

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

**For reporting on
FFY 2020**

Alabama



**PART C DUE
February 1, 2022**

**U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202**

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

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

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

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

Supervision and monitoring of programs statewide is based on the federal regulations and the 8 Core Values in addition to the use of evidence-based practices (i.e., the DEC Recommended Practices and the Routines-Based Model) and the OSEP indicators. In addition, AEIS professionals are required to complete a variety of training activities to be in compliance with the AEIS Personnel Standards (which can be found at www.rehab.alabama.gov/services/ei under "Other Documents").

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 6 reporting indicators, programs achieved over 95%. In addition, AEIS exceeded its targets in 8 of the reporting indicators and met targets in 3 indicators.

Actual data for FFY 2020 are as follows:

- Indicator 1 – Timely Services: 98.36%
- Indicator 2 – Natural Environment: 99.94% - exceeded target
- Indicator 3A1 (SiMR) – Substantial progress in Social-emotional skills: 81.72% - exceeded target
- Indicator 3A2 – Achieved functioning as same age peers in social-emotional skills: 50.81%
- Indicator 3B1 – Substantial progress in knowledge and skill: 86.69% - exceeded target
- Indicator 3B2 – Achieved functioning as same age peers in knowledge and skill: 40.61%
- Indicator 3C1 Substantial progress in use of appropriate behavior to meet needs: 83.78% - exceeded target
- Indicator 3C2 – Achieved functioning as same age peers in use of appropriate behavior to meet needs: 49.33%
- Indicator 4A – Parents know rights: 98.70%
- Indicator 4B:- Parents communicate needs: 94.30%
- Indicator 4C – Parents can help their child develop and learn: 95.60%
- Indicator 5 - Number served birth to one: .83% - exceeded target
- Indicator 6 – Number served birth to three: 2.03% - exceeded target
- Indicator 7 –IFSP developed within 45 days: 99.55%
- Indicator 8A – Transition plan developed on time: 89.04%
- Indicator 8B – Notification to LEA on time: 87.82%
- Indicator 8C – Transition meeting with LEA on time: 97.42%
- Indicators 9 and 10 - AEIS was below the threshold for reporting on these indicators in that there were no resolution sessions or mediations.
- Indicator 11 – SSIP/SiMR: 81.72% - exceeded target

State monitoring data (Provider Appraisal Review or PAR) were used in determining progress on the compliance indicators. The PAR monitoring manual was revised during FFY 2020 to include procedural changes and submission of self-evaluation data. A copy of the most recent Provider Appraisal Review monitoring handbook can be found at www.rehab.alabama.gov/services/ei under "Other Documents". For all areas of noncompliance as per monitoring reviews, action plans were developed, and programs were brought back into compliance within one year.

Child outcomes data were collected via the Child Outcome Summary process (COS). The data related to Alabama's State Systemic Improvement Plan SiMR (i.e., substantial progress in social emotional development) exceeded the target (81.72% actual compared to target of 72.09%). All three OSEP child outcome areas exceeded the target for Summary Statement 1 (substantial progress). Child outcomes are monitored through the PAR process and desk audits, and when the monitors receive data on children who are not making substantial progress at their annual review, they provide technical assistance to the program and service coordinator on how to effectively help those children develop and learn.

Lastly, family outcomes data were collected via a Family Survey process conducted by an independent research entity, Southeast Research. This family survey is conducted via a sampling conducted each year and, over a three year period, all families in all programs are surveyed (the updated sampling plan is attached to this APR). The results reflected high percentages on all three indicators (over 95%).

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 2020 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. For FFY 2020, there was a 1.04% increase over FFY 2019. Data for the past three years were as follows:

FFY 2018 = 78.64%

FFY 2019 = 80.68%

FFY 2020 = 81.72%

AEIS is pleased to provide the FFY 2020 SPP/APR as approved by the ICC and applauds the outstanding work of personnel in local Early Intervention Programs across Alabama. AEIS also thanks the OSEP state lead, Kate Moran, and the OSEP TA Centers for their support and guidance.

Additional information related to data collection and reporting

General Supervision System

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

Provider Appraisal Reviews (PAR) document how programs assist families in developing and meeting appropriate functional outcomes and ensure that early intervention services enhance the capacity of families to improve their children's development. PAR also ensures that programs remain in compliance with state and federal regulations. A PAR team consists of an EI state office monitor, a fiscal agency representative, and may include other EI state office personnel as needed. A PAR examines documentation/data accumulated by a program and through the GIFTS database, and focuses on compliance and performance indicators as defined by OSEP. In addition, the monitoring includes a review of compliance with state criteria for evaluation, timelines and service delivery.

The PAR process emphasizes program quality, child and family outcomes, effectiveness, best practices, and compliance with rules and regulations under Part C of IDEA. Programs are expected to protect procedural safeguards of families during referral, eligibility determination, IFSP development, transition planning, service delivery and closure. PAR involves the following: (1) validating compliance with all required indicators including compliance and performance indicators; (2) reviewing the family survey results; (3) reviewing outcomes achieved; and (4) self-monitoring by the program.

In addition to the OSEP compliance and performance Indicators, there are five other components for which information is collected in a PAR. These include:

- Child Find Referral and Eligibility Determination
- Procedural Safeguards
- Data Collection
- Comprehensive System of Personnel Development (CSPD)
- Public Awareness and DCC Collaboration

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

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

ADRS/AEIS also reserves the option to conduct a PAR at any time based on:

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

Technical Assistance System:

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

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

TA's help to inform all personnel annually regarding practices, policies and system information and provide consistent information. Agency liaisons (AIDB, DMH and EI/ADRS) participate in all TA's and Provider Appraisal Reviews. Agency liaisons are also required to participate in TAs if the program is in a status of "Out of Compliance". Agency liaisons may provide independent TAs to programs.

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

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

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

The complete PAR manual can be found at <https://rehab.alabama.gov/services/ei> under Other Documents.

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 by the Personnel Subcommittee and 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 PAR 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 DCC 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 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 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 research/evidence-based services to eligible children and families.

GUIDING PRINCIPLES: (1) Customized personnel training should be provided at the district level in response to local needs; (2) Global training should be offered at the state level that advances the knowledge/skill of service providers based on identified needs and peer-reviewed research; (3) On-site technical assistance should be available to support the application of knowledge/skill in the field; (4) There should be consistency in the interpretation and implementation of policies by direct service providers under the 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.
2. Conduct annual TA trainings per district.
3. Provide on-site technical assistance to service providers and program site supervisors statewide.
4. Require training for conditional Developmental Specialists immediately upon hire.
5. Require training on social-emotional development and intervention for all providers.
6. Require foundational training for service coordinators that addresses state/federal requirements/regulations, family centered philosophy, and evidence-based practice in EI service delivery.
7. Require continuing education for all personnel providing early intervention services within AEIS.
8. Require all early intervention personnel to complete the training "Message ReVITALIZED: Journey II" within every three years during their employment with AEIS.

9. Require personnel implementing eligibility evaluations to complete training and/or coursework in child development and on the specific tools to be utilized.
10. Develop alternative methodologies for service providers and families to participate in state CSPD trainings such as by webinars and videotaped training events.
11. Monitor the effects of AEIS training on staff behavior and service delivery through PAR and TA.
12. Require service coordinators to complete the Routines-Based Interview boot camp/training and early intervention providers to complete the Routines-Based Home Visiting training.
13. 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: AEIS has innovative strategies and activities for the 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 DEICs.

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

Broad Stakeholder Input:

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

In setting new targets, evaluating SSIP results, and developing new SSIP activities, AEIS analyzed trend data, reviewed stakeholder feedback, and collected and analyzed SSIP activity progress data. Data and SSIP summaries were shared with a variety of stakeholder groups using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. A summary of stakeholder groups and activities is as follows:

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data, selection of targets, training initiatives, policy, and public reporting of program status. Not only do ICC members participate in these discussions, but other program representatives and parents who attend the meetings and choose to participate offer their input (all meetings are open for public participation). In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include representatives from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting. In January 2022, new ICC members were selected, representing additional subpopulations such as the homeless community and the native American community. These new members were provided with an ICC orientation to inform them about ICC structure, history and current issues/activities so that they can be well informed for when discussions occur.

Each subcommittee follows specific by-laws for membership, which reflects diversity within the state. ICC subcommittees include: Personnel Preparation, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team that identifies broad-based stakeholders and methods for gathering their input. In addition, AEIS has launched an initiative to identify and include a more diverse group of stakeholders through the Diversity, Equity and Inclusion initiative. The goal of this initiative is to locate additional stakeholders and provide services to unserved and underserved families. As of this reporting period, there are 11 families serving as official members of the ICC and its subcommittees.

The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, families/caregivers, etc.) also provide feedback and input into system development. During the fall District TAs, which are attended by all programs at the district level and District Early Intervention Coordinators, data and information related to the SPP/APR/SSIP is discussed and input/feedback is solicited for system enhancement. The "Blocks of Information" quarterly newsletter is distributed to all providers which includes SPP/APR/SSIP updates, highlights of EI programs around the state, family stories, updates on policies, highlights of the quarter, and a recap of ICC subcommittee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

Families are involved in the ongoing feedback process through participation on stakeholder groups, surveys, focus groups and special task forces. Two standard surveys conducted annually by independent external evaluators (University of Alabama at Birmingham School of Public Health and Southeast Research) include the PAR Family Survey and the Getting to Know Your Family Survey (GTKYF). These surveys include specific questions that provide family input into system practice and child/family outcomes as per the SSIP. The response rate for the PAR Family Survey was 51% in FFY 2020 with 610 family respondents. In addition, supplemental surveys have been developed for targeted input by families in such areas as the APR targets, new SSIP activities, suggestions for improvement, and individual successes. There were 662 families who participated in these targeted surveys.

AEIS is expanding the number and diversity of stakeholders who give feedback on the APR, SSIP activities and system infrastructure improvements throughout the year. A Core Group of stakeholders representing diverse perspectives has been established to explore and recommend strategies for gathering further input and to positively impact the number of children and families served in rural, underserved regions. AEIS will also partner with an external DEI consulting firm to guide the process. The consulting firm, along with the Core Group will provide the following guidance and activities:

Group Mission

1. Create a cadre of stakeholders who are informed about AEIS and its initiatives and create opportunities for their involvement/input in policy decision-making, new initiatives, and current initiatives.
2. Ensure that children/families of diversity (both culturally and geographically) are served.

Activities and strategies:

- A. Assess the system (AEIS) to identify institutional practices and policies that inhibit equity and inclusion of diverse groups.
- B. Develop a state plan for addressing practices and policies pertaining to diversity, equity and inclusion.
- C. Conduct DEI training seminars for early intervention providers, service coordinators and administrators.
- D. Identify potential stakeholders and how to recruit them.
- E. Suggest public awareness strategies (for recruiting stakeholders and to impact child find in underserved locations).
 - PA materials to include information on AEIS (including the 8 core values), general and current initiatives, relevant data, how to get involved, etc.
 - PA strategies (billboards, videos, emails, social media, blog on website, etc.).
- F. Suggest strategies that would ensure diversity on subcommittees, task groups, etc.
- G. Suggest strategies for informing stakeholders and the public on what was done with their input, e.g., system decisions made, materials developed, supports added, (website, newsletters, collaboration with parent-to-parent organizations, focus groups, surveys, etc.).
- H. Suggest strategies for recruitment and retention of diverse providers and how to ensure that the diversity piece is considered throughout the hiring process.

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

Develop local Child Find Leadership teams to include referral sources and community partners.
 Develop and implement strategies for parent engagement and communication.
 Identify and address barriers to family access and involvement in service delivery and family input.

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

YES

Number of Parent Members:

673

Parent Members Engagement:

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

Parent surveys were developed and conducted to gather input on targets, SSIP activities, evidence-based practices and other initiatives of AEIS in order to increase the number and diversity of family stakeholders. For target setting, data analysis, and developing improvement strategies, AEIS implemented a parent survey in May/June 2021 (N = 139) and again in December 2021 (N=523). Demographics of these parent respondents were as follows:

- 64.33% White Respondents (Statewide data =55.2%)
- 21.35% Black Respondents (Statewide data = 32.6%)
- 1.61% Asian Respondents (Statewide data = 1.4%)
- 1.35% Native Amer or Alaskan Respondents (Statewide data = 0.2%)
- .40% Native Hawaiian/Pacific Islander Respondents (Statewide data = 0.2%)
- 4.62% Two or more races Respondents (Statewide data = 4.1%)
- 4.64% Hispanic Respondents (Statewide data = 6.4%)
- 6.34% No response

Ages of children:
 birth to one = 10.1%
 1-2 years =37.4%
 2-3 years =51.1%
 No response = 1.4%

Counties:
 58 of the 67 counties were represented.

The demographics of respondents compared to the state data indicate that all groups except White and African American were within the +/-3% chosen metric. It is worth noting, however, that 6.34% of respondents chose to not respond to the demographic question and 4.62% selected two or more races. These responses or nonresponses could have impacted the overall data. AEIS will identify and solicit feedback from additional families within the underrepresented groups to ensure a representative sample for data analysis, developing improvement strategies, and evaluating progress.

Input on proposed targets:
 Child outcome targets – 92.59% agreement
 Family targets – 94.75% agreement
 Numbers served targets – 93.89% agreement

Survey questions also reflected input on SSIP strategies including use of Evidence Based Practices (Routines-Based Model), training for professionals, and parent support. Results were as follows:

Do you think that planning and providing services within your natural routines is a good approach? (100% Yes)
 Do you think that the professionals in AEIS need more training on providing services within your family's routines? (94% No)
 Do you think that there are enough support opportunities for families within AEIS, such as parent-to-parent connections, parent training, or opportunities to be involved in the system? (78% Yes) In that this percentage was less than 90%, AEIS has developed strategies with two family support organizations to enhance the supports offered to families. The details of these partnerships are described under the improvement activities section below.

For developing improvement strategies, there is a question on the PAR Family Survey, "Changes Families would Like to See Made in Alabama's Early Intervention System". The top suggestions were as follows:

- o Need more therapy/services
- o Become more internet aware
- o Public should be made aware of services offered through AEIS

These suggestions were addressed as follows:

SSIP Activities have been planned and initiated to address this need. A workshop was developed and provided on understanding foundational skills across disciplines when working with families, identifying red flags to help with deciding when consultation with another discipline may be appropriate, difficulties of teaming when serving in a rural area or working on a team who is not able to collaborate, and difficulties finding providers to serve children in certain areas. It is the intention of this training to give providers additional strategies in bringing in therapeutic and other specialty services when needed.

