

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**

District of Columbia



**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

The District of Columbia Office of the State Superintendent of Education (OSSE), DC Early Intervention Program (DC EIP), is the lead agency for administering Part C of the Individuals with Disabilities Education Act (IDEA) of 2004, and its implementation.

As the lead agency for IDEA, Part C, OSSE sets high expectations, provides resources and support, and exercises accountability to ensure a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides high-quality early intervention services to infants and toddlers with developmental delays and disabilities and their families. In the District of Columbia the DC EIP is the only program and it serves all the children in Part C.

The District of Columbia Early Intervention Program (DC EIP), Strong Start, supports and complies with the federal law and regulations that require early intervention services to be family centered, community-based, and provided in the natural environment, to the maximum extent appropriate. In FFY20, Strong Start continued with the implementation of the final components of the NLEP framework with the introduction of formal teaming meetings, joint visits and the selection and assignment of a primary service provider (PSP).

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.

In the District of Columbia, OSSE is the lead agency for purposes of the IDEA Part C. IDEA requires that the lead agency have a system of general supervision that has multiple mechanisms to support and oversee the DC EIP system. The lead agency is responsible for administering the grant and for monitoring the implementation of IDEA Part C. As such, the lead agency conducts monitoring activities and makes annual determinations on compliance about the performance of the local program to ensure compliance with IDEA Part C. The lead agency also publicly reports annually on the performance of the lead agency. The primary focus of the lead agency's monitoring activities is to improve outcomes for all infants and toddlers with developmental delays and disabilities and their families while also ensuring that all early intervention programs meet the requirements of IDEA Part C. OSSE's monitoring approach is outcome-oriented. To achieve the desired performance results, OSSE works collaboratively with early intervention contracted programs and engages in shared accountability practices that maximize success for all infants and toddlers with developmental delays and disabilities. These accountability practices include database reviews, record reviews, dispute resolution systems (i.e., due process hearings, complaints and mediation), annual review of service provider contract provisions and audit reviews of vendor invoices to ensure services are provided in a manner consistent with Individualized Family Service Plans. OSSE's monitoring system identifies noncompliance with the ultimate goal of improving outcomes for all infants and toddlers with developmental delays and disabilities and their families. While monitoring activities must, by federal law, examine compliance issues, OSSE has deliberately structured its monitoring approach to address the broader purposes of IDEA, which include delivering services in the natural learning environment, parent support and teamwork. This is emphasized through a review of and response to data in these areas. Since December 2017, DC EIP transitioned the dedicated service coordinator contractors to full-time District of Columbia employees, allowing the program to provide families with one service coordinator for the duration of their time in the program. Additionally, DC EIP created three regions across the District and assigned a service coordination supervisor and a team of service coordinators (SC) to each region. This regional approach allows the service coordinators to focus on one region of the city and become more familiar with the community and its resources, and increases community engagement and partnerships with key organizations and agencies. Service coordinators in all eight wards provide targeted and consistent support to families from the time they are referred to DC EIP until they exit the program.

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.

The District, OSSE utilizes technical assistance (TA) centers funded by the Office of Special Education Programs (OSEP). The Early Childhood Technical Assistance (ECTA) center assisted DC EIP in reviewing and revising general supervision, and developing the SPP/APR. The Center for IDEA Early Childhood Data Systems (DaSy) continues to provide guidance on the development of the Part C data system, the review of the data for development of the annual SPP/APR and the Revised Theory of Action and evaluation activities of the SSIP. ECTA and DaSy assisted with stakeholder work on target setting for 2020 to 2025. DC EIP will continue to access the TA centers in the upcoming fiscal year as we continue to implement the SSIP.

A key feature of OSSE's system of general supervision is the direct linkage between monitoring activities, technical assistance and professional development. DC EIP also conducts targeted trainings to address gaps and additional needs for providers, service coordinators and intake specialists. OSSE requires all evaluation, direct service and service coordination personnel to complete a series of training modules (Contemporary Practices in Early Intervention) on working with infants and toddlers with developmental delays and disabilities and their families before they are allowed to work in DC EIP. The training includes an overview of IDEA and its related requirements. Trainings are conducted on an interdisciplinary basis. In addition, targeted technical assistance is provided to evaluation and direct service providers, primary referral sources, paraprofessionals and service coordinators. OSSE ensures that the training provided helps providers improve understanding of the basic components of early intervention services available in the District and supports providers to meet the interrelated social/emotional, health, developmental and educational needs of eligible children under IDEA, Part C and assist families in enhancing the development of their children and fully participating in the development and implementation of IFSPs. All service provider personnel must complete the series of online training modules and an in-person DC EIP foundation training on early intervention practices prior to receiving a referral for service. DC EIP also conducts monthly training sessions that are mandatory for all service coordination, evaluation and direct services providers. Technical assistance is required for vendors or providers that the system identifies as demonstrating persistent noncompliance in an identified area. Any provider needing assistance can request an individualized onsite or field training to ensure that appropriate procedures or evaluation/assessment protocols are being followed.

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 DC EIP, Strong Start, supports and complies with the federal law and regulations that require early intervention services to be family centered, community-based, and provided in the natural environment, to the maximum extent appropriate.

Natural environments are more than places. The critical component of early intervention practice is to embed services and supports into naturally occurring learning opportunities. Natural environments are settings where the child, family, and care providers participate in everyday routines and activities that are important to them and serve as important learning opportunities. Using a coaching interaction style, early intervention providers support families to promote functional participation in these activities. A provider coaching a mother to use techniques to help her son pick up and hold a spoon, fill it with yogurt and get it to his mouth during breakfast in the kitchen at their home so that he can learn to feed himself and enjoy a meal with his family is an example of providing interventions in a natural environment. Interventions within the context of a naturally occurring learning activity create opportunities for children to learn and practice skills that promote participation, build relationships and get their needs and wants met.

As part of the Natural Learning Environment Practices (NLEP) framework, Strong Start implemented the primary service provider and teaming approach in July of 2021, in which families are matched with a lead early interventionist who serves as the primary provider on the child's team. A child's team will include interventionists from all disciplines who can support the family and the primary provider in addressing their child's specific developmental needs. This approach, as part of the evidence-based natural learning environment practices, will continue to improve outcomes for children with developmental delays or disabilities and their families.

In February of 2020, OSSE issued a solicitation to contract for service delivery for the four core disciplines (Speech Therapy (ST), Physical Therapy (PT), Occupational Therapy (OT) and Developmental Therapy (DT)). This change was needed in order to start the implementation of the primary service provider (PSP) and teaming approach. OSSE selected and awarded contracts to nine agencies effective Oct. 1, 2020, that are qualified contractors to provide an early intervention team capable of providing all four core services to every family they serve.

Strong Start has now fully implemented the PSP and teaming approach.

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).

OSSE ensures that stakeholders and the public are constantly engaged in DC EIP activities through regular meetings of the Interagency Coordinating Council (ICC), State Early Childhood Development Coordinating Council (SECDDC) monthly meetings with providers and partner agencies and regular communications to stakeholders. These opportunities create continuous feedback loops that allow for continuous improvement with stakeholder involvement. During provider meetings procedural and operational changes are discussed and agreed upon. Documentation and any data system questions are addressed and suggested improvements are offered. During FFY 2020, OSSE met regularly with the ICC and DC EIP to discuss ongoing performance. OSSE has been meeting biweekly with Medicaid partners to establish reimbursement schedules and for claiming of provided services.

OSEP requires that we establish new targets for the results indicators for the period FFY 2020-25. To meet this requirement, during the summer of 2021, OSSE staff met with technical assistance staff from DASY and ECTA to assist OSSE in planning for engagement with stakeholders to set targets for the State Performance Plan (SPP)/Annual Performance Report (APR) indicators and the State Systemic Improvement Plan (SSIP) State-Identified Measurable Result (SIMR) for the FFY 2020-2025 submission to OSEP on February 1, 2022. OSSE established two target setting workgroups to address the requirement. The first focused on Natural Environments and Child Find reviewed past trends, model projections, data visualizations and other information to develop recommendations for FFY2020-2025 indicators #2, #5 and #6 (Settings and Child Find). The second workgroup focused on Child and Family Outcomes reviewed past trends, model projections, data visualizations to develop recommendations for FFY2020-2025 indicators #3 and #4.

OSEP does not require a state to establish a baseline or targets for resolution sessions or mediations (Indicator #9 and #10) if the number of resolution sessions or mediations is less than 10. OSSE had zero resolution sessions and zero mediation sessions in the prior reporting period so does not need to develop targets for these two indicators.

An invitation to participate on either or both workgroups was sent to the following stakeholder groups:

Interagency Coordinating Council Members
Strong Start Early Intervention Team
Act Early Ambassador for DC
Provider agencies under contract with District of Columbia Early Intervention Program (DC EIP)
Children's Hospital Pediatric Department
Head Start Coordinator
Advocates for Justice in Education – DC Parent Center
Part B 619 Coordinator
District of Columbia Public Schools – Early Stages Program
District of Columbia Department of Health – Title V
Georgetown University Department of Human Development
DC Department of Healthcare Finance - Medicaid
DC Children and Family Services Agency
Strong Start Staff
Help Me Grow
Parents in early intervention from Ward 8 in the District of Columbia

The Natural Environments and Child Find workgroup had 12 participants representing the ICC, Strong Start Child Find, Act Early Ambassador for DC, provider agencies, Children's Hospital, Head Start Coordinator, Parent Center for DC, Part B 619 Coordinator, District of Columbia Public Schools – Early Stages Program, DC Department of Health Title V and four parents.

The workgroup met on Sept. 20, 2021 and Oct 7, 2021 and their recommendations were presented to the ICC on Nov. 17, 2021.

The Child and Family Outcomes workgroup had 12 participants representing the ICC, Strong Start Clinical Coordinator and Director, provider agencies, Head Start Coordinator, Parent Center for DC, DC Department of Health Title V and Help me Grow, Department of Healthcare Finance Medicaid, Department of Children and Family Services, Georgetown Department of Human Development and three parents.

The workgroup met on Oct. 20, 2021 and Nov. 3, 2021 and their recommendations were presented to the ICC on Dec. 10, 2021.

An invitation was sent to all participants from the two workgroups and the ICC to a meeting on Dec.10,2021 to provide input on our SSIP. At that meeting the group reviewed our Theory of Action, accomplishments, revised coherent improvement strategies and set targets for the SIMR for FFY2020-2025. The ICC met on Jan. 20, 2022 to review the APR submission, revised Theory of Action and coherent improvement strategies and the SIMR targets. The ICC concurred with the SIMR targets and the revisions.

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

YES

Number of Parent Members:

10

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.

ICC parent members were involved in the workgroups and the ICC meetings to review and recommend targets, develop improvement strategies and evaluate progress. Advocates for Justice in Education- DC Parent Center, and parents with children in our Part C program also participated in the workgroups that discussed recommending targets, developing improvement strategies and evaluating progress.

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.

Between December of 2020 and February of 2021 Strong Start conducted a series of townhalls (English and Spanish) in which families in the program were invited to learn and ask questions about the PSP and teaming approach. During these meetings material was shared that describes the evidenced based practices and how they are implemented in early intervention. With regard to target setting work, time was spent on each workgroup being sure all participants including parents had the necessary knowledge and understanding to allow them to offer recommendations

Soliciting Public Input:

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

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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.

The final targets, Theory of Action with revised coherent improvement strategies and evaluation plan will be sent to all members of the workgroups and the ICC. Additionally those materials and the FFY2020 APR will be posted on OSSE's website.

