

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

**For reporting on
FFY 2021**

District of Columbia



**PART C DUE
February 1, 2023**

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

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

The District of Columbia Office of the State Superintendent of Education (OSSE), is the lead agency for administering Part C of the Individuals with Disabilities Education Act (IDEA) of 2004, and its implementation. In the District of Columbia, Strong Start is the only program and it serves all the children in Part C.

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. As the single point of entry for infants and toddlers with suspected developmental delays and disabilities from birth to the third birthday, Strong Start identifies and evaluates infants and toddlers with suspected developmental delays and provides high-quality, age appropriate early intervention services for eligible children and their families. Strong Start is committed to ensuring that all children who need early intervention services are able to access them. Strong Start Child Find unit conducts outreach to build awareness with referring sources, administers developmental screenings, provides targeted communications, and has well-developed partnerships that ensure all families are aware of Strong Start services and supports.

The State Performance Plan/Annual Performance Report (SPP/APR) for Federal Fiscal Year 2021 (FFY 2021) details the work of OSSE towards improving outcomes of infants and toddlers with developmental delays and disabilities and their families and covers the period July 1, 2021 - June 30, 2022. The key accomplishments during this reporting period include:

1. Development and implementation of fidelity assessment guidelines, tools and requirements
2. Conducted Ongoing Monthly Teaming Meeting Fidelity Observations
3. Implemented Ongoing Joint Visit and Service Increase Request Clinical Approval Monitoring
4. Conducted monthly topic specific Reflection Groups
5. Completed the design of the New Special Education System (SEDS) that will be launch in FFY22 and will integrate Part C and Part B data
6. Implementation by Strong Start program of the contract performance evaluation tool to monitor the Human Care Agreements established with the vendor agencies that deliver Part C services
7. Strong Start clinical team completed the Infant Mental Health (IMH) certificate from Georgetown

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 Strong Start, 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 Strong Start administration and early intervention contracted vendor agencies, and engages in shared accountability practices that maximize success for all infants and toddlers with developmental delays and disabilities and their families. 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. Strong Start operates a dedicated service coordinator unit model in which all service coordinators are 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, OSSE has structured the District in three regions 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 Strong Start until they exit the program.

Technical Assistance System:

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

OSSE utilizes technical assistance (TA) centers funded by the Office of Special Education Programs (OSEP). The Early Childhood Technical Assistance (ECTA) center assisted OSSE 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. OSSE 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. OSSE 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 on working with infants and toddlers with developmental delays and disabilities and their families before they are allowed to work in Strong Start. 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 Strong Start foundation training on early intervention practices prior to receiving a referral for service. Strong Start 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.

OSSE 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.

Since 2017, DC EIP adopted the Natural Learning Environment Practices (NLEP) framework as its evidence-based approach to early intervention service delivery. In July of 2021, OSSE fully implemented all components including the coaching interaction style, interest-based learning, family routines, and the primary service provider and teaming approach.

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. 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. In the primary service provider and teaming approach 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 FFY 21, OSSE focused on developing the framework in which fidelity will be assessed on the coaching and teaming approach. The guidelines, requirements and tools to evaluate fidelity were developed and the following plan established to be able to evaluate the fidelity in which these concepts are implemented. The timeline is presented below:

Fiscal year 2022 (FY22) (April 1 – Sept. 30, 2022)

1. Early interventionists complete the Texas ECI Coaching Families modules and upload the practice fidelity observation form and the certificate to the Strong Start Child and Family Data System (SSCFDS)
2. Early interventionists complete one self-assessment using the Natural Learning Environment Practices (NLEP) Coaching Fidelity Self-Assessment

FY23 (Oct. 1, 2022 – Sept. 30, 2023)

1. Early interventionists complete one self-assessment using the NLEP Coaching Fidelity Self-Assessment
2. Early interventionists complete one Coaching Fidelity Observation with an approved fidelity observer from their agency
3. Vendor agencies complete one Teaming Fidelity Observation with an approved Fidelity Observer from Strong Start

After Oct. 1, 2023

1. Early interventionists complete one self-assessment using the NLEP Coaching Fidelity Self-Assessment
2. Early interventionists complete two Coaching Fidelity Observations with an approved fidelity observer from their agency
3. Vendor agencies complete two Teaming Fidelity Observations with an approved Fidelity Observer from Strong Start