Due to COVID, tele-intervention was utilized in delivering services and will be continued as an alternative for families to choose their preferred methodology. Through this process, skill in the use of the internet will increase.

District Councils and the ICC Public Awareness Subcommittee are continually creating new PA activities for referral sources and the general public. AEIS is developing a statewide campaign to create more awareness the EI system and diversity, equity and inclusion in the population served as well as stakeholder input.

For evaluating progress, ICC parents (N=4) are routinely provided with updates on progress of SSIP activities with feedback opportunities; through the COS process, all families are involved in evaluating their child's progress annually; on the PAR Family Survey, 386 families within 18 programs were given the opportunity to evaluate the progress of their child and family as a result of services; and on the GTKYF survey, 224 parents within 25 programs were asked multiple questions regarding their perceptions of individual progress and effectiveness of EI.

Results included:

PAR Family Survey

- Ninety-nine percent (99.1%) of families currently enrolled in AEIS programs indicated they understand their rights as found in the Early Intervention Child & Parents' Rights Form. Only one family (0.4%) indicated they did not understand their rights as found in the Early Intervention Child & Parents' Rights Form.
- Effective communication of their child's needs was computed by taking an average score of six different ratings in the family satisfaction survey. The ratings used were for the following services: • Following up on any concerns that you might have had • Locating support groups and/or resources for you and your child. • When it comes to listening to you. • When it comes to having respect for you and your child. • Making you feel part of the team that plans services for your child. • Your phone calls being returned promptly. The overall rating of families who report that AEIS has helped the family effectively communicate their child's needs was close to 97% for the PAR programs evaluated during federal fiscal year 2020.
- Close to ninety-eight percent (97.7%) of families enrolled in the programs surveyed rated their Early Intervention experience as helpful ("very helpful" and "somewhat helpful" ratings combined) when it comes to helping their family's ability to improve or enhance their child's development. Three of the PAR programs evaluated during federal fiscal year 2020 recorded a perfect 100% for helping their family's ability to improve or enhance their child's development ("very helpful" and "somewhat helpful" ratings combined).

Getting To Know Your Family Survey:

- After receiving Early Intervention services, 85.4% of families agree or strongly agree that their child had developed new skills relating to social and emotional development.
- After receiving Early Intervention services, 92.6% agree or strongly agree they had an increased knowledge of how to identify and respond to their child's needs in social and emotional development.
- After receiving Early Intervention services, 85.1% of families agree or strongly agree that their child had improved in his/her language and communication skills.
- After receiving Early Intervention services, 93.4% of families agree or strongly agree that they themselves had an increased knowledge of how to support their child's language and communication skills.
- After receiving Early Intervention Services, 84.1% of families agree or strongly agree their children had learned and use new skills in understanding the world around him/her.
- After receiving Early Intervention services, 93.9% of families agree or strongly agree they had an increased knowledge of how to support their child in learning these life skills.
- After receiving Early Intervention services, 75.6% of families agree or strongly agree their child has gained independence in meeting their needs and in using socially appropriate ways to get what the child wants.
- After receiving Early Intervention services, 89.0% of families agree or strongly agree they had an increased knowledge of how to support their child in gaining their independence in meeting their needs and in using socially appropriate ways to get what the child wants.

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.

A statewide campaign is under way with the sole purpose of increasing diversity, equity and inclusion of stakeholders in system improvements/activities, and includes diverse family groups, agency partners and children/families served. In addition, AEIS conducted a variety of activities to increase the diversity of families in providing input to improve child/family outcomes, and to monitor the demographics of respondents to ensure representativeness. These activities include the following:

1. AEIS instituted a Core Group to provide input into strategies for increasing diversity, equity and inclusion within the AEIS infrastructure. This core group is in place to identify diverse families for direct involvement, and recommend training related to AEIS infrastructure to ensure parents understand the system and planned initiatives so that they are prepared to offer feedback in the development and implementation of improvement activities. The Core Group will be guided by an external consulting firm whose sole purpose is to assess infrastructure and develop a DEI plan.
2. The University of Alabama at Birmingham (School of Public Health) conducted a webinar for all AEIS service coordinators on the importance of and methods for gathering family input. (N = 140) The purpose of this webinar, which will be ongoing as needed, is to ensure that providers are aware of strategies to involve families in ways that are appropriate to their culture, language, and preferences. Service Coordinators continually provide information to families on the methods of service delivery, the structure of the service delivery system, and issues related to system improvement. This knowledge base prepares families for participating in surveys and for providing suggestions for system improvement.

3. A representative sample of families are supported each year in completing a survey related to services/service delivery, child/family progress, suggestions for improvement and other general input. Service Coordinators prepare the families to offer their input through a review of the questions that will be asked and answering any questions the families may have so that they can be prepared when the surveyors contact them. During federal fiscal year 2020, eighteen (18) Early Intervention programs were evaluated in order to assure that families currently involved are receiving the service and assistance they need. A total of seven hundred sixty (760) families were involved in the programs under the Alabama Early Intervention System evaluated in federal fiscal year 2020. Three hundred forty-eight (348) families completed the family satisfaction survey by telephone. Three hundred eighty-nine (389) families could not complete the survey by telephone because of "Disconnected", "Wrong Number," "No Phone," "Incorrect Address & Telephone Number," and "Unable to Contact." These families were mailed a family satisfaction survey and thirty-eight (38) surveys were completed by mail. The overall return rate was 51%. Through this ongoing process of gathering family input, all AEIS families over a three year period are given an opportunity to respond to current initiatives and suggest areas for system improvement. For any family groups not well represented, AEIS identifies additional families to participate in the survey process.

4. A new Family Survey on proposed implementation activities and targets was sent out to all AEIS families statewide. As part of the survey process, families were provided with background information so that they understood the reason for and data concerning the targets and implementation activities. The survey questions were also designed to convey the practical implications of the targets (i.e., each increase in the target would mean that X number of additional children would improve their outcomes, or X number of new children would be identified, etc.). As a result, 662 family respondents representing diverse groups were able to provide input into improvement activities and setting new targets. The survey, developed by the University of Alabama at Birmingham, School of Public Health, was designed in such a way that it was easy to access, understand and complete. The demographics of survey respondents as compared to the state demographics indicated that all ethnic/racial groups were within the +/- 3% chosen metric except for the White and African-American groups (i.e., the White population was overrepresented and the African-American population was underrepresented). AEIS will identify families of underrepresented groups for future surveys and feedback sessions in order to ensure representativeness of all demographic groups in developing implementation activities to improve outcomes for infants/toddlers with disabilities and their families. This survey process will be conducted annually based on new data and initiatives.

5. AEIS added diversity training for AEIS providers to the FFY 2021 CSPD plan. This ongoing training will assist service coordinators and providers in training families, appropriately gathering direct input from diverse families and providing culturally-aware services. In addition, DEI seminars will be provided by an outside consulting firm to ensure a culturally aware and prepared workforce.

6. AEIS will add training for families into the FFY 2022 CSPD plan to educate them on the activities, history, goals, core values, strategies and system of early intervention in Alabama. This training will assist families in providing informed feedback and suggestions.

7. AEIS is developing new public awareness and orientation materials in a variety of formats (videos, print, etc.) to continually educate families on EI (purpose, methodology, core values, data, etc.) and current initiatives in order to give them context when providing input. The materials will be developed in a family-friendly format considering language barriers, ability to understand, and preferred delivery of information. These new materials and approaches are also intended to locate unserved and underserved children/families in order to ensure all family groups are included in services, feedback, and input into system improvements.

8. AEIS is supporting seven District Councils statewide to solicit parent involvement in discussions and recommendations for improvement activities. Currently, there are active family representatives on the District Councils who participate in ongoing activities. District Council Coordinators are now tasked with recruiting more families to participate in not only council activities, but in providing input into state and district initiatives. Councils are being asked to consider alternative methods for providing training for families, and gathering input (i.e., in person meetings, surveys, direct individual contact) in order to ensure diversity and inclusion of all groups of families.

9. AEIS has added new members to the ICC representing additional groups such as the homeless population and military families. Other family groups based on race and ethnicity are already participants on the ICC. The new members participated in an ICC orientation that included the history and current activities of AEIS, and have begun providing input into APR/SSIP initiatives. Each ICC meeting is designed to educate all members, including the families, on the initiatives at hand in order for them to provide informed input.

Soliciting Public Input:

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

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

ICC in March, June, and December 2021. Targets and SSIP activities/initiatives were discussed with feedback solicited. Attendance = 55 in March; 53 in June; 65 in December.

Personnel Subcommittee on March 15. Targets and SSIP activities/initiatives were discussed with feedback solicited. Attendance = 16.

Program Planning & Evaluation Subcommittee on March 16. Targets and SSIP activities/initiatives were discussed with feedback solicited. Attendance = 32.

Financial Planning Subcommittee on April 13, 2021. Targets were discussed with feedback solicited. Attendance = 12.

Public Awareness Subcommittee on April 22, 2021. Targets were discussed with feedback solicited. Attendance = 12.

Feedback from stakeholders (programs, state agencies) on profiles (April 2021 and annually) for data analysis.

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

BLOCKS newsletter disseminated information and requested input. Recipients = 65 programs, district providers and state staff. (June and November 2021)

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

Posting of documents on the AEIS website related to targets, data and improvement activities (ongoing).

Making Results Available to the Public:

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

- Posted APR and SSIP on website (Spring 2021)
- Posted program profiles on website (Spring 2021)
- Posted the PAR family survey and GTKYF report on the website (June 2021).
- Included in BLOCKS newsletter (ongoing)
- Posted proposed targets on website (November 2021)
- Posted AEIS SSIP Evaluation Plan on website (November 2021)
- Posted the AEIS Theory of Action on the website (November 2021)

Reporting to the Public:

How and where the State reported to the public on the FFY 2019 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 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.

The completed SPP/APR for FFY 2019 has been posted on the AEIS website for final public dissemination. In addition, data compiled for the APR has been and will continue to be routinely shared with the ICC, ICC subcommittees, local councils, stakeholder groups and state fiscal agents on a at least a quarterly basis. This sharing is intended for ongoing public dissemination, stakeholder input, and assistance in the ongoing provision of technical assistance and monitoring of AEIS programs. A complete copy of the AEIS SPP/APR for FFY 2019 can be found at <https://www.rehab.alabama.gov/services/ei> under Information for Families and Other Stakeholders. As per OSEP requirements, AEIS reported to the public on the performance of each AEIS program in meeting the measurable and rigorous targets found in the Part C SPP/APR. The FFY 2019 Program Profiles were disseminated to state agency liaisons, program administrators and to the public via web posting. The profiles may be viewed at <https://www.rehab.alabama.gov/services/ei> under "Program Profiles". AEIS will disseminate and post the FFY 2020 SPP/APR and Program Profiles within 120 days after submission of the SPP/APR.

Intro - Prior FFY Required Actions

Response to actions required in FFY 2019 SPP/APR

Intro - OSEP Response

The State did not, as required, attach a signed copy of their 2022 Annual Report Certification of the State Interagency Coordinating Council (SICC) Form. OSEP notes that the State must submit the SICC form to confirm whether the SICC is supporting the State's submission of the FFY 2020 SPP/APR or submitting its own SICC annual report (and if so, the SICC must submit the annual report in a format that complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508)).

While the State has described the mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR, any subsequent revisions that the State made to those targets, and the development and implementation of Indicator 11, that description does not contain the required information. Specifically, the State did not report a description of the activities conducted to increase the capacity of diverse groups of parents.

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), 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	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	95.85%	95.75%	95.37%	91.56%	97.13%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
683	730	97.13%	100%	98.36%	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.

35

Provide reasons for delay, if applicable.

Reasons for delays on the part of the programs included:

- Provider illness
- Inclement weather
- Miscalculations of 30 day timeline with months that have 31 days
- Lack of provider availability in area
- Staff turnover
- Scheduling issues
- COVID

Reasons for delay related to exceptional family circumstances included:

- Family or child illness
- Family out of town
- Other family obligations (e.g., court, medical appointments)
- Family not available until after the deadline (e.g., work schedule)
- Personal reasons (e.g., new baby, death in family)
- Family emergency
- No show by family
- Inclement weather
- 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 technical assistance/review annually and formal program monitoring every three years. This scheduling process ensures that all programs are selected for a monitoring and/or TA review each year and data is used in APR reporting for compliance indicators. Reviews are arranged annually based on mutually convenient dates and sites for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2019

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

FFY 2019 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 10 findings across 9 programs (AIDB Shoals, AIDB Huntsville, Arc of Central AL, Arc of Walker County, Cindy Haber Center, CSP, Scope 310, Watch Me Grow and District 6). 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 compensatory services were provided as needed. Verification of correction of each instance of noncompliance was also conducted through the PAR monitoring and TA process 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. One program was required to provide compensatory services and did so within the required timeframe. Follow-up was scheduled by the monitoring team to review additional records to ensure that the action plan had been achieved within one year and that the program was now correctly implementing the specific regulatory requirements.. The programs were subsequently notified in writing that they had achieved 100% compliance within one year based on review of updated data and confirmation that each infant and toddler received all services as indicated on their IFSP, although late. AEIS verified the correction of all 10 findings of noncompliance as having been corrected within one year.

