/Latino = 6%

PRIMARY LANGUAGE
ENGLISH = 94.5%

5. The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level, 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 statewide initiatives. During FFY 2022, there were 6 families who participated in District Council discussions along with a variety of other stakeholders (the numbers vary per district and per meeting).

6. 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.

7. 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 and the grant leaders have pulled together community stakeholders (i.e., referral sources and programs) to discuss the

structure of AEIS, its goals and priorities, and to gather input into strategies for ensuring appropriate referrals. The initial pilot site included 4 counties in southeast Alabama. Within this site, there were 8 individuals invited to participate in the stakeholder group. The model developed through this pilot will be scaled up statewide.

In general, the ICC, subcommittees and other stakeholder groups provide ongoing guidance and decision-making into system initiatives and infrastructure improvements such as setting APR targets, proposing SSIP activities, developing strategies for improving child outcomes, suggesting training initiatives, and revising monitoring procedures. 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.

The mechanisms for making stakeholder feedback available to the public include such activities as the dissemination of family survey results to all families and programs statewide, including decisions on target setting, dissemination of the APR and SSIP to stakeholder groups such as the ICC and partnering state agencies, and posting of the APR/SSIP, family survey results, program profiles, policies/procedures, personnel standards, and CSPD plan on the website.

Historical Data

Outcome	Baseline	FFY	2017	2018	2019	2020	2021
A1	2021	Target>=	71.50%	71.60%	71.70%	72.09%	81.45%
A1	81.45%	Data	79.09%	78.64%	80.68%	81.72%	81.45%
A2	2021	Target>=	73.40%	73.50%	73.60%	73.60%	50.90%
A2	50.90%	Data	62.85%	59.13%	55.29%	50.81%	50.93%
B1	2021	Target>=	80.00%	80.10%	80.20%	80.59%	85.57%
B1	85.57%	Data	84.09%	83.54%	85.68%	86.69%	85.57%
B2	2021	Target>=	57.00%	57.10%	57.20%	57.20%	40.96%
B2	40.96%	Data	51.12%	48.92%	44.17%	40.61%	40.96%
C1	2021	Target>=	80.50%	80.60%	80.70%	81.09%	83.86%
C1	83.86%	Data	81.91%	82.12%	83.16%	83.78%	83.86%
C2	2021	Target>=	75.20%	75.30%	75.40%	75.40%	49.20%
C2	49.20%	Data	60.91%	58.95%	54.89%	49.33%	49.24%

Targets

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

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	52	1.62%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	417	12.96%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,099	34.16%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,222	37.99%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	427	13.27%

Outcome A	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,321	2,790	81.45%	82.00%	83.19%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	1,649	3,217	50.93%	51.00%	51.26%	Met target	No Slippage

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	53	1.65%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	350	10.88%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,451	45.10%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,240	38.55%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	123	3.82%

Outcome B	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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	2,691	3,094	85.57%	86.00%	86.97%	Met target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	1,363	3,217	40.96%	41.10%	42.37%	Met target	No Slippage

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	50	1.55%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	399	12.40%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,142	35.50%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,342	41.72%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	284	8.83%

Outcome C	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
C1. Of those children who entered or exited the program	2,484	2,933	83.86%	84.00%	84.69%	Met target	No Slippage

Outcome C	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
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							
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	1,626	3,217	49.24%	49.30%	50.54%	Met target	No Slippage

FFY 2022 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	4,276
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.	1,059
Number of infants and toddlers with IFSPs assessed	3,217

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

Documentation used in gathering data:
Parent Observation of child in home/natural environment
Service Provider Notes from service delivery visits and documentation of progress
Concerns/Outcomes identified on IFSP reviews
EI provider(s) observations or progress notes
Non-EI service provider observations such as child care provider
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:
Parent report during IFSP meetings and 6 month reviews
Parent report in conducting assessment(s)
Voluntary Family Assessment (Routines-Based Interview)

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

Data Source

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

Measurement

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

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

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race/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	2017	2018	2019	2020	2021
A	2006	Target>=	99.00%	99.10%	99.20%	99.21%	99.22%
A	94.50%	Data	99.21%	98.92%	99.10%	98.70%	96.28%
B	2006	Target>=	95.50%	95.60%	95.70%	95.71%	95.72%
B	95.40%	Data	95.32%	95.35%	98.65%	94.30%	96.45%
C	2006	Target>=	98.90%	99.00%	99.10%	99.11%	99.12%
C	98.00%	Data	98.79%	99.09%	99.09%	95.60%	95.98%

Targets

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

Targets: Description of Stakeholder Input

During FFY 2022, broad stakeholder input was gathered for setting new baselines and targets for Indicator 3, evaluating SSIP results to develop new state activities, revising the general supervision/monitoring system, revising the family survey process, and initiating and monitoring a cost study to streamline funding mechanisms for EI service delivery. Input was gathered using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Examples of the involvement of stakeholders are as follows:

1. At each ICC meeting, system updates are provided, and feedback is solicited/received. For example, during the year, 70 ICC members and stakeholders participated quarterly in ICC activities including discussions of baselines, targets, current data and SSIP activities/initiatives. In addition, ICC members provided suggestions and strategies in surveying families to increase the response rate, made suggestions to consider when making decisions based on the AEIS rate study results, provided input into strategies to address 3rd party and Medicaid billing issues, and offered suggestions on agency to agency collaboration in terms of training and family support. During the December 2023 meeting, ICC members approved the submission of the FFY 2022 SPP/APR in February 2024.

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ENGLISH = 94.5%

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The mechanisms for making stakeholder feedback available to the public include such activities as the dissemination of family survey results to all families and programs statewide, including decisions on target setting, dissemination of the APR and SSIP to stakeholder groups such as the ICC and partnering state agencies, and posting of the APR/SSIP, family survey results, program profiles, policies/procedures, personnel standards, and CSPD plan on the website.

FFY 2022 SPP/APR Data

The number of families to whom surveys were distributed	489
Number of respondent families participating in Part C	216
Survey Response Rate	44.17%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	198
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	201
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	190
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	197
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	196
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	201

Measure	FFY 2021 Data	FFY 2022 Target	FFY 2022 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)	96.28%	99.23%	98.51%	Did not meet target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	96.45%	95.73%	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)	95.98%	99.13%	97.51%	Did not meet target	No Slippage

Sampling Question	Yes / No
Was sampling used?	YES
If yes, has your previously approved sampling plan changed?	NO

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 2022, 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 2022, demographics from the sample were representative of the demographics of the overall AEIS population (i.e., +/- 3 percentage points).

Question	Yes / No
Was a collection tool used?	YES

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

Response Rate

FFY	2021	2022
Survey Response Rate	36.66%	44.17%

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

The metric used by AEIS was +/-3 percentage points. This metric was selected based on the OSEP example stated above.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State. States must include race/ethnicity in their analysis. In addition, the State's analysis must include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another category approved through the stakeholder input process.

Results data indicate full representativeness of all demographic groups as measured using the metric of +/- 3 percentage points. Results were as follows:

American Indian/Alaska Native: Population served = .16%; survey respondents = .5%; difference +.3%
Asian: Population served = 1.1%; survey respondents = .5%; difference -.6%
African American: served = 34%; survey respondents = 35%; difference +1%
Hispanic/Latino: served = 6.8%; survey respondents = 6.0%; difference -.8%
White: served = 53%; survey respondents = 54.2%; difference +1.2%
Primary language spoken in the home: Population served = 94.9% English and 5.1% other; survey respondents = 94.5% English and 4.5% other; difference -.4% English and -.6% Other

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

YES

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

The response rate for FFY 2022 exceeded the rate from FFY 2021. In FFY 2022, the response rate was 44%, whereas in FFY 2021, the response rate was 33%. Beginning in FFY 2023, the survey process will be revised to include all families served within FFY 2023. Strategic emphasis will be placed on the importance of responding to the survey by service coordinators, including the reasons for the survey and how the information will be used. It is anticipated that this strategy will further increase the number of responses, the response rate, and maintain representativeness of demographic groups.

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

The AEIS external evaluators, Southeast Research, conducted an analysis of the demographics (race and ethnicity) of the sample population compared to the survey respondents. These data were analyzed to determine representativeness of respondents regarding race and ethnicity, and to identify if there was response bias. Data analysis revealed no response bias. The data were as follows:

White: Sample = 59%; Respondents = 54%
Black: Sample = 33%; Respondents = 35%
Hispanic: Sample = 4%; Respondents = 6%
Asian: Sample = 1%; Respondents = .5%
American Indian: Sample = .2%; Respondents = .5%

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

None

4 - OSEP Response

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the 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	2017	2018	2019	2020	2021
Target >=	0.63%	0.64%	0.65%	0.68%	0.71%
Data	0.72%	0.69%	0.74%	0.83%	0.79%

Targets

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

Targets: Description of Stakeholder Input

During FFY 2022, broad stakeholder input was gathered for setting new baselines and targets for Indicator 3, evaluating SSIP results to develop new state activities, revising the general supervision/monitoring system, revising the family survey process, and initiating and monitoring a cost study to streamline funding mechanisms for EI service delivery. Input was gathered using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Examples of the involvement of stakeholders are as follows:

1. At each ICC meeting, system updates are provided, and feedback is solicited/received. For example, during the year, 70 ICC members and stakeholders participated quarterly in ICC activities including discussions of baselines, targets, current data and SSIP activities/initiatives. In addition, ICC members provided suggestions and strategies in surveying families to increase the response rate, made suggestions to consider when making decisions based on the AEIS rate study results, provided input into strategies to address 3rd party and Medicaid billing issues, and offered suggestions on agency to agency collaboration in terms of training and family support. During the December 2023 meeting, ICC members approved the submission of the FFY 2022 SPP/APR in February 2024.

2. During FFY 2022, ICC subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness discussed system initiatives, including SSIP activities, baseline, and targets for Indicator 3. The Public Awareness subcommittee, with 15 parent and provider members, 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. As a result of this discussion, AEIS district councils and programs were able to target those underserved counties during the statewide PA initiative. In addition, with stakeholder input, AEIS completed the development of a new Public Awareness Campaign which included an overall rebranding, new print and media materials, new posts on social media, billboards and a new dedicated AEIS website to provide broader access to information related to AEIS. These new resources were and continue to be shared with referral sources statewide.

The Personnel Subcommittee, with 25 parent and provider members, developed criteria for monitoring the use of evidence-based practices with fidelity, i.e., the Routines-Based Model, by establishing standards for service coordinators and service providers to achieve before delivering services. In addition, they helped develop new strategies for approving applicants to be service coordinators in the system.