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.

To review the Districts reports go to <https://osse.dc.gov/node/1578876>

Intro - Prior FFY Required Actions

Response to actions required in FFY 2019 SPP/APR

Intro - OSEP Response

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	37.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	78.43%	99.65%	87.44%	94.02%	91.89%

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
239	321	91.89%	100%	93.46%	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.

61

Provide reasons for delay, if applicable.

For system delays, eight delays were due to service coordinator, provider delay accounted for eleven delays and Managed Care Organizations were responsible for two delays.

Reasons for family delays were they were out of town and provider couldn't start within 30 days of IFSP, family's availability to start services, family didn't show up for session, family unresponsive to attempts made by interventionist to schedule first visit, family did not accept dates and times offered by interventionist prior to 30-day timeline, interventionist unable to connect with family via phone and text.

While FFY 20 data reflected less than 100 percent compliance for children with IFSPs to begin services within Part C's 30-day timeline, no findings were issued because correction according to federal requirements was verified before a finding was issued. Upon record reviews conducted for those children it was verified that correction had occurred prior to issuance of findings. All children did receive their IFSP services although late and not within the 30-day timeline or had left the system.

For prong two of verification, the state did another review of subsequent data from another month. Of the 123 records for the month a sample of 10% of the records were reviewed (12) which verified that all children in the new sample received the services on their IFSP in a timely manner (within 30 days).

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).

The District of Columbia's criteria for timely receipt of services is within 30 days from the time of parent signing the IFSP services are initiated.

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

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

April 1, 2021 to June 30, 2021.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The 4th quarter reporting period April 1, 2021 through June 30, 2021 was representative of the full reporting period. We believe the data is accurate and reliable.

Provide additional information about this indicator (optional)

A drop down menu captures reason for delay such as exceptional family circumstances, provider delay, Managed Care Organization (MCO) delay or service coordinator delay. All instances of exceptional family circumstances were reviewed through a record review to verify that documentation was available to support family delay.

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

1 - Prior FFY Required Actions

Because the District of Columbia reported less than 100% compliance for FFY 2019, the District of Columbia must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the District of Columbia 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 District of Columbia must

describe the specific actions that were taken to verify the correction.

If the District of Columbia 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 District of Columbia did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

While FFY 19 data reflected less than 100 percent compliance for children with IFSPs to begin services within Part C's 30-day timeline, no findings were issued because correction according to federal requirements was verified before a finding was issued. Upon record reviews conducted for those children it was verified that correction had occurred prior to issuance of findings. All children did receive their IFSP services although late and not within the 30-day timeline or had left the system.

For prong two of verification, the state did another review of subsequent data from another month. Of the 86 records for the month a sample of 10% of the records were reviewed which verified that all children in the new sample (9) received the services on their IFSP in a timely manner (within 30 days) or had a verified family delay (2).

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	55.00%

FFY	2015	2016	2017	2018	2019
Target>=	95.20%	95.30%	95.40%	95.50%	98.00%
Data	98.85%	100.00%	100.00%	100.00%	99.18%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	97.10%	97.20%	97.30%	97.40%	97.50%	97.60%

Targets: Description of Stakeholder Input

OSSE ensures that stakeholders and the public are constantly engaged in DC EIP activities through regular meetings of the Interagency Coordinating Council (ICC), State Early Childhood Development Coordinating Council (SECDCC) monthly meetings with providers and partner agencies and regular communications to stakeholders. These opportunities create continuous feedback loops that allow for continuous improvement with stakeholder involvement. During provider meetings procedural and operational changes are discussed and agreed upon. Documentation and any data system questions are addressed and suggested improvements are offered. During FFY 2020, OSSE met regularly with the ICC and DC EIP to discuss ongoing performance. OSSE has been meeting biweekly with Medicaid partners to establish reimbursement schedules and for claiming of provided services.

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The Child and Family Outcomes workgroup had 12 participants representing the ICC, Strong Start Clinical Coordinator and Director, provider agencies, Head Start Coordinator, Parent Center for DC, DC Department of Health Title V and Help me Grow, Department of Healthcare Finance Medicaid, Department of Children and Family Services, Georgetown Department of Human Development and three parents.

The workgroup met on Oct. 20, 2021 and Nov. 3, 2021 and their recommendations were presented to the ICC on Dec. 10, 2021.

An invitation was sent to all participants from the two workgroups and the ICC to a meeting on Dec.10,2021 to provide input on our SSIP. At that meeting the group reviewed our Theory of Action, accomplishments, revised coherent improvement strategies and set targets for the SIMR for FFY2020-2025. The ICC met on Jan. 20, 2022 to review the APR submission, revised Theory of Action and coherent improvement strategies and the SIMR targets. The ICC concurred with the SIMR targets and the revisions.

A stakeholder work group was established to set targets for indicator 2 settings, and indicator 5 and 6 for child find. The workgroup met for two sessions to review the analysis of the trends and projections. A concern was raised during the workgroup session about not making the target so high that it might effect the option of services in a non natural environment setting. It was discussed that a target of 100% is not appropriate as that would not allow for individual circumstances. The workgroup settled on a final target for FFY2025 of 97.6 recognizing that OSSE does extremely well on this indicator. The workgroup recommended targets for FFY2020 through FFY2025 and they were presented at the Nov.17, 2021 ICC meeting. The ICC concurred with the targets for FFY2020 through FFY2025.

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	07/07/2021	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	989
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/07/2021	Total number of infants and toddlers with IFSPs	989

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
989	989	99.18%	97.10%	100.00%	Met target	No Slippage

Provide additional information about this indicator (optional).

Settings for services are an individualized IFSP decision. In this particular year no children needed any service to be provided outside their natural environments .

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

Sampling of infants and toddlers with IFSPs is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [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

OSSE ensures that stakeholders and the public are constantly engaged in DC EIP activities through regular meetings of the Interagency Coordinating Council (ICC), State Early Childhood Development Coordinating Council (SECDCC) monthly meetings with providers and partner agencies and regular communications to stakeholders. These opportunities create continuous feedback loops that allow for continuous improvement with stakeholder involvement. During provider meetings procedural and operational changes are discussed and agreed upon. Documentation and any data system questions are addressed and suggested improvements are offered. During FFY 2020, OSSE met regularly with the ICC and DC EIP to discuss ongoing performance. OSSE has been meeting biweekly with Medicaid partners to establish reimbursement schedules and for claiming of provided services.

OSEP requires that we establish new targets for the results indicators for the period FFY 2020-25. To meet this requirement, during the summer of 2021, OSSE staff met with technical assistance staff from DASY and ECTA to assist OSSE in planning for engagement with stakeholders to set targets for the State Performance Plan (SPP)/Annual Performance Report (APR) indicators and the State Systemic Improvement Plan (SSIP) State-Identified Measurable Result (SIMR) for the FFY 2020-2025 submission to OSEP on February 1, 2022. OSSE established two target setting workgroups to address the requirement. The first focused on Natural Environments and Child Find reviewed past trends, model projections, data visualizations and other information to develop recommendations for FFY2020-2025 indicators #2, #5 and #6 (Settings and Child Find). The second workgroup focused on Child and Family Outcomes reviewed past trends, model projections, data visualizations to develop recommendations for FFY2020-2025 indicators #3 and #4.

OSEP does not require a state to establish a baseline or targets for resolution sessions or mediations (Indicator #9 and #10) if the number of resolution sessions or mediations is less than 10. OSSE had zero resolution sessions and zero mediation sessions in the prior reporting period so does not need to develop targets for these two indicators.

An invitation to participate on either or both workgroups was sent to the following stakeholder groups:

Interagency Coordinating Council Members
Strong Start Early Intervention Team
Act Early Ambassador for DC
Provider agencies under contract with District of Columbia Early Intervention Program (DC EIP)
Children's Hospital Pediatric Department
Head Start Coordinator
Advocates for Justice in Education – DC Parent Center
Part B 619 Coordinator
District of Columbia Public Schools – Early Stages Program
District of Columbia Department of Health – Title V
Georgetown University Department of Human Development
DC Department of Healthcare Finance - Medicaid
DC Children and Family Services Agency
Strong Start Staff
Help Me Grow
Parents in early intervention from Ward 8 in the District of Columbia

The Natural Environments and Child Find workgroup had 12 participants representing the ICC, Strong Start Child Find, Act Early Ambassador for DC, provider agencies, Children's Hospital, Head Start Coordinator, Parent Center for DC, Part B 619 Coordinator, District of Columbia Public Schools – Early Stages Program, DC Department of Health Title V and four parents.

The workgroup met on Sept. 20, 2021 and Oct 7, 2021 and their recommendations were presented to the ICC on Nov. 17, 2021.

The Child and Family Outcomes workgroup had 12 participants representing the ICC, Strong Start Clinical Coordinator and Director, provider agencies, Head Start Coordinator, Parent Center for DC, DC Department of Health Title V and Help me Grow, Department of Healthcare Finance Medicaid, Department of Children and Family Services, Georgetown Department of Human Development and three parents.

The workgroup met on Oct. 20, 2021 and Nov. 3, 2021 and their recommendations were presented to the ICC on Dec. 10, 2021.

An invitation was sent to all participants from the two workgroups and the ICC to a meeting on Dec.10,2021 to provide input on our SSIP. At that meeting the group reviewed our Theory of Action, accomplishments, revised coherent improvement strategies and set targets for the SIMR for FFY2020-2025. The ICC met on Jan. 20, 2022 to review the APR submission, revised Theory of Action and coherent improvement strategies and the SIMR targets. The ICC concurred with the SIMR targets and the revisions.

OSSE established a target setting workgroup to address the requirement of setting targets for FFY2020-2025. The workgroup established was for Child and Family Outcomes. This workgroup reviewed past trends, model projections, data visualizations and other information about these indicators and were tasked with developing recommendations for FFY2020-2025 indicators #3 and #4.

An invitation to participate on the Child and Family workgroup was sent to the following:

Interagency Coordinating Council Members
Strong Start Early Intervention Team
Act Early Ambassador for DC
Provider agencies under contract with District of Columbia Early Intervention Program (DC EIP)
Children's Hospital Pediatric Department
Head Start Coordinator
Advocates for Justice in Education – DC Parent Center
Part B 619 Coordinator
District of Columbia Public Schools – Early Stages Program
District of Columbia Department of Health – Title V

Georgetown University Department of Human Development
 DC Department of Healthcare Finance - Medicaid
 DC Children and Family Services Agency
 Strong Start Staff
 Help Me Grow
 Parents in early intervention from Ward 8 in the District of Columbia

The Child and Family Outcomes workgroup had 12 participants representing the ICC, Strong Start Clinical Coordinator and Director, provider agencies, Head Start Coordinator, Parent Center for DC, DC Department of Health Title V and Help me Grow, Department of Healthcare Finance Medicaid, Department of Children and Family Services, Georgetown Department of Human Development and three parents. The workgroup was presented with the actual child outcomes from the baseline year 2008 through 2019. Discussion followed concerning the wide variance from year to year and in-stability of the data. It was noted that the District began using the Assessment, Evaluation and Programming System for Infants and Children interactive (AEPSi) to capture the entry and exit data for children participating in early intervention beginning in 2012. The AEPSi is a curriculum-based assessment used to determine progress towards developmental and IFSP goals. The system is designed to provide OSEP child outcomes information based on a child's progress. AEPSi uses empirically derived cutoff scores to determine if a child is typically developing or has a delay. After further discussion the workgroup recommended to use a different baseline year. They settled on the baseline from 2015. The reasoning was that giving a three-year period for the AEPSi to be fully implemented would provide more stable data and this was supported by the trends observed for 2015 through 2019.