The OSSE Comprehensive System of Professional Development (CSPD) Leadership Team consists of the Part C State Director, the Strong Start Program Director, the Clinical Manager and the Child Find and Playgroup Early Intervention Specialist. This year the group focused on developing new provider fidelity requirements that include the completion of the Texas Coaching Modules, an updated Foundations Training, Assessment, Evaluation and Programming System (AEPS) and the AEPS Interrater Reliability (IRR) certificate. OSSE has also hosted online training series for early childhood professionals to learn inclusive practices, made recommendations related to the personnel development information system (PDIS) for all early childhood educators in the District and conducted monthly meetings for early interventionists that include in-service training, case discussions and reflection workgroups based on the needs assessment of the focus groups. The CSPD team is also working with Gallaudet University to provide training curricula for early interventionists and service coordinators on working with children with hearing impairment.

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 Strong Start activities through regular meetings of the Interagency Coordinating Council (ICC), the 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 input. 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 21, OSSE met regularly with the ICC and DC EIP to discuss ongoing performance.

At the ICC meeting in January 2023, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator, asked questions and provided feedback included in this Annual Performance Report (APR). National technical assistance (TA) centers staff, including DaSy and the ECTA Center, reviewed and provided helpful guidance in the development of this APR. The APR was also sent directly to ICC chairperson who reviewed the file in detail, asked questions, and suggested edits. Leadership from OSSE also reviewed the APR and made suggestions. The ICC chairperson approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY21. New targets for the results indicators were developed in FFY 2020 for FFY21-25 by the different workgroups with participants from various stakeholders. The targets were reviewed and approved by the ICC and subsequently submitted and approved by OSEP. No changes are being recommended at this time by the ICC.

Throughout the FFY21, OSSE and Strong Start has met with the ICC quarterly, the contracted vendor agencies monthly, the Strong Start team quarterly, the SECDCC quarterly, the Department of Health Care Finance monthly and the Managed Care Organizations (MCO) quarterly to review and solicit

feedback on the performance of the program, the Theory of Action, accomplishments, and the Evaluation and Activities Plan for Part C in the District of Columbia.

The fidelity guidelines and requirements that are Part of the SSIP were developed in February of 2022 and presented to the vendor agencies in March for their review and feedback. The final version was released in April of 2022.

OSSE invited stakeholders who use the Part C data system to participate in two sessions to obtain feedback on the new data system. Participants included a group of managers at the vendor agencies, the transition personnel at Early Stages (the program from DC Public Schools that identifies and address developmental delays and disabilities in children over 3 years old), and a group of case managers from the MCOs. Their input was valuable to understand different improvements needed to incorporate in the new Special Education System (SEDS) being developed.

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

YES

Number of Parent Members:

3

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. The ICC has been working on filling 3 open vacancies that have been open since Oct. 2022. OSSE launched a quarterly newsletter for Strong Start families in Dec. 2022 as a mechanism to keep parents informed of any events happening in the District and to make them aware of the schedule of the ICC meetings and that they are all invited to join.

OSSE acknowledges the difficulties engaging and recruiting parents and for this reason and as part of FFY22 plan, OSSE is increasing its efforts by reaching out via email to parents, working more closely with DC's parent center Advocates for Justice in Education to increase parent engagement activities to include more parent workshops/trainings/informational sessions and other similar activities for parent input and participating at parent-led meetings that occur in OSSE's Division of Early Learning.

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.

After a two-year hiatus due to the public health emergency mandates, DC EIP was able to secure a new agreement with DC Public Libraries (DCPL) to bring back community playgroups. In FFY21, planning and communication was completed by partnering with DCPL leadership staff on identifying specific library branches that had a demand for this type of program. In addition to these playgroups being equitably accessible to all families in DC, the new agreement allows for flexibility in scheduling as well as the ability to provide "Pop-Up" playgroups and other various outreach events at local branches. Moving forward, this will strengthen the partnership between two DC Government agencies serving infants/toddlers and allows for more timely scheduling of future events as community needs arise. Rollout of the two community playgroups is slated for January 2023 at Francis A. Gregory Neighborhood Library in SE and Mount Pleasant Neighborhood Library in NW.