The Program, Planning and Evaluation Subcommittee, with 15 parent and provider members, provided feedback and suggestions on the development of the new AEIS Handbook for providers, families, and other interested parties. In addition, they provided input on the revision of the IFSP and the Service Coordinator Handbook.

The Financial Planning Subcommittee, with 15 parent and provider members, focused on the rate study and provided input/data for its implementation.

The Public Awareness Subcommittee, with 17 parent and provider members, focused on the rebranding of the public awareness campaign and the targeting of areas of the state with low referrals and underserved populations.

3. The quarterly BLOCKS newsletter routinely disseminates information to stakeholders statewide and requests input on such topics as improvement activities, child progress strategies, family involvement, proposed changes to procedures such as general supervision/monitoring, service coordinator handbook, changes to the AEIS Personnel Standards, and financial planning. In FFY 2022, 110 stakeholders received BLOCKS quarterly and, in turn, shared it with additional families.

4. A diversity of families were involved in the ongoing feedback process through participation in interviews to address the implementation of evidence-based practice, the achievement of child outcomes, the ability to help their child develop, the ability to participate on the team, and the achievement of family outcomes. Routinely, through this interview process, family input is gathered as to system infrastructure, methods for improvement, and training/resources needed by families. In FFY 2023, a new family survey was developed to increase diversity of stakeholders who are representative of the state demographics (e.g., race/ethnicity, child age, and primary language spoken in the home) by surveying all families served in AEIS, rather than a random sample, and diving deeper into the use of the Routines-Based Model and the COS process. In FFY 2022, the following demographics were represented in the interviews which were determined to be representative of the AEIS population (sample = 201):

American Indian/Alaska = .5%
Asian = .5%
Black = 35.3%
White = 54.2%
Hispanic/Latino = 6%

PRIMARY LANGUAGE
ENGLISH = 94.5%

5.The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level, 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 statewide initiatives. During FFY 2022, there were 6 families who participated in District Council discussions along with a variety of other stakeholders (the numbers vary per district and per meeting).

6.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.

7.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 and the grant leaders have pulled together community stakeholders (i.e., referral sources and programs) to discuss the structure of AEIS, its goals and priorities, and to gather input into strategies for ensuring appropriate referrals. The initial pilot site included 4 counties in southeast Alabama. Within this site, there were 8 individuals invited to participate in the stakeholder group. The model developed through this pilot will be scaled up statewide.

In general, the ICC, subcommittees and other stakeholder groups provide ongoing guidance and decision-making into system initiatives and infrastructure improvements such as setting APR targets, proposing SSIP activities, developing strategies for improving child outcomes, suggesting training initiatives, and revising monitoring procedures. 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.

The mechanisms for making stakeholder feedback available to the public include such activities as the dissemination of family survey results to all families and programs statewide, including decisions on target setting, dissemination of the APR and SSIP to stakeholder groups such as the ICC and partnering state agencies, and posting of the APR/SSIP, family survey results, program profiles, policies/procedures, personnel standards, and CSPD plan on the website.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 1 with IFSPs	409
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	06/20/2023	Population of infants and toddlers birth to 1	57,882

FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
409	57,882	0.79%	0.74%	0.71%	Did not meet target	No Slippage

Provide additional information about this indicator (optional)

The percentage of referrals by demographics compared to the overall population served were relatively consistent. Of note are the percentages of referrals compared to percentage served for the American Indian/Alaskan native, Hispanic/Latino, and Native Hawaiian/Pacific Islander populations. The data are as follows:

American Indian/Alaskan native: .16% served; .24% referred
Hispanic/Latino: 6.8% served; 8.1% referred
Native Hawaiian/Pacific Islander: .07% served; .23% referred

These data reflect positive child find results within the underserved population, indicating the effectiveness of the enhanced public awareness initiative.

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	2017	2018	2019	2020	2021
Target >=	1.77%	1.78%	1.79%	1.86%	1.93%
Data	2.06%	2.08%	2.20%	2.03%	2.33%

Targets

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

Targets: Description of Stakeholder Input

During FFY 2022, broad stakeholder input was gathered for setting new baselines and targets for Indicator 3, evaluating SSIP results to develop new state activities, revising the general supervision/monitoring system, revising the family survey process, and initiating and monitoring a cost study to streamline funding mechanisms for EI service delivery. Input was gathered using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Examples of the involvement of stakeholders are as follows:

1. At each ICC meeting, system updates are provided, and feedback is solicited/received. For example, during the year, 70 ICC members and stakeholders participated quarterly in ICC activities including discussions of baselines, targets, current data and SSIP activities/initiatives. In addition, ICC members provided suggestions and strategies in surveying families to increase the response rate, made suggestions to consider when making decisions based on the AEIS rate study results, provided input into strategies to address 3rd party and Medicaid billing issues, and offered suggestions on agency to agency collaboration in terms of training and family support. During the December 2023 meeting, ICC members approved the submission of the FFY 2022 SPP/APR in February 2024.

2. During FFY 2022, ICC subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness discussed system initiatives, including SSIP activities, baseline, and targets for Indicator 3. The Public Awareness subcommittee, with 15 parent and provider members, 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. As a result of this discussion, AEIS district councils and programs were able to target those underserved counties during the statewide PA initiative. In addition, with stakeholder input, AEIS completed the development of a new Public Awareness Campaign which included an overall rebranding, new print and media materials, new posts on social media, billboards and a new dedicated AEIS website to provide broader access to information related to AEIS. These new resources were and continue to be shared with referral sources statewide.

The Personnel Subcommittee, with 25 parent and provider members, developed criteria for monitoring the use of evidence-based practices with fidelity, i.e., the Routines-Based Model, by establishing standards for service coordinators and service providers to achieve before delivering services. In addition, they helped develop new strategies for approving applicants to be service coordinators in the system.

The Program, Planning and Evaluation Subcommittee, with 15 parent and provider members, provided feedback and suggestions on the development of the new AEIS Handbook for providers, families, and other interested parties. In addition, they provided input on the revision of the IFSP and the Service Coordinator Handbook.

The Financial Planning Subcommittee, with 15 parent and provider members, focused on the rate study and provided input/data for its implementation.

The Public Awareness Subcommittee, with 17 parent and provider members, focused on the rebranding of the public awareness campaign and the targeting of areas of the state with low referrals and underserved populations.

3. The quarterly BLOCKS newsletter routinely disseminates information to stakeholders statewide and requests input on such topics as improvement activities, child progress strategies, family involvement, proposed changes to procedures such as general supervision/monitoring, service coordinator

handbook, changes to the AEIS Personnel Standards, and financial planning. In FFY 2022, 110 stakeholders received BLOCKS quarterly and, in turn, shared it with additional families.

4. A diversity of families were involved in the ongoing feedback process through participation in interviews to address the implementation of evidence-based practice, the achievement of child outcomes, the ability to help their child develop, the ability to participate on the team, and the achievement of family outcomes. Routinely, through this interview process, family input is gathered as to system infrastructure, methods for improvement, and training/resources needed by families. In FFY 2023, a new family survey was developed to increase diversity of stakeholders who are representative of the state demographics (e.g., race/ethnicity, child age, and primary language spoken in the home) by surveying all families served in AEIS, rather than a random sample, and diving deeper into the use of the Routines-Based Model and the COS process. In FFY 2022, the following demographics were represented in the interviews which were determined to be representative of the AEIS population (sample = 201):

American Indian/Alaska = .5%
Asian = .5%
Black = 35.3%
White = 54.2%
Hispanic/Latino = 6%

PRIMARY LANGUAGE
ENGLISH = 94.5%

5.The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level, 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 statewide initiatives. During FFY 2022, there were 6 families who participated in District Council discussions along with a variety of other stakeholders (the numbers vary per district and per meeting).

6.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.

7.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 and the grant leaders have pulled together community stakeholders (i.e., referral sources and programs) to discuss the structure of AEIS, its goals and priorities, and to gather input into strategies for ensuring appropriate referrals. The initial pilot site included 4 counties in southeast Alabama. Within this site, there were 8 individuals invited to participate in the stakeholder group. The model developed through this pilot will be scaled up statewide.

In general, the ICC, subcommittees and other stakeholder groups provide ongoing guidance and decision-making into system initiatives and infrastructure improvements such as setting APR targets, proposing SSIP activities, developing strategies for improving child outcomes, suggesting training initiatives, and revising monitoring procedures. 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.

The mechanisms for making stakeholder feedback available to the public include such activities as the dissemination of family survey results to all families and programs statewide, including decisions on target setting, dissemination of the APR and SSIP to stakeholder groups such as the ICC and partnering state agencies, and posting of the APR/SSIP, family survey results, program profiles, policies/procedures, personnel standards, and CSPD plan on the website.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 3 with IFSPs	4,367
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	06/20/2023	Population of infants and toddlers birth to 3	172,409

FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
4,367	172,409	2.33%	2.00%	2.53%	Met target	No Slippage

Provide additional information about this indicator (optional).

The percentage of referrals by demographics compared to the overall population served were relatively consistent. Of note are the percentages of referrals compared to percentage served for the American Indian/Alaskan native, Hispanic/Latino, and Native Hawaiian/Pacific Islander populations. The data are as follows:

American Indian/Alaskan native: .16% served; .24% referred
Hispanic/Latino: 6.8% served; 8.1% referred
Native Hawaiian/Pacific Islander: .07% served; .23% referred

These data reflect positive child find results within the underserved population, indicating the effectiveness of the enhanced public awareness initiative.

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	99.53%	99.26%	100.00%	99.55%	99.58%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
480	516	99.58%	100%	99.03%	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
Personnel shortage
COVID
Lack of providers

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 2021

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 2021 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 in 2 programs for the 45 day timeline (AIDB Birmingham and Marshall Jackson.) All 3 of these findings were verified as corrected within one year and were correctly implementing the regulatory requirements as verified through follow-up record reviews and completion of the assigned action plan. The monitoring team reviewed the reasons for the 3 findings of noncompliance and determined that they were service coordinator issues that were not systemic in nature.

AIDB Birmingham's initial 2 findings were made on 6/8/22. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/24/23.

Marshall Jackson's initial 1 finding was made on 3/10/22. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 9/8/22.