The workgroup met on Oct. 20, 2021 and Nov. 3, 2021 and their recommendations for the targets and baseline change were presented to the ICC on Dec. 10, 2021. The ICC concurred with the recommendations from the workgroup. OSSE supports the recommendations also.

Historical Data

Outcome	Baseline	FFY	2015	2016	2017	2018	2019
A1	2008	Target>=	66.50%	69.50%	72.50%	75.50%	85.00%
A1	75.00%	Data	86.08%	86.91%	87.34%	85.74%	83.43%
A2	2008	Target>=	64.00%	66.00%	68.00%	70.00%	72.00%
A2	31.00%	Data	71.18%	78.90%	77.56%	72.78%	70.56%
B1	2008	Target>=	56.50%	61.50%	66.50%	71.50%	71.50%
B1	71.00%	Data	69.61%	74.48%	74.29%	69.13%	67.60%
B2	2008	Target>=	45.00%	47.00%	49.00%	51.00%	57.00%
B2	36.00%	Data	55.70%	64.35%	63.93%	57.59%	55.84%
C1	2008	Target>=	71.50%	74.50%	77.50%	80.50%	80.50%
C1	80.00%	Data	81.04%	79.54%	84.96%	80.93%	78.84%
C2	2008	Target>=	69.00%	71.00%	73.00%	75.00%	75.00%
C2	44.00%	Data	76.56%	74.68%	80.56%	78.96%	77.69%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A1>=	83.43%	83.43%	83.43%	84.74%	85.74%	86.10%
Target A2>=	70.56%	71.00%	71.50%	72.00%	72.00%	72.50%
Target B1>=	67.60%	68.10%	68.60%	69.10%	69.60%	69.62%
Target B2>=	54.00%	54.00%	55.00%	55.20%	55.40%	55.80%
Target C1>=	76.40%	76.40%	77.40%	78.40%	79.40%	81.05%
Target C2>=	76.00%	76.00%	76.20%	76.40%	76.50%	76.70%

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

676

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	7	1.04%

Outcome A Progress Category	Number of children	Percentage of Total
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	60	8.88%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	110	16.27%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	362	53.55%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	137	20.27%

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 Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	472	539	83.43%	83.43%	87.57%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	499	676	70.56%	70.56%	73.82%	Met target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	7	1.04%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	189	27.96%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	83	12.28%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	324	47.93%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	73	10.80%

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	407	603	67.60%	67.60%	67.50%	Did not meet 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	397	676	55.84%	54.00%	58.73%	Met target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	3	0.44%

Outcome C Progress Category	Number of Children	Percentage of Total
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	67	9.91%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	61	9.02%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	316	46.75%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	229	33.88%

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	377	447	78.84%	76.40%	84.34%	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	545	676	77.69%	76.00%	80.62%	Met target	No Slippage

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	1,004
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.	229

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)

NO

Provide the criteria for defining "comparable to same-aged peers."

The District utilized the Assessment, Evaluation and Programming System for Infants and Children interactive (AEPSi) to capture the entry and exit data for children participating in early intervention. The AEPSi is a curriculum-based assessment used to determine progress towards developmental and IFSP goals. The system is designed to provide OSEP child outcomes information based on a child's progress. AEPSi uses empirically derived cutoff scores to determine if a child is typically developing or has a delay. If a child's AEPSi score is above the cutoff, the child is determined as not having delayed development and is performing at the level of same-age peers. AEPSi was aligned with OSEP Indicator #3 in the fall of 2005, and the crosswalk was validated in Jan. 2006. The crosswalk was again validated in July 2010 and minor modifications were made. Data analysis conducted with Early Childhood Outcomes (ECO) in 2010 allowed the AEPSi test scores to be empirically aligned with the ECO 7-point Summary Form. This research helps ensure that the ECO Summary Form generated by AEPSi is accurate and valid.

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

Child outcomes exit data were collected on children for FFY 2020. The following process was used to complete data collection and analysis for child outcome determinations:

The District utilized the scores that were collected for children through the AEPSi which calculates the OSEP categories. Data were collected only if infants and toddlers received early intervention services for six months or longer. The entry AEPSi is completed by the initial evaluation provider and the exit AEPSi is completed by the child's provider no more than 60 days prior to the child's exit from the program. The initial evaluation and assessment teams administer the entry assessment with the family. One of the interventionists and the family administer the assessment every six months thereafter. Both the interventionist and the service coordinator discuss with the family the importance of the exit assessment. Prior written notice for the assessment is provided to the family in advance of the assessment. The family signs consent for the assessment and the family participates during the assessment. The service coordinator also provides the family with a copy of their "Child Progress Record", which is a visual record of the child's accomplishments, current targets and future goals/objects. This comparative report can also visually depict the growth in development through changes in coloring/shading on the report, a darker shade for the entry data and a lighter shade showing the growth and forward movement documented by the exit assessment.

Provide additional information about this indicator (optional).

As of October 1, 2020 all providers must complete the interrater reliability module in the AEPS. This will help affirm that providers are adequately trained to assess the child indicators. This indicator is very important as it is the essence of the Part C program, to improve outcomes for infants and toddlers with reliable data.

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race 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>=	92.80%	92.90%	93.00%	93.10%	95.00%
A	88.00%	Data	92.02%	97.09%	97.25%	97.92%	94.09%
B	2006	Target>=	88.20%	88.30%	88.40%	88.50%	95.00%
B	85.00%	Data	92.02%	97.09%	97.75%	96.67%	94.25%
C	2006	Target>=	83.20%	83.30%	83.40%	83.50%	95.00%

C	78.00 %	Data	96.93%	95.75%	97.75%	99.58%	97.04%
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Targets

FFY	2020	2021	2022	2023	2024	2025
Target A>=	93.00%	93.20%	93.40%	93.60%	93.80%	94.00%
Target B>=	93.00%	93.20%	93.40%	93.60%	93.80%	94.00%
Target C>=	95.00%	95.00%	95.20%	95.50%	95.70%	96.00%

Targets: Description of Stakeholder Input

OSSE ensures that stakeholders and the public are constantly engaged in DC EIP activities through regular meetings of the Interagency Coordinating Council (ICC), State Early Childhood Development Coordinating Council (SECDCC) monthly meetings with providers and partner agencies and regular communications to stakeholders. These opportunities create continuous feedback loops that allow for continuous improvement with stakeholder involvement. During provider meetings procedural and operational changes are discussed and agreed upon. Documentation and any data system questions are addressed and suggested improvements are offered. During FFY 2020, OSSE met regularly with the ICC and DC EIP to discuss ongoing performance. OSSE has been meeting biweekly with Medicaid partners to establish reimbursement schedules and for claiming of provided services. OSEP requires that we establish new targets for the results indicators for the period FFY 2020-25. To meet this requirement, during the summer of 2021, OSSE staff met with technical assistance staff from DASy and ECTA to assist OSSE in planning for engagement with stakeholders to set targets for the State Performance Plan (SPP)/Annual Performance Report (APR) indicators and the State Systemic Improvement Plan (SSIP) State-Identified Measurable Result (SIMR) for the FFY 2020-2025 submission to OSEP on February 1, 2022. OSSE established two target setting workgroups to address the requirement. The first focused on Natural Environments and Child Find reviewed past trends, model projections, data visualizations and other information to develop recommendations for FFY2020-2025 indicators #2, #5 and #6 (Settings and Child Find). The second workgroup focused on Child and Family Outcomes reviewed past trends, model projections, data visualizations to develop recommendations for FFY2020-2025 indicators #3 and #4.

OSEP does not require a state to establish a baseline or targets for resolution sessions or mediations (Indicator #9 and #10) if the number of resolution sessions or mediations is less than 10. OSSE had zero resolution sessions and zero mediation sessions in the prior reporting period so does not need to develop targets for these two indicators.

An invitation to participate on either or both workgroups was sent to the following stakeholder groups:

- Interagency Coordinating Council Members
- Strong Start Early Intervention Team
- Act Early Ambassador for DC
- Provider agencies under contract with District of Columbia Early Intervention Program (DC EIP)
- Children’s Hospital Pediatric Department
- Head Start Coordinator
- Advocates for Justice in Education – DC Parent Center
- Part B 619 Coordinator
- District of Columbia Public Schools – Early Stages Program
- District of Columbia Department of Health – Title V
- Georgetown University Department of Human Development
- DC Department of Healthcare Finance - Medicaid
- DC Children and Family Services Agency
- Strong Start Staff
- Help Me Grow
- Parents in early intervention from Ward 8 in the District of Columbia

The Natural Environments and Child Find workgroup had 12 participants representing the ICC, Strong Start Child Find, Act Early Ambassador for DC, provider agencies, Children’s Hospital, Head Start Coordinator, Parent Center for DC, Part B 619 Coordinator, District of Columbia Public Schools – Early Stages Program, DC Department of Health Title V and four parents.

The workgroup met on Sept. 20, 2021 and Oct 7, 2021 and their recommendations were presented to the ICC on Nov. 17, 2021.

The Child and Family Outcomes workgroup had 12 participants representing the ICC, Strong Start Clinical Coordinator and Director, provider agencies, Head Start Coordinator, Parent Center for DC, DC Department of Health Title V and Help me Grow, Department of Healthcare Finance Medicaid, Department of Children and Family Services, Georgetown Department of Human Development and three parents.

The workgroup met on Oct. 20, 2021 and Nov. 3, 2021 and their recommendations were presented to the ICC on Dec. 10, 2021.

An invitation was sent to all participants from the two workgroups and the ICC to a meeting on Dec.10,2021 to provide input on our SSIP. At that meeting the group reviewed our Theory of Action, accomplishments, revised coherent improvement strategies and set targets for the SIMR for FFY2020-2025. The ICC met on Jan. 20, 2022 to review the APR submission, revised Theory of Action and coherent improvement strategies and the SIMR targets. The ICC concurred with the SIMR targets and the revisions.

OSSE established a target setting workgroup to address the requirement of setting targets for FFY2020-2025. The workgroup established was for Child and Family Outcomes. This workgroup reviewed past trends, model projections, data visualizations and other information about these indicators and were tasked with developing recommendations for FFY2020-2025 indicators #3 and #4. An invitation to participate on either or both workgroups was sent to the following:

- Interagency Coordinating Council Members

Strong Start Early Intervention Team
 Act Early Ambassador for DC
 Provider agencies under contract with District of Columbia Early Intervention Program (DC EIP)
 Children's Hospital Pediatric Department
 Head Start Coordinator
 Advocates for Justice in Education – DC Parent Center
 Part B 619 Coordinator
 District of Columbia Public Schools – Early Stages Program
 District of Columbia Department of Health – Title V
 Georgetown University Department of Human Development
 DC Department of Healthcare Finance - Medicaid
 DC Children and Family Services Agency
 Strong Start Staff
 Help Me Grow
 Parents in early intervention from Ward 8 in the District of Columbia

The Child and Family Outcomes workgroup had 12 participants representing the ICC, Strong Start Clinical Coordinator and Director, provider agencies, Head Start Coordinator, Parent Center for DC, DC Department of Health Title V and Help me Grow, Department of Healthcare Finance Medicaid, Department of Children and Family Services, Georgetown Department of Human Development and three parents.