Strong Start's implementation of the primary service provider and teaming approach has significantly increased collaboration among all team members. Case managers from the Medicaid Managed Care Organizations (MCOs) and Strong Start service coordinators are working together more closely to follow up with referred families that have an MCO assigned and that have issues with unsuccessful engagement attempts to participate in the program.

Strong Start has emphasized the Ages and Stages Questionnaire (ASQ) and provided additional support to child development facilities to use the ASQ online. This online system is used to complete all developmental screenings and allows screening to be completed by Strong Start's child find unit, child development facility staff, health providers or the child's own family

Strong Start's long effort to have a physical location in Wards 7 or 8 came to fruition and a new location in Ward 7 was delivered in Dec. 2020. Strong Start has now a presence in the community and initial family interviews and evaluations can be conducted at the Penn. Avenue location at parent's request. In FY23, Strong Start is planning to offer parent workshops and playgroups. These activities will allow the program to engage actively and effectively with the community in Wards 7 and 8 to increase the rate that evaluations are completed in these Wards.

Soliciting Public Input:

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

Targets were set in Jan. of 2022 and all stakeholder input was described in FFY21 APR. No recommendations on modifying the targets are being made at this time. OSSE collected input during the ICC meetings of Jan. 20, May 17, Sept. 19 and Dec. 9, 2022 about the progress made on the different initiatives set in the SSIP, the performance data from the Strong Start program and the stages of the reopening plan for in-person visits, which includes that effective Jan. 1, 2023 all eligibility and transition evaluations are conducted in-person only and all service delivery is made available for in-person visits to all families in the District.

OSSE also participates regularly in the State Early Childhood Development Coordinating Council (SECDCC) and shares information and obtains feedback from stakeholders.

OSSE also used the family survey and the newsletter to receive input and feedback from families on how the program is performing and to include any comments or suggestions.

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 were sent to all members of the workgroups and the ICC members and were posted on OSSE's website on Jan. 28, 2022 for the general public. The FFY2020 APR was posted on OSSE's website on March 24, 2022

Updated guidelines developed for in-person visits during COVID-19 public health emergency were translated and made available to all stakeholders via email as well as OSSE's website.

Reporting to the Public:

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

OSSE reported FFY2020 performance on the targets in the SPP/APR on OSSE's website at <https://osse.dc.gov/page/annual-public-reporting-part-c>

Intro - Prior FFY Required Actions

Response to actions required in FFY 2020 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 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 37.00% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.65% | 87.44% | 94.02% | 91.89% | 93.46% |

Targets

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

FFY 2021 SPP/APR Data

| Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner | Total number of infants and toddlers with IFSPs | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|---------------------|----------|
| 269 | 362 | 93.46% | 100% | 85.36% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable

System has been affected by shortage of providers at the same time that number of referrals have increased. Contracted companies that provide services have increased their recruiting efforts and were able to hire new interventionists but unfortunately not on time to start services in a timely manner. The program also observed an increase on delayed authorizations from Managed Care Organizations (MCOs) that impacted the timeline. In order to avoid delays in timely start of services, Strong Start developed a new procedure to authorize the start of services when an MCO is delayed with authorizations.

Strong Start had delays due to service coordinators not uploading the IFSP on a timely manner. In the new data system, the IFSP document will be embedded in the data base and after the parent signs it electronically it will be available to the provider. Once implemented, this is expected to result in a higher performance for this indicator.

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.

40

Provide reasons for delay, if applicable.

Reasons for family delays include that family was 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, and interventionist unable to connect with family via phone and text.

For system delays, 13 delays were due to service coordinator (did not upload IFSP on time), provider delay accounted for 22 delays, MCOs were responsible for 13 delays, and program delay (not finding a provider available within 30 days) accounted for 5.

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, 2022 to June 30, 2022

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 through June 30 is considered representative of the full reporting year because the same variables are in place for this quarter of the fiscal year, which is the same as in all quarters. The District of Columbia Part C program is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for the entire FFY 2021.