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

AEIS issued a total of 3 findings in 2 programs (AIDB Birmingham and Marshall Jackson.) 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 reviews. Each individual record of noncompliance was reviewed to ensure that the IFSP for the individual child and family was developed appropriately. These were determined to be individual instances of noncompliance and not a systemic issue. It was determined that each individual case (3 findings) of noncompliance was corrected.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Response to actions required in FFY 2021 SPP/APR

AEIS issued a total of 3 findings to 2 programs (AIDB Birmingham and Marshall Jackson.) 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 reviews. 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 within one year and were correctly implementing the regulatory requirements. Further details are provided in the previous section of this indicator.

7 - OSEP Response

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	96.06%	93.89%	98.65%	89.04%	88.50%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
480	516	88.50%	100%	99.03%	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.

31

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
Personnel shortage
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)

There was a discrepancy in the number of findings reported in the FFY 2021 report as compared to the FFY 2022 report. It has been discovered that, in the FFY 2021 data calculations, there were formula errors in the Excel spreadsheet used to calculate the total number of infants and toddlers who had IFSPs with transition steps and services. Therefore, the data for FFY 2021 should have reflected 19 findings rather than the 33 that were reported. The FFY 2022 data as reported is accurate.

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
19	12	7	0

FFY 2021 Findings of Noncompliance Verified as Corrected

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

AEIS issued a total of 19 findings across 13 programs for timely transition plan (AIDB Auburn, AIDB Birmingham, Arc of Central AL, Community Services Program of West AL (CSP), EI@UA, Marshall Jackson, Twin Acres, UCP East Central, Village, WISE, AIDB Muscle Shoals, United Ability, and UCP Mobile.) Within one year of the findings, 12 of the 19 individual cases were verified as corrected as per additional record reviews, data reviews, and achievement of their action plan. It was subsequently determined that the programs were correctly implementing the regulatory requirements.

For the remaining 7 findings, the individual cases were all verified as corrected, but beyond the one year timeline. All of these programs were required by their action plan to submit samples of records created after the initial monitoring visit until they demonstrated they were correctly implementing the regulatory requirements for this indicator with 100% compliance.

AIDB Auburn's initial 1 finding was made on 11/4/21. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 5/5/22.

AIDB Birmingham's initial 2 findings were made on 12/16/21. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 6/8/22.

Arc of Central AL's initial 1 finding was made on 8/10/21. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 3/24/22.

CSP's initial 1 finding was made on 4/26/22. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/10/23.

EI@UA's initial 2 findings were made on 9/16/21. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 4/6/22.

Marshall Jackson's initial 1 finding was made on 3/10/22. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/10/23.

Twin Acres' initial 1 finding was made on 8/11/21. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 5/13/22.

UCP East Central's initial 1 finding was made on 3/4/22. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/11/23.

Village's initial 1 finding was made on 1/10/22. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 12/15/22.

WISE's initial 1 finding was made on 5/26/22. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 11/29/22.

AIDB Muscle Shoals' initial 1 finding was made on 12/14/21. Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 2/6/23.

United Ability's initial 3 findings were made on 11/9/21 (1) and 6/23/22 (2). Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/19/23.

UCP Mobile's initial 3 findings were made on 10/26/21 (1) and 4/21/22 (2). Their action plan required them to submit samples of records completed following the monitoring visit until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved 1/25/23.

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

AEIS issued a total of 19 findings across 13 programs (AIDB Auburn, AIDB Birmingham, Arc of Central AL, Community Services Program of West AL (CSP), EI@UA, Marshall Jackson, Twin Acres, UCP East Central, Village, WISE, AIDB Muscle Shoals, United Ability, and UCP Mobile.) Within one year of the findings, 12 of the 19 individual cases were verified as corrected as per additional record reviews, data reviews, and achievement of their action plan. 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 monitoring review (transition plan written, although late) or they were issued an action plan that included assurances that the program would address the issue and subsequently meet regulatory requirements. For the remaining 7 findings, the individual cases were all verified as corrected, but beyond the one year timeline. Verification of correction of each instance of noncompliance was conducted through monitoring based on a review of updated data and records. Each individual instance of noncompliance as reviewed by the monitoring team was determined to have been addressed by the programs.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Response to actions required in FFY 2021 SPP/APR

AEIS issued a total of 19 findings across 13 programs (AIDB Auburn, AIDB Birmingham, Arc of Central AL, Community Services Program of West AL (CSP), EI@UA, Marshall Jackson, Twin Acres, UCP East Central, Village, WISE, AIDB Muscle Shoals, United Ability, and UCP Mobile.) All of these individual cases of noncompliance were verified as corrected within one year based on follow-up record reviews. 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 monitoring review (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. Further details are provided in the previous section of this indicator.

8A - OSEP Response

8A - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	96.95%	92.16%	95.71%	87.82%	98.79%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
284	331	98.79%	100%	97.93%	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.

41

Provide reasons for delay, if applicable.

Service Coordinator miscalculation of transition timeline
Personnel shortage

Describe the method used to collect these data.

All AEIS programs are required to participate in an annual monitoring review. 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. 100% of the data obtained through the monitoring process, for all programs, is used in determining compliance and in APR reporting.

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).

There was a discrepancy in the number of findings reported in the FFY 2021 report as compared to the FFY 2022 report. It has been discovered that, in the FFY 2021 data calculations, there were formula errors in the Excel spreadsheet used to calculate the 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. Therefore, the data for FFY 2021 should have reflected 2 findings rather than the 3 that were reported. The FFY 2022 data as reported is accurate

Correction of Findings of Noncompliance Identified in FFY 2021

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

FFY 2021 Findings of Noncompliance Verified as Corrected

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

AEIS issued a total of 2 findings from 2 programs (Arc of Walker Co and AIDB Muscle Shoals.)

Within 1 year of their 1 finding, Arc of Walker County corrected the individual case (submitted notification to the LEA, although late) and demonstrated that they were correctly implementing the regulatory requirements through additional record reviews. Their initial finding was made on 12/13/21. Correction was achieved on 6/14/22.

Within one year of their 1 finding, AIDB Muscle Shoals was unable to demonstrate they were correctly implementing regulatory requirements. Their initial 1 finding was made on 12/14/21. Their action plan required them to submit documentation that the notification to the LEA had been sent. This was achieved 2/6/23.

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

AEIS issued a total of 2 findings from 2 programs for notification to the LEA (Arc of Walker Co and AIDB Muscle Shoals.) One of these individual cases of noncompliance was verified as corrected within one year (i.e., the notification had been sent within the year, but was late). The other individual case of

noncompliance was subsequently corrected (the notification was sent to the LEA), but was beyond the 1 year timeline. These were determined to be individual instances of noncompliance and not a systemic issue. Each program that had findings of noncompliance was issued an action plan that included assurances that the program was correctly implementing the regulatory requirements and that the individual cases of noncompliance were corrected. 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 and follow-up monitoring visit.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Response to actions required in FFY 2021 SPP/APR

AEIS issued a total of 2 findings from 2 programs (Arc of Walker Co and AIDB Muscle Shoals.) Both 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.

8B - OSEP Response

8B - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), 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	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	98.98%	100.00%	100.00%	97.42%	100.00%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
289	290	100.00%	100%	99.66%	Did not meet 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.

AEIS determined that there was one delay in conducting the transition conference which was due to personnel shortage. A new service coordinator was hired and completed the conference with the family and the LEA, 1 day past the due date.

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 2021

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

Correction of Findings of Noncompliance Identified Prior to FFY 2021

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

8C - Prior FFY Required Actions

None

8C - OSEP Response

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

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 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/15/2023	3.1 Number of resolution sessions	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/15/2023	3.1(a) Number resolution sessions resolved through settlement agreements	0

Targets: Description of Stakeholder Input

During FFY 2022, broad stakeholder input was gathered for setting new baselines and targets for Indicator 3, evaluating SSIP results to develop new state activities, revising the general supervision/monitoring system, revising the family survey process, and initiating and monitoring a cost study to streamline funding mechanisms for EI service delivery. Input was gathered using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Examples of the involvement of stakeholders are as follows:

1. At each ICC meeting, system updates are provided, and feedback is solicited/received. For example, during the year, 70 ICC members and stakeholders participated quarterly in ICC activities including discussions of baselines, targets, current data and SSIP activities/initiatives. In addition, ICC members provided suggestions and strategies in surveying families to increase the response rate, made suggestions to consider when making decisions based on the AEIS rate study results, provided input into strategies to address 3rd party and Medicaid billing issues, and offered suggestions on agency to agency collaboration in terms of training and family support. During the December 2023 meeting, ICC members approved the submission of the FFY 2022 SPP/APR in February 2024.

2. During FFY 2022, ICC subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness discussed system initiatives, including SSIP activities, baseline, and targets for Indicator 3. The Public Awareness subcommittee, with 15 parent and provider members, 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. As a result of this discussion, AEIS district councils and programs were able to target those underserved counties during the statewide PA initiative. In addition, with stakeholder input, AEIS completed the development of a new Public Awareness Campaign which included an overall rebranding, new print and media materials, new posts on social media, billboards and a new dedicated AEIS website to provide broader access to information related to AEIS. These new resources were and continue to be shared with referral sources statewide.

The Personnel Subcommittee, with 25 parent and provider members, developed criteria for monitoring the use of evidence-based practices with fidelity, i.e., the Routines-Based Model, by establishing standards for service coordinators and service providers to achieve before delivering services. In addition, they helped develop new strategies for approving applicants to be service coordinators in the system.

The Program, Planning and Evaluation Subcommittee, with 15 parent and provider members, provided feedback and suggestions on the development of the new AEIS Handbook for providers, families, and other interested parties. In addition, they provided input on the revision of the IFSP and the Service Coordinator Handbook.

The Financial Planning Subcommittee, with 15 parent and provider members, focused on the rate study and provided input/data for its implementation.

The Public Awareness Subcommittee, with 17 parent and provider members, focused on the rebranding of the public awareness campaign and the targeting of areas of the state with low referrals and underserved populations.

3. The quarterly BLOCKS newsletter routinely disseminates information to stakeholders statewide and requests input on such topics as improvement activities, child progress strategies, family involvement, proposed changes to procedures such as general supervision/monitoring, service coordinator handbook, changes to the AEIS Personnel Standards, and financial planning. In FFY 2022, 110 stakeholders received BLOCKS quarterly and, in turn, shared it with additional families.