The workgroup met on Oct. 20, 2021 and Nov. 3, 2021 and their recommendations were presented to the ICC on Dec. 10, 2021. The ICC concurred with the recommendations.

FFY 2020 SPP/APR Data

The number of families to whom surveys were distributed	1,000
Number of respondent families participating in Part C	292
Survey Response Rate	29.20%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	251
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	292
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	257
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	287
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	257
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	290

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)	94.09%	93.00%	85.96%	Did not meet target	Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	94.25%	93.00%	89.55%	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)	97.04%	95.00%	88.62%	Did not meet target	Slippage

Provide reasons for part A slippage, if applicable

In FFY 18, OSSE used an online survey, but the response rate was 22 percent and respondents were not representative. For FFY 19 OSSE used the same online survey but also had the service coordinators work with families to complete the surveys at six-month reviews and annual reviews, using a tablet, if they had not completed the survey. This approach increased the FFY 19 response rate to 44 percent and resulted in a more representative pool of respondents. We think the personal relationship service coordinators have with families increased our response rate and representativeness. In FFY 20 OSSE only used an online survey as most services were virtual. Significant slippage occurred and the response rate was only 29 percent. Reasons could be due to COVID fatigue, families have been quite stressed the past year. Services were provided virtually from April 2020-June 2021, with in-person services resuming based on family interest/comfort in July 2021. Data reflect that families are still satisfied with services, with responses in the 80-90 percent range, which is strong but down from the 90s last year. We will continue to monitor the data going forward to see if this year was a temporary drop due to extreme circumstances of COVID, or if this trend will continue.

Provide reasons for part B slippage, if applicable

In FFY 18, OSSE used an online survey, but the response rate was 22 percent and respondents were not representative. For FFY 19 OSSE used the same online survey but also had the service coordinators work with families to complete the surveys at six-month reviews and annual reviews, using a tablet, if they had not completed the survey. This approach increased the FFY 19 response rate to 44 percent and resulted in a more representative pool of respondents. We think the personal relationship service coordinators have with families increased our response rate and representativeness. In FFY 20 OSSE only used an online survey as most services were virtual. Significant slippage occurred and the response rate was only 29 percent. Reasons could be due to COVID fatigue, families have been quite stressed the past year. Services were provided virtually from April 2020-June 2021, with in-person services resuming based on family interest/comfort in July 2021. Data reflect that families are still satisfied with services, with responses in the 80-90 percent range, which is strong but down from the 90s last year. We will continue to monitor the data going forward to see if this year was a temporary drop due to extreme circumstances of COVID, or if this trend will continue.

Provide reasons for part C slippage, if applicable

In FFY 18, OSSE used an online survey, but the response rate was 22 percent and respondents were not representative. For FFY 19 OSSE used the same online survey but also had the service coordinators work with families to complete the surveys at six-month reviews and annual reviews, using a tablet, if they had not completed the survey. This approach increased the FFY 19 response rate to 44 percent and resulted in a more representative pool of respondents. We think the personal relationship service coordinators have with families increased our response rate and representativeness. In FFY 20 OSSE only used an online survey as most services were virtual. Significant slippage occurred and the response rate was only 29 percent. Reasons could be due to COVID fatigue, families have been quite stressed the past year. Services were provided virtually from April 2020-June 2021, with in-person services resuming based on family interest/comfort in July 2021. Data reflect that families are still satisfied with services, with responses in the 80-90 percent range, which is strong but down from the 90s last year. We will continue to monitor the data going forward to see if this year was a temporary drop due to extreme circumstances of COVID, or if this trend will continue.

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	
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.

OSSE will continue to work with the technical assistance centers to develop strategies to increase the representativeness of the response data. Possibly develop a mechanism to provide outreach to target under-represented responders.

Survey Response Rate

FFY	2019	2020
Survey Response Rate	44.20%	29.20%

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

OSSE is going to do a deeper dive on family outcomes and review how we distribute the survey and follow up on it. We have been and will continue to work with the DaSy Center and ECTA for technical assistance. Response rates were low due to online only with no SC support, and efforts will be made in the current collection to have service coordinators provide support to gather the data to ensure representativeness rather than just who happens to complete the survey online.

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.

We utilized the Representativeness Calculator to examine response rates and representativeness. The statewide response rate for this year's family outcomes survey is 29.20%. White families had the highest response rates (49%), followed by, - Hispanic (33%) and African American or Black (17%).

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.

Representativeness was analyzed by comparing the percentage of surveys received from by race and ethnicity (within each subgroup) by the percentage of families in Child Count by race and ethnicity. The Child Count data shows the following: White families had the highest percentage in Child Count (56%), followed by African American or Black (25%), Asian (7%), American Indian or Alaska Native (6%), More than one race (4%), and Native Hawaiian or Pacific Islander (2%).

White families had the highest representation in surveys received (61%), followed by African American or Black (20%), American Indian or Alaska Native (10%), Asian (5%), More than one race (3%), and Native Hawaiian or Pacific Islander families (2%).

African American or Black families were under-represented and Asian and White families were over-represented in the surveys that were received. Native Hawaiian or Pacific Islander and More than one race families were represented in the surveys that were received.

The ECTA response rate and representativeness calculator which applies proportional testing was utilized to determine if surveys received were representative of the target population. The results show that African American or Black (-5% difference), American Indian or Alaska Native (4% difference), Asian (-2% difference), and White (5% difference) families were not representative in the survey. Native Hawaiian or Pacific Islander (-1% difference) and more than one race families (0% difference) were representative 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).

The ECTA response rate and representativeness calculator which applies proportional testing was utilized to determine if surveys received were representative of the target population. The results show that African American or Black (-5% difference), American Indian or Alaska Native (4% difference), Asian (-2% difference), and White (5% difference) families were not representative in the survey. Native Hawaiian or Pacific Islander (-1% difference) and more than one race families (0% difference) were representative in the survey.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

None

4 - OSEP Response

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the 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
2012	0.55%

FFY	2015	2016	2017	2018	2019
Target >=	0.70%	0.75%	0.80%	0.85%	1.25%
Data	1.40%	1.11%	1.17%	1.37%	1.46%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	1.50%	1.50%	1.60%	1.60%	1.63%	1.65%

Targets: Description of Stakeholder Input

OSSE ensures that stakeholders and the public are constantly engaged in DC EIP activities through regular meetings of the Interagency Coordinating Council (ICC), State Early Childhood Development Coordinating Council (SECDCC) monthly meetings with providers and partner agencies and regular communications to stakeholders. These opportunities create continuous feedback loops that allow for continuous improvement with stakeholder involvement. During provider meetings procedural and operational changes are discussed and agreed upon. Documentation and any data system questions are addressed and suggested improvements are offered. During FFY 2020, OSSE met regularly with the ICC and DC EIP to discuss ongoing performance. OSSE has been meeting biweekly with Medicaid partners to establish reimbursement schedules and for claiming of provided services.

OSEP requires that we establish new targets for the results indicators for the period FFY 2020-25. To meet this requirement, during the summer of 2021, OSSE staff met with technical assistance staff from DASY and ECTA to assist OSSE in planning for engagement with stakeholders to set targets for the State Performance Plan (SPP)/Annual Performance Report (APR) indicators and the State Systemic Improvement Plan (SSIP) State-Identified Measurable Result (SIMR) for the FFY 2020-2025 submission to OSEP on February 1, 2022. OSSE established two target setting workgroups to address the requirement. The first focused on Natural Environments and Child Find reviewed past trends, model projections, data visualizations and other information to develop recommendations for FFY2020-2025 indicators #2, #5 and #6 (Settings and Child Find). The second workgroup focused on Child and Family Outcomes reviewed past trends, model projections, data visualizations to develop recommendations for FFY2020-2025 indicators #3 and #4.

OSEP does not require a state to establish a baseline or targets for resolution sessions or mediations (Indicator #9 and #10) if the number of resolution sessions or mediations is less than 10. OSSE had zero resolution sessions and zero mediation sessions in the prior reporting period so does not need to develop targets for these two indicators.

An invitation to participate on either or both workgroups was sent to the following stakeholder groups:

- Interagency Coordinating Council Members
- Strong Start Early Intervention Team
- Act Early Ambassador for DC
- Provider agencies under contract with District of Columbia Early Intervention Program (DC EIP)
- Children's Hospital Pediatric Department
- Head Start Coordinator
- Advocates for Justice in Education – DC Parent Center
- Part B 619 Coordinator
- District of Columbia Public Schools – Early Stages Program
- District of Columbia Department of Health – Title V
- Georgetown University Department of Human Development
- DC Department of Healthcare Finance - Medicaid

DC Children and Family Services Agency
 Strong Start Staff
 Help Me Grow
 Parents in early intervention from Ward 8 in the District of Columbia

The Natural Environments and Child Find workgroup had 12 participants representing the ICC, Strong Start Child Find, Act Early Ambassador for DC, provider agencies, Children’s Hospital, Head Start Coordinator, Parent Center for DC, Part B 619 Coordinator, District of Columbia Public Schools – Early Stages Program, DC Department of Health Title V and four parents.

The workgroup met on Sept. 20, 2021 and Oct 7, 2021 and their recommendations were presented to the ICC on Nov. 17, 2021.

The Child and Family Outcomes workgroup had 12 participants representing the ICC, Strong Start Clinical Coordinator and Director, provider agencies, Head Start Coordinator, Parent Center for DC, DC Department of Health Title V and Help me Grow, Department of Healthcare Finance Medicaid, Department of Children and Family Services, Georgetown Department of Human Development and three parents.

The workgroup met on Oct. 20, 2021 and Nov. 3, 2021 and their recommendations were presented to the ICC on Dec. 10, 2021.

An invitation was sent to all participants from the two workgroups and the ICC to a meeting on Dec.10,2021 to provide input on our SSIP. At that meeting the group reviewed our Theory of Action, accomplishments, revised coherent improvement strategies and set targets for the SIMR for FFY2020-2025. The ICC met on Jan. 20, 2022 to review the APR submission, revised Theory of Action and coherent improvement strategies and the SIMR targets. The ICC concurred with the SIMR targets and the revisions.

A stakeholder work group was established to set targets for indicator 2 settings, and indicator 5 and 6 for child find. We sought out the full range of diversity with regard to race, ethnicity and roles in the early intervention system. We believe the membership represents the diversity of the District of Columbia. The workgroup met for two sessions to review the analysis of the trends and projections. The workgroups recommended targets for FFY2020 through FFY2025 were reviewed at an ICC meeting. The ICC concurred with the targets for FFY2020 through FFY2022. The ICC modified the targets for FFY2023 through FFY2025 because they considered them to be too ambitious to achieve. The final FFY2025 target the ICC settled upon was 1.65% which is a 12% increase over the FFY2019 actual (1.46%) versus the workgroup proposed FFY2025 target of 2.5% which is 71% over the FFY2019 actual (1.46%). OSSE concurs with and supports the ICC’s recommendation.

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	07/07/2021	Number of infants and toddlers birth to 1 with IFSPs	130
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	07/01/2020	Population of infants and toddlers birth to 1	9,225

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
130	9,225	1.46%	1.50%	1.41%	Did not meet target	No Slippage

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED Facts Metadata and Process System (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	1.68%

FFY	2015	2016	2017	2018	2019
Target >=	3.50%	4.00%	4.50%	5.00%	3.48%
Data	2.95%	2.97%	2.92%	3.72%	3.52%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	3.50%	3.60%	4.10%	4.30%	4.40%	4.50%

Targets: Description of Stakeholder Input

OSSE ensures that stakeholders and the public are constantly engaged in DC EIP activities through regular meetings of the Interagency Coordinating Council (ICC), State Early Childhood Development Coordinating Council (SECDCC) monthly meetings with providers and partner agencies and regular communications to stakeholders. These opportunities create continuous feedback loops that allow for continuous improvement with stakeholder involvement. During provider meetings procedural and operational changes are discussed and agreed upon. Documentation and any data system questions are addressed and suggested improvements are offered. During FFY 2020, OSSE met regularly with the ICC and DC EIP to discuss ongoing performance. OSSE has been meeting biweekly with Medicaid partners to establish reimbursement schedules and for claiming of provided services.