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

AEIS issued a total of 10 findings across 9 programs as listed above. 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 compensatory services were provided as needed. Only one of the programs was required to deliver compensatory services and did so within the required timeframe. Verification of correction of each instance of noncompliance was also conducted through the PAR monitoring and TA process based on a review of updated data and a review of the timely delivery of new services added to the IFSP. 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. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year and that the program was now correctly implementing the specific regulatory requirements.. The programs were subsequently notified in writing that they had achieved 100% compliance within one year based on review of updated data and confirmation that each infant and toddler received all services as indicated on their IFSP, although late. AEIS verified the correction of all 10 findings of noncompliance as having been corrected within one year.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 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 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

1 - OSEP Response

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	87.40%

FFY	2015	2016	2017	2018	2019
Target>=	96.00%	97.00%	98.00%	99.00%	99.10%
Data	99.87%	99.91%	99.89%	99.53%	99.53%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%

Targets: Description of Stakeholder Input

In setting new targets, evaluating SSIP results, and developing new SSIP activities, AEIS analyzed trend data, reviewed stakeholder feedback, and collected and analyzed SSIP activity progress data. Data and SSIP summaries were shared with a variety of stakeholder groups using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. A summary of stakeholder groups and activities is as follows:

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data, selection of targets, training initiatives, policy, and public reporting of program status. Not only do ICC members participate in these discussions, but other program representatives and parents who attend the meetings and choose to participate offer their input (all meetings are open for public participation). In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include representatives from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting. In January 2022, new ICC members were selected, representing additional subpopulations such as the homeless community and the native American community. These new members were provided with an ICC orientation to inform them about ICC structure, history and current issues/activities so that they can be well informed for when discussions occur.

Each subcommittee follows specific by-laws for membership, which reflects diversity within the state. ICC subcommittees include: Personnel Preparation, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team that identifies broad-based stakeholders and methods for gathering their input. In addition, AEIS has launched an initiative to identify and include a more diverse group of stakeholders through the Diversity, Equity and Inclusion initiative. The goal of this initiative is to locate additional stakeholders and provide services to unserved and underserved families. As of this reporting period, there are 11 families serving as official members of the ICC and its subcommittees.

The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, families/caregivers, etc.) also provide feedback and input into system development. During the fall District TAs, which are attended by all programs at the district level and District Early Intervention Coordinators, data and information related to the SPP/APR/SSIP is discussed and input/feedback is solicited for system enhancement. The "Blocks of Information" quarterly newsletter is distributed to all providers which includes SPP/APR/SSIP updates, highlights of EI programs around the state, family stories, updates on policies, highlights of the quarter, and a recap of ICC subcommittee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

Families are involved in the ongoing feedback process through participation on stakeholder groups, surveys, focus groups and special task forces. Two standard surveys conducted annually by independent external evaluators (University of Alabama at Birmingham School of Public Health and Southeast Research) include the PAR Family Survey and the Getting to Know Your Family Survey (GTKYF). These surveys include specific questions that provide family input into system practice and child/family outcomes as per the SSIP. The response rate for the PAR Family Survey was 51% in FFY 2020 with 610 family respondents. In addition, supplemental surveys have been developed for targeted input by families in such areas as the APR targets, new SSIP activities, suggestions for improvement, and individual successes. There were 662 families who participated in these targeted surveys.

AEIS is expanding the number and diversity of stakeholders who give feedback on the APR, SSIP activities and system infrastructure improvements throughout the year. A Core Group of stakeholders representing diverse perspectives has been established to explore and recommend strategies for gathering further input and to positively impact the number of children and families served in rural, underserved regions. AEIS will also partner with an external DEI consulting firm to guide the process. The consulting firm, along with the Core Group will provide the following guidance and activities:

Group Mission

1. Create a cadre of stakeholders who are informed about AEIS and its initiatives and create opportunities for their involvement/input in policy decision-making, new initiatives, and current initiatives.
2. Ensure that children/families of diversity (both culturally and geographically) are served.

Activities and strategies:

- A. Assess the system (AEIS) to identify institutional practices and policies that inhibit equity and inclusion of diverse groups.
- B. Develop a state plan for addressing practices and policies pertaining to diversity, equity and inclusion.
- C. Conduct DEI training seminars for early intervention providers, service coordinators and administrators.
- D. Identify potential stakeholders and how to recruit them.
- E. Suggest public awareness strategies (for recruiting stakeholders and to impact child find in underserved locations).
 - PA materials to include information on AEIS (including the 8 core values), general and current initiatives, relevant data, how to get involved, etc.
 - PA strategies (billboards, videos, emails, social media, blog on website, etc.).
- F. Suggest strategies that would ensure diversity on subcommittees, task groups, etc.
- G. Suggest strategies for informing stakeholders and the public on what was done with their input, e.g., system decisions made, materials developed, supports added, (website, newsletters, collaboration with parent-to-parent organizations, focus groups, surveys, etc.).
- H. Suggest strategies for recruitment and retention of diverse providers and how to ensure that the diversity piece is considered throughout the hiring process.

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

- Develop local Child Find Leadership teams to include referral sources and community partners.
- Develop and implement strategies for parent engagement and communication.
- Identify and address barriers to family access and involvement in service delivery and family input.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	3,498
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Total number of infants and toddlers with IFSPs	3,500

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
3,498	3,500	99.53%	99.10%	99.94%	Met target	No Slippage

Provide additional information about this indicator (optional).

Determination of targets:

In that the indicator data is over 95%, as per OSEP, the targets do not need to show improvement over baseline. Therefore, the FFY 2019 targets were used as the targets through FFY 2025.

2 - Prior FFY Required Actions

None

2 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

In setting new targets, evaluating SSIP results, and developing new SSIP activities, AEIS analyzed trend data, reviewed stakeholder feedback, and collected and analyzed SSIP activity progress data. Data and SSIP summaries were shared with a variety of stakeholder groups using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. A summary of stakeholder groups and activities is as follows:

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data, selection of targets, training initiatives, policy, and public reporting of program status. Not only do ICC members participate in these discussions, but other program representatives and parents who attend the meetings and choose to participate offer their input (all meetings are open for public participation). In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include representatives from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting. In January 2022, new ICC members were selected, representing additional subpopulations such as the homeless community and the native American community. These new members were provided with an ICC orientation to inform them about ICC structure, history and current issues/activities so that they can be well informed for when discussions occur.

Each subcommittee follows specific by-laws for membership, which reflects diversity within the state. ICC subcommittees include: Personnel Preparation, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team that identifies broad-based stakeholders and methods for gathering their input. In addition, AEIS has launched an initiative to identify and include a more diverse group of stakeholders through the Diversity, Equity and Inclusion initiative. The goal of this initiative is to locate additional stakeholders and provide services to unserved and underserved families. As of this reporting period, there are 11 families serving as official members of the ICC and its subcommittees.

The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, families/caregivers, etc.) also provide feedback and input into system development. During the fall District TAs, which are attended by all programs at the district level and District Early Intervention Coordinators, data and information related to the SPP/APR/SSIP is discussed and input/feedback is solicited for system enhancement. The "Blocks of Information" quarterly newsletter is distributed to all providers which includes SPP/APR/SSIP updates, highlights of EI programs around the state, family stories, updates on policies, highlights of the quarter, and a recap of ICC subcommittee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

Families are involved in the ongoing feedback process through participation on stakeholder groups, surveys, focus groups and special task forces. Two standard surveys conducted annually by independent external evaluators (University of Alabama at Birmingham School of Public Health and Southeast Research) include the PAR Family Survey and the Getting to Know Your Family Survey (GTKYF). These surveys include specific questions that provide family input into system practice and child/family outcomes as per the SSIP. The response rate for the PAR Family Survey was 51% in FFY 2020 with 610 family respondents. In addition, supplemental surveys have been developed for targeted input by families in such areas as the APR targets, new SSIP activities, suggestions for improvement, and individual successes. There were 662 families who participated in these targeted surveys.

AEIS is expanding the number and diversity of stakeholders who give feedback on the APR, SSIP activities and system infrastructure improvements throughout the year. A Core Group of stakeholders representing diverse perspectives has been established to explore and recommend strategies for gathering further input and to positively impact the number of children and families served in rural, underserved regions. AEIS will also partner with an external DEI consulting firm to guide the process. The consulting firm, along with the Core Group will provide the following guidance and activities:

Group Mission

1. Create a cadre of stakeholders who are informed about AEIS and its initiatives and create opportunities for their involvement/input in policy decision-making, new initiatives, and current initiatives.
2. Ensure that children/families of diversity (both culturally and geographically) are served.

Activities and strategies:

- A. Assess the system (AEIS) to identify institutional practices and policies that inhibit equity and inclusion of diverse groups.
- B. Develop a state plan for addressing practices and policies pertaining to diversity, equity and inclusion.
- C. Conduct DEI training seminars for early intervention providers, service coordinators and administrators.
- D. Identify potential stakeholders and how to recruit them.
- E. Suggest public awareness strategies (for recruiting stakeholders and to impact child find in underserved locations).
 - PA materials to include information on AEIS (including the 8 core values), general and current initiatives, relevant data, how to get involved, etc.
 - PA strategies (billboards, videos, emails, social media, blog on website, etc.).
- F. Suggest strategies that would ensure diversity on subcommittees, task groups, etc.
- G. Suggest strategies for informing stakeholders and the public on what was done with their input, e.g., system decisions made, materials developed, supports added, (website, newsletters, collaboration with parent-to-parent organizations, focus groups, surveys, etc.).
- H. Suggest strategies for recruitment and retention of diverse providers and how to ensure that the diversity piece is considered throughout the hiring process.

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

Develop local Child Find Leadership teams to include referral sources and community partners.
 Develop and implement strategies for parent engagement and communication.
 Identify and address barriers to family access and involvement in service delivery and family input.

Historical Data

Outcome	Baseline	FFY	2015	2016	2017	2018	2019
A1	2008	Target>=	77.50%	78.00%	71.50%	71.60%	71.70%
A1	71.40%	Data	75.87%	74.61%	79.09%	78.64%	80.68%
A2	2008	Target>=	74.40%	74.50%	73.40%	73.50%	73.60%
A2	73.30%	Data	67.71%	61.23%	62.85%	59.13%	55.29%
B1	2008	Target>=	82.40%	82.50%	80.00%	80.10%	80.20%
B1	79.60%	Data	81.84%	83.19%	84.09%	83.54%	85.68%
B2	2008	Target>=	60.90%	70.00%	57.00%	57.10%	57.20%
B2	56.90%	Data	51.27%	49.92%	51.12%	48.92%	44.17%
C1	2008	Target>=	82.90%	83.00%	80.50%	80.60%	80.70%
C1	80.40%	Data	83.62%	76.99%	81.91%	82.12%	83.16%
C2	2008	Target>=	76.30%	76.40%	75.20%	75.30%	75.40%
C2	75.10%	Data	71.55%	61.13%	60.91%	58.95%	54.89%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A1>=	72.09%	72.48%	72.87%	73.26%	73.65%	74.04%
Target A2>=	73.60%	73.60%	73.60%	73.60%	73.60%	73.60%
Target B1>=	80.59%	80.98%	81.37%	81.76%	82.15%	82.54%
Target B2>=	57.20%	57.20%	57.20%	57.20%	57.20%	57.20%
Target C1>=	81.09%	81.48%	81.87%	82.26%	82.65%	83.04%
Target C2>=	75.40%	75.40%	75.40%	75.40%	75.40%	75.40%

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

2,773

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	50	1.80%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	367	13.23%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	947	34.15%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	917	33.07%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	492	17.74%

Outcome A	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in	1,864	2,281	80.68%	72.09%	81.72%	Met target	No Slippage

Outcome A	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program							
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	1,409	2,773	55.29%	73.60%	50.81%	Did not meet target	Slippage

Provide reasons for A2 slippage, if applicable

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	38	1.37%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	312	11.25%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,297	46.77%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	983	35.45%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	143	5.16%

Outcome B	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 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	2,280	2,630	85.68%	80.59%	86.69%	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	1,126	2,773	44.17%	57.20%	40.61%	Did not meet target	Slippage

Provide reasons for B2 slippage, if applicable

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	43	1.55%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	353	12.73%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,009	36.39%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,036	37.36%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	332	11.97%

Outcome C	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,045	2,441	83.16%	81.09%	83.78%	Met target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	1,368	2,773	54.89%	75.40%	49.33%	Did not meet target	Slippage

Provide reasons for C2 slippage, if applicable

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	3,939
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.	1,166

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

Documentation used in gathering data:

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

Tool(s) that help inform the decision:

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

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

Received in team meeting
 Incorporated into assessment(s)
 Voluntary Family Assessment
 Routines-Based Interview

Provide additional information about this indicator (optional).

For Summary Statement 2, there was a downward trend over the 6-year period from 2014-2019. AEIS is addressing this concern by requiring participation by all providers in Routines-Based Model training and implementation statewide, an evidence-based practice with documentation of positive results

3 - Prior FFY Required Actions

None

3 - OSEP Response

OSEP cannot determine whether the State revised its baseline for this indicator. The State reported in its narrative that it is proposing baseline changes; however, the State did not report the baseline year associated with that data. Additionally, the State reported baseline for this indicator, using data from FFY 2008, in the Historical Data table. OSEP cannot accept the State's FFYs 2020-2025 targets for this indicator because of the discrepancy in the baseline year and data.

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2015	2016	2017	2018	2019
A	2006	Target>=	98.80%	98.90%	99.00%	99.10%	99.20%
A	94.50%	Data	99.25%	98.54%	99.21%	98.92%	99.10%
B	2006	Target>=	95.30%	95.40%	95.50%	95.60%	95.70%
B	95.40%	Data	94.12%	95.19%	95.32%	95.35%	98.65%
C	2006	Target>=	98.70%	98.80%	98.90%	99.00%	99.10%

C	98.00 %	Data	98.19%	99.34%	98.79%	99.09%	99.09%
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Targets

FFY	2020	2021	2022	2023	2024	2025
Target A>=	99.21%	99.22%	99.23%	99.24%	99.25%	99.26%
Target B>=	95.71%	95.72%	95.73%	95.74%	95.75%	95.76%
Target C>=	99.11%	99.12%	99.13%	99.14%	99.15%	99.16%

Targets: Description of Stakeholder Input

In setting new targets, evaluating SSIP results, and developing new SSIP activities, AEIS analyzed trend data, reviewed stakeholder feedback, and collected and analyzed SSIP activity progress data. Data and SSIP summaries were shared with a variety of stakeholder groups using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. A summary of stakeholder groups and activities is as follows:

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2. Ensure that children/families of diversity (both culturally and geographically) are served.