4. A diversity of families were involved in the ongoing feedback process through participation in interviews to address the implementation of evidence-based practice, the achievement of child outcomes, the ability to help their child develop, the ability to participate on the team, and the achievement of family outcomes. Routinely, through this interview process, family input is gathered as to system infrastructure, methods for improvement, and training/resources needed by families. In FFY 2023, a new family survey was developed to increase diversity of stakeholders who are representative of the state demographics (e.g., race/ethnicity, child age, and primary language spoken in the home) by surveying all families served in AEIS, rather than a random sample, and diving deeper into the use of the Routines-Based Model and the COS process. In FFY 2022, the following demographics were represented in the interviews which were determined to be representative of the AEIS population (sample = 201):

American Indian/Alaska = .5%
Asian = .5%
Black = 35.3%
White = 54.2%
Hispanic/Latino = 6%

PRIMARY LANGUAGE
ENGLISH = 94.5%

5.The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level, 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 statewide initiatives. During FFY 2022, there were 6 families who participated in District Council discussions along with a variety of other stakeholders (the numbers vary per district and per meeting).

6.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.

7.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 and the grant leaders have pulled together community stakeholders (i.e., referral sources and programs) to discuss the structure of AEIS, its goals and priorities, and to gather input into strategies for ensuring appropriate referrals. The initial pilot site included 4 counties in southeast Alabama. Within this site, there were 8 individuals invited to participate in the stakeholder group. The model developed through this pilot will be scaled up statewide.

In general, the ICC, subcommittees and other stakeholder groups provide ongoing guidance and decision-making into system initiatives and infrastructure improvements such as setting APR targets, proposing SSIP activities, developing strategies for improving child outcomes, suggesting training initiatives, and revising monitoring procedures. 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.

The mechanisms for making stakeholder feedback available to the public include such activities as the dissemination of family survey results to all families and programs statewide, including decisions on target setting, dissemination of the APR and SSIP to stakeholder groups such as the ICC and partnering state agencies, and posting of the APR/SSIP, family survey results, program profiles, policies/procedures, personnel standards, and CSPD plan on the website.

Historical Data

Baseline Year	Baseline Data

FFY	2017	2018	2019	2020	2021
Target>=				.00%	
Data					

Targets

FFY	2022	2023	2024	2025
Target>=				

FFY 2022 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
0	0				N/A	N/A

Provide additional information about this indicator (optional)

States are not required to establish baseline or targets if the number of resolution sessions is less than 10.

9 - Prior FFY Required Actions

None

9 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2022. 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 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 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1 Mediations held	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.a.i Mediations agreements related to due process complaints	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

During FFY 2022, broad stakeholder input was gathered for setting new baselines and targets for Indicator 3, evaluating SSIP results to develop new state activities, revising the general supervision/monitoring system, revising the family survey process, and initiating and monitoring a cost study to streamline funding mechanisms for EI service delivery. Input was gathered using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Examples of the involvement of stakeholders are as follows:

1. At each ICC meeting, system updates are provided, and feedback is solicited/received. For example, during the year, 70 ICC members and stakeholders participated quarterly in ICC activities including discussions of baselines, targets, current data and SSIP activities/initiatives. In addition, ICC members provided suggestions and strategies in surveying families to increase the response rate, made suggestions to consider when making decisions based on the AEIS rate study results, provided input into strategies to address 3rd party and Medicaid billing issues, and offered suggestions on agency to agency collaboration in terms of training and family support. During the December 2023 meeting, ICC members approved the submission of the FFY 2022 SPP/APR in February 2024.

2. During FFY 2022, ICC subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness discussed system initiatives, including SSIP activities, baseline, and targets for Indicator 3. The Public Awareness subcommittee, with 15 parent and provider members, 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. As a result of this discussion, AEIS district councils and programs were able to target those underserved counties during the statewide PA initiative. In addition, with stakeholder input, AEIS completed the development of a new Public Awareness Campaign which included an overall rebranding, new print and media materials, new posts on social media, billboards and a new dedicated AEIS website to provide broader access to information related to AEIS. These new resources were and continue to be shared with referral sources statewide.

The Personnel Subcommittee, with 25 parent and provider members, developed criteria for monitoring the use of evidence-based practices with fidelity, i.e., the Routines-Based Model, by establishing standards for service coordinators and service providers to achieve before delivering services. In addition, they helped develop new strategies for approving applicants to be service coordinators in the system.

The Program, Planning and Evaluation Subcommittee, with 15 parent and provider members, provided feedback and suggestions on the development of the new AEIS Handbook for providers, families, and other interested parties. In addition, they provided input on the revision of the IFSP and the Service Coordinator Handbook.

The Financial Planning Subcommittee, with 15 parent and provider members, focused on the rate study and provided input/data for its implementation.

The Public Awareness Subcommittee, with 17 parent and provider members, focused on the rebranding of the public awareness campaign and the

targeting of areas of the state with low referrals and underserved populations.

3. The quarterly BLOCKS newsletter routinely disseminates information to stakeholders statewide and requests input on such topics as improvement activities, child progress strategies, family involvement, proposed changes to procedures such as general supervision/monitoring, service coordinator handbook, changes to the AEIS Personnel Standards, and financial planning. In FFY 2022, 110 stakeholders received BLOCKS quarterly and, in turn, shared it with additional families.

4. A diversity of families were involved in the ongoing feedback process through participation in interviews to address the implementation of evidence-based practice, the achievement of child outcomes, the ability to help their child develop, the ability to participate on the team, and the achievement of family outcomes. Routinely, through this interview process, family input is gathered as to system infrastructure, methods for improvement, and training/resources needed by families. In FFY 2023, a new family survey was developed to increase diversity of stakeholders who are representative of the state demographics (e.g., race/ethnicity, child age, and primary language spoken in the home) by surveying all families served in AEIS, rather than a random sample, and diving deeper into the use of the Routines-Based Model and the COS process. In FFY 2022, the following demographics were represented in the interviews which were determined to be representative of the AEIS population (sample = 201):

American Indian/Alaska = .5%
Asian = .5%
Black = 35.3%
White = 54.2%
Hispanic/Latino = 6%

PRIMARY LANGUAGE
ENGLISH = 94.5%

5.The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level, 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 statewide initiatives. During FFY 2022, there were 6 families who participated in District Council discussions along with a variety of other stakeholders (the numbers vary per district and per meeting).

6.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.

7.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 and the grant leaders have pulled together community stakeholders (i.e., referral sources and programs) to discuss the structure of AEIS, its goals and priorities, and to gather input into strategies for ensuring appropriate referrals. The initial pilot site included 4 counties in southeast Alabama. Within this site, there were 8 individuals invited to participate in the stakeholder group. The model developed through this pilot will be scaled up statewide.

In general, the ICC, subcommittees and other stakeholder groups provide ongoing guidance and decision-making into system initiatives and infrastructure improvements such as setting APR targets, proposing SSIP activities, developing strategies for improving child outcomes, suggesting training initiatives, and revising monitoring procedures. 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.

The mechanisms for making stakeholder feedback available to the public include such activities as the dissemination of family survey results to all families and programs statewide, including decisions on target setting, dissemination of the APR and SSIP to stakeholder groups such as the ICC and partnering state agencies, and posting of the APR/SSIP, family survey results, program profiles, policies/procedures, personnel standards, and CSPD plan on the website.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2017	2018	2019	2020	2021
Target>=					
Data					

Targets

FFY	2022	2023	2024	2025
Target>=				

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

States are not required to establish baseline or targets if the number of mediations is less than 10.

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2022. 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 expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A.   Data Analysis

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

B.   Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2023). 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 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2023-June 30, 2024).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (*e.g.,* behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (*e.g.,* progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C.   Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2022 APR, report on activities it intends to implement in FFY 2023, i.e., July 1, 2023-June 30, 2024) 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)?

Substantial progress in social-emotional development (Indicator 3A1)

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)

YES

Please provide a description of the changes and updates to the theory of action.

Changes were based on the updated evaluation plan and included wording revisions, new infrastructure components and enhanced outcomes for families. Revisions included items such as the addition of the new rate study, increased collaboration with partnering agencies for SE support, inclusion of diversity in stakeholder involvement, and development of new recruitment strategies.

Please provide a link to the current theory of action.

www.rehab.alabama.gov/services/ei (under Information for Families and 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	Current Relationship	2022	2023	2024	2025
Target	Data must be greater than or equal to the target	72.87%	73.26%	73.65%	74.04%

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
2,321	2,790	81.45%	72.87%	83.19%	Met target	No Slippage

Provide the data source for the FFY 2022 data.

Child Outcome Summary Process

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

AEIS utilizes the COS process for collecting outcome data, which is entered into the AEIS data system (GIFTS) on all children who have been enrolled in the system for 6 months. Data are collected during the initial IFSP review, the annual review, and upon exit from AEIS. Summary data are analyzed by state, program, and individual child results to determine areas in need of further assistance. State monitors review data on a routine basis to determine the levels of achievement within each program and to offer TA as needed.

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.

www.rehab.alabama.gov/services/ei under the section "Information for Families and 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 progress updates and revised timelines. New indicators include the following:

Short Term
1. Finalize the rate study and implement strategies to assist in streamlining the AEIS financial structure.
2. Update methodology for reporting survey and other input to families and the public

Long Term
1. Recruit more families of diversity to provide stakeholder input.

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 and stakeholders, in consultation with the DaSy Center, that the plan should be updated. New outcomes, evaluation questions, progress and timelines were updated.

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. Rebranded the AEIS Public Awareness campaign including materials, billboards, and a designated website with links to new public awareness videos for dissemination statewide, especially in counties that have low referrals for EI and low percentages of referrals being determined eligible for IFSP development.

Activity B. Continued participation in a 5-year national grant through WestEd, the Collective Impact Model, to enhance child find efforts to promote consistency in screening and referral to AEIS.

Activity C. Continued to utilize the GIFTS data system for programs and state monitors to view and utilize data for program enhancement. A total revamping of the GIFTS data system was initiated to allow for the collection of additional data and for overall improvement in reporting.

Activity D. Gathered family input related to child progress and for infrastructure improvements. Developed a new family survey to be implemented in FFY 2023 to gather more specific data on the three OSEP family outcomes and implementation of evidence-based practices.

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

Activity A. In conjunction with Dr. Robin McWilliam at the University of Alabama, AEIS utilized the Routines-Based Modules (developed by Dr. McWilliam) to provide training and materials on the Routines-Based Model to assist in positive child and family outcomes. All new early intervention providers are required to participate in the modules and achieve 80% competency based on the post-test. For providers who do not achieve 80%, a series of TA activities are provided to assist in achieving competency. If after the TA, the 80% competency level is not achieved, then the providers will no longer meet Personnel Standards and will not be able to provide services to children and families.