OSEP requires that we establish new targets for the results indicators for the period FFY 2020-25. To meet this requirement, during the summer of 2021, OSSE staff met with technical assistance staff from DASY and ECTA to assist OSSE in planning for engagement with stakeholders to set targets for the State Performance Plan (SPP)/Annual Performance Report (APR) indicators and the State Systemic Improvement Plan (SSIP) State-Identified Measurable Result (SIMR) for the FFY 2020-2025 submission to OSEP on February 1, 2022. OSSE established two target setting workgroups to address the requirement. The first focused on Natural Environments and Child Find reviewed past trends, model projections, data visualizations and other information to develop recommendations for FFY2020-2025 indicators #2, #5 and #6 (Settings and Child Find). The second workgroup focused on Child and Family Outcomes reviewed past trends, model projections, data visualizations to develop recommendations for FFY2020-2025 indicators #3 and #4.

OSEP does not require a state to establish a baseline or targets for resolution sessions or mediations (Indicator #9 and #10) if the number of resolution sessions or mediations is less than 10. OSSE had zero resolution sessions and zero mediation sessions in the prior reporting period so does not need to develop targets for these two indicators.

An invitation to participate on either or both workgroups was sent to the following stakeholder groups:

Interagency Coordinating Council Members
 Strong Start Early Intervention Team
 Act Early Ambassador for DC
 Provider agencies under contract with District of Columbia Early Intervention Program (DC EIP)
 Children's Hospital Pediatric Department
 Head Start Coordinator
 Advocates for Justice in Education – DC Parent Center
 Part B 619 Coordinator
 District of Columbia Public Schools – Early Stages Program
 District of Columbia Department of Health – Title V
 Georgetown University Department of Human Development
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 Strong Start Staff

Help Me Grow
 Parents in early intervention from Ward 8 in the District of Columbia

The Natural Environments and Child Find workgroup had 12 participants representing the ICC, Strong Start Child Find, Act Early Ambassador for DC, provider agencies, Children’s Hospital, Head Start Coordinator, Parent Center for DC, Part B 619 Coordinator, District of Columbia Public Schools – Early Stages Program, DC Department of Health Title V and four parents.

The workgroup met on Sept. 20, 2021 and Oct 7, 2021 and their recommendations were presented to the ICC on Nov. 17, 2021.

The Child and Family Outcomes workgroup had 12 participants representing the ICC, Strong Start Clinical Coordinator and Director, provider agencies, Head Start Coordinator, Parent Center for DC, DC Department of Health Title V and Help me Grow, Department of Healthcare Finance Medicaid, Department of Children and Family Services, Georgetown Department of Human Development and three parents.

The workgroup met on Oct. 20, 2021 and Nov. 3, 2021 and their recommendations were presented to the ICC on Dec. 10, 2021.

An invitation was sent to all participants from the two workgroups and the ICC to a meeting on Dec.10.2021 to provide input on our SSIP. At that meeting the group reviewed our Theory of Action, accomplishments, revised coherent improvement strategies and set targets for the SIMR for FFY2020-2025. The ICC met on Jan. 20, 2022 to review the APR submission, revised Theory of Action and coherent improvement strategies and the SIMR targets. The ICC concurred with the SIMR targets and the revisions.

A stakeholder work group was established to set targets for indicator 2 settings, and indicator 5 and 6 for child find. We sought out the full range of diversity with regard to race, ethnicity and roles in the early intervention system. We believe the membership represents the diversity of the District of Columbia. The workgroup met for two sessions to review the analysis of the trends and projections. The workgroups recommended targets for FFY2020 through FFY2025 were reviewed at an ICC meeting. The ICC concurred with the targets for FFY2020 through FFY2025. The target for FFY2025 is 4.5% which would be an increase of 28% over the FFY2019 actual of 3.52%. The ICC members believe that with the change of eligibility in July 2018 and OSSE’s plans for a public awareness campaign in the near future will yield a greater identification of eligible children birth to three. OSSE concurs with and supports the ICC’s recommendation.

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	07/07/2021	Number of infants and toddlers birth to 3 with IFSPs	989
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	07/01/2020	Population of infants and toddlers birth to 3	26,914

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
989	26,914	3.52%	3.50%	3.67%	Met target	No Slippage

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 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	60.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	96.70%	90.12%	94.97%	98.06%	95.29%

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
257	313	95.29%	100%	97.76%	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.

The reasons for system delays were, five due to evaluation team delay and two due to service coordinator delay. Reasons for family delays were they were out of town, family's availability for the evaluation or family didn't show up for the evaluation, family unresponsive to attempts made by service coordinator to schedule.

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

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

The District of Columbia used 4th quarter from FFY2020 (April 1, 2021- June 30, 2021).

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The 4th quarter reporting period April 1, 2021 through June 30, 2021 was representative of the full reporting period. We believe the data is accurate and reliable.

Provide additional information about this indicator (optional).

A drop down menu captures reason for delay such as family delay, evaluation delay or service coordinator delay. All instances of exceptional family circumstances were reviewed through a record review to verify that documentation was available to support family delay. While FFY 20 data reflected less than 100 percent compliance for children with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline for the reporting period, no findings were issued because correction according to federal requirements was verified before a finding was issued. Upon record reviews conducted for those children it was verified that correction had occurred prior to issuance of findings. All children with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted during the reporting period did have an IFSP developed although late and not within the 45-day timeline or had left the system. In addition, for prong two of verification, the state did another review of subsequent from another month. Of the 107 records for the month a sample of 10% of the records were reviewed (11) which verified that all children in the new sample had an IFSP developed within the 45 day timeline.

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

Because the District of Columbia reported less than 100% compliance for FFY 2019, the District of Columbia must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the District of Columbia 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 District of Columbia must describe the specific actions that were taken to verify the correction.

If the did District of Columbia 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 did District of Columbia not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

A drop down menu captures reason for delay such as family delay, evaluation delay or service coordinator delay. All instances of exceptional family circumstances were reviewed through a record review to verify that documentation was available to support family delay. While FFY 19 data reflected less than 100 percent compliance for children with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline for the reporting period, no findings were issued because correction according to federal requirements was verified before a finding was issued. Upon record reviews conducted for those nine children it was verified that correction had occurred prior to issuance of findings. All children with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted during the reporting period did have an IFSP developed although late and not within the 45-day timeline. In addition, for prong two of verification, the state did another review of subsequent data through a review of 10% of sample records from another month (93) which verified that all children in the new sample (9) had an IFSP developed within the 45 day timeline.

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	80.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	86.27%	100.00%	94.40%	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 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
153	153	100.00%	100%	100.00%	Met target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

0

Provide reasons for delay, if applicable.

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

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

4th quarter of FFY 2020 April 1, 2021 to June 30, 2021

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The 4th quarter reporting period April 1, 2021 through June 30, 2021 was representative of the full reporting period. We believe the data is accurate and reliable.

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

8A - Prior FFY Required Actions

None

8A - OSEP Response

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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	100.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	100.00%	100.00%	100.00%	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 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
152	153	100.00%	100%	100.00%	Met target	No Slippage

Number of parents who opted out

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

1

Provide reasons for delay, if applicable.

Describe the method used to collect these data.

Data were collected from the State database on a monthly basis. The District utilized the fourth quarter of FFY 2020 (April 1, 2021 - June 30, 2021) to complete a compliance review for this indicator.

The following steps were taken to complete data collection and analysis for this indicator:

The database was used for identifying all children who would be turning three during the reporting period.

The Strong Start database produces a spreadsheet of all children potentially eligible for Part B services between the ages of 2 years 6 months and 3 years of age.

On a monthly basis, an email is sent to the local education agency (LEA) of record and the State education agency (SEA) to inform them that the list of children potentially eligible for Part B is available. The database records the date and time the list is accessed by the LEA and SEA as confirmation of receipt of the list.

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 database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Fourth quarter FFY 2020, April 1, 2021 - June 30, 2021

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

We believe the quarter was representative for the full reporting period. We believe the data is accurate and reliable.

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

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

None

8B - OSEP Response

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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	88.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	91.37%	100.00%	90.32%	93.98%	93.64%
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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
100	115	93.64%	100%	97.39%	Did not meet target	No Slippage

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

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

0

Number of documented delays attributable to exceptional family circumstances

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

12

Provide reasons for delay, if applicable.

Service coordinator did not hold conference within timelines for three children.

While FFY 20 data reflected less than 100 percent compliance for children whom the Lead Agency conducted a transition meeting 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. No findings were issued because correction according to federal requirements was verified before a finding was issued. Upon record reviews conducted for those three children it was verified that correction had occurred prior to issuance of findings. All children who were potentially eligible for a transition conference during the reporting period did have a transition conference although late and not within the 90 day timeline.

In addition, for prong two of verification, the state did another review of subsequent data from another month of records (54) through a review of a sample of 10% of the records (6) which verified that all children in the new sample had a transition conference within the 90 day timeline.

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

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Fourth quarter FFY 2020, April 1, 2021 - June 30, 2021

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

We believe the quarter was representative for the full reporting period. We believe the data is accurate and reliable.

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

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

Because the District of Columbia reported less than 100% compliance for FFY 2019, the District of Columbia must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the District of Columbia 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 District of Columbia must describe the specific actions that were taken to verify the correction.

If the District of Columbia 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 District of Columbia did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

While FFY 2019 data reflected less than 100 percent compliance for children whom the Lead Agency conducted a transition meeting 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. No findings were issued because correction according to federal requirements was verified before a finding was issued. Upon record reviews conducted for those children it was verified that correction had occurred prior to issuance of findings. All children who were potentially eligible for a transition conference during the reporting period did have a transition conference although late and not within the 90 day timeline or had left the system.

In addition, for prong two of verification, the state did another review of subsequent data from another month (67) which 10% of the records (7) it was verified that all children in the new sample had a transition conference within the 90 day timeline.

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

Populated 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

OSSE ensures that stakeholders and the public are constantly engaged in DC EIP activities through regular meetings of the Interagency Coordinating Council (ICC), State Early Childhood Development Coordinating Council (SECDCC) monthly meetings with providers and partner agencies and regular communications to stakeholders. These opportunities create continuous feedback loops that allow for continuous improvement with stakeholder involvement. During provider meetings procedural and operational changes are discussed and agreed upon. Documentation and any data system questions are addressed and suggested improvements are offered. During FFY 2020, OSSE met regularly with the ICC and DC EIP to discuss ongoing performance. OSSE has been meeting biweekly with Medicaid partners to establish reimbursement schedules and for claiming of provided services.