Activities and strategies:

- A. Assess the system (AEIS) to identify institutional practices and policies that inhibit equity and inclusion of diverse groups.
- B. Develop a state plan for addressing practices and policies pertaining to diversity, equity and inclusion.
- C. Conduct DEI training seminars for early intervention providers, service coordinators and administrators.
- D. Identify potential stakeholders and how to recruit them.
- E. Suggest public awareness strategies (for recruiting stakeholders and to impact child find in underserved locations).
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- H. Suggest strategies for recruitment and retention of diverse providers and how to ensure that the diversity piece is considered throughout the hiring

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- Develop local Child Find Leadership teams to include referral sources and community partners.
- Develop and implement strategies for parent engagement and communication.
- Identify and address barriers to family access and involvement in service delivery and family input.

FFY 2020 SPP/APR Data

The number of families to whom surveys were distributed	760
Number of respondent families participating in Part C	386
Survey Response Rate	50.79%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	381
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	386
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	364
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	386
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	369
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	386

Measure	FFY 2019 Data	FFY 2020 Target	FFY 2020 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)	99.10%	99.21%	98.70%	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)	98.65%	95.71%	94.30%	Did not meet target	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)	99.09%	99.11%	95.60%	Did not meet target	Slippage

Provide reasons for part B slippage, if applicable

Teleintervention due to Covid was an adjustment for families, providers, and others and had an impact on the families' feelings that they could effectively communicate their child's needs. Although there was slippage on this indicator, the actual results were well over 90% and were only 4.35 percentage points lower than the FFY 2019 data.

Many experienced service coordinators and providers have left EI for reasons directly related to Covid. The on-boarding of new-unexperienced SC's and providers has also contributed to the slippage in these areas. As a system, AEIS has experienced a transition and adaptation period but is confident in the system and the ability to improve in these areas moving forward.

Provide reasons for part C slippage, if applicable

As mentioned above, teleintervention as the result of Covid played a major role in this indicator being less than the target and the FFY 2019 data. Again, staff turnover has impacted the system. Families have been uncertain as to their ability to help their child develop and learn without face-to-face facilitation by providers. Even though there was slippage, the results were over 95% and were only 3.49 percentage points less than the FFY 2019 data.

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.

A cross-section of families is selected to participate in a comprehensive survey if they received services through programs that were monitored during the fiscal year. The AEIS monitoring process is on a three-year cycle. This process assures that all programs and eligible families in the system are

surveyed at least once within a three-year timeframe to ensure that all families have an opportunity to provide valuable information in a confidential manner.

The Early Intervention Programs monitored, and families surveyed each year represent the diversity of Alabama's state populations. It includes families and programs from across the state, all state level fiscal agents, and rural and urban counties. These programs range from small to large in terms of service capacity and serve children and families with diverse ethnic, cultural and socioeconomic backgrounds. The survey is designed to collect demographic information to determine whether the sample is representative of the population served. Should there be underrepresented groups, AEIS will solicit input from additional families representing that target group. AEIS is confident that this is a valid sampling based on the above explanation of monitoring.

The family satisfaction questionnaire is conducted by Southeast Research and utilizes 3 types of responses: a four-point rating scale; a Yes/No response scale; and open-ended responses. The four-point rating scale used was: "Excellent", "Good", "Fair", and "Poor". The values for the scaled response questions ranged from 4 for "Excellent" to 1 for "Poor". All responses are then summarized, and a percentage score is computed. The percentage scores are based upon a maximum of 100%. The numbers in the composite report for the Alabama Early Intervention System may differ slightly from the numbers in the individual PAR program reports due to additional completed mail-in surveys and telephone surveys received after the deadline for each individual evaluation. The final report is published annually on the lead agency website and is available to the public.

Focus of Survey:

The goal of the family survey is to determine families' satisfaction with their EI experience and providers' capabilities to train and equip them so they may help their children achieve functional outcomes. Questions pertaining to the 3 APR family outcomes are included. In general, there is a focus on families' perspectives of service coordination, service delivery, community-based resources, plan development, their ability to help their child develop and learn, their involvement in team decision-making, and procedural safeguards.

The 18 programs who were monitored during FFY 2020, and the 386 families who completed the survey, are from all regions of the state, include small programs and large programs, and include families from rural, urban and suburban areas. Out of the 67 counties in the state, families from 58 of those counties were surveyed. The metric used to determine representativeness was +/- 3% of the total population served. Results were as follows:

- Hispanic/Latino = -4.3%
- American Indian/Alaska Native = -.2%
- Asian = -4%
- Black/AA = +2.9%
- Native Hawaiian/Other Pacific Islander = -.2%
- White/Caucasian = +1.2%
- Two or more races = +1.1%

The one group that is under-represented is the Hispanic/Latino population. This will be addressed in a targeted manner by identifying and recruiting Hispanic/Latino families who are enrolled in programs not surveyed during the fiscal year to complete the survey. This strategy will be used for all demographic categories should any fall outside of the +/- 3% metric.

In addition, a second survey was used (the Getting to Know Your Family survey) as developed by the University of Alabama at Birmingham School of Public Health to gather information related to services and child/family outcomes. Although these additional survey results were not used to calculate Indicator 4 outcomes, they were useful in gathering backup data for state use in developing improvement strategies. A total of 279 additional families across 25 programs completed the Getting to Know Your Family survey. Fifteen of these programs are additional to those surveyed through the PAR Family Survey mentioned above.

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

If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

The one group that is under-represented is the Hispanic/Latino population. This will be addressed in a targeted manner by identifying and recruiting Hispanic/Latino families who are enrolled in programs not surveyed during the fiscal year to complete the survey. This strategy will be used for all demographic categories should any fall outside of the +/- 3% metric.

Survey Response Rate

FFY	2019	2020
Survey Response Rate	47.85%	50.79%

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

AEIS will analyze the response data each year and, for any underrepresented groups, will identify and solicit family participation in the survey to ensure all groups fall within the +/- 3% metric. In that the response rate was 51% for FFY 2020, AEIS feels that the telephone and follow-up strategies are effective in gathering feedback from a large sample.

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.

During federal fiscal year 2020, eighteen (18) Early Intervention programs were evaluated to assure that families are receiving the service and assistance they need and that they have an opportunity to provide feedback on system initiatives. A total of seven hundred sixty (760) families were

involved in the programs under the Alabama Early Intervention System evaluated in federal fiscal year 2020. Three hundred forty-eight (348) families completed the family satisfaction survey by telephone. Three hundred eighty-nine (389) families could not complete the survey by telephone because of "Disconnected", "Wrong Number," "No Phone," "Incorrect Address & Telephone Number," and "Unable to Contact." These families were mailed a family satisfaction survey and thirty-eight (38) surveys were completed by mail. Due to these direct contacts with families, there was a 51% response rate. AEIS is pleased with the response rate and representativeness of its families. The use of direct contact via telephone and follow up by mail has ensured this high rate. AEIS did not identify any nonresponse biases in that all families enrolled in the 18 programs were given the opportunity to respond.

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.

The 18 programs who were monitored during this fiscal year, and the 386 families who completed the PAR Family survey, are from all regions of the state, include small programs and large programs, and include families from rural, urban and suburban areas. The percentage difference from the total population served by ethnic group is as follows (the metric used to determine population representativeness was +/- 3%):

Hispanic/Latino = -4.3%
American Indian/Alaska Native = -.2%
Asian = -.4%
Black/African American = +2.9%
Native Hawaiian/Other Pacific Islander = -.2%
White/Caucasian = +1.2%
Two or more = +1.1%

All but the Hispanic population were represented within the identified metric. AEIS has instituted a plan by which additional families in the Hispanic group (or other underrepresented groups) will be contacted to participate in the survey.

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).

AEIS has chosen the metric of +/- 3% of the state's EI population to be considered representative.

Provide additional information about this indicator (optional).

Targets for Indicator 4:

Based on the current high level of targets (i.e., > 95%), targets were increased by .01% for each year through 2025.

A second survey, Getting to Know Your Family, was also conducted to add family respondents to the PAR Family Survey. A total of 224 additional families across 25 programs completed the Getting to Know Your Family survey. Combined results from both FFY 2020 surveys (the PAR Family Survey and Getting to Know Your Family Survey) as related to Indicator 4 were as follows:

Families who indicated that they knew their rights = 98.7%
Families who feel like they can effectively communicate their child's needs = 96.2%
Families who feel that, after EI services, they are better able to help their child develop and learn = 95.6%
Families who are better able to understand their child's needs after EI services = 93.2%
Families who are able to participate in and enjoy typical family activities and community events after receiving EI services = 89.6%

4 - Prior FFY Required Actions

None

4 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

The State reported that the data for this indicator were collected from a response group that was representative of the population. However, in its narrative, the State reported, "AEIS has chosen the metric of +/- 3% to be considered representative. AEIS conducted an analysis of the 386 families included in the FFY 2020 survey. All categories were within the chosen metric of +/- 3% except the Hispanic/Latino ethnic group which was underrepresented with 4.32% fewer families in the sample group than the AEIS population. Fifty eight of the 67 counties were represented in the sample." Therefore, OSEP is unclear whether the response group was representative of the population. OSEP notes that the State did include strategies or improvement activities to address this issue in the future.

The State reported that sampling was used to collect data for this indicator and that the previously approved sampling plan had not changed. In order to report data for this indicator using sampling for the FFY 2020-2025 SPP/APR, the State must submit its sampling plan to OSEP and provide data consistent with the approved sampling plan.

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 ED Facts Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

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

Instructions

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.50%

FFY	2015	2016	2017	2018	2019
Target >=	0.61%	0.62%	0.63%	0.64%	0.65%
Data	0.71%	0.68%	0.72%	0.69%	0.74%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	0.68%	0.71%	0.74%	0.77%	0.80%	0.83%

Targets: Description of Stakeholder Input

In setting new targets, evaluating SSIP results, and developing new SSIP activities, AEIS analyzed trend data, reviewed stakeholder feedback, and collected and analyzed SSIP activity progress data. Data and SSIP summaries were shared with a variety of stakeholder groups using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. A summary of stakeholder groups and activities is as follows:

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data, selection of targets, training initiatives, policy, and public reporting of program status. Not only do ICC members participate in these discussions, but other program representatives and parents who attend the meetings and choose to participate offer their input (all meetings are open for public participation). In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include representatives from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting. In January 2022, new ICC members were selected, representing additional subpopulations such as the homeless community and the native American community. These new members were provided with an ICC orientation to inform them about ICC structure, history and current issues/activities so that they can be well informed for when discussions occur.

Each subcommittee follows specific by-laws for membership, which reflects diversity within the state. ICC subcommittees include: Personnel Preparation, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team that identifies broad-based stakeholders and methods for gathering their input. In addition, AEIS has launched an initiative to identify and include a more diverse group of stakeholders through the Diversity, Equity and Inclusion initiative. The goal of this initiative is to locate additional stakeholders and provide services to unserved and underserved families. As of this reporting period, there are 11 families serving as official members of the ICC and its subcommittees.

The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, families/caregivers, etc.) also provide feedback and input into system development. During the fall District TAs, which are attended by all programs at the district level and District Early Intervention Coordinators, data and information related to the SPP/APR/SSIP is discussed and input/feedback is solicited for system enhancement. The "Blocks of Information" quarterly newsletter is distributed to all providers which includes SPP/APR/SSIP updates, highlights of EI programs around the state, family stories, updates on policies, highlights of the quarter, and a recap of ICC subcommittee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

Families are involved in the ongoing feedback process through participation on stakeholder groups, surveys, focus groups and special task forces. Two standard surveys conducted annually by independent external evaluators (University of Alabama at Birmingham School of Public Health and Southeast Research) include the PAR Family Survey and the Getting to Know Your Family Survey (GTKYF). These surveys include specific questions that provide

family input into system practice and child/family outcomes as per the SSIP. The response rate for the PAR Family Survey was 51% in FFY 2020 with 610 family respondents. In addition, supplemental surveys have been developed for targeted input by families in such areas as the APR targets, new SSIP activities, suggestions for improvement, and individual successes. There were 662 families who participated in these targeted surveys.

AEIS is expanding the number and diversity of stakeholders who give feedback on the APR, SSIP activities and system infrastructure improvements throughout the year. A Core Group of stakeholders representing diverse perspectives has been established to explore and recommend strategies for gathering further input and to positively impact the number of children and families served in rural, underserved regions. AEIS will also partner with an external DEI consulting firm to guide the process. The consulting firm, along with the Core Group will provide the following guidance and activities:

Group Mission

1. Create a cadre of stakeholders who are informed about AEIS and its initiatives and create opportunities for their involvement/input in policy decision-making, new initiatives, and current initiatives.
2. Ensure that children/families of diversity (both culturally and geographically) are served.

Activities and strategies:

- A. Assess the system (AEIS) to identify institutional practices and policies that inhibit equity and inclusion of diverse groups.
- B. Develop a state plan for addressing practices and policies pertaining to diversity, equity and inclusion.
- C. Conduct DEI training seminars for early intervention providers, service coordinators and administrators.
- D. Identify potential stakeholders and how to recruit them.
- E. Suggest public awareness strategies (for recruiting stakeholders and to impact child find in underserved locations).
 - PA materials to include information on AEIS (including the 8 core values), general and current initiatives, relevant data, how to get involved, etc.
 - PA strategies (billboards, videos, emails, social media, blog on website, etc.).
- F. Suggest strategies that would ensure diversity on subcommittees, task groups, etc.
- G. Suggest strategies for informing stakeholders and the public on what was done with their input, e.g., system decisions made, materials developed, supports added, (website, newsletters, collaboration with parent-to-parent organizations, focus groups, surveys, etc.).
- H. Suggest strategies for recruitment and retention of diverse providers and how to ensure that the diversity piece is considered throughout the hiring process.

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

- Develop local Child Find Leadership teams to include referral sources and community partners.
- Develop and implement strategies for parent engagement and communication.
- Identify and address barriers to family access and involvement in service delivery and family input.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 1 with IFSPs	466
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, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 1	56,246

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
466	56,246	0.74%	0.68%	0.83%	Met target	No Slippage

Provide additional information about this indicator (optional)

Targets for Indicator 5:

Based on trend data from 2014 through 2019, there was a .19% increase over the 6-year period which calculates to .03%/year. This rate of growth (i.e.,.03%/year) has been used in the development of the targets for 2020-2025.