Activity B. Provided training by ASD specialists through collaboration with Dr. Angela Barber at Samford University and Dr. Kimberly Tomeny at the University of Alabama on the use of evidence-based practices (i.e., Naturalistic Developmental Behavioral Interventions Model or NDBI) for working with children who have autism. There were 633 professionals who participated in the NDBI training during FFY 2022.

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. With the assistance of the ECTA Center professional advisors, the entire monitoring and general supervision system was revised to monitor all pertinent indicators and establish follow-up actions for noncompliance.

Activity E. Monitored Social-Emotional child outcome results.

Activity F. Provided training on the Child Outcome Summary process for implementation with fidelity. In collaboration with consultants from the ECTA/DaSY centers, all service coordinators throughout the state were required to take the COS-Knowledge Check to determine their level of competency. Service Coordinators who did not pass after the second try were required to take the ECTA COS Modules and then retake the COS-KC. For those who didn't pass after taking the modules, specific technical assistance was provided until they passed. The COS-KC will be embedded in the required introductory training for all new services coordinators with the same actions provided as necessary.

Activity G. In collaboration with the Alabama Department of Mental Health, provided Infant/Early Childhood Mental Health Consultation as a support for providers. A three-tiered approach was implemented for IECMHC: Tier 1 Workforce Capacity Building; Tier 2 Provider Focused Support; Tier 3 Specific Child/Family Related Concerns.

Activity H. Utilized findings from monitoring to identify and provide targeted TA in areas of greatest need.

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

Activity A. Through the WestEd grant, partnerships with community providers were established to assist in the provision of effective screening within referral sites to impact appropriate referrals for EI services. It is the intention of Alabama's Early Intervention System (AEIS) to scale up the model statewide.

Activity B. Collaborated with national TA providers to enhance system development. Collaboration occurred with several TA sites related to general supervision, data collection and financial monitoring. The sites included the ECTA Center, DaSy Center, CIFR and other TA providers.

Activity C. Began development of an inclusionary initiative to ensure that all children and families are identified and served in a supportive manner. AEIS contracted with a consultant to assist in developing an initiative to ensure that providers statewide would have the knowledge and skills to address cultural awareness and involvement of all families in EI. Through this contract, surveys were conducted with 49 providers/stakeholders to gather information on the status of the state system. Training was conducted for 85 providers on the following topics:

1. The Silent Relationship Killer: Unconscious Bias
This facilitator-led learning experience provides knowledge, skills, language, tools, and resources to help identify invisible barriers to success. These barriers, unconscious biases, impede a variety of outcomes, such as problem solving, decision making, conflict resolution, communication, productivity, and engagement.

2. Conversing with Courage
This facilitator-led learning experience provides learners with the opportunity to define the framework for cultural differences and discuss the realities of delivering services for all children and families.

An action plan was developed to assist the state in implementing a system for ensuring the provision of services in underserved populations. The state plan is currently being reviewed for implementation.

Activity D. Developed CSPD linkages with higher education for early intervention instruction. The new public awareness materials and links to EI videos were shared with colleges and universities statewide to request that information related to early intervention as a career option was provided to students. As a result, several universities are exploring the use of early intervention programs as internship sites for students and have requested that presentations be made in the classroom.

Activity E. Collaborated with the Alabama Department of Mental Health in providing Infant/Early Childhood Consultation for AEIS programs.

Activity F. AEIS re-established a partnership with the Alabama PTI to provide awareness and support for families statewide. It is the intention to access early intervention families participating in the PTI activities for providing stakeholder input into AEIS system development as per APR initiatives.

Activity G. Collaborated with CIFR to develop a strong financial foundation for program implementation. In addition, awareness activities were provided to the Alabama legislature in soliciting their support for the funding of AEIS.

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 1: Conduct leadership strategies to support infrastructure improvement and to ensure positive outcomes for children and families.

Outcomes achieved:
AEIS has the capability to reach underserved geographic areas, referral sources and diverse families and acquainting them with the scope of services provided through AEIS. (QUALITY STANDARDS)

AEIS has developed new methods for increasing the % of appropriate referrals to AEIS through participation in the national Collective Impact Model as developed through WestEd. (GOVERNANCE and DATA)

AEIS has a new family survey to determine the level of achievement of OSEP family outcomes and the implementation of evidence-based practices. (DATA)

AEIS has developed reports on the achievement of child outcomes within racial/ethnic groups and counties to target areas of need. (DATA and ACCOUNTABILITY/MONITORING)

These infrastructure strategies have supported systems change by enhancing the capacity to monitor, collect/report data, and develop new initiatives to impact change. The input from family stakeholders through the revised survey will assist in planning and conducting technical assistance and actions for improvement.

Measures Used to Assess Achievement:
Data were collected through the data system on the % of referrals who were eligible. Based on FFY 2022 data, the results were 43%. The percentage identified by a GAO national survey was 53%. Although lower than desired, AEIS anticipates that its percentage will increase after statewide scale-up of the Collective Impact Model.
Data were collected through a family survey which demonstrated the level of achievement in OSEP family outcomes. The outcomes are in the 90%+ range of achievement.
Data were collected on the percentage of referrals coming from historically underserved areas of the state. These data are currently being analyzed for follow-up.
Data were pulled on the achievement of child outcomes by race/ethnicity and county. These data are enabling the implementation of strategies to increase achievement of outcomes in targeted counties, which will impact the SiMR (no discrepancies were noted in comparisons of achievement by race/ethnicity, however there were 12 counties with low achievement needing further exploration and technical assistance).

Achievement of outcomes was communicated to stakeholders, state partners and providers through such venues as meetings, BLOCKS of information quarter publication, and work groups.

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

Outcomes Achieved:
AEIS has the capability to effectively monitor the utilization of evidence-based practices with fidelity. (ACCOUNTABILITY/MONITORING)

AEIS has the capability to identify common areas of noncompliance to provide training, targeted TA and assistance. (PROFESSIONAL DEVELOPMENT and TECHNICAL ASSISTANCE)

AEIS has the capability to analyze and act on SiMR results by geographic region and race/ethnicity and to develop improvement activities. (ACCOUNTABILITY/MONITORING and QUALITY STANDARDS)

Programs have support from ASD specialists to improve services to children on the autism spectrum. (PROFESSIONAL DEVELOPMENT and TECHNICAL ASSISTANCE)

Service Coordinators are evaluated on the implementation of the Child Outcome Summary (COS) process and training/technical assistance activities are provided. (ACCOUNTABILITY/MONITORING, PROFESSIONAL DEVELOPMENT, TECHNICAL ASSISTANCE, and DATA)

AEIS providers have the support of Infant/Early Childhood Mental Health (I/ECMH) consultants to assist in the provision of services for children with mental health issues. (PROFESSIONAL DEVELOPMENT and TECHNICAL ASSISTANCE)

Measures Used to Assess Achievement:
Monitoring activities were used to determine the implementation of the Routines-Based Model with fidelity. Data were collected through onsite visits, file reviews, database entries, and desk audits. During FFY 2022, there were no programs out of compliance for implementation of the RBM.

Monitoring activities were used to identify common areas of noncompliance statewide to be addressed in system-wide training and TA. For FFY 2022, areas identified included: RBI, child and family outcomes, provider notes, and transition.

Utilization of the COS-KC provided data on knowledge and skill in implementing the COS process and the need for further training/technical assistance. There were 193 service coordinators who took the COS-KC with 135 or 69.9% passing on the first try. There were 31 or 16% who passed on the second try. Fifteen or .077 % did not pass and 36 or 14% did not take the test.

Data on the implementation of the Infant/Early Childhood Mental Health Consultation as a support for providers was monitored. During FFY 2022, 20 programs were provided with consultation and training.

These strategies ensure that evidence-based practices are implemented statewide with fidelity and that assistance is provided where needed. Data analysis ensures the monitoring of effectiveness, including the achievement of the SiMR. Based on the data, strategies can be implemented that will impact the sustainability of effective, evidence-based service delivery.

Communication of results were communicated through reports, meetings, BLOCKS of information quarter publication, and public posting of programs achievement.

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

Outcomes Achieved:

Partnerships continued with multiple state and local organizations that helped to enhance referrals, collect ideas, and feedback, and share AEIS' vision statewide. (GOVERNANCE)

Partnerships continued with higher education to enhance pre-service instruction, internships in early intervention sites, and in-service training. (PROFESSIONAL DEVELOPMENT and TECHNICAL ASSISTANCE)

AEIS has a state plan for the inclusion of historically underserved populations and the involvement of additional stakeholders. (QUALITY STANDARDS)

Measures Used to Assess Achievement:

Data were collected on the appropriateness of referrals, i.e., the percentage of referrals resulting in eligibility. Strategies are being developed to increase this percentage.

Contacts were made with 18 additional higher education institutes for early intervention instruction and awareness of EI as a professional opportunity.

The number and type of ongoing partnerships was monitored to determine activity levels and the need for increased involvement. 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), assisted in providing training, technical assistance, project implementation, and internship opportunities for statewide training and support. In addition, DMH, U of A, and AIDB provided direct services to children and families.

Through partnership support, stakeholder input and provision of resources, AEIS has been able to provide cutting edge services for eligible children and families. The ongoing support by universities, state agencies and other entities ensures sustainability of improvement efforts, the effectiveness of services, and the achievement of outcomes.

Communication of results were provided through stakeholder meetings and updates through the BLOCKS of information quarter publication.

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

NO

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

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

Continue working with WestEd in the development of an enhanced and efficient child find/referral process and scale-up the model for screening and making appropriate referrals to child find.

Continue to develop an enhanced data system.

Implement the updated family survey process for more efficient and comprehensive data collection.

Update methodology for reporting survey and other input to families and the public.

Finalize the rate study and implement strategies to assist in streamlining the AEIS financial structure.

Outcomes to be attained:

AEIS will adopt a statewide model for increasing the percentage of referrals resulting in eligibility.

AEIS will have a state-of-the-art data system in place that will enhance monitoring, reporting, and improvement planning.

AEIS will have increased family stakeholder input.

AEIS will have an efficient and equitable financial structure for funding programs and providers to deliver EI services.

STRATEGY 2. Provide training, technical assistance and support for the implementation of evidence-based practices in service delivery with fidelity. Implement a standard self-assessment protocol for programs to complete quarterly which requires an assessment of implementation of federal and state compliance requirements, performance indicators, and use of evidence-based practices.

Continue to train and equip families on communicating their child's progress and participating in the COS process.

Continue utilizing the COS-KC and ECTA modules with service coordinators to ensure competency in its implementation.
Provide training on the Child Outcome Summary process for AEIS providers (other than service coordinators).