Provide additional information about this indicator (optional)

A drop down menu captures reason for delay such as exceptional family circumstances, program delay, 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.

Strong Start program implemented new strategies to provide support to the vendor agencies in the planning of new hires. Since April of 2022 vendor agencies are required to submit a roster monthly indicating the number of hours that an interventionist is available, new hires and candidates in the pipeline. Strong Start is then analyzing the capacity and availability of the system as a whole and during the monthly vendor agencies meeting discussing gaps identified and where they should focus their recruiting efforts. By doing this, a vendor agency can make an informed hiring decision and determine if they can offer part-time, full-time or per-diem job.

Additionally, Strong Start leadership team meets weekly with all vendor agencies when there are cases not picked up from the assignment list. This is proving to be very helpful in reducing the number of children waiting for an interventionist to be assigned and allowing providers to know where the need is for their recruiting efforts.

Correction of Findings of Noncompliance Identified in FFY 2020

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

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

1 - Prior FFY Required Actions

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

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

Response to actions required in FFY 2020 SPP/APR

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 21 children identified as untimely did receive their IFSP services although late and not within the 30-day timeline.

For prong two of verification, the state did another review of subsequent data of 10% of 123 records from a month sample. A total of 12 records were reviewed which verified that all children in the new sample received the services on their IFSP in a timely manner (within 30 days). Therefore no finding was issued due to pre-finding correction.

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 EDFacts 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 | 2016 | 2017 | 2018 | 2019 | 2020 |
|----------|---------|---------|---------|--------|---------|
| Target>= | 95.30% | 95.40% | 95.50% | 98.00% | 97.10% |
| Data | 100.00% | 100.00% | 100.00% | 99.18% | 100.00% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------------|--------|--------|--------|--------|--------|
| Target >= | 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 Strong Start activities through regular meetings of the Interagency Coordinating Council (ICC), the 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 input. 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 21, OSSE met regularly with the ICC and DC EIP to discuss ongoing performance.

At the ICC meeting in January 2023, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator, asked questions and provided feedback included in this Annual Performance Report (APR). National technical assistance (TA) centers staff, including DaSy and the ECTA Center, reviewed and provided helpful guidance in the development of this APR. The APR was also sent directly to ICC chairperson who reviewed the file in detail, asked questions, and suggested edits. Leadership from OSSE also reviewed the APR and made suggestions. The ICC chairperson approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY21. New targets for the results indicators were developed in FFY 2020 for FFY21-25 by the different workgroups with participants from various stakeholders. The targets were reviewed and approved by the ICC and subsequently submitted and approved by OSEP. No changes are being recommended at this time by the ICC.

Throughout the FFY21, OSSE and Strong Start has met with the ICC quarterly, the contracted vendor agencies monthly, the Strong Start team quarterly, the SECDCC quarterly, the Department of Health Care Finance monthly and the Managed Care Organizations (MCO) quarterly to review and solicit feedback on the performance of the program, the Theory of Action, accomplishments, and the Evaluation and Activities Plan for Part C in the District of Columbia.

The fidelity guidelines and requirements that are Part of the SSIP were developed in February of 2022 and presented to the vendor agencies in March for their review and feedback. The final version was released in April of 2022.

OSSE invited stakeholders who use the Part C data system to participate in two sessions to obtain feedback on the new data system. Participants included a group of managers at the vendor agencies, the transition personnel at Early Stages (the program from DC Public Schools that identifies and address developmental delays and disabilities in children over 3 years old), and a group of case managers from the MCOs. Their input was valuable to understand different improvements needed to incorporate in the new Special Education System (SEDS) being developed.

Prepopulated Data

| Source | Date | Description | Data |
|--|------------|---|-------|
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 1,095 |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Total number of infants and toddlers with IFSPs | 1,095 |

FFY 2021 SPP/APR Data

| Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | Total number of Infants and toddlers with IFSPs | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|------------|-------------|
| 1,095 | 1,095 | 100.00% | 97.20% | 100.00% | Met target | No Slippage |

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response**2 - Required Actions**

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

Sampling of infants and toddlers with IFSPs is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [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 Strong Start activities through regular meetings of the Interagency Coordinating Council (ICC), the 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 input. 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 21, OSSE met regularly with the ICC and DC EIP to discuss ongoing performance.