5 - Prior FFY Required Actions

None

5 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

6 - Indicator Data

Baseline Year	Baseline Data
2005	1.39%

FFY	2015	2016	2017	2018	2019
Target >=	1.75%	1.76%	1.77%	1.78%	1.79%
Data	1.83%	1.87%	2.06%	2.08%	2.20%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	1.86%	1.93%	2.00%	2.07%	2.14%	2.21%

Targets: Description of Stakeholder Input

In setting new targets, evaluating SSIP results, and developing new SSIP activities, AEIS analyzed trend data, reviewed stakeholder feedback, and collected and analyzed SSIP activity progress data. Data and SSIP summaries were shared with a variety of stakeholder groups using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. A summary of stakeholder groups and activities is as follows:

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data, selection of targets, training initiatives, policy, and public reporting of program status. Not only do ICC members participate in these discussions, but other program representatives and parents who attend the meetings and choose to participate offer their input (all meetings are open for public participation). In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include representatives from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting. In January 2022, new ICC members were selected, representing additional subpopulations such as the homeless community and the native American community. These new members were provided with an ICC orientation to inform them about ICC structure, history and current issues/activities so that they can be well informed for when discussions occur.

Each subcommittee follows specific by-laws for membership, which reflects diversity within the state. ICC subcommittees include: Personnel Preparation, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team that identifies broad-based stakeholders and methods for gathering their input. In addition, AEIS has launched an initiative to identify and include a more diverse group of stakeholders through the Diversity, Equity and Inclusion initiative. The goal of this initiative is to locate additional stakeholders and provide services to unserved and underserved families. As of this reporting period, there are 11 families serving as official members of the ICC and its subcommittees.

The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, families/caregivers, etc.) also provide feedback and input into system development. During the fall District TAs, which are attended by all programs at the district level and District Early Intervention Coordinators, data and information related to the SPP/APR/SSIP is discussed and input/feedback is solicited for system enhancement. The "Blocks of Information" quarterly newsletter is distributed to all providers which includes SPP/APR/SSIP updates, highlights of EI programs around the state, family stories, updates on policies, highlights of the quarter, and a recap of ICC subcommittee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

Families are involved in the ongoing feedback process through participation on stakeholder groups, surveys, focus groups and special task forces. Two standard surveys conducted annually by independent external evaluators (University of Alabama at Birmingham School of Public Health and Southeast Research) include the PAR Family Survey and the Getting to Know Your Family Survey (GTKYF). These surveys include specific questions that provide family input into system practice and child/family outcomes as per the SSIP. The response rate for the PAR Family Survey was 51% in FFY 2020 with 610 family respondents. In addition, supplemental surveys have been developed for targeted input by families in such areas as the APR targets, new

SSIP activities, suggestions for improvement, and individual successes. There were 662 families who participated in these targeted surveys.

AEIS is expanding the number and diversity of stakeholders who give feedback on the APR, SSIP activities and system infrastructure improvements throughout the year. A Core Group of stakeholders representing diverse perspectives has been established to explore and recommend strategies for gathering further input and to positively impact the number of children and families served in rural, underserved regions. AEIS will also partner with an external DEI consulting firm to guide the process. The consulting firm, along with the Core Group will provide the following guidance and activities:

Group Mission

1. Create a cadre of stakeholders who are informed about AEIS and its initiatives and create opportunities for their involvement/input in policy decision-making, new initiatives, and current initiatives.
2. Ensure that children/families of diversity (both culturally and geographically) are served.

Activities and strategies:

- A. Assess the system (AEIS) to identify institutional practices and policies that inhibit equity and inclusion of diverse groups.
- B. Develop a state plan for addressing practices and policies pertaining to diversity, equity and inclusion.
- C. Conduct DEI training seminars for early intervention providers, service coordinators and administrators.
- D. Identify potential stakeholders and how to recruit them.
- E. Suggest public awareness strategies (for recruiting stakeholders and to impact child find in underserved locations).
 - PA materials to include information on AEIS (including the 8 core values), general and current initiatives, relevant data, how to get involved, etc.
 - PA strategies (billboards, videos, emails, social media, blog on website, etc.).
- F. Suggest strategies that would ensure diversity on subcommittees, task groups, etc.
- G. Suggest strategies for informing stakeholders and the public on what was done with their input, e.g., system decisions made, materials developed, supports added, (website, newsletters, collaboration with parent-to-parent organizations, focus groups, surveys, etc.).
- H. Suggest strategies for recruitment and retention of diverse providers and how to ensure that the diversity piece is considered throughout the hiring process.

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

- Develop local Child Find Leadership teams to include referral sources and community partners.
- Develop and implement strategies for parent engagement and communication.
- Identify and address barriers to family access and involvement in service delivery and family input.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 3 with IFSPs	3,500
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, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 3	172,597

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
3,500	172,597	2.20%	1.86%	2.03%	Met target	No Slippage

Provide additional information about this indicator (optional).

Targets for Indicator 6:

Based on trend data from 2014 through 2019, there was a .44% increase over the 6-year period which calculates to .07%/year. This rate of growth (i.e.,.07%/year) has been used in the development of the targets for 2020-2025.

6 - Prior FFY Required Actions

None

6 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), 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	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	99.85%	98.40%	99.53%	99.26%	100.00%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
642	661	100.00%	100%	99.55%	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.

Provide reasons for delay, if applicable.

Reasons for delays on the part of the programs included:

- Provider illness
- Staff turnover
- COVID

Reasons for delay related to exceptional family circumstances included:

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

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

State monitoring

Describe the method used to select EIS programs for monitoring.

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

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2019

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 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

7 - Prior FFY Required Actions

None

7 - OSEP Response

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), 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	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	91.27%	95.67%	96.06%	93.89%	98.65%
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Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
268	301	98.65%	100%	89.04%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

During FFY 2020, there were 33 findings within 14 programs under transition planning. As a result, all programs were issued an action plan with follow-up. Upon subsequent review, all programs had corrected the issues and demonstrated that they were correctly implementing the regulatory requirements with each individual case of noncompliance being corrected. Some of the issues impacting the noncompliance were COVID related. Others issues included provider illness, scheduling and other difficulties using virtual meetings with families, and staff turnover.

Number of documented delays attributable to exceptional family circumstances

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

0

Provide reasons for delay, if applicable.

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

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

State monitoring

Describe the method used to select EIS programs for monitoring.

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

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2019

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	2	0	0

FFY 2019 Findings of Noncompliance Verified as Corrected

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

During FFY 2019, there were 2 children in one program (AIDB Huntsville) who did not have an IFSP with transition steps and services developed at least 90 days prior to their 3rd birthday. To verify correction of each of these instances of noncompliance, the state reviewed the actual date the child had an IFSP developed with transition steps and services in the program's data system. Each of the 2 children did have an IFSP developed with transition steps and services, although late (less than 90 days prior to their 3rd birthday). The findings reflect individual cases of noncompliance rather than systemic issues. This program that had findings of noncompliance was 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 the monitoring process based on a review of updated data and additional records. During further review on 01/21/2020, additional records were reviewed and met all requirements. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year and that the program was now correctly implementing the specific regulatory requirements. AEIS verified the correction of the 2 findings of noncompliance as having been corrected within one year and the program was notified in writing that they had achieved 100% compliance within one year based on review of updated data and additional records.

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

AEIS issued a total of 2 findings within 1 program (AIDB Huntsville) out of the 7 programs monitored during FFY 2019. The program that had findings (i.e., two children) of noncompliance was issued an action plan that included assurances that the individual cases of noncompliance were corrected. During further review on 01/21/2020, the records were reviewed and were determined to have met requirements. Each individual instance of noncompliance was determined to have been corrected by the program as per their action plan. The program was subsequently notified in writing that they had achieved 100% compliance within one year based on review of updated data and confirmation that each infant and toddler received all services as indicated on their IFSP. AEIS verified the correction of the 2 findings of noncompliance as having been corrected within one year.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 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 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

8A - OSEP Response

In its FFY 2019 SPP/APR, the State reported two children exiting Part C who did not have an IFSP with transition steps and services. In its FFY 2020 SPP/APR, the State reported on two findings of noncompliance identified in FFY 2019 in the Correction of Findings of Noncompliance Identified in FFY 2019 table. However, in its description of correction of noncompliance, the State reported, "AEIS issued a total of 2 findings across 7 programs." The State must clarify how two individual cases of noncompliance occurred across seven programs. As a result of this discrepancy, the State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2019 because it did not report that it verified correction of those findings consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2019: (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.

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), 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	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	96.53%	98.83%	96.95%	92.16%	95.71%
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Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
238	301	95.71%	100%	87.82%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

During FFY 2020, there were 33 findings within 13 programs under transition notification which impacted the AEIS overall results. All programs were issued an action plan with follow-up. Upon subsequent review, all programs had corrected the issues and demonstrated that they were correctly implementing the regulatory requirements with each individual case of noncompliance being corrected. Issues included staff turnover, service coordinator illness and COVID related issues.

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.

30

Provide reasons for delay, if applicable.

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

Describe the method used to collect these data.

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

Record reviews may include but are not limited to:

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

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

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2019

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

FFY 2019 Findings of Noncompliance Verified as Corrected

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

Out of the 7 programs monitored during FFY 2019, AEIS issued a total of 6 findings within 3 programs (Districts 2, 5 and 6). These findings reflect only 6 individual cases of noncompliance rather than systemic issues. Each program that had findings of noncompliance was 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 conducted through the monitoring process based on a review of updated data, service coordinator notes, and additional records. During a review conducted on 11-17-19 for District 2, additional records were reviewed and it was determined that the program was meeting regulatory requirements. In addition, on 11-19-2019 for District 5, and 11-25-19 for District 6, the records that had findings were brought back into compliance because the notifications were sent, thus meeting their action plan. Each individual instance of noncompliance was reviewed by the monitoring team and was subsequently determined to have been corrected by the programs. The follow-up by the monitoring team ensured that the action plans had been achieved within one year and that the program was now correctly implementing the specific regulatory requirements. The programs were subsequently notified in writing that they had achieved 100% compliance within one year based on review of updated data. AEIS verified the correction of all 6 findings of noncompliance as having been corrected within one year.

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

AEIS issued a total of 6 findings within 3 programs (Districts 2, 5, and 6) out of the 7 total programs monitored in FFY 2019. Each program that had findings of noncompliance was issued an action plan. Verification of correction of each individual instance of noncompliance was conducted through the monitoring process based on a review of updated data and service coordinator notes. Notification to the SEA and LEA occurred for each child and family, although late, and none of the children exited the program prior to the notification being sent. During a review conducted on 11-17-19 for District 2, it was determined that each individual case of noncompliance was corrected. In addition, on 11-19-2019 for District 5, and 11-25-19 for District 6, it was determined that the individual cases that had findings had been corrected. Therefore, 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. Additional follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year. The programs were subsequently notified in writing that they had achieved 100% compliance within one year based on review of updated data and confirmation that each infant and toddler received all services as indicated on their IFSP. AEIS verified the correction of all 6 findings of noncompliance as having been corrected within one year.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 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 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

8B - OSEP Response

In its FFY 2019 SPP/APR, the State reported six toddlers exiting Part C who did not receive timely notification. In its FFY 2020 SPP/APR, the State reported on six findings of noncompliance identified in FFY 2019 in the Correction of Findings of Noncompliance Identified in FFY 2019 table. However, in its description of correction of noncompliance, the State reported, "AEIS issued a total of 6 findings across 7 programs." The State must clarify how six individual cases of noncompliance occurred across seven programs. As a result of this discrepancy, the State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2019 because it did not report that it verified correction of those findings consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2019: (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.

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), 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	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	97.98%	99.61%	98.98%	100.00%	100.00%
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Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
264	271	100.00%	100%	97.42%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

During FFY 2020, there were 7 findings within 1 program under transition meetings. This program was issued an action plan with follow-up. Upon subsequent review, the program had corrected the issues and demonstrated that they were correctly implementing the regulatory requirements with each individual case of noncompliance being corrected. The reasons for noncompliance were COVID related, impacting scheduling and meeting. Although there was slippage, data for Indicator 8C demonstrate results well over 95%.

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.

Reasons for delays on the part of the programs included:

- Service Coordinator illness
- Service Coordinator miscalculation of transition timeline
- Staff turnover
- Scheduling issues
- 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 technical assistance/review annually and formal program monitoring every three years. This scheduling process ensures that all programs are selected for a monitoring and/or TA review each year and data is used in APR reporting for compliance indicators. Reviews are arranged annually based on mutually convenient dates and sites for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year.

Provide additional information about this indicator (optional).

Clarification from FFY 2019 report: Indicator 8C had no findings in FFY 2019, therefore the reasons for delay that were listed were a clerical error. All transition conferences occurred on time.

Correction of Findings of Noncompliance Identified in FFY 2019

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 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8C - Prior FFY Required Actions

The State must clarify, in the FFY 2020 SPP/APR, if there were delays in transition conferences in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

Clarification from FFY 2019 report: Indicator 8C had no findings in FFY 2019, therefore the reasons for delay that were listed were a clerical error. All transition conferences occurred on time.

8C - OSEP Response

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

States are not required to establish 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 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/03/2021	3.1 Number of resolution sessions	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/03/2021	3.1(a) Number resolution sessions resolved through settlement agreements	0

Targets: Description of Stakeholder Input

In setting new targets, evaluating SSIP results, and developing new SSIP activities, AEIS analyzed trend data, reviewed stakeholder feedback, and collected and analyzed SSIP activity progress data. Data and SSIP summaries were shared with a variety of stakeholder groups using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. A summary of stakeholder groups and activities is as follows:

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data, selection of targets, training initiatives, policy, and public reporting of program status. Not only do ICC members participate in these discussions, but other program representatives and parents who attend the meetings and choose to participate offer their input (all meetings are open for public participation). In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include representatives from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting. In January 2022, new ICC members were selected, representing additional subpopulations such as the homeless community and the native American community. These new members were provided with an ICC orientation to inform them about ICC structure, history and current issues/activities so that they can be well informed for when discussions occur.

Each subcommittee follows specific by-laws for membership, which reflects diversity within the state. ICC subcommittees include: Personnel Preparation, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team that identifies broad-based stakeholders and methods for gathering their input. In addition, AEIS has launched an initiative to identify and include a more diverse group of stakeholders through the Diversity, Equity and Inclusion initiative. The goal of this initiative is to locate additional stakeholders and provide services to unserved and underserved families. As of this reporting period, there are 11 families serving as official members of the ICC and its subcommittees.