Implement the revised supervision and monitoring process to enhance compliance and the use of evidence-based practice with fidelity.

Collaborate with external evaluators to determine the 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.

Recommend and support the use of the MEISR tool in determining ongoing child progress.

Outcomes to be attained:
AEIS will have an enhanced system for monitoring compliance and performance indicators that will lead to effective technical assistance and performance.

AEIS will have a more effective, team-based system for determining child progress.

AEIS will have data on the effectiveness of professional development activities and the implementation of learned skills.

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

Continue to implement the inclusion state plan with partners as developed by the state consultant.

Recruit more families of diversity to participate in District Coordinating Council activities and to provide stakeholder input.

Continue working with Higher Education, other state agencies, and AEIS District Coordinators to develop and implement recruitment and retention strategies.

Continue and expand the implementation of the rebranded public awareness campaign with community partners.

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

Expand the provision of training and support on the NDBI service delivery model for working with children on the autism spectrum.

Outcomes to be attained:
AEIS will have additional and more diverse stakeholders providing input into system operation and development.
AEIS will have additional candidates for employment in service provision.
AEIS will have expanded support for children with mental health concerns.

List the selected evidence-based practices implemented in the reporting period:
Routines-Based Model (RBM)
Part C ASD Mentorship Initiative using the Naturalistic Developmental Behavioral Interventions Model (NDBI)

Provide a summary of each evidence-based practice.

Routines-Based Interview (RBI):
The Routines-Based Interview, as developed by Dr. Robin McWilliam at the University of Alabama who provided training and support for its implementation, 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 (again implemented with consultation from Dr. Robin McWilliam) 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. AEIS is collaborating with the Alabama Department of Education through the SPDG grant to provide coaching and evaluation of providers in implementing the Routines-Based Home Visiting Model with fidelity.

Naturalistic Developmental Behavioral Interventions:
The Part C ASD Initiative is two-pronged and includes the Part C ASD Mentorship Initiative and the Part C ASD Screening Initiative. They are separate. The Mentorship initiative doesn't require MCHAT scores. On Sept. 2, 2020, the 5 Strategies of Intervention were adopted by the AEIS Interagency Coordinating Council meeting as the "go to" strategies of intervention that should be utilized with all families/children diagnosed with Autism or suspected of Autism. Once characteristics of Autism are seen in any child in EI, the 5 strategies of intervention (which meet all of the AEIS core value expectations) are to be used by the EI provider working with the child/family. The ASD Mentors are there to help these EI providers and have met fidelity in the strategies to train others on the model. They can do this in many different ways including one-on-one provider support and in-group training.

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 Part C ASD Mentorship Initiative (NDBI model) includes the use of 5 Strategies of Intervention:

Following the child's lead
Naturalistic teaching
Naturalistic reinforcement
Parent Implemented Intervention
Modeling

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 procedures, practices, and methods for service delivery. The Routines-Based Model is the required evidence-based practice and ongoing training/consultation is ensuring its implementation with fidelity. The Routines-Based Interview explores more deeply with families their concerns and priorities pertaining to daily routines. This RBI strategy is a requirement for the Voluntary Family Assessment and is used in determining outcomes on the IFSP. The Routines-Based Home Visiting model, also required, ensures that providers are delivering appropriate services based on the family concerns as per routines of the day. By using these models, both child and family outcomes are positively impacted (which includes the SiMR). In FFY 2022, all child outcomes met state targets and family outcomes remained in the 90+% range.

The AEIS ASD Mentorship initiative utilizing 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. Programs complete an MCHAT-R on all children 18 to 30 months with parent permission. If the MCHAT score is considered a FAIL, the answers to the questions indicate concerns the child may have characteristics of autism. Once this is established, those children (and families) are to automatically receive the NDBI intervention strategies (5 ASD Strategies) from their provider(s) during their EI service, whether it be speech, OT, developmental instruction, etc. The NDBI model is required of programs where children are identified with characteristics of 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%
FFY 2022 = 83.2%

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

Data on the achievement of evaluation plan goals and objectives are gathered and used in monitoring progress (the AEIS SPP/APR evaluation plan is available on the website at www.rehab.alabama.gov/services/ei under information for stakeholders). In addition, fidelity of implementation of evidence-based practices is data driven and includes the following strategies:

The Routines-Based Interview:
Routines-Based Interview fidelity checks have been conducted with Service Coordinators with data collected to support their effective implementation of the model. The methodology for conducting fidelity checks includes live observations of the new service coordinators by seasoned personnel with scoring based on the model's standards as established by the Routines-Based Model developer, Dr. Robin McWilliam. Practice change is assessed through the formal AEIS monitoring process conducted for each program annually (through review of the child outcome data) and compared to the previous year's practices.

AEIS standards for implementation of the Routines-Based Model are as follows:
SERVICE COORDINATORS must meet Alabama requirements for Routines-Based Interview (RBI), which include:
1.   Completing the RBI Modules.
2. Participating in a live review to determine fidelity.
3.   Achieving 80% scoring based on the live review.
• Service Coordinators who score less than 80% must participate in TA and submit 2 IFSPs with handwork.
• Service Coordinators whose IFSPs and handwork are not sufficient, or if they scored less than 70% on the live review, must receive TA and participate in a second review.
•   Service Coordinators who do not achieve 80% on the second review will no longer meet Personnel Standards for employment in AEIS.

In FFY 2022, 12 new service coordinators achieved or exceeded the required score of 80% on fidelity checks (i.e., module completion and live review). Overall, 91% of existing and new service coordinators have earned their COS certificate by passing the Knowledge Check assessment.

The Routines-Based Home Visiting utilized competency exam scores after completion of the training modules. As with the RBI,

AEIS has established standards for competency as follows:
SERVICE PROVIDERS must meet Alabama requirements for Routines-Based Home Visiting (RBHV), which include:
1.   Completing the RBHV modules
2. Scoring an 80% passing grade on the RBHV module post-test (In FFY 2022, 84 providers passed the RBHV post-test at 87% with ongoing monitoring demonstrating fidelity in implementation of the model)
• Providers who score less than 80% on the RBHV posttest must participate in TA, review RBHV resource materials and retake the test.
• Providers who do not score 80% on the second posttest will no longer meet Personnel Standards for employment in AEIS.

In FFY 2022, there were no providers who did not achieve the 80% minimum score. Determination of the implementation of the model with fidelity and assessment of practice change is conducted through the observation of providers delivering services to children and families.

Through the AEIS monitoring process, data on the implementation of the evidence-based practices were collected. During FFY 2022, all AEIS programs were monitored. There were no programs found out of compliance for use of evidence-based practices. Data on child outcomes demonstrate improvement in the SiMR and the implementation of the models, thus the decision to continue their use was made. Data were collected, by race, ethnicity, and county on the level of achievement of the social-emotional state target. No discrepancies were noted in race and ethnicity overall, however 12 counties with low achievement were identified for further exploration or reasons and the provision of technical assistance.

Data collected for the AEIS ASD initiative (NDBI model) was as follows:
Screened- 400
Failed MCHAT and Consented to a Priority Referral- 229
Diagnostic reports submitted- 102
Those diagnosed with Autism 83% receiving services

These data indicate an effective mechanism for identifying children with autism to receive NDBI intervention. The percentage diagnosed with autism reflects the effectiveness of this model and its fidelity of implementation. In addition, the increase in the number of diagnostic clinics available to AEIS reflects positive practice change impacting the level of services available to programs and ultimately the progress of children in their social-emotional development (SiMR).

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.

Data gathered through the Family Survey include family feedback on the progress of their children in the three child outcome areas (which provides data to support the Child Outcome Summary process), on the family's ability to participate in the child outcome process, on whether the family feels like they're part of the team, on whether they are able to participate in and enjoy typical daily activities and community events, and on whether they have an increased knowledge of how to identify and respond to their child's needs in the area of social or emotional development.

Service Coordinators were required to take the COS-Knowledge Check to determine their level of knowledge of the Child Outcome Summary Process. Those who didn't pass the first or second time were required to take the ECTA COS Modules and then retake the COS-KC. During FFY 2022, 202 service coordinators took the COS-KC with 167 passing the first time and 31 passing the second time. The remaining service coordinators took or are in the process of taking the ECTA Modules.

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 RBM utilizing face-to-face observations to ascertain fidelity of use.
2. Utilize RBHV coaches to provide live technical assistance within all AEIS programs based on the results of the observations.
2. Collect additional data from Alabama families regarding their experience with the RB Model for planning and developing improvement strategies.

Outcomes:
• Continued improvement in implementation of the models with fidelity.
• Increased SiMR achievement statewide.

NDBI Model Next Steps:

1. Continue with a data-driven, structured approach.
2. Identify scores/cutoffs within the EI population that guide referrals.
3. Work with AIACC Diagnostics and Health workgroup.
4. Collaborate with Part B for transition and eligibility.
5. Continue to expand use of model statewide.

Outcomes:
• Increased identification of children with autism for participation in the NDBI model of services.
• Increased capacity of ASD specialists to implement the NDBI model with fidelity to a broadened audience.

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

YES

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

Data related to SSIP activities demonstrate ongoing accomplishment of desired results and positive impact on child outcomes. Data on achievement of child outcomes demonstrate ongoing progress, and, in FFY 2022, achievement exceeded the state targets. Stakeholders and AEIS leaders determined that no modifications were needed in SSIP activities other than implementing the next steps identified above.

Section C: Stakeholder Engagement

Description of Stakeholder Input

During FFY 2022, broad stakeholder input was gathered for setting new baselines and targets for Indicator 3, evaluating SSIP results to develop new state activities, revising the general supervision/monitoring system, revising the family survey process, and initiating and monitoring a cost study to streamline funding mechanisms for EI service delivery. Input was gathered using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. Examples of the involvement of stakeholders are as follows:

1. At each ICC meeting, system updates are provided, and feedback is solicited/received. For example, during the year, 70 ICC members and stakeholders participated quarterly in ICC activities including discussions of baselines, targets, current data and SSIP activities/initiatives. In addition, ICC members provided suggestions and strategies in surveying families to increase the response rate, made suggestions to consider when making decisions based on the AEIS rate study results, provided input into strategies to address 3rd party and Medicaid billing issues, and offered suggestions on agency to agency collaboration in terms of training and family support. During the December 2023 meeting, ICC members approved the submission of the FFY 2022 SPP/APR in February 2024.