OSEP requires that we establish new targets for the results indicators for the period FFY 2020-25. To meet this requirement, during the summer of 2021, OSSE staff met with technical assistance staff from DASY and ECTA to assist OSSE in planning for engagement with stakeholders to set targets for the State Performance Plan (SPP)/Annual Performance Report (APR) indicators and the State Systemic Improvement Plan (SSIP) State-Identified Measurable Result (SIMR) for the FFY 2020-2025 submission to OSEP on February 1, 2022. OSSE established two target setting workgroups to address the requirement. The first focused on Natural Environments and Child Find reviewed past trends, model projections, data visualizations and other information to develop recommendations for FFY2020-2025 indicators #2, #5 and #6 (Settings and Child Find). The second workgroup focused on Child and Family Outcomes reviewed past trends, model projections, data visualizations to develop recommendations for FFY202-2025 indicators #3 and #4.

OSEP does not require a state to establish a baseline or targets for resolution sessions or mediations (Indicator #9 and #10) if the number of resolution sessions or mediations is less than 10. OSSE had zero resolution sessions and zero mediation sessions in the prior reporting period so does not need to develop targets for these two indicators.

An invitation to participate on either or both workgroups was sent to the following stakeholder groups:

Interagency Coordinating Council Members

Strong Start Early Intervention Team

Act Early Ambassador for DC

Provider agencies under contract with District of Columbia Early Intervention Program (DC EIP)

Children's Hospital Pediatric Department

Head Start Coordinator

Advocates for Justice in Education – DC Parent Center

Part B 619 Coordinator

District of Columbia Public Schools – Early Stages Program
 District of Columbia Department of Health – Title V
 Georgetown University Department of Human Development
 DC Department of Healthcare Finance - Medicaid
 DC Children and Family Services Agency
 Strong Start Staff
 Help Me Grow
 Parents in early intervention from Ward 8 in the District of Columbia

The Natural Environments and Child Find workgroup had 12 participants representing the ICC, Strong Start Child Find, Act Early Ambassador for DC, provider agencies, Children’s Hospital, Head Start Coordinator, Parent Center for DC, Part B 619 Coordinator, District of Columbia Public Schools – Early Stages Program, DC Department of Health Title V and four parents.

The workgroup met on Sept. 20, 2021 and Oct 7, 2021 and their recommendations were presented to the ICC on Nov. 17, 2021.

The Child and Family Outcomes workgroup had 12 participants representing the ICC, Strong Start Clinical Coordinator and Director, provider agencies, Head Start Coordinator, Parent Center for DC, DC Department of Health Title V and Help me Grow, Department of Healthcare Finance Medicaid, Department of Children and Family Services, Georgetown Department of Human Development and three parents.

The workgroup met on Oct. 20, 2021 and Nov. 3, 2021 and their recommendations were presented to the ICC on Dec. 10, 2021.

An invitation was sent to all participants from the two workgroups and the ICC to a meeting on Dec.10,2021 to provide input on our SSIP. At that meeting the group reviewed our Theory of Action, accomplishments, revised coherent improvement strategies and set targets for the SIMR for FFY2020-2025. The ICC met on Jan. 20, 2022 to review the APR submission, revised Theory of Action and coherent improvement strategies and the SIMR targets. The ICC concurred with the SIMR targets and the revisions.

Historical Data

Baseline Year	Baseline Data

FFY	2015	2016	2017	2018	2019
Target>=					
Data				0.00%	

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=						

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				N/A	N/A

Provide additional information about this indicator (optional)

9 - Prior FFY Required Actions

None

9 - OSEP Response

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

OSSE ensures that stakeholders and the public are constantly engaged in DC EIP activities through regular meetings of the Interagency Coordinating Council (ICC), State Early Childhood Development Coordinating Council (SECDCC) monthly meetings with providers and partner agencies and regular communications to stakeholders. These opportunities create continuous feedback loops that allow for continuous improvement with stakeholder involvement. During provider meetings procedural and operational changes are discussed and agreed upon. Documentation and any data system questions are addressed and suggested improvements are offered. During FFY 2020, OSSE met regularly with the ICC and DC EIP to discuss ongoing performance. OSSE has been meeting biweekly with Medicaid partners to establish reimbursement schedules and for claiming of provided services.

OSEP requires that we establish new targets for the results indicators for the period FFY 2020-25. To meet this requirement, during the summer of 2021, OSSE staff met with technical assistance staff from DASY and ECTA to assist OSSE in planning for engagement with stakeholders to set targets for the State Performance Plan (SPP)/Annual Performance Report (APR) indicators and the State Systemic Improvement Plan (SSIP) State-Identified Measurable Result (SIMR) for the FFY 2020-2025 submission to OSEP on February 1, 2022. OSSE established two target setting workgroups to address the requirement. The first focused on Natural Environments and Child Find reviewed past trends, model projections, data visualizations and other information to develop recommendations for FFY2020-2025 indicators #2, #5 and #6 (Settings and Child Find). The second workgroup focused on Child and Family Outcomes reviewed past trends, model projections, data visualizations to develop recommendations for FFY202-2025 indicators #3 and #4.

OSEP does not require a state to establish a baseline or targets for resolution sessions or mediations (Indicator #9 and #10) if the number of resolution sessions or mediations is less than 10. OSSE had zero resolution sessions and zero mediation sessions in the prior reporting period so does not need to develop targets for these two indicators.

An invitation to participate on either or both workgroups was sent to the following stakeholder groups:

Interagency Coordinating Council Members

Strong Start Early Intervention Team

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Provider agencies under contract with District of Columbia Early Intervention Program (DC EIP)

Children's Hospital Pediatric Department

Head Start Coordinator

Advocates for Justice in Education – DC Parent Center

Part B 619 Coordinator

District of Columbia Public Schools – Early Stages Program

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The Natural Environments and Child Find workgroup had 12 participants representing the ICC, Strong Start Child Find, Act Early Ambassador for DC, provider agencies, Children’s Hospital, Head Start Coordinator, Parent Center for DC, Part B 619 Coordinator, District of Columbia Public Schools – Early Stages Program, DC Department of Health Title V and four parents.

The workgroup met on Sept. 20, 2021 and Oct 7, 2021 and their recommendations were presented to the ICC on Nov. 17, 2021.

The Child and Family Outcomes workgroup had 12 participants representing the ICC, Strong Start Clinical Coordinator and Director, provider agencies, Head Start Coordinator, Parent Center for DC, DC Department of Health Title V and Help me Grow, Department of Healthcare Finance Medicaid, Department of Children and Family Services, Georgetown Department of Human Development and three parents.

The workgroup met on Oct. 20, 2021 and Nov. 3, 2021 and their recommendations were presented to the ICC on Dec. 10, 2021.

An invitation was sent to all participants from the two workgroups and the ICC to a meeting on Dec.10,2021 to provide input on our SSIP. At that meeting the group reviewed our Theory of Action, accomplishments, revised coherent improvement strategies and set targets for the SIMR for FFY2020-2025. The ICC met on Jan. 20, 2022 to review the APR submission, revised Theory of Action and coherent improvement strategies and the SIMR targets. The ICC concurred with the SIMR targets and the revisions.

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

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)?

Medicaid-eligible infants and toddlers will demonstrate a substantial increase in their rate of developmental growth in the acquisition and use of knowledge and skills by the time they 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)

YES

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

Six coherent improvement strategies were identified that build upon the prior strategies.

1. Finalize plans and protocols for fidelity of practices and implement the plan for reaching and maintaining fidelity for EI providers and service coordinators
2. Support provider agencies in providing professional development that support their staff in building competencies to use EBP and maintaining federal and District compliance and improving competencies in the use of EBP
3. Develop and implement a new Birth -21 special education data system to improve the collection, reporting and use of high-quality data
4. Continue to review and revise professional development offerings for early interventionists
5. Develop and implement an infant mental health framework for Part C early intervention to address social and emotional development of infants and toddlers
6. Develop and implement a monitoring system that provides an overall accountability system for early intervention focusing on compliance and quality improvement

Please provide a link to the current theory of action.

<https://osse.dc.gov/node/1578876>

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
2015	39.56%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=	53.45%	54.45%	55.45%	56.45%	57.45%	58.00%

FFY 2020 SPP/APR Data

	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
178	333				

178	333	61.84%	53.45%	53.45%	Met target	No Slippage
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Provide the data source for the FFY 2020 data.

The data came from the Child and Family Data System (SSCFDS) that DCEIP uses for all children. A Qlik application was developed to extract the required data elements for child outcomes into a summary report.

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

The following process was used to complete data collection and analysis for child outcome determinations. Child outcomes exit data were collected on all children for FFY 2020. Children with Medicaid were identified and analyzed for their outcome scores.

The District utilized the scores that were collected for children through the Assessment, Evaluation, and Programming System for Infants and Children interactive which calculates the OSEP categories. Data were collected only if infants and toddlers received early intervention services for six months or longer. The entry AEPSi is completed by the initial evaluation provider and the exit AEPSi is completed by the child's provider no more than 60 days prior to the child's exit from the program. The initial evaluation and assessment teams administer the entry assessment with the family. One of the interventionists and the family administer the assessment every six months thereafter. Both the interventionist and the service coordinator discuss with the family the importance of the exit assessment. Prior written notice for the assessment is provided to the family in advance of the assessment. The family signs consent for the assessment and the family participates during the assessment. The service coordinator also provides the family with a copy of their "Child Progress Record", which is a visual record of the child's accomplishments, current targets and future goals/objects. This comparative report can also visually depict the growth in development through changes in coloring/shading on the report, a darker shade for the entry data and a lighter shade showing the growth and forward movement documented by the exit assessment.

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

YES

Describe any additional data collected by the State to assess progress toward the SiMR.

Our SiMR is Medicaid-eligible infants and toddlers will demonstrate a substantial increase in their rate of developmental growth in the acquisition and use of knowledge and skills by the time they exit the program (Child Outcome B1). Although this is one of the six child outcomes specifically devoted to our SiMR we conducted an analysis of all the child outcomes and the performance of children with Medicaid.

The system child outcomes went up from the previous year for five of the six outcomes. The one that went down was for B1 which is also our SiMR. When reviewing the performance for children with Medicaid on all six child outcomes those children with Medicaid went down in three indicators and went up in three indicators from the previous year.

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.

Revised coherent improvement strategies were developed and new activities identified. Most of the activities were completed from the prior evaluation plan and we are focusing on measuring fidelity of our practices for next year.

<https://osse.dc.gov/node/1578876>

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

Teaming meetings

In April of 2021, vendor agencies began to hold mandatory monthly teaming meetings. Teaming meetings are a way for a child's primary service provider to get support from members of the four core disciplines: speech-language pathology, occupational therapy, physical therapy and developmental therapy. This support is offered in the form of coaching, where the team asks reflective questions in order for the primary service provider to come to their own conclusions and create new ideas based on what they have done, what they have tried, and what they may want to try in upcoming sessions to further support the family. Strong Start vendor agencies are required to hold teaming meetings at least once per month, prepare an agenda invite the service coordinators and manage care organization (MCOs) case managers, and document a summary of the meeting on each child's record in the Strong Start Child and Family Data System (SSCFDS).

As a result of formal teaming meetings:

- PSPs have increased their knowledge and expertise and are better able to coach parents to support their children.
- Interventionists are understanding now that every team member is responsible for every child and family in their team and not just those families for whom they serve as the PSP.
- Service coordinators and MCO case managers are invited to the teaming meetings and therefore we have seen an increase in collaboration among them and being able to ensure that the necessary supports are provided right away rather than wait for periodic formal IFSP reviews.

Joint visits

Joint visits were introduced as the next component of the NLEP initiative in July of 2021. Joint visits are an additional mean of support for the PSP or the

child's care provider offered by a member of the child's team, or secondary service provider (SSP). After the child has had a teaming meeting, the team may decide that more direct support is needed for the PSP in the form of a joint visit. During this visit, the SSP lends support to the PSP by building their capacity in areas that would help the child and their family.