The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, families/caregivers, etc.) also provide feedback and input into system development. During the fall District TAs, which are attended by all programs at the district level and District Early Intervention Coordinators, data and information related to the SPP/APR/SSIP is discussed and input/feedback is solicited for system enhancement. The "Blocks of Information" quarterly newsletter is distributed to all providers which includes SPP/APR/SSIP updates, highlights of EI programs around the state, family stories, updates on policies, highlights of the quarter, and a recap of ICC subcommittee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

Families are involved in the ongoing feedback process through participation on stakeholder groups, surveys, focus groups and special task forces. Two standard surveys conducted annually by independent external evaluators (University of Alabama at Birmingham School of Public Health and Southeast Research) include the PAR Family Survey and the Getting to Know Your Family Survey (GTKYF). These surveys include specific questions that provide family input into system practice and child/family outcomes as per the SSIP. The response rate for the PAR Family Survey was 51% in FFY 2020 with 610 family respondents. In addition, supplemental surveys have been developed for targeted input by families in such areas as the APR targets, new SSIP activities, suggestions for improvement, and individual successes. There were 662 families who participated in these targeted surveys.

AEIS is expanding the number and diversity of stakeholders who give feedback on the APR, SSIP activities and system infrastructure improvements throughout the year. A Core Group of stakeholders representing diverse perspectives has been established to explore and recommend strategies for gathering further input and to positively impact the number of children and families served in rural, underserved regions. AEIS will also partner with an external DEI consulting firm to guide the process. The consulting firm, along with the Core Group will provide the following guidance and activities:

Group Mission

1. Create a cadre of stakeholders who are informed about AEIS and its initiatives and create opportunities for their involvement/input in policy decision-making, new initiatives, and current initiatives.
2. Ensure that children/families of diversity (both culturally and geographically) are served.

Activities and strategies:

- A. Assess the system (AEIS) to identify institutional practices and policies that inhibit equity and inclusion of diverse groups.
- B. Develop a state plan for addressing practices and policies pertaining to diversity, equity and inclusion.
- C. Conduct DEI training seminars for early intervention providers, service coordinators and administrators.
- D. Identify potential stakeholders and how to recruit them.
- E. Suggest public awareness strategies (for recruiting stakeholders and to impact child find in underserved locations).
 - PA materials to include information on AEIS (including the 8 core values), general and current initiatives, relevant data, how to get involved, etc.
 - PA strategies (billboards, videos, emails, social media, blog on website, etc.).
- F. Suggest strategies that would ensure diversity on subcommittees, task groups, etc.
- G. Suggest strategies for informing stakeholders and the public on what was done with their input, e.g., system decisions made, materials developed, supports added, (website, newsletters, collaboration with parent-to-parent organizations, focus groups, surveys, etc.).
- H. Suggest strategies for recruitment and retention of diverse providers and how to ensure that the diversity piece is considered throughout the hiring process.

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

- Develop local Child Find Leadership teams to include referral sources and community partners.
- Develop and implement strategies for parent engagement and communication.
- Identify and address barriers to family access and involvement in service delivery and family input.

Historical Data

Baseline Year	Baseline Data

FFY	2015	2016	2017	2018	2019
Target>=					
Data					

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=	0.00%					

FFY 2020 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
0	0		0.00%		N/A	N/A

Provide additional information about this indicator (optional)

9 - Prior FFY Required Actions

None

9 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2020. 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 (EMAPS)).

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1 Mediations held	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.a.i Mediations agreements related to due process complaints	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

In setting new targets, evaluating SSIP results, and developing new SSIP activities, AEIS analyzed trend data, reviewed stakeholder feedback, and collected and analyzed SSIP activity progress data. Data and SSIP summaries were shared with a variety of stakeholder groups using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. A summary of stakeholder groups and activities is as follows:

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data, selection of targets, training initiatives, policy, and public reporting of program status. Not only do ICC members participate in these discussions, but other program representatives and parents who attend the meetings and choose to participate offer their input (all meetings are open for public participation). In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include representatives from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting. In January 2022, new ICC members were selected, representing additional subpopulations such as the homeless community and the native American community. These new members were provided with an ICC orientation to inform them about ICC structure, history and current issues/activities so that they can be well informed for when discussions occur.

Each subcommittee follows specific by-laws for membership, which reflects diversity within the state. ICC subcommittees include: Personnel Preparation, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team that identifies broad-based stakeholders and methods for gathering their input. In addition, AEIS has launched an initiative to identify and include a more diverse group of stakeholders through the Diversity, Equity and Inclusion initiative. The goal of this initiative is to locate additional stakeholders and provide services to unserved and underserved families. As of this reporting period, there are 11 families serving as official members of the ICC and its subcommittees.

The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, families/caregivers, etc.) also provide feedback and input into system development. During the fall District TAs, which are attended by all programs at the district level and District Early Intervention Coordinators, data and information related to the SPP/APR/SSIP is discussed and input/feedback is solicited for system enhancement. The "Blocks of Information" quarterly newsletter is distributed to all providers which includes SPP/APR/SSIP updates, highlights of EI programs around the state, family stories, updates on policies, highlights of the quarter, and a recap of ICC subcommittee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

Families are involved in the ongoing feedback process through participation on stakeholder groups, surveys, focus groups and special task forces. Two

standard surveys conducted annually by independent external evaluators (University of Alabama at Birmingham School of Public Health and Southeast Research) include the PAR Family Survey and the Getting to Know Your Family Survey (GTKYF). These surveys include specific questions that provide family input into system practice and child/family outcomes as per the SSIP. The response rate for the PAR Family Survey was 51% in FFY 2020 with 610 family respondents. In addition, supplemental surveys have been developed for targeted input by families in such areas as the APR targets, new SSIP activities, suggestions for improvement, and individual successes. There were 662 families who participated in these targeted surveys.

AEIS is expanding the number and diversity of stakeholders who give feedback on the APR, SSIP activities and system infrastructure improvements throughout the year. A Core Group of stakeholders representing diverse perspectives has been established to explore and recommend strategies for gathering further input and to positively impact the number of children and families served in rural, underserved regions. AEIS will also partner with an external DEI consulting firm to guide the process. The consulting firm, along with the Core Group will provide the following guidance and activities:

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1. Create a cadre of stakeholders who are informed about AEIS and its initiatives and create opportunities for their involvement/input in policy decision-making, new initiatives, and current initiatives.
2. Ensure that children/families of diversity (both culturally and geographically) are served.

Activities and strategies:

- A. Assess the system (AEIS) to identify institutional practices and policies that inhibit equity and inclusion of diverse groups.
- B. Develop a state plan for addressing practices and policies pertaining to diversity, equity and inclusion.
- C. Conduct DEI training seminars for early intervention providers, service coordinators and administrators.
- D. Identify potential stakeholders and how to recruit them.
- E. Suggest public awareness strategies (for recruiting stakeholders and to impact child find in underserved locations).
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 - PA strategies (billboards, videos, emails, social media, blog on website, etc.).
- F. Suggest strategies that would ensure diversity on subcommittees, task groups, etc.
- G. Suggest strategies for informing stakeholders and the public on what was done with their input, e.g., system decisions made, materials developed, supports added, (website, newsletters, collaboration with parent-to-parent organizations, focus groups, surveys, etc.).
- H. Suggest strategies for recruitment and retention of diverse providers and how to ensure that the diversity piece is considered throughout the hiring process.

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

- Develop local Child Find Leadership teams to include referral sources and community partners.
- Develop and implement strategies for parent engagement and communication.
- Identify and address barriers to family access and involvement in service delivery and family input.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2015	2016	2017	2018	2019
Target>=					
Data					

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=						

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2020. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

Targets: In its FFY 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., April 1, 2021). 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 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) 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)?

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.

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

NO

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

NO

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

NO

Please provide a link to the current theory of action.

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

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2008	71.40%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=	72.09%	72.48%	72.87%	73.26%	73.65%	74.04%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,864	2,281	80.68%	72.09%	81.72%	Met target	No Slippage

Provide the data source for the FFY 2020 data.

Child Outcome Summary (COS) Data for children upon exit who have received EI services for at least 6 months.

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

The Child Outcome Summary Process is conducted with every child at their initial IFSP, at the annual review and when they exit the system (if they have received services for 6 months or more). Results from the COS data are then used to calculate a percentage of achievement to compare to the indicator target. In FFY 2020, AEIS calculated its data using the numerator of 1864 and the denominator of 2281.

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

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

YES

If yes, please provide the following information: a description of the changes and updates to the evaluation plan; a rationale or justification for the changes; and, a link to the State's current evaluation plan.

AEIS updated its SSIP evaluation plan to add new activities for FFY 2020 and beyond as described under the section on newly identified activities. These activities, along with descriptions of data to be collected/analyzed, were incorporated into the existing plan. A copy of the evaluation plan can be found at <https://rehab.alabama.gov/services/ei> under "Information for Families and Other Stakeholders".

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

1. Provided training on the MEISR tool (Measure of Engagement, Independence and Social Relationships) for all service coordinators statewide to assist in monitoring progress in the OSEP required outcome areas (i.e., social-emotional development, development of knowledge/skill, and use of appropriate behavior to meet needs).

Two trainings were provided statewide, one in May 2021 (79 participants) and one in November 2021 (30 participants). Currently, use of the MEISR tool is voluntary, however AEIS is considering its use to be required.

2. Expand training throughout FFY 2020 and 2021 by ASD specialists on the use of evidence-based practices (i.e., Naturalistic Developmental Behavioral Interventions Model or NDBI) for working with children who have autism.

Developed a series of 5 focused trainings on topics prioritized in conjunction with AEIS leadership and research partners, and which promoted a collaborative and integrated implementation of evidence-based practice, Routines Based Home Visiting Practices, and AEIS Core Values.

Conducted five ASD trainings with seven Early Intervention ASD Specialists via Zoom. Topics included Social Communication and Interaction; Repetitive and Restricted Behavior, Associated Behaviors; Sharing concerns with Caregivers; and 5 ASD Specific Strategies.

3. Expand training and support activities for families and utilize trained families in providing support for new families who have children with special needs.

A partnership with Family Voices of Alabama was expanded to include additional resources for family support. Electronic tablets were purchased for families to use in virtual visits. Two webinars were conducted covering the Nuts and Bolts of a Successful Family Centered Telehealth Experience. Families are also provided with Care Notebooks of available resources and supports.

A partnership with Hands and Voices enabled direct parent-to-parent support with the Guide By Your Side (GBYS) program which is a mentoring initiative by veteran parents with new parents. Outreach continue to 40 families currently enrolled in GBYS. Organizational binders of educational records were created for families to use during their journey.

4. Maximize service delivery options for families.

AEIS continues to offer virtual services based on the family's needs/preferences and the team's decision. This service delivery option has opened the door for all families, including those in the outer lying rural areas, to receive the services as outlined on their IFSP.

5. Continue providing training and support for the implementation of the adopted Evidence-Based Practice, the Routines-Based Model (RBI/RBHV), by existing and new EI interventionists.

Training modules were developed that cover the entire Routines-Based Model, to be accessed by both Service Coordinators and EI Providers on a routine basis. AEIS program monitors also use the modules to recommend additional or refresher training that they might need.

6. Continue partnership with the Alabama Department of Mental Health on the use of Infant/Early Childhood Mental Health Consultants (IECMH) in providing support for programs. The implementation of IECMH in EI has a 3-Tier approach which is currently being piloted::

Tier 1- Universal/Team Support

Tier 2 - Reflective Case Consultation

Tier 3 - Child/Family-Specific Consultation

7. Continue and expand partnerships with national, state, and local entities and higher education to provide additional training and support.

Ongoing partnerships continued with the Alabama Department of Mental Health (DMH), Alabama Institute for the Deaf/Blind (AIDB), the University of

Alabama (U of A), Auburn University (AU), and the University of Alabama at Birmingham (UAB), in providing training, technical assistance and internship opportunities for statewide training and support. DMH and AIDB provided direct services to children and families through local agencies/organizations and sit on the ICC (the AIDB Director serves as ICC Chair). These agencies also share in program monitoring, TA, statewide training and other system initiatives.

The U of A provides all training and TA on the adopted evidence-based practice, the Routines-Based Model. In addition, it was through the office of the developer of the model, Dr. Robin McWilliam, that the 14 modules were developed. The U of A houses an early intervention program under the lead agency, the Alabama Department of Rehabilitation Services.

Auburn University assists by placing ECSE interns in AEIS programs to increase their knowledge and experience in working with infants and toddlers with disabilities. In addition, AU has assisted in developing post training evaluations and providing ongoing support in the development of AEIS initiatives/activities (e.g., consultation on evaluation tools for eligibility determination and assistance in gathering information on eligibility definitions nationally). Faculty from AU also served on the ICC Personnel Subcommittee during FFY 2020.

The UAB School of Public Health serves as the AEIS SSIP external evaluators and, as such, conducts numerous activities (i.e., surveys, interviews, data collection) in support of AEIS initiatives and decision making.

AEIS participated with the DaSY and ECTA Centers for research and field testing of the COS-KC (Child Outcomes Summary-Knowledge Check), a national tool for assessing knowledge of the COS process. Seventeen AL Part C providers participated in field testing and provided critical feedback to the development of this tool through a survey about their experience with the technology and content of the COS-KC. AEIS is on the list to pilot the revised COS-KC and provide feedback on the reports the tool will generate, and will utilize the COS-KC after the pilot has been finalized.

8. Continue to maintain the web-based data management system and add new data collection procedures and/or reports as needs are identified. The GIFTS database was maintained throughout the FFY. A major overhaul is now underway that will be more efficient and effective in gathering and using data for system development and program monitoring.

9. Continue to provide training and technical support year-round to programs on their fiscal management. All programs are required to participate in fiscal audits and Medicaid reviews with follow-up actions as deemed necessary. Annual training is provided by the ADRS Fiscal Department for all programs on fiscal management. Ongoing training is provided on Medicaid billing and documentation for all programs statewide.