2. During FFY 2022, ICC subcommittees such as Personnel Preparation, Program Planning and Evaluation, Financial Planning and Public Awareness discussed system initiatives, including SSIP activities, baseline, and targets for Indicator 3. The Public Awareness subcommittee, with 15 parent and provider members, 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. As a result of this discussion, AEIS district councils and programs were able to target those underserved counties during the statewide PA initiative. In addition, with stakeholder input, AEIS completed the development of a new Public Awareness Campaign which included an overall rebranding, new print and media materials, new posts on social media, billboards and a new dedicated AEIS website to provide broader access to information related to AEIS. These new resources were and continue to be shared with referral sources statewide.

The Personnel Subcommittee, with 25 parent and provider members, developed criteria for monitoring the use of evidence-based practices with fidelity, i.e., the Routines-Based Model, by establishing standards for service coordinators and service providers to achieve before delivering services. In addition, they helped develop new strategies for approving applicants to be service coordinators in the system.

The Program, Planning and Evaluation Subcommittee, with 15 parent and provider members, provided feedback and suggestions on the development of the new AEIS Handbook for providers, families, and other interested parties. In addition, they provided input on the revision of the IFSP and the Service Coordinator Handbook.

The Financial Planning Subcommittee, with 15 parent and provider members, focused on the rate study and provided input/data for its implementation.

The Public Awareness Subcommittee, with 17 parent and provider members, focused on the rebranding of the public awareness campaign and the targeting of areas of the state with low referrals and underserved populations.

3. The quarterly BLOCKS newsletter routinely disseminates information to stakeholders statewide and requests input on such topics as improvement activities, child progress strategies, family involvement, proposed changes to procedures such as general supervision/monitoring, service coordinator handbook, changes to the AEIS Personnel Standards, and financial planning. In FFY 2022, 110 stakeholders received BLOCKS quarterly and, in turn, shared it with additional families.

4. A diversity of families were involved in the ongoing feedback process through participation in interviews to address the implementation of evidence-based practice, the achievement of child outcomes, the ability to help their child develop, the ability to participate on the team, and the achievement of family outcomes. Routinely, through this interview process, family input is gathered as to system infrastructure, methods for improvement, and training/resources needed by families. In FFY 2023, a new family survey was developed to increase diversity of stakeholders who are representative of the state demographics (e.g., race/ethnicity, child age, and primary language spoken in the home) by surveying all families served in AEIS, rather than a random sample, and diving deeper into the use of the Routines-Based Model and the COS process. In FFY 2022, the following demographics were represented in the interviews which were determined to be representative of the AEIS population (sample = 201):

American Indian/Alaska = .5%

Asian = .5%
Black = 35.3%
White = 54.2%
Hispanic/Latino = 6%

PRIMARY LANGUAGE
ENGLISH = 94.5%

5.The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level, 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 statewide initiatives. During FFY 2022, there were 6 families who participated in District Council discussions along with a variety of other stakeholders (the numbers vary per district and per meeting).

6.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.

7.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 and the grant leaders have pulled together community stakeholders (i.e., referral sources and programs) to discuss the structure of AEIS, its goals and priorities, and to gather input into strategies for ensuring appropriate referrals. The initial pilot site included 4 counties in southeast Alabama. Within this site, there were 8 individuals invited to participate in the stakeholder group. The model developed through this pilot will be scaled up statewide.

In general, the ICC, subcommittees and other stakeholder groups provide ongoing guidance and decision-making into system initiatives and infrastructure improvements such as setting APR targets, proposing SSIP activities, developing strategies for improving child outcomes, suggesting training initiatives, and revising monitoring procedures. 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.

The mechanisms for making stakeholder feedback available to the public include such activities as the dissemination of family survey results to all families and programs statewide, including decisions on target setting, dissemination of the APR and SSIP to stakeholder groups such as the ICC and partnering state agencies, and posting of the APR/SSIP, family survey results, program profiles, policies/procedures, personnel standards, and CSPD plan on the website.

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 interviews/surveys, task force meetings, interviews, and focus groups. As a result of this engagement, AEIS was able to set new APR baseline and targets for Indicator 3, gather input on the financial structure, discuss the implementation of evidence-based practices, design training initiatives, and plan for family support.

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.

All activities to be implemented are described above.

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

Timelines, anticipated data collection, measures and expected outcomes are summarized in the AEIS SPP/APR Evaluation Plan (posted on the website at www.rehab.alabama.gov/services/ei, under the section "Information for Families and Stakeholders".

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

No new barriers have been identified.

Provide additional information about this indicator (optional).

AEIS revised its indicator 3 targets in FFY 2021, which were accepted by OSEP. SiMR data from FFY 2022, in comparison to the revised target, show that AEIS exceeded the target and had no slippage. FFY 2022 target = 82.0% and the FFY 2022 actual data = 83.2%.

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:

Part C Coordinator/Director

Email:

amy.blakeney@rehab.alabama.gov

Phone:

3342937021

Submitted on:

04/18/24 1:32:31 PM

RDA Matrix

Alabama
2024 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
87.50%	Meets Requirements

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	6	75.00%
Compliance	14	14	100.00%

2024 Part C Results Matrix

I. Data Quality

(a) Data Completeness: The percent of children included in your State's 2021 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	3,217
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	4,056
Percentage of Children Exiting who are Included in Outcome Data (%)	79.31
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	2

(b) Data Anomalies: Anomalies in your State's FFY 2021 Outcomes Data

Data Anomalies Score (please see Appendix B for a detailed description of this calculation)	2

II. Child Performance

(a) Data Comparison: Comparing your State's 2022 Outcomes Data to other States' 2022 Outcomes Data

Data Comparison Score (please see Appendix C for a detailed description of this calculation)	1

(b) Performance Change Over Time: Comparing your State's FFY 2022 data to your State's FFY 2021 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	1

Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2022	83.19%	51.26%	86.97%	42.37%	84.69%	50.54%
FFY 2021	81.45%	50.93%	85.57%	40.96%	83.86%	49.24%

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2024: Part C."

2024 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2021 (3)	Score
Indicator 1: Timely service provision	98.10%	YES	2
Indicator 7: 45-day timeline	99.03%	YES	2
Indicator 8A: Timely transition plan	99.03%	YES	2
Indicator 8B: Transition notification	97.93%	YES	2
Indicator 8C: Timely transition conference	99.66%	YES	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

(2) The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: https://sites.ed.gov/idea/files/2024_Part-C_SPP-APR_Measurement_Table.pdf

(3) This column reflects full correction, which is factored into the scoring only when the compliance data are >=90% and <95% for an indicator.

Appendix A

I. (a) Data Completeness:

The Percent of Children Included in your State's 2022 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2022 Outcomes Data (C3) and the total number of children your State reported in its FFY 2022 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2022 in the State's FFY 2022 IDEA Section 618 Exit Data.

Data Completeness Score	Percent of Part C Children included in Outcomes Data (C3) and 618 Data
0	Lower than 34%
1	34% through 64%
2	65% and above

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2022 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2022 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2018 – FFY 2021 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e (numbers are shown as rounded for display purposes, and values are based on data for States with summary statement denominator greater than 199 exiters). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2022 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

Outcome A	Positive Social Relationships
Outcome B	Knowledge and Skills
Outcome C	Actions to Meet Needs

Category a	Percent of infants and toddlers who did not improve functioning
Category b	Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers
Category c	Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it
Category d	Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers
Category e	Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers

Expected Range of Responses for Each Outcome and Category, FFY 2022

Outcome\Category	Mean	StDev	-1SD	+1SD
Outcome A\Category a	1.57	3.26	-1.69	4.83
Outcome B\Category a	1.39	3	-1.6	4.39
Outcome C\Category a	1.26	2.6	-1.33	3.86

Outcome\Category	Mean	StDev	-2SD	+2SD
Outcome A\ Category b	24.07	9.01	6.05	42.08
Outcome A\ Category c	20.96	13.11	-5.27	47.19
Outcome A\ Category d	26.97	9.61	7.74	46.2
Outcome A\ Category e	26.43	15.4	-4.37	57.23
Outcome B\ Category b	25.63	9.71	6.21	45.04
Outcome B\ Category c	29.44	12.56	4.32	54.57
Outcome B\ Category d	31.02	8.11	14.8	47.25
Outcome B\ Category e	12.51	8.23	-3.96	28.98
Outcome C\ Category b	20.98	8.89	3.19	38.76
Outcome C\ Category c	23.49	13.59	-3.68	50.66
Outcome C\ Category d	33.36	8.28	16.8	49.93
Outcome C\ Category e	20.91	15.22	-9.53	51.35

Data Anomalies Score	Total Points Received in All Progress Areas
0	0 through 9 points
1	10 through 12 points
2	13 through 15 points

Anomalies in Your State's Outcomes Data FFY 2022

Number of Infants and Toddlers with IFSP's Assessed in your State	3,217

Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	52	417	1,099	1,222	427
Performance (%)	1.62%	12.96%	34.16%	37.99%	13.27%
Scores	1	1	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	53	350	1,451	1,240	123
Performance (%)	1.65%	10.88%	45.10%	38.55%	3.82%
Scores	1	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	50	399	1,142	1,342	284
Performance (%)	1.55%	12.40%	35.50%	41.72%	8.83%
Scores	1	1	1	1	1

	Total Score
Outcome A	5
Outcome B	5
Outcome C	5
Outcomes A-C	15

Data Anomalies Score	2

Appendix C

II. (a) Data Comparison:

Comparing Your State's 2022 Outcomes Data to Other States' 2022 Outcome Data

This score represents how your State's FFY 2022 Outcomes data compares to other States' FFY 2022 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement (values are based on data for States with a summary statement denominator greater than 199 exiters). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

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

Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2022

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	45.63%	35.29%	54.05%	27.07%	51.93%	33.56%
90	82.58%	69.37%	81.10%	56.55%	85.30%	71.29%

Data Comparison Score	Total Points Received Across SS1 and SS2
0	0 through 4 points
1	5 through 8 points
2	9 through 12 points

Your State's Summary Statement Performance FFY 2022

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	83.19%	51.26%	86.97%	42.37%	84.69%	50.54%
Points	2	1	2	1	1	1

Total Points Across SS1 and SS2(*)	8

Your State's Data Comparison Score	1

Appendix D

II. (b) Performance Change Over Time:

Comparing your State's FFY 2022 data to your State's FFY 2021 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2021) is compared to the current year (FFY 2022) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of p<=.05. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

Test of Proportional Difference Calculation Overview

The summary statement percentages from the previous year's reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of p<=.05. The statistical test has several steps. All values are shown as rounded for display purposes.