At the ICC meeting in January 2023, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator, asked questions and provided feedback included in this Annual Performance Report (APR). National technical assistance (TA) centers staff, including DaSy and the ECTA Center, reviewed and provided helpful guidance in the development of this APR. The APR was also sent directly to ICC chairperson who reviewed the file in detail, asked questions, and suggested edits. Leadership from OSSE also reviewed the APR and made suggestions. The ICC chairperson approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY21. New targets for the results indicators were developed in FFY 2020 for FFY21-25 by the different workgroups with participants from various stakeholders. The targets were reviewed and approved by the ICC and subsequently submitted and approved by OSEP. No changes are being recommended at this time by the ICC.

Throughout the FFY21, OSSE and Strong Start has met with the ICC quarterly, the contracted vendor agencies monthly, the Strong Start team quarterly, the SECDCC quarterly, the Department of Health Care Finance monthly and the Managed Care Organizations (MCO) quarterly to review and solicit feedback on the performance of the program, the Theory of Action, accomplishments, and the Evaluation and Activities Plan for Part C in the District of Columbia.

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Historical Data

| Outcome | Baseline | FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|---------|----------|----------|--------|--------|--------|--------|--------|
| A1 | 2015 | Target>= | 69.50% | 72.50% | 75.50% | 85.00% | 83.43% |
| A1 | 86.08% | Data | 86.91% | 87.34% | 85.74% | 83.43% | 87.57% |
| A2 | 2015 | Target>= | 66.00% | 68.00% | 70.00% | 72.00% | 70.56% |
| A2 | 71.18% | Data | 78.90% | 77.56% | 72.78% | 70.56% | 73.82% |
| B1 | 2015 | Target>= | 61.50% | 66.50% | 71.50% | 71.50% | 67.60% |
| B1 | 69.61% | Data | 74.48% | 74.29% | 69.13% | 67.60% | 67.50% |
| B2 | 2015 | Target>= | 47.00% | 49.00% | 51.00% | 57.00% | 54.00% |
| B2 | 55.70% | Data | 64.35% | 63.93% | 57.59% | 55.84% | 58.73% |
| C1 | 2015 | Target>= | 74.50% | 77.50% | 80.50% | 80.50% | 76.40% |
| C1 | 81.04% | Data | 79.54% | 84.96% | 80.93% | 78.84% | 84.34% |
| C2 | 2015 | Target>= | 71.00% | 73.00% | 75.00% | 75.00% | 76.00% |
| C2 | 76.56% | Data | 74.68% | 80.56% | 78.96% | 77.69% | 80.62% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|-------------|--------|--------|--------|--------|--------|
| Target A1>= | 83.43% | 83.43% | 84.74% | 85.74% | 86.10% |
| Target A2>= | 71.00% | 71.50% | 72.00% | 72.00% | 72.50% |
| Target B1>= | 68.10% | 68.60% | 69.10% | 69.60% | 69.62% |

| | | | | | |
|-------------|--------|--------|--------|--------|--------|
| Target B2>= | 54.00% | 55.00% | 55.20% | 55.40% | 55.80% |
| Target C1>= | 76.40% | 77.40% | 78.40% | 79.40% | 81.05% |
| Target C2>= | 76.00% | 76.20% | 76.40% | 76.50% | 76.70% |

FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

710

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 | 0.99% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 86 | 12.11% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 127 | 17.89% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 340 | 47.89% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 150 | 21.13% |

| Outcome A | Numerator | Denominator | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|-----------|-------------|---------------|-----------------|---------------|---------------------|----------|
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 467 | 560 | 87.57% | 83.43% | 83.39% | Did not meet target | 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 | 490 | 710 | 73.82% | 71.00% | 69.01% | Did not meet target | Slippage |

Provide reasons for A1 slippage, if applicable

The District utilizes the Assessment, Evaluation and Programming System for Infants and Children (AEPSi) to capture the entry and exit data for children participating in early intervention.