Newly identified activities:

10. Continue to provide Child Outcome Summary training and participate in the COS-KC field testing.

All new service coordinators are required to participate in training on the COS process. This occurs upon hire and as a refresher throughout the year as determined necessary by the program monitors. During FFY 2020, AEIS participated in the field-testing of a training tool developed by the ECTA Center/DaSy Center to check the knowledge and skill level of service coordinators who use the COS process. Once the tool has been published, AEIS will use it on an ongoing basis for knowledge checks and as a learning tool for service coordinators.

11. Provide training for Service Coordinators on soliciting and increasing family input.

During FFY 2020, the AEIS external evaluators at the University of Alabama at Birmingham School of Public Health conducted a virtual workshop on strategies for gathering family/stakeholder input and on the importance of doing so. This workshop was recorded to be available on an as needed basis.

12. Develop a system to provide screening for autism and referral for diagnostic services.

A model autism screening initiative has begun in partnership with the University of Alabama with 4 pilot sites currently in operation. This model of screening services will be scaled-up statewide.

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.

1. Provide training on the MEISR tool
Outcome: Service Coordinators are now more skilled at gathering information on child progress that relates to the use of the RBI evidence-based practice and feeds into the Child Outcome Summary process.
Measures/rationale: Post training feedback/evaluation is currently being collected by the UAB external evaluators and will be used in monitoring the effectiveness of the training and recommended modifications on an ongoing basis.
Framework: Professional Development
This strategy is necessary for scale up and sustainability. Training and ongoing technical assistance with fidelity checks are critical for system improvement and the adoption of evidence-based practices. The use of this tool enables service coordinators to accurately identify areas of need, including social emotional development, Alabama's SiMR.

2. Expand training for ASD specialists on the use of evidence-based practices for working with children who have autism.
Outcome: AEIS has begun the process for implementing the NDBI model for children with autism.
Measures/rationale:
• Two cohorts of 8 trained coaches each continue their training to assist AEIS providers in implementing the NDBI evidence-based practice.
• A model autism screening initiative has begun within 4 pilot sites to be scaled-up statewide.
• A model pilot diagnostic clinic is being developed which can inform the development of additional clinics.
• An opportunity for training on autism and strategies was offered to providers statewide.
Framework: Professional Development/Technical Assistance
These strategies directly relate to Alabama's SiMR (substantial progress in social-emotional development) in that they address the needs of children who have autism. Early screening, diagnosis and evidence-based service delivery are critical for impacting each child's development. By adding expanded screening, children can be referred early for diagnosis and subsequent services.

3. Expand training and support activities for families and utilize trained families in providing support for new families who have children with special needs.

Outcome: Families of children with disabilities in AEIS are being provided with additional support and training opportunities as was recommended through a stakeholder survey.

Measures/rationale: Family Voices conducted a variety of activities and training initiatives throughout the year, enabling AEIS to meet its goal for parent support. Through the hiring of 4 family staff, Family Voices was able to provide information, training and technical assistance. Hands and Voices provided support for families with children with hearing differences. As a parent driven organization, initiatives such as workshops/trainings, community gatherings, involvement in system development, development of a website and Facebook page, development of a resource guide, providing panel discussions and educational advocacy were completed.

Framework: Technical Assistance

These initiatives are critical components in the provision of family supports. Systems change is impacted through the expansion of supports for families, including mentorship, resource provision and training. Through these partnerships, sustainability of parent supports will be ensured.

4. Maximize service delivery options for families

Outcome: A selection of service delivery options was provided to families which included virtual visits. This virtual option resulting from the Covid period was approved by Medicaid as a billable alternative. Families in need were provided with electronic tablets in order to ensure access to virtual services.

Measures/rationale: Virtual services have been provided throughout the COVID restrictions and will be continued as per the family's preference and team decision.

Framework: Quality Standards

This service option provides families with another venue for receiving services in an efficient and safe manner. This service delivery option is a systems change for the state and is necessary for child/family achievement.

5. Continue providing training and support for the implementation of the adopted EBP, the Routines-Based Model.

Outcome: This model adopted by Alabama is continuing to be trained and implemented statewide with fidelity. Eighteen sessions on the model have been provided. In addition, 14 modules on the Routines-Based Model were developed and initiated on June 30, 2021.

Measures/rationale: AEIS adopted the Routines-Based Model as the primary service delivery strategy. All service coordinators have been trained on the Routines-Based Interview component of the model and training continues on the Routines-Based Home visiting component.

Framework: Quality Standards

The use of the adopted evidence-based practices are directly related to systems change and critical in the achievement of the SiMR.

6. Continue partnership with the Alabama Department of Mental Health on the use of Infant/Early Childhood Mental Health (I/ECMH) Consultants in providing support for programs.

Outcome: There are 8 I/ECMH consultants now working with families and providers in two pilot sites.

Measures/rationale:

January 2020-September 2020 - ADMH created the IECMH Consultant position and hired 8 Masters level mental health clinicians to fill the positions.

November 2020-January 2021- Three EI programs were selected to participate in the pilot and an administrator and service coordinator from each program received training on IECMH and IECMH Consultation as well as an intensive training on Facilitating Attuned Interactions.

Framework: Quality Standards, Professional Development and Technical Assistance

The addition of I/ECMH Consultation is relatively new to AEIS. This is a definite systems change which directly impacts the achievement of the SiMR. The long term implementation of this initiative will ensure statewide scale up and sustainability of the strategy.

7. Continue and expand partnerships with national, state, and local entities and higher education to provide additional training and support.

Outcomes: Ongoing partnerships continued with a variety of entities, including the Alabama Department of Mental Health, Alabama Institute for the Deaf/Blind, University of Alabama, Auburn University, Samford University, and the University of Alabama at Birmingham.

Measures/rationale: Collaborative activities continue to guide system development and implementation of infrastructure improvement activities.

Framework: Professional Development and Technical Assistance

The availability of agency partnerships ensures ongoing system improvement, and the relationships with higher education ensures quality implementation of activities and services

8. Continue to maintain the web-based data management system and initiate a major overhaul to improve its capability.

Outcomes: AEIS continued to ensure proficiency in the use of data for program planning and service delivery and is currently conducting a major overhaul of the system.

Measures/rationale: Achievement of the database overhaul will be determined as the work progresses.

Framework: Data and Accountability/Monitoring

The availability and use of relevant data enables the state to drill down, analyze and utilize data in system development and improvement impacting child and family development.

9. Continue to provide training and technical support to programs on fiscal management.

Outcomes: Programs continue to be fiscally responsible and successful in managing funding and complying with financial policies/procedures.

Measures/rationale: Of the 10 programs audited during FFY 2020, there were 6 findings which have been corrected and are no longer an issue.

Framework: Finance and Accountability/Monitoring

The monitoring/auditing and technical assistance provided by the lead agency ensures financial accountability and the efficient use of EI funds for sustainability.

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

YES

Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

1. Provide Child Outcome Summary training during fall 2020 and participate in the ECTA Center and DaSY COS-KC field testing in May 2021.

Outcome achieved: The stage was set for using the COS-KC (Child Outcomes Summary-Knowledge Check) as a training tool statewide. AEIS participated in the COS-KC research field testing of this national tool for assessing knowledge of the COS process. This collaboration will lead into statewide training. Seventeen AL Part C providers (including 1 state staff in charge of training, all 3 AEIS and 2 DMH monitors, 4 DEIC's, and SC's from DMH, AIDB, and EI Projects) participated in the pilot field testing of the COS-Knowledge Checklist and provided critical feedback to the development of the national tool through a survey about their experience with the technology and content of the COS-KC. AEIS is on the list to pilot the revised COS-KC and provide feedback on the reports the tool will generate as well as implement the COS-KC once it has been finalized.

System Framework: Professional Development

The Child Outcome Summary (COS) process is AEIS' chosen method for gathering and reporting child progress. It is critical that service coordinators and other team members understand the process and are competent in carrying it out. Training and technical assistance ensures sustainability and accuracy.

2. Provide training for Service Coordinators on soliciting and increasing family input.
Outcome achieved: This training was conducted in May 2021 by University of Alabama at Birmingham School of Public Health external evaluators. It is available for viewing by new service coordinators on an as needed basis. As a result of this training, providers are more informed about the importance of stakeholder involvement, data collection requirements and how to encourage families to participate via surveys and other methods. One hundred forty (140) service coordinators participated in this virtual training. Post training feedback was gathered related to issues that might impede completion of surveys. Many SCs felt the survey captured the right information, especially when combined with information gathered from other surveys.

System Framework: Professional Development, Governance

The inclusion of diverse stakeholder groups, including families, is critical in system development in ensuring equity in system improvement efforts. Feedback and suggestions from this diverse stakeholder group helps maintain accountability and quality in governance and service delivery.

3. Implement activities to help identify underserved and unserved children and stakeholders and ensure diversity, equity and inclusion.

Outcome achieved: A Core Group was established to address these issues. Their mission is to create a cadre of stakeholders who are informed about AEIS and its initiatives and create opportunities for their involvement/input in policy decision-making, new initiatives, and current initiatives. In addition, this initiative will ensure that children/families of diversity (both culturally and geographically) are served.

System Framework: Governance and Accountability/Monitoring

Being pro-active in addressing diversity, equity and inclusion is critical to success. By initiating these efforts, AEIS can be ensured of the achievement of its overall goals. This ongoing effort will ensure the sustainability of system improvement,

4. A system will be in place to provide screening for autism and referral for diagnostic services.

Outcome achieved: Part C Early Intervention is piloting (May 1, 2021 - Aug. 1 2021) an Autism Screening initiative with four Early Intervention Programs in the state. At these four EI programs sites, a "Modified Checklist for Autism in Toddlers, Revised" (M-CHAT-R) will be completed (with parent permission) on all Part C Early Intervention referrals between the ages of 18 mos-30 mos. If a child qualifies for Early Intervention and the child fails the M-CHAT-R (8+ initially or 2+ after follow-up interview), a referral will be made to an ASD diagnostic clinic. If the child does not qualify for Early Intervention but fails the M-CHAT-R (8+ initially or 2+ after follow-up interview), a second-tier screening tool, " Systematic Observation of Red Flags of ASD" (SORF) will be administered. If the child fails, the SORF, an "Informed Clinical Opinion" will be written for EI eligibility (can be used for 6 months) and a referral will be made to an ASD diagnostic clinic.

System Framework: Quality Standards

This screening initiative helps further the goal of identifying children with autism at an early age in order to provide the most effective intervention possible. This activity is at the center of addressing the state's SIMR and is anticipated to have an impact on child outcomes in social-emotional development.

5. ICC members will be knowledgeable of the scope of early intervention at the state and national levels and their role on the ICC.

Outcome achieved: An initial discussion occurred with the Technical Assistance for Excellence in Special Education at Utah State University about bringing ICC training to Alabama. An orientation was subsequently provided to ICC members during their December 2021 meeting. An extensive training will be scheduled before the subsequent meeting in March 2022. The orientation set the stage for members to be aware of the extent of knowledge required to be an active member. New ICC members were added to the committee to represent more diversity.

System Framework: Governance and Professional Development

Having a well-prepared ICC is critical in the provision of effective and informed guidance, assistance and advocacy. This activity/strategy will have an impact on systems change at all levels by ensuring that advisors are knowledgeable of the issues and are aware of the potential outcomes.

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

1. Provide training on the MEISR tool

Next steps: Formal, statewide training on the MEISR tool will be continued and the tools will be provided to programs statewide.

Anticipated Outcomes: All new Service Coordinators and providers will be knowledgeable and proficient at administering the MEISR tool for writing IFSPs and monitoring child progress.

2. Expand training throughout FFY 2020 and 2021 by ASD specialists on the use of evidence-based practices (i.e., Naturalistic Developmental Behavioral Interventions Model or NDBI) for working with children who have autism.

Next steps: Continue to develop new coaches to expand the initiative.

Add a diagnostic clinic through CRS for children who fail the autism screening.

Anticipated Outcomes: The number of EI providers who will be able to implement the NCBI model with fidelity will increase.

3. Expand training and support activities for families and utilize trained families in providing support for new families who have children with special needs.

Next steps: Continue to support the Family Voices and Hand and Voices programs as funding allows.

Anticipated Outcomes: More families will be receiving ongoing emotional and material support in their daily journey with their child.

4. Maximize service delivery options for families.

Next Steps: Continue offering virtual visits and provide training to providers on best practice in delivering services virtually.

Anticipated Outcomes: Families will have more options for receiving services which will be individualized based on the team's decision (including the family), risks and potential effectiveness.

5. Continue providing training and support for the implementation of the adopted Evidence-Based Practice, the Routines-Based Model, and other recommended practices for existing and new EI interventionists

Next steps: Continue to require training on the Routines-Based Model through virtual workshops, onsite demonstration, and/or Routines-Based Modules, and continue with fidelity checks to ensure adherence to the model.

Provide training on understanding foundational skills across disciplines when working with families and identifying red flags to help with deciding when consultation with another discipline/specialist may be appropriate. These trainings will address difficulties of teaming, such as in rural areas or working on a team that isn't able to meet together, and difficulties finding providers to serve children in certain areas.

Provide further guidance for Developmental Specialists who deliver special instruction services to help motivate and encourage them, and to give them specific training from other providers (e.g., an SLP to discuss feeding issues, a PT to talk about gross motor development, and instruction on when to call in a specialist, etc.).

Anticipated Outcomes: All providers will be proficient in utilizing evidence-based practices with fidelity.

6. Continue partnership with DMH on the use of I/ECMH Consultants in providing support for programs.

Next Steps: Expand the number of I/ECMH Consultants and programs receiving assistance.

Anticipated Outcomes: Programs will have access to another evidence-based practice that will have direct impact on the state's SiMR.

7. Continue and expand partnerships with national, state, and local entities and higher education to provide additional training and support

Next steps: Continue and expand partnerships to ensure diversity, equity and inclusion.

Anticipated Outcomes: AEIS will have expert assistance and guidance in the development and improvement of its system of services.

8. Continue to maintain the web-based data management system and add new data collection procedures and/or reports as needs are identified

Next Steps: Conduct a complete overhaul of the database system, GIFTS, that will include operational upgrades, and new data collection and reporting.

Anticipated Outcomes: AEIS will have a state-of-the-art database system that will allow for further system analysis, improvements and decision-making.

9. Continue to provide training and technical support year-round to programs on their fiscal management

Next steps: Continue to provide annual audits and technical assistance.