Step 1: Compute the difference between the FFY 2022 and FFY 2021 summary statements.

      e.g., C3A FFY2022% - C3A FFY2021% = Difference in proportions

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on

      Sqrt[([FFY2021% * (1-FFY2021%)] / FFY2021N) + ([FFY2022% * (1-FFY2022%)] / FFY2022N)] = Standard Error of Difference in Proportions

Step 3: The difference in proportions is then divided by the standard error of the difference to compute a z score.

      Difference in proportions /standard error of the difference in proportions = z score

Step 4: The statistical significance of the z score is located within a table and the *p* value is determined.

Step 5: The difference in proportions is coded as statistically significant if the *p* value is it is less than or equal to .05.

Step 6: Information about the statistical significance of the change and the direction of the change are combined to arrive at a score for the summary statement using the following criteria

      0 = statistically significant decrease from FFY 2021 to FFY 2022

      1 = No statistically significant change

      2= statistically significant increase from FFY 2021 to FFY 2022

Step 7: The score for each summary statement and outcome is summed to create a total score with a minimum of 0 and a maximum of 12. The score for the test of proportional difference is assigned a score for the Indicator 3 Overall Performance Change Score based on the following cut points:

Indicator 3 Overall Performance Change Score	Cut Points for Change Over Time in Summary Statements Total Score
0	Lowest score through 3
1	4 through 7
2	8 through highest

Summary Statement/ Child Outcome	FFY 2021 N	FFY 2021 Summary Statement (%)	FFY 2022 N	FFY 2022 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	2,383	81.45%	2,790	83.19%	1.74	0.0107	1.6312	0.1028	NO	1
SS1/Outcome B: Knowledge and Skills	2,717	85.57%	3,094	86.97%	1.40	0.0091	1.5482	0.1216	NO	1
SS1/Outcome C: Actions to meet needs	2,534	83.86%	2,933	84.69%	0.83	0.0099	0.8420	0.3998	NO	1
SS2/Outcome A: Positive Social Relationships	2,837	50.93%	3,217	51.26%	0.32	0.0129	0.2523	0.8008	NO	1
SS2/Outcome B: Knowledge and Skills	2,837	40.96%	3,217	42.37%	1.41	0.0127	1.1107	0.2667	NO	1
SS2/Outcome C: Actions to meet needs	2,837	49.24%	3,217	50.54%	1.30	0.0129	1.0110	0.312	NO	1

Total Points Across SS1 and SS2	6

Your State's Performance Change Score	1

Data Rubric

Alabama

FFY 2022 APR (1)

Part C Timely and Accurate Data -- SPP/APR Data

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	1	1
10	1	1
11	1	1

APR Score Calculation

Subtotal	13
Timely Submission Points - If the FFY 2022 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	18

(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 8/30/23	1	1	1	3
Exiting Due Date: 2/21/24	1	1	1	3
Dispute Resolution Due Date: 11/15/23	1	1	1	3

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2) =	18.00

Indicator Calculation

A. APR Grand Total	18
B. 618 Grand Total	18.00
C. APR Grand Total (A) + 618 Grand Total (B) =	36.00
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	36.00
D. Subtotal (C divided by Denominator) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2024 Submission

SPP/APR Data

1) Valid and Reliable Data - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

Part C 618 Data

1) Timely –   A State will receive one point if it submits counts/ responses for an entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

618 Data Collection	EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	8/30/2023
Part C Exiting	Part C Exiting Collection in EMAPS	2/21/2024
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/15/2023

2) Complete Data – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection. See the EMAPS User Guide for each of the Part C 618 Data Collections for a list of edit checks (available at: https://www2.ed.gov/about/inits/ed/edfacts/index.html).

Dispute Resolution

IDEA Part C

Alabama

Year 2022-23

A zero count should be used when there were no events or occurrences to report in the specific category for the given reporting period. Check "Missing' if the state did not collect or could not report a count for the specific category. Please provide an explanation for the missing data in the comment box at the top of the page.

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	0
(1.1) Complaints with reports issued.	0
(1.1) (a) Reports with findings of noncompliance.	0
(1.1) (b) Reports within timelines.	0
(1.1) (c) Reports within extended timelines.	0
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	0

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	0
(2.1) Mediations held.	0
(2.1) (a) Mediations held related to due process complaints.	0
(2.1) (a) (i) Mediation agreements related to due process complaints.	0
(2.1) (b) Mediations held no related to due process complaints.	0
(2.1) (b) (i) Mediation agreements not related to due process complaints.	0
(2.2) Mediations pending.	0
(2.3) Mediations not held.	0

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	0
Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)?	PARTB
(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures).	0
(3.1) (a) Written settlement agreements reached through resolution meetings.	0
(3.2) Hearings fully adjudicated.	0
(3.2) (a) Decisions within timeline.	0
(3.2) (b) Decisions within extended timeline.	0
(3.3) Hearings pending.	0
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	0

State Comments:

This report shows the most recent data that was entered by:
Alabama

These data were extracted on the close date:
11/15/2023

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2024 will be posted in June 2024. Copy and paste the link below into a browser to view.

https://sites.ed.gov/idea/how-the-department-made-determinations/

United States Department of Education
Office of Special Education and Rehabilitative Services

Final Determination Letter

June 18, 2024

Honorable Jane Elizabeth Burdeshaw
Commissioner
Alabama Department of Rehabilitation Services
602 South Lawrence Street
Montgomery, AL 36104

Dear Commissioner Burdeshaw:

I am writing to advise you of the U.S. Department of Education's (Department) 2024 determination under Sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Alabama meets the requirements and purposes of Part C of the IDEA. This determination is based on the totality of Alabama's data and information, including the Federal fiscal year (FFY) 2022 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Alabama's 2024 determination is based on the data reflected in Alabama's "2024 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for Alabama and consists of:

(1)   a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;

(2)   a Results Matrix (including Components and Appendices) that include scoring on Results Elements;

(3)   a Compliance Score and a Results Score;

(4)   an RDA Percentage based on both the Compliance Score and the Results Score; and

(5)   Alabama's Determination.

The RDA Matrix is further explained in a document, entitled "How the Department Made Determinations under Sections 616(d) and 642 of the Individuals with Disabilities Education Act in 2024: Part C" (HTDMD-C).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making the Department's determinations in 2024, as it did for Part C determinations in 2015-2023. (The specifics of the determination procedures and criteria are set forth in the HTDMD-C document and reflected in the RDA Matrix for Alabama.) For 2024, the Department's IDEA Part C determinations continue to include consideration of each State's Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

•   positive social-emotional skills;

•   acquisition and use of knowledge and skills (including early language/communication); and

•   use of appropriate behaviors to meet their needs.

Specifically, the Department considered the data quality and the child performance levels in each State's Child Outcomes FFY 2022 data.

You may access the results of OSEP's review of Alabama's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your State-specific log-on information at https://emaps.ed.gov/suite/. When you access Alabama's SPP/APR on the site, you will find, in Indicators 1 through 11, the OSEP Response to the indicator and any actions that Alabama is required to take. The actions that Alabama is required to take are in the "Required Actions" section of the indicator.

It is important for your State to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

Your State will also find the following important documents in the Determinations Enclosures section:

(1)   Alabama's RDA Matrix;

(2)   the HTDMD link;

(3)   "2024 Data Rubric Part C," which shows how OSEP calculated the State's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and

(4)   "Dispute Resolution 2022-2023," which includes the IDEA Section 618 data that OSEP used to calculate the State's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, Alabama's 2024 determination is Meets Requirements. A State's 2024 RDA Determination is Meets Requirements if the RDA Percentage is at least 80%, unless the Department has imposed Specific Conditions on the State's last three IDEA Part C grant awards (for FFYs 2021, 2022, and 2023), and those Specific Conditions are in effect at the time of the 2024 determination.

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IDEA determinations provide an opportunity for all stakeholders to examine State data as that data relate to improving outcomes for infants, toddlers, children, and youth with disabilities. The Department encourages stakeholders to review State SPP/APR data and other available data as part of the focus on improving equitable outcomes for infants, toddlers, children, and youth with disabilities. Key areas the Department encourages State and local personnel to review are access to high-quality intervention and instruction; effective implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs), using data to drive decision-making, supporting strong relationship building with families, and actively addressing educator and other personnel shortages.

For 2025 and beyond, the Department is considering two additional criteria related to IDEA Part C determinations. First, the Department is considering as a factor OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three years ago). This factor would be reflected in the determination for each State through the "longstanding noncompliance" section of the Compliance Matrix beginning with the 2025 determinations. In implementing this factor, the Department is also considering beginning in 2025 whether a State that would otherwise receive a score of meets requirements would not be able to receive a determination of meets requirements if the State had OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three or more years ago). Second, the Department is reviewing whether and how to consider IDEA Part C results data reported under three indicators in order to improve results for all infants, toddlers, and children with disabilities. This review would include considering alternative scoring options for child outcome Indicator C-3 and considering as potential additional factors the information and data that States report under child find Indicators C-5 and C-6.

For the FFY 2023 SPP/APR submission due on February 1, 2025, OSEP is providing the following information about the IDEA Section 618 data. The 2023-24 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2023 SPP/APR and the 2025 IDEA Part C Results Matrix and States will not be able to resubmit their IDEA Section 618 data after the due date. The 2023-24 IDEA Section 618 Part C data that States submit will automatically be prepopulated in the SPP/APR reporting platform for Part C SPP/APR Indicators 2, 5, 6, 9, and 10 (as they have in the past). Under EDFacts Modernization, States are expected to submit high-quality IDEA Section 618 Part C data that can be published and used by the Department as of the due date. States are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. There will not be a resubmission period for the IDEA Section 618 Part C data.

As a reminder, Alabama must report annually to the public, by posting on the State lead agency's website, on the performance of each early intervention service (EIS) program located in Alabama on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Alabama's submission of its FFY 2022 SPP/APR. In addition, Alabama must:

(1) review EIS program performance against targets in Alabama's SPP/APR;

(2) determine if each EIS program "meets the requirements" of Part C, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part C of the IDEA;

(3) take appropriate enforcement action; and

(4) inform each EIS program of its determination.

Further, Alabama must make its SPP/APR available to the public by posting it on the State lead agency's website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

(1) includes Alabama's determination letter and SPP/APR, OSEP attachments, and all State attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and

(2) will be accessible to the public via the ed.gov website.

OSEP appreciates Alabama's efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with Alabama over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,

Valerie C. Williams

Valerie C. Williams
Director
Office of Special Education Programs

cc: State Part C Coordinator

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