As a result of the implementation of joint visits PSPs are supporting families more efficiently by addressing their concerns in other areas of development right away, helping families to meet their IFSP outcomes, and are more empowered to work across disciplines. Parents are able to understand how their child's team works, to work more closely with other members of their child's team, and to have direct access to other disciplines of other team members than the designated PSP.

Using a primary service provider approach

Between December of 2020 and February of 2021 Strong Start conducted a series of townhalls (English and Spanish) in which families in the program were invited to learn and ask questions about the PSP and teaming approach.

Between January and April of 2021 all vendor agencies conducted their own book study groups with all their early interventionists to ensure the foundational knowledge of coaching, PSP and teaming approach among all service providers. Over 120 early interventionists in the system participated in the trainings.

In September of 2021, Strong Start officially introduced the use of the PSP and teaming approach to service delivery in early intervention in the District. A Frequently Asked Questions (FAQ) document was developed for current families explaining the change, the impact on the current services and what to expect. A one pager for new families was also created explaining the approach and how a PSP is selected.

When selecting the appropriate PSP many factors must be considered such as expertise, skill, availability and family preference. During the selection process, the Strong Start service coordinator engages the team with knowledge obtained in the family interview, team and child outcomes to come to a determination as to who is the best provider to support that family. PSP selection resulted in the families being paired with an early interventionist using an individualized process that takes into account their unique family needs. They will have a better opportunity to build an ongoing reciprocal relationship with a provider that will support them as they help their child meet developmental milestones.

As a result of the implementation of the PSP:

- A team of individuals from multiple disciplines is assigned to each family in the program.
- One team member serves as the primary liaison between the family and other team members.
- The PSP receives coaching and support to build on their expertise from other team members through ongoing interactions.

Data Sharing

DC EIP holds monthly meetings with provider representatives, and the Directors of Case Management and Care Manager Supervisors to discuss various performance indicators:

- 30-day timeline
- Authorization upload times
- IFSP attendance
- Service issues
- MCO children discussed during teaming meetings.
- Number of joint visits and outcomes
- Distribution of service and evaluation referrals

In May of 2021 an eight-week book study was held with the Strong Start behavior specialists (Board Certified Behavior Analysts - BCBAs). Using the book "Coaching in Early Intervention" and "The Early Intervention Teaming Handbook" by Sheldon and Rush, BCBAs gained a foundational knowledge of coaching, primary service provider and teaming.

The Strong Start Reflection Group is an initiative created in 2019 where providers in the DC early intervention community can come together monthly to discuss issues related to using a coaching interaction style, family-related challenges and challenges related to delivery of early intervention services in child development centers. The group is also an opportunity to reflect on what providers have been doing to support families in early intervention and to engage in peer coaching opportunities with current providers in the DC early intervention system.

In FFY20, Strong Start reflection groups engaged providers on a monthly bases in the following provider suggested topics: implicit bias, building relationships through empathy, coaching case studies, "how to have a family centered evaluation", writing outcomes, choosing the PSP, support for returning to in-person visits and balancing hybrid schedules. Reflection groups had an average of 13 providers over 11 sessions held this year.

100% of the respondents to the Reflection Group Survey rated the initiative as Effective or Highly Effective in enhancing their knowledge of effective teaming and NLEP implementation. Additionally, 90% of respondents rated the groups as Effective or Highly Effective in providing opportunities for them to address case-specific barriers to implementing the coaching interaction style and teaming approach to service delivery.

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.

Teaming meetings

In April of 2021, vendor agencies began to hold mandatory monthly teaming meetings. Teaming meetings are a way for a child's primary service provider to get support from members of the four core disciplines: speech-language pathology, occupational therapy, physical therapy and developmental therapy. This support is offered in the form of coaching, where the team asks reflective questions in order for the primary service provider to come to their own conclusions and create new ideas based on what they have done, what they have tried, and what they may want to try in upcoming sessions to further support the family. Strong Start vendor agencies are required to hold teaming meetings at least once per month, prepare an agenda invite the service coordinators and manage care organization (MCOs) case managers, and document a summary of the meeting on each child's record in the Strong Start Child and Family Data System (SSCFDS).

As a result of formal teaming meetings:

- PSPs have increased their knowledge and expertise and are better able to coach parents to support their children.
- Interventionists are understanding now that every team member is responsible for every child and family in their team and not just those families for

whom they serve as the PSP.

- Service coordinators and MCO case managers are invited to the teaming meetings and therefore we have seen an increase in collaboration among them and being able to ensure that the necessary supports are provided right away rather than wait for periodic formal IFSP reviews.

Joint visits

Joint visits were introduced as the next component of the NLEP initiative in July of 2021. Joint visits are an additional mean of support for the PSP or the child's care provider offered by a member of the child's team, or secondary service provider (SSP). After the child has had a teaming meeting, the team may decide that more direct support is needed for the PSP in the form of a joint visit. During this visit, the SSP lends support to the PSP by building their capacity in areas that would help the child and their family.

As a result of the implementation of joint visits PSPs are supporting families more efficiently by addressing their concerns in other areas of development right away, helping families to meet their IFSP outcomes, and are more empowered to work across disciplines. Parents are able to understand how their child's team works, to work more closely with other members of their child's team, and to have direct access to other disciplines of other team members than the designated PSP.

Using a primary service provider approach

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Between January and April of 2021 all vendor agencies conducted their own book study groups with all their early interventionists to ensure the foundational knowledge of coaching, PSP and teaming approach among all service providers. Over 120 early interventionists in the system participated in the trainings.

In September of 2021, Strong Start officially introduced the use of the PSP and teaming approach to service delivery in early intervention in the District. A Frequently Asked Questions (FAQ) document was developed for current families explaining the change, the impact on the current services and what to expect. A one pager for new families was also created explaining the approach and how a PSP is selected.

When selecting the appropriate PSP many factors must be considered such as expertise, skill, availability and family preference. During the selection process, the Strong Start service coordinator engages the team with knowledge obtained in the family interview, team and child outcomes to come to a determination as to who is the best provider to support that family. PSP selection resulted in the families being paired with an early interventionist using an individualized process that takes into account their unique family needs. They will have a better opportunity to build an ongoing reciprocal relationship with a provider that will support them as they help their child meet developmental milestones.

As a result of the implementation of the PSP:

- A team of individuals from multiple disciplines is assigned to each family in the program.
- One team member serves as the primary liaison between the family and other team members.
- The PSP receives coaching and support to build on their expertise from other team members through ongoing interactions.

Data Sharing

DC EIP holds monthly meetings with provider representatives, and the Directors of Case Management and Care Manager Supervisors to discuss various performance indicators:

- 30-day timeline
- Authorization upload times
- IFSP attendance
- Service issues
- MCO children discussed during teaming meetings.
- Number of joint visits and outcomes
- Distribution of service and evaluation referrals

In May of 2021 an eight-week book study was held with the Strong Start behavior specialists (Board Certified Behavior Analysts - BCBAs). Using the book "Coaching in Early Intervention" and "The Early Intervention Teaming Handbook" by Sheldon and Rush, BCBAs gained a foundational knowledge of coaching, primary service provider and teaming.

The Strong Start Reflection Group is an initiative created in 2019 where providers in the DC early intervention community can come together monthly to discuss issues related to using a coaching interaction style, family-related challenges and challenges related to delivery of early intervention services in child development centers. The group is also an opportunity to reflect on what providers have been doing to support families in early intervention and to engage in peer coaching opportunities with current providers in the DC early intervention system.

In FFY20, Strong Start reflection groups engaged providers on a monthly bases in the following provider suggested topics: implicit bias, building relationships through empathy, coaching case studies, "how to have a family centered evaluation", writing outcomes, choosing the PSP, support for returning to in-person visits and balancing hybrid schedules. Reflection groups had an average of 13 providers over 11 sessions held this year.

100% of the respondents to the Reflection Group Survey rated the initiative as Effective or Highly Effective in enhancing their knowledge of effective teaming and NLEP implementation. Additionally, 90% of respondents rated the groups as Effective or Highly Effective in providing opportunities for them to address case-specific barriers to implementing the coaching interaction style and teaming approach to service delivery.

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

NO

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

Please see revised Evaluation and Activities Plan at <https://osse.dc.gov/node/1578876>

If OSSE...

1. Finalizes plans and protocols for fidelity of practices and implements the plan for reaching and maintaining fidelity for EI providers and service coordinators...Then...

Providers will provide services in a consistent manner using evidence-based practices (EBP)

Activities and Timelines...

Develop a fidelity assessment process to ensure that the five characteristics of coaching are implemented with fidelity – by Feb. 2022

Begin implementation of fidelity assessment process – by Apr. 2022
Review data from fidelity assessments to evaluate progress – by Sept. 2022

2. Supports provider agencies in providing professional development that support their staff in building competencies to use EBP and maintaining federal and District compliance and improving competencies in the use of EBP...Then...

Provider agency leaders will support their early interventionists through professional development, observations, supervision and feedback in the implementation of the Natural Learning Environment Practices (NLEP)

Provider agency leaders will increase their ability to attract and retain qualified staff
Activities and Timelines...

Develop new website for Strong Start – by Jun. 2022

Organize professional development opportunities to build the capacity of early interventionists in the system PD offerings – by Dec. 2022

Design, develop and implement new training modules for early interventionists – by Dec. 2023

3. Develops and implements a new B-21 data system to improve the collection, reporting and use of high-quality data...Then...

Early interventionists and LEAs will have access to accurate and reliable data

Parents will have access to their child's record online

Data will be available for the timely and smooth transition of children exiting Part C to Part B services

Activities and Timelines...

Build and design of the new Special Education system (SEDS) – by Apr. 2022

Test and train all users – by Sept. 2022

Implement SEDS – by Oct. 2022

4. Continues to review and revise professional development offerings for early interventionists...Then...

Providers will increase their understanding and use of the NLEP framework

Early Intervention will be provided in a manner that is reflective of a common understanding and consistent implementation of the concepts used routinely in the provision of services

Activities and Timelines

Update Strong Start foundations training – by Jan. 2022

Continue to organize and implement monthly "Reflection Group" for early interventionists - ongoing

Update new provider requirements to align with primary service provider and teaming approach to service delivery – by Jun. 2022

5. Develops and implement an infant mental health framework for Part C early intervention to address social and emotional development of infants and toddlers...Then...

Early interventionists will increase the infant mental health competencies and skills of staff to address and improve the social-emotional well-being of children

Activities and Timelines...

Selected Strong Start staff complete the Infant Mental Health (IMH) certificate from Georgetown – by May 2022

Research IMH frameworks used in other states' Part C programs and determine how infant mental health services should be provided and supported in Strong Start – by Jul. 2022

Develop an IMH framework and the structure to support the system during IFSP services, teaming meetings and capacity building – by Dec. 2022

Implement IMH framework in Strong Start – by Dec. 2023

6. Develops and implements a monitoring system that provides an overall accountability system for early intervention focusing on compliance and quality improvement...Then...

...agencies and early interventionists will be held accountable for the administration and provision of services

...appropriate and accurate data will be used to target technical assistance to specific areas of need

Activities and Timelines

Develop a monitoring tool to audit Strong Start program and vendor agencies – by Sept. 2022

Implement ongoing monitoring of the system and offer targeted technical assistance – by Dec. 2022

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

Teaming meetings

Joint visits

Primary Service Provider

Pre-Service Foundations Training Fidelity Post-Test Requirement

Provider Coaching Fidelity Self-Assessment (pilot)

Provide a summary of each evidence-based practice.