Although it is not expected that the data from year to year to be exactly the same we didn't anticipate that it would drop by 4.18 percentage points. This could be as a result of:

- Every interventionists in the system for more than 9 months are expected to complete the AEPS inter-rater reliability (IRR) certificate. This was included in the contract with the vendor agencies 2 years ago and by now most of the interventionists have completed the IRR. This effort could translate in improved data quality that results in lower scores at entry and exit
- The pandemic. Many of the children that are now exiting the program were either born or spent most of their EI time during the pandemic and their development was affected by the lack of access to peers and well as the ongoing stress that families faced during this time.
- OSSE has implemented all components of the Natural Learning Environment Practices (NLEP) framework, which is the evidence-based approach selected for DC's SSIP. OSSE is now moving to evaluate the fidelity of the implementation and expects that as the program moves to fidelity that outcomes of children will also improve as expected for this evidence-based approach.

Provide reasons for A2 slippage, if applicable

The District utilizes the Assessment, Evaluation and Programming System for Infants and Children (AEPSi) to capture the entry and exit data for children participating in early intervention.

Although it is not expected that the data from year to year to be exactly the same we didn't anticipate that it would drop by 4.81 percentage points. This could be as a result of:

- Every interventionists in the system for more than 9 months are expected to complete the AEPS inter-rater reliability (IRR) certificate. This was included in the contract with the vendor agencies 2 years ago and by now most of the interventionists have completed the IRR. This effort could translate in improved data quality that results in lower scores at entry and exit
- The pandemic. Many of the children that are now exiting the program were either born or spent most of their EI time during the pandemic and their development was affected by the lack of access to peers and well as the ongoing stress that families faced during this time.

- OSSE has implemented all components of the Natural Learning Environment Practices (NLEP) framework, which is the evidence-based approach selected for DC's SSIP. OSSE is now moving to evaluate the fidelity of the implementation and expects that as the program moves to fidelity that outcomes of children will also improve as expected for this evidence-based approach.

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 | 10 | 1.41% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 213 | 30.00% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 85 | 11.97% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 310 | 43.66% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 92 | 12.96% |

| Outcome B | Numerator | Denominator | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|-----------|-------------|---------------|-----------------|---------------|---------------------|-------------|
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 395 | 618 | 67.50% | 68.10% | 63.92% | Did not meet target | 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 | 402 | 710 | 58.73% | 54.00% | 56.62% | Met target | No Slippage |

Provide reasons for B1 slippage, if applicable

The District utilizes the Assessment, Evaluation and Programming System for Infants and Children (AEPSi) to capture the entry and exit data for children participating in early intervention.

Although it is not expected that the data from year to year to be exactly the same we didn't anticipate that it would drop by 3.58 percentage points. This could be as a result of:

- Every interventionists in the system for more than 9 months are expected to complete the AEPS inter-rater reliability (IRR) certificate. This was included in the contract with the vendor agencies 2 years ago and by now most of the interventionists have completed the IRR. This effort could translate in improved data quality that results in lower scores at entry and exit
- The pandemic. Many of the children that are now exiting the program were either born or spent most of their EI time during the pandemic and their development was affected by the lack of access to peers and well as the ongoing stress that families faced during this time.
- OSSE has implemented all components of the Natural Learning Environment Practices (NLEP) framework, which is the evidence-based approach selected for DC's SSIP. OSSE is now moving to evaluate the fidelity of the implementation and expects that as the program moves to fidelity that outcomes of children will also improve as expected for this evidence-based approach.

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 | 6 | 0.85% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 105 | 14.79% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 69 | 9.72% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 306 | 43.10% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 224 | 31.55% |

| Outcome C | Numerator | Denominator | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|-----------|-------------|---------------|-----------------|---------------|---------------------|-------------|
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 375 | 486 | 84.34% | 76.40% | 77.16% | 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 | 530 | 710 | 80.62% | 76.00% | 74.65% | Did not meet target | Slippage |

Provide reasons for C2 slippage, if applicable

The District utilizes the Assessment, Evaluation and Programming System for Infants and Children (AEPSi) to capture the entry and exit data for children participating in early intervention.