Anticipated Outcomes: AEIS programs will be accountable for the utilization of EI funds as required.

10. Continue providing training on the Child Outcome Summary Process for service coordinators and other team members.

Next Steps: Once published, utilize the COS-KC (Child Outcome Summary Knowledge Checklist) with service providers statewide as a self-assessment and monitoring tool.

Anticipated Outcomes: AEIS will have further assurance that the COS data collected are accurate, timely and that the process is performed with fidelity.

11. Provide virtual training for SCs on soliciting and increasing family input. (Conducted May 2021 by UAB external evaluators)

Next Steps: Monitor the activities of Service Coordinators in encouraging families to complete surveys, provide feedback and suggest system improvements.

Anticipated Outcomes: AEIS will have a broad stakeholder base that invites all families in the system to participate.

12. Implement activities to help identify underserved and unserved children and ensure diversity, equity and inclusion.

Next Steps: Request guidance and assistance from a Core Task Group on diversity equity and inclusion statewide. Solicit input from this group on methods/strategies for locating unserved children/families. Continue creating new public awareness activities that will impact the numbers identified who need EI services.

Anticipated Outcomes: AEIS will expand its population and services to those children and families who are unserved or underserved.

13. A diverse population of families and stakeholders will be provided with opportunities for equitable and inclusive input.

Next Steps: Create an annual survey for families and partners (i.e., public agencies, funders, etc.) on current and proposed initiatives, results data, and other OSEP requirements; and add to PA materials information on opportunities for families to get involved in AEIS system activities. Continue the activities of the Core Task Group for guidance and assistance in ensuring diversity, equity and inclusion of stakeholders.

Anticipated outcomes: AEIS will have a broader stakeholder base with a variety of perspectives that will assist in decision-making, system improvements, and service delivery.

14. A pilot system will be in place to provide screening for autism and referral for diagnostic services

Next Steps: Continue to implement and expand the screening initiative to include more programs and diagnostic clinics.

Anticipated Outcomes: AEIS will have a positive impact on serving children with autism which will, in turn, affect the state's SiMR.

15. ICC members will be knowledgeable of the scope of early intervention in the state and nationally and their role on the ICC.

Next Steps: Provide the initial training to ICC members with follow-up assistance to ensure effectiveness.

Anticipated Outcomes: AEIS will have a knowledgeable and competent ICC to provide guidance and assistance in the overall system operation.

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

Routines-Based Model (i.e., Routines-Based Interview and Routines-Based Home Visiting)

Provide a summary of each evidence-based practice.

The Routines-Based Model consists of 17 components, organized by (a) intervention planning, (b) providing supports, and (c) the Engagement Classroom Model. Components of this model for home- and community-based services, Routines-Based Early Intervention, have been adopted by numerous states and local programs. RBI strategies include:

Routines-Based Interview (RBI):

How to establish a positive relationship with the family, get a rich and thick description of child and family functioning, and get a list of family-chosen functional child-level participation-based goals and family-level goals.

Support and Routines-Based Home Visits (RBHV):

How to conduct home visits focused on building the family's capacity, through family consultation—a joint-problem-solving method of working with the family—similar to coaching.

1. Training

RBI Training Curriculum:

- Content - Each of the following four main topics is competency based and has a performance checklist: structure of the RBI, high-quality interviewing, writing functional outcomes, and mentoring others to conduct RBIs and write functional outcomes.
- Process - Multiple interviews with families, practice completing interviews, practice writing functional outcomes, practice describing interviews, and

feedback from experienced instructors all week long.

- Materials - Participants receive the following materials at the institute: the RBI Manual, a thumb drive with materials, and RBI readings.

Home Visiting Training Curriculum - The curriculum of this training course covers the following key practices. Participants will learn to:

- Use family consultation (instead of expert consultation)
- Use functional, family-chosen child- and family-level outcomes as the home-visiting agenda
- Respond to families' priorities of the day
- Prepare families for parenting during the rest of the week
- Help families with parenting skills (reading, talking, playing, teaching, managing behavior)
- Use informal and community supports to meet needs
- Address family-level needs, also with family consultation
- Provide or ensure emotional support
- Document what happened and what will happen and leave with the family
- Support families in all areas of child and family functioning, using additional "team members" as necessary

2. Module development

The modules cover the entire Routines-Based Model, so they will be accessed by both Service Coordinators and EI Providers. They will be used for new SCs and new providers coming to work in EI, but they can also be used as a refresher. Since they are in sections, monitors will use the modules to recommend a certain section for programs/providers to help with any TA they might need. The modules are as follows:

- Introduction to the Routines-Based Model
- Ecomap
- Routines-Based Interview (Structure)
- Routines-Based Interview (EISR Details; Digging Deeply)
- Goal Decision Making and Matrix
- Informal RBI Goals to Participation-Based Goals and Family Goals
- Primary or Comprehensive Service Provider
- Routines-Based Home Visits (Structure)
- Routines-Based Home Visits (Family Consultation)
- Collaborative Consultation: Collaborating
- Collaborative Consultation: Integrated Therapy
- Engagement Model: Arrows in the Quiver for CC2CC
- Data Collection

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.

Changes in program/district policies, procedures and practices:

AEIS is now requiring the adoption of the RB Model in all programs statewide. This implementation is consistently monitored on an annual basis, or more frequently as necessary, with technical assistance and action plans developed as needed.

Provider practice change:

Providers are consistently implementing the same evidence-based practices statewide. These practices were new to AEIS upon adoption and have created an environment of effectiveness, consistency, and fidelity which are able to be monitored in an efficient and comprehensive manner.

Impact on parent/caregiver and/or child outcomes:

Parents are guided in making effective and knowledge-based decisions, describing needs and providing intervention for their child related to daily family routines. This approach helps parents to see successes in their child's development in more practical ways. Child outcomes are impacted because intervention is related to practical activities that make sense for children in their daily lives.

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

Data and processes for monitoring implementation and assessing practice change include the following:

- Observations and assessment of service coordinators and provider's implementation of the model
- To receive State of Alabama Early Intervention RBI approval, participants will need to complete and pass a competency exam within 1 month of the close of the bootcamp or viewing of modules.
 - After the exam, participants will need to practice interviewing, and video record an interview (min. 1 hour/max. 2 hours) and mail it to the AEIS State EI Office, along with the resulting IFSP outcomes, within 3 months of the completion of the bootcamp.
- The AEIS State EI Office will assess the quality of the interview and IFSP outcomes and issue passing approval to those meeting the State of Alabama EI approved competency-based quality standards.
- To receive State of Alabama Early Intervention RBHV approval, participants will need to complete and pass a competency exam within 1 month of the close of the bootcamp.
 - After the exam, participants will need to practice family consultation during home visits and submit two family home visit videos to the AEIS State EI Office, along with the resulting home visit provider note within 3 months of the completion of the bootcamp.
- The AEIS State EI Office will assess the quality of the home visit using the routines-based home visiting model and then issue passing approval to those meeting the State of Alabama EI approved competency-based quality standards.

- Monitoring data is collected through the Provider Appraisal Review (PAR) on the application of the RB Model in each program's service delivery.

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

The child and family outcomes data are the ultimate measures of the success of the evidence-based practices. Program monitors review outcome data on an ongoing basis and where there are poor outcomes identified, technical assistance is provided to ensure the implementation of the model with fidelity.

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

Next Step: The Routines-Based Model, AEIS's evidence-based practice, will continue to be a statewide requirement. Routine training will continue to be provided to ensure that new service coordinators/providers as well as those needing a refresher course implement the model with fidelity.

Anticipated Outcomes: All service coordinators and providers throughout the state will be effectively implementing the Routines-Based Model with fidelity.

Describe any changes to the activities, strategies, or timelines described in the previous submission 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 only changes made to the SSIP were to add new activities that would enhance the delivery of evidence-based practices, in particular for children with autism and/or social-emotional concerns, and to ensure the development of a knowledgeable and engaged ICC and stakeholder group. There were no changes made to the timelines.

Section C: Stakeholder Engagement

Description of Stakeholder Input

In setting new targets, evaluating SSIP results, and developing new SSIP activities, AEIS analyzed trend data, reviewed stakeholder feedback, and collected and analyzed SSIP activity progress data. Data and SSIP summaries were shared with a variety of stakeholder groups using a variety of methods, such as face-to-face meetings, virtual meetings, surveys, and website postings. A summary of stakeholder groups and activities is as follows:

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data, selection of targets, training initiatives, policy, and public reporting of program status. Not only do ICC members participate in these discussions, but other program representatives and parents who attend the meetings and choose to participate offer their input (all meetings are open for public participation). In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include representatives from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting. In January 2022, new ICC members were selected, representing additional subpopulations such as the homeless community and the native American community. These new members were provided with an ICC orientation to inform them about ICC structure, history and current issues/activities so that they can be well informed for when discussions occur.

Each subcommittee follows specific by-laws for membership, which reflects diversity within the state. ICC subcommittees include: Personnel Preparation, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team that identifies broad-based stakeholders and methods for gathering their input. In addition, AEIS has launched an initiative to identify and include a more diverse group of stakeholders through the Diversity, Equity and Inclusion initiative. The goal of this initiative is to locate additional stakeholders and provide services to unserved and underserved families. As of this reporting period, there are 11 families serving as official members of the ICC and its subcommittees.

The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, families/caregivers, etc.) also provide feedback and input into system development. During the fall District TAs, which are attended by all programs at the district level and District Early Intervention Coordinators, data and information related to the SPP/APR/SSIP is discussed and input/feedback is solicited for system enhancement. The "Blocks of Information" quarterly newsletter is distributed to all providers which includes SPP/APR/SSIP updates, highlights of EI programs around the state, family stories, updates on policies, highlights of the quarter, and a recap of ICC subcommittee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

Families are involved in the ongoing feedback process through participation on stakeholder groups, surveys, focus groups and special task forces. Two standard surveys conducted annually by independent external evaluators (University of Alabama at Birmingham School of Public Health and Southeast Research) include the PAR Family Survey and the Getting to Know Your Family Survey (GTKYF). These surveys include specific questions that provide family input into system practice and child/family outcomes as per the SSIP. The response rate for the PAR Family Survey was 51% in FFY 2020 with 610 family respondents. In addition, supplemental surveys have been developed for targeted input by families in such areas as the APR targets, new SSIP activities, suggestions for improvement, and individual successes. There were 662 families who participated in these targeted surveys.

AEIS is expanding the number and diversity of stakeholders who give feedback on the APR, SSIP activities and system infrastructure improvements throughout the year. A Core Group of stakeholders representing diverse perspectives has been established to explore and recommend strategies for gathering further input and to positively impact the number of children and families served in rural, underserved regions. AEIS will also partner with an external DEI consulting firm to guide the process. The consulting firm, along with the Core Group will provide the following guidance and activities:

Group Mission

1. Create a cadre of stakeholders who are informed about AEIS and its initiatives and create opportunities for their involvement/input in policy decision-making, new initiatives, and current initiatives.
2. Ensure that children/families of diversity (both culturally and geographically) are served.

Activities and strategies:

- A. Assess the system (AEIS) to identify institutional practices and policies that inhibit equity and inclusion of diverse groups.
- B. Develop a state plan for addressing practices and policies pertaining to diversity, equity and inclusion.
- C. Conduct DEI training seminars for early intervention providers, service coordinators and administrators.
- D. Identify potential stakeholders and how to recruit them.
- E. Suggest public awareness strategies (for recruiting stakeholders and to impact child find in underserved locations).
 - PA materials to include information on AEIS (including the 8 core values), general and current initiatives, relevant data, how to get involved, etc.
 - PA strategies (billboards, videos, emails, social media, blog on website, etc.).
- F. Suggest strategies that would ensure diversity on subcommittees, task groups, etc.
- G. Suggest strategies for informing stakeholders and the public on what was done with their input, e.g., system decisions made, materials developed, supports added, (website, newsletters, collaboration with parent-to-parent organizations, focus groups, surveys, etc.).
- H. Suggest strategies for recruitment and retention of diverse providers and how to ensure that the diversity piece is considered throughout the hiring process.

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

- Develop local Child Find Leadership teams to include referral sources and community partners.
- Develop and implement strategies for parent engagement and communication.
- Identify and address barriers to family access and involvement in service delivery and family input.

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

AEIS solicited input from a variety of stakeholder groups including families served, professionals delivering services, administrators, and partnering agencies. Data from the family surveys indicate that the demographics reflected responses from all racial and ethnic groups, and for those groups who were outside of the +/-3% metric compared to state statistics, strategies were developed to ensure representativeness in the future. The feedback from all the input was utilized in target development, improvement activities, policy changes and training/support. Specific strategies for stakeholder engagement included the following:

- 1. Family surveys and interviews
- 2. ICC and Subcommittee meetings
- 3. Special task groups
- 4. Stakeholder training/orientation
- 5. Meetings and/or feedback from outside partners e.g., state and local agencies/organizations, higher education, and family support groups.
- 6. Website posting of information and data related to improvement efforts.
- 7. Facebook posting of targets and SSIP Improvement Activities soliciting feedback.

There were no concerns identified by the stakeholders. There were, as always, productive suggestions for implementing statewide and district initiatives. These were addressed by the state and district offices through such mechanisms as new training/TA activities, procedural changes (e.g., revision of the PAR monitoring manual and the Service Coordinator Handbook), and development of new partnerships/linkages.

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 newly identified activities have already been described above.

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

NA

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

NA

Provide additional information about this indicator (optional).

Targets for Indicator 11 SiMR:

Based on trend data, to achieve same rate of growth as was evident from 2014-2019, targets should increase by .39% each year. Based on this calculation, the proposed targets for the AEIS SiMR are as follows:

- FFY 2020 -72.09
- FFY 2021 -72.48
- FFY 2022 -72.87
- FFY 2023 -73.26
- FFY 2024 -73.65
- FFY 2025 -74.04

11 - Prior FFY Required Actions

None

11 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

The State did not provide the numerator and denominator descriptions in the FFY 2020 SPP/APR Data table. The State must provide the description of the numerator and denominator used to calculate its FFY 2020 data.

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 Director/Coordinator

Email:

amy.blakeney@rehab.alabama.gov

Phone:

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Submitted on:

04/26/22 3:52:52 PM