In DC EIP continued with the implementation of the final components of the NLEP framework with the introduction of formal teaming meetings, joint visits and the selection and assignment of a primary service provider (PSP). In April of 2021, vendor agencies began to hold mandatory monthly teaming meetings. Teaming meetings are a way for a child's primary service provider to get support from members of the four core disciplines: speech-language

pathology, occupational therapy, physical therapy and developmental therapy. This support is offered in the form of coaching, where the team asks reflective questions in order for the primary service provider to come to their own conclusions and create new ideas based on what they have done, what they have tried, and what they may want to try in upcoming sessions to further support the family. Strong Start vendor agencies are required to hold teaming meetings at least once per month, prepared an agenda and invite the service coordinators and manage care organization (MCOs) case managers, and document a summary of the meeting on each child's record in the Strong Start Child and Family Data System (SSCFDS).

As a result of formal teaming meetings:

- PSPs have increased their knowledge and expertise and are better able to coach parents to support their children.
- Interventionists are understanding now that every team member is responsible for every child and family in their team and not just those families for whom they serve as the PSP.
- Service coordinators and MCO case managers are invited to the teaming meetings and therefore we have seen an increase in collaboration among them and being able to ensure that the necessary supports are provided right away rather than wait for periodic formal IFSP reviews.

Joint visits

Joint visits were introduced as the next component of the NLEP initiative in July of 2021. Joint visits are an additional mean of support for the PSP or the child's care provider offered by a member of the child's team, or secondary service provider (SSP). After the child has had a teaming meeting, the team may decide that more direct support is needed for the PSP in the form of a joint visit. During this visit, the SSP lends support to the PSP by building their capacity in areas that would help the child and their family. Between December of 2020 and February of 2021 Strong Start conducted a series of townhalls (English and Spanish) in which families in the program were invited to learn and ask questions about the PSP and teaming approach.

Between January and April of 2021 all vendor agencies conducted their own book study groups with all their early interventionists to ensure the foundational knowledge of coaching, PSP and teaming approach among all service providers. Over 120 early interventionists in the system participated in the trainings.

In September of 2021, Strong Start officially introduced the use of the PSP and teaming approach to service delivery in early intervention in the District. A Frequently Asked Questions (FAQ) document was developed for current families explaining the change, the impact on the current services and what to expect. A one pager for new families was also created explaining the approach and how a PSP is selected.

When selecting the appropriate PSP many factors must be considered such as expertise, skill, availability and family preference. During the selection process, the Strong Start service coordinator engages the team with knowledge obtained in the family interview, team and child outcomes to come to a determination as to who is the best provider to support that family. PSP selection resulted in the families being paired with an early interventionist using an individualized process that takes into account their unique family needs. They will have a better opportunity to build an ongoing reciprocal relationship with a provider that will support them as they help their child meet developmental milestones.

As a result of the implementation of the PSP:

- A team of individuals from multiple disciplines is assigned to each family in the program.
- One team member serves as the primary liaison between the family and other team members.
- The PSP receives coaching and support to build on their expertise from other team members through ongoing interactions.

Pre-Service Foundations Training Fidelity Post-Test Requirement

In November 2021, new providers coming into the EI system were required to complete a pre-service post-test after participating in the Strong Start Foundations Training. The training goes into detail about the core NLEP components, internal Strong Start operations/procedures, documentation/fidelity expectations and provides an extensive review of how coaching and the primary service provide framework align with supporting families through DC EI.

Provider Coaching Fidelity Self-Assessment (pilot)

In June 2021, providers we asked to voluntarily fill out the Coaching Fidelity Self-Assessment after one of their direct service sessions reflecting on their implementation of the core components of capacity building reflective coaching in EI. The self-assessment was developed by the internal Strong Start clinical team and references key components from the evidence-based Sheldon & Rush developed Coaching in Action Fidelity Checklist.

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.

As a result of the implementation of joint visits PSPs are supporting families more efficiently by addressing their concerns in other areas of development right away, helping families to meet their IFSP outcomes, and are more empowered to work across disciplines. Parents are able to understand how their child's team works, to work more closely with other members of their child's team, and to have direct access to other disciplines of other team members than the designated PSP.

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

We will be finalizing our plans and protocols for fidelity of practices and implement the plan for reaching and maintaining fidelity for EI providers and service coordinators over the next year and implementing these to set baselines.

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 Strong Start Reflection Group is an initiative created in 2019 where providers in the DC early intervention community can come together monthly to discuss issues related to using a coaching interaction style, family-related challenges and challenges related to delivery of early intervention services in child development centers. The group is also an opportunity to reflect on what providers have been doing to support families in early intervention and to engage in peer coaching opportunities with current providers in the DC early intervention system.

In FFY20, Strong Start reflection groups engaged providers on a monthly bases in the following provider suggested topics: implicit bias, building relationships through empathy, coaching case studies, "how to have a family centered evaluation", writing outcomes, choosing the PSP, support for returning to in-person visits, balancing hybrid schedules and selecting the PSP. Reflection groups had an average of 14 providers over 10 sessions held this year.

94% of the respondents to the Reflection Group Survey rated the initiative as Effective or Highly Effective in enhancing their knowledge of effective teaming and NLEP implementation. Additionally, 100% of respondents rated the groups as Effective or Highly Effective in providing opportunities for them to address case-specific barriers to implementing the coaching interaction style and teaming approach to service delivery. In FFY20, Strong Start had 17 new providers complete and pass the Pre-Service Foundations Training Fidelity Post-Test with an 80% or higher (the established passing threshold).

In FFY20, Strong Start received 52 responses to the Provider Coaching Fidelity Self-Assessment. The average fidelity score documented based on the self-assessment data was 91.6% feeling as though they are implementing all aspects of the NLEP coaching framework effectively.

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

Develop a fidelity assessment process to ensure that the five characteristics of coaching are implemented with fidelity
Begin of the implementation of fidelity assessment process
Review data from fidelity assessments to evaluate progress

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.

Revised coherent improvement strategies were developed and new activities identified. Most of the activities were completed from the prior evaluation plan and we are now focusing on measuring fidelity of our practices for next year.

Section C: Stakeholder Engagement

Description of Stakeholder Input

OSSE ensures that stakeholders and the public are constantly engaged in DC EIP activities through regular meetings of the Interagency Coordinating Council (ICC), State Early Childhood Development Coordinating Council (SECDCC) monthly meetings with providers and partner agencies and regular communications to stakeholders. These opportunities create continuous feedback loops that allow for continuous improvement with stakeholder involvement. During provider meetings procedural and operational changes are discussed and agreed upon. Documentation and any data system questions are addressed and suggested improvements are offered. During FFY 2020, OSSE met regularly with the ICC and DC EIP to discuss ongoing performance. OSSE has been meeting biweekly with Medicaid partners to establish reimbursement schedules and for claiming of provided services.

OSEP requires that we establish new targets for the results indicators for the period FFY 2020-25. To meet this requirement, during the summer of 2021, OSSE staff met with technical assistance staff from DASY and ECTA to assist OSSE in planning for engagement with stakeholders to set targets for the State Performance Plan (SPP)/Annual Performance Report (APR) indicators and the State Systemic Improvement Plan (SSIP) State-Identified Measurable Result (SIMR) for the FFY 2020-2025 submission to OSEP on February 1, 2022. OSSE established two target setting workgroups to address the requirement. The first focused on Natural Environments and Child Find reviewed past trends, model projections, data visualizations and other information to develop recommendations for FFY2020-2025 indicators #2, #5 and #6 (Settings and Child Find). The second workgroup focused on Child and Family Outcomes reviewed past trends, model projections, data visualizations to develop recommendations for FFY2020-2025 indicators #3 and #4.

OSEP does not require a state to establish a baseline or targets for resolution sessions or mediations (Indicator #9 and #10) if the number of resolution sessions or mediations is less than 10. OSSE had zero resolution sessions and zero mediation sessions in the prior reporting period so does not need to develop targets for these two indicators.

An invitation to participate on either or both workgroups was sent to the following stakeholder groups:

Interagency Coordinating Council Members
Strong Start Early Intervention Team
Act Early Ambassador for DC
Provider agencies under contract with District of Columbia Early Intervention Program (DC EIP)
Children's Hospital Pediatric Department
Head Start Coordinator
Advocates for Justice in Education – DC Parent Center
Part B 619 Coordinator
District of Columbia Public Schools – Early Stages Program
District of Columbia Department of Health – Title V
Georgetown University Department of Human Development
DC Department of Healthcare Finance - Medicaid
DC Children and Family Services Agency
Strong Start Staff
Help Me Grow
Parents in early intervention from Ward 8 in the District of Columbia

The Natural Environments and Child Find workgroup had 12 participants representing the ICC, Strong Start Child Find, Act Early Ambassador for DC, provider agencies, Children's Hospital, Head Start Coordinator, Parent Center for DC, Part B 619 Coordinator, District of Columbia Public Schools – Early Stages Program, DC Department of Health Title V and four parents.

The workgroup met on Sept. 20, 2021 and Oct 7, 2021 and their recommendations were presented to the ICC on Nov. 17, 2021.

The Child and Family Outcomes workgroup had 12 participants representing the ICC, Strong Start Clinical Coordinator and Director, provider agencies, Head Start Coordinator, Parent Center for DC, DC Department of Health Title V and Help me Grow, Department of Healthcare Finance Medicaid, Department of Children and Family Services, Georgetown Department of Human Development and three parents.

The workgroup met on Oct. 20, 2021 and Nov. 3, 2021 and their recommendations were presented to the ICC on Dec. 10, 2021.

An invitation was sent to all participants from the two workgroups and the ICC to a meeting on Dec.10,2021 to provide input on our SSIP. At that meeting the group reviewed our Theory of Action, accomplishments, revised coherent improvement strategies and set targets for the SIMR for FFY2020-2025. The ICC met on Jan. 20, 2022 to review the APR submission, revised Theory of Action and coherent improvement strategies and the SIMR targets. The ICC concurred with the SIMR targets and the revisions.

We sought out the full range of diversity with regard to race, ethnicity and roles in the early intervention system. We believe the membership represents the diversity of the District of Columbia. All participants from the two target setting workgroups and the ICC were invited to a meeting on Dec.10,2021 to provide input on our SSIP. At that meeting the group reviewed our Theory of Action, accomplishments, revised coherent improvement strategies and set targets for the SIMR for FFY2020-2025

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

Continued child find collaboration and ongoing communication with primary referral agencies, community based organizations, child development centers and medical organizations focused around Strong Start's implementation of the NLEP Framework, utilization of virtual platforms for equitable services, PSP implementation and increasing awareness about the new Strong Start Online Referral Link.

Strong Start held three townhalls with parents to discuss the changes coming in the system as a result of the implementation of PSP and teaming approach.

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

NO

Additional Implementation Activities

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

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

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

Provide additional information about this indicator (optional).

We believe that COVID has had an extreme impact on the families we serve, and in particular our low income families. In the sense that they do have to address other priorities in their life and that can affect the services they receive in EI and how active they participate in the sessions to be able to support their child. The long term effects of stress on social emotional development and therefore the child indicators in unknown.

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

Designated Lead Agency Director

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

Name:

Allan Phillips

Title:

Special Assistant Part C

Email:

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Phone:

12024127593

Submitted on:

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