Although it is not expected that the data from year to year to be exactly the same we didn't anticipate that it would drop by 5.97 percentage points. This could be as a result of:

- Every interventionists in the system for more than 9 months are expected to complete the AEPS inter-rater reliability (IRR) certificate. This was included in the contract with the vendor agencies 2 years ago and by now most of the interventionists have completed the IRR. This effort could translate in improved data quality that results in lower scores at entry and exit
- The pandemic. Many of the children that are now exiting the program were either born or spent most of their EI time during the pandemic and their development was affected by the lack of access to peers and well as the ongoing stress that families faced during this time.
- OSSE has implemented all components of the Natural Learning Environment Practices (NLEP) framework, which is the evidence-based approach selected for DC's SSIP. OSSE is now moving to evaluate the fidelity of the implementation and expects that as the program moves to fidelity that outcomes of children will also improve as expected for this evidence-based approach.

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 | 1,118 |
| 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. | 315 |

| 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 2021. 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).

OSSE is planning to engage with both ECTA and DaSy TA centers to analyze the data further, explore the reasons for slippage and determine possible improvement activities including opportunities to provide support to vendor agencies and early interventionists.

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 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---------|----------|----------|--------|--------|--------|--------|--------|
| A | 2006 | Target>= | 92.90% | 93.00% | 93.10% | 95.00% | 93.00% |
| A | 88.00 % | Data | 97.09% | 97.25% | 97.92% | 94.09% | 85.96% |
| B | 2006 | Target>= | 88.30% | 88.40% | 88.50% | 95.00% | 93.00% |
| B | 85.00 % | Data | 97.09% | 97.75% | 96.67% | 94.25% | 89.55% |
| C | 2006 | Target>= | 83.30% | 83.40% | 83.50% | 95.00% | 95.00% |

| | | | | | | | |
|---|---------|------|--------|--------|--------|--------|--------|
| C | 78.00 % | Data | 95.75% | 97.75% | 99.58% | 97.04% | 88.62% |
|---|---------|------|--------|--------|--------|--------|--------|

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------|--------|--------|--------|--------|--------|
| Target A>= | 93.20% | 93.40% | 93.60% | 93.80% | 94.00% |
| Target B>= | 93.20% | 93.40% | 93.60% | 93.80% | 94.00% |
| Target C>= | 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 Strong Start activities through regular meetings of the Interagency Coordinating Council (ICC), the 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 input. 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 21, OSSE met regularly with the ICC and DC EIP to discuss ongoing performance.

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Throughout the FFY21, OSSE and Strong Start has met with the ICC quarterly, the contracted vendor agencies monthly, the Strong Start team quarterly, the SECDCC quarterly, the Department of Health Care Finance monthly and the Managed Care Organizations (MCO) quarterly to review and solicit feedback on the performance of the program, the Theory of Action, accomplishments, and the Evaluation and Activities Plan for Part C in the District of Columbia.

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OSSE invited stakeholders who use the Part C data system to participate in two sessions to obtain feedback on the new data system. Participants included a group of managers at the vendor agencies, the transition personnel at Early Stages (the program from DC Public Schools that identifies and address developmental delays and disabilities in children over 3 years old), and a group of case managers from the MCOs. Their input was valuable to understand different improvements needed to incorporate in the new Special Education System (SEDS) being developed.

FFY 2021 SPP/APR Data

| | |
|---|--------|
| The number of families to whom surveys were distributed | 2,119 |
| Number of respondent families participating in Part C | 518 |
| Survey Response Rate | 24.45% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 440 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 513 |
| 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 | 437 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 515 |
| 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 | 429 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 512 |

| Measure | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|---|---------------|-----------------|---------------|---------------------|-------------|
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 85.96% | 93.20% | 85.77% | Did not meet target | No Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 89.55% | 93.20% | 84.85% | 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) | 88.62% | 95.00% | 83.79% | Did not meet target | Slippage |

Provide reasons for part B slippage, if applicable

In FFY 21 OSSE continued its use of an online survey. Slippage continued to occur but more responses were collected this year and the program sent the survey to more families this time. Data reflect that families are still satisfied with services, with responses in the 83-86 percent range. It is important to note that there are 7 responses in the scale:

1. EARLY INTERVENTION HAS DONE A POOR JOB
2. EARLY INTERVENTION HAS DONE A SOMEWHAT FAIR JOB
3. EARLY INTERVENTION HAS DONE A FAIR JOB
4. EARLY INTERVENTION HAS DONE A SOMEWHAT GOOD JOB
5. EARLY INTERVENTION HAS DONE A GOOD JOB
6. EARLY INTERVENTION HAS DONE A SOMEWHAT EXCELLENT JOB
7. EARLY INTERVENTION HAS DONE AN EXCELLENT JOB)

DC EIP considers that the services have helped the family if they mark from 4 and above. For this measure B, only 4.27% considered that DC EIO has done a poor job.

Reasons for the slippage could be due to COVID fatigue, as many of the families that are being served are with children that were born during the pandemic and they might be having other stressors that are affecting the perception of the services that they are receiving. More families than ever have responded to the survey which can also start giving a more objective picture of how they feel about the program. Lastly, the shortage of interventionists in the system and the fact that some families may have received services at a later than expected time can be the cause of selecting a lower rating. DC EIP will continue to monitor and consider some changes in the survey to allow for more feedback from families as to the reasons of dissatisfaction.

Provide reasons for part C slippage, if applicable

In FFY 21 OSSE continued its use of an online survey. Slippage continued to occur but more responses were collected this year and the program sent the survey to more families this time. Data reflect that families are still satisfied with services, with responses in the 83-86 percent range. It is important to note that there are 7 responses in the scale:

1. EARLY INTERVENTION HAS DONE A POOR JOB
2. EARLY INTERVENTION HAS DONE A SOMEWHAT FAIR JOB
3. EARLY INTERVENTION HAS DONE A FAIR JOB
4. EARLY INTERVENTION HAS DONE A SOMEWHAT GOOD JOB
5. EARLY INTERVENTION HAS DONE A GOOD JOB
6. EARLY INTERVENTION HAS DONE A SOMEWHAT EXCELLENT JOB
7. EARLY INTERVENTION HAS DONE AN EXCELLENT JOB)

DC EIP considers that the services have helped the family if they mark from 4 and above. For this measure B, only 4.30% considered that DC EIO has done a poor job.

Reasons for the slippage could be due to COVID fatigue, as many of the families that are being served are with children that were born during the pandemic and they might be having other stressors that are affecting the perception of the services that they are receiving. More families than ever have responded to the survey which can also start giving a more objective picture of how they feel about the program. Lastly, the shortage of interventionists in the system and the fact that some families may have received services at a later than expected time can be the cause of selecting a lower rating. DC EIP will continue to monitor and consider some changes in the survey to allow for more feedback from families as to the reasons of dissatisfaction.

| 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? | NO |
| The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. | NO |

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

OSSE will continue to work with the technical assistance centers to develop strategies to increase the representativeness of the response data. The following are strategies that OSSE plan to implement in FFY22:

1. Analyze the option to mail paper copies of the survey and self-stamped envelopes to the groups identified with nonresponse bias
2. Continue to work on the message to parents via the Strong Start newsletter and the importance of completing the survey
3. Provide services coordinators with a workshop to understand the purpose of the survey, review the results of the state's data and support them in engaging with all families to attempt to complete the survey
4. Send the survey monthly to the parents whose case is closed during that month rather than waiting to do it later and perhaps months after they have left the program

Survey Response Rate

| FFY | 2020 | 2021 |
|----------------------|--------|--------|
| Survey Response Rate | 29.20% | 24.45% |

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

For FFY20 the survey was distributed to 1,000 families and 292 responses were received. For FFY21, the survey was increased to twice a year and the number of families that received the survey was increased to include all active families as well as cases that were closed during that time. Even though the response rate went down, the number of families that responded increased by 77%. Additionally, the survey was made available in 7 languages.

For FFY22, the survey will be sent every quarter and language encouraging families to participate in the survey will be included in the Strong Start newsletter. The survey will also be sent monthly to the parents whose case is closed during that month rather than waiting to do it later and perhaps months after they have left the program.

OSSE also plans to organize a workshop for service coordinators to understand the purpose of the survey, review the results of the state's data and support them in engaging with all families to attempt to complete the survey.

OSSE will also engage with national TA center to provide helpful support and guidance on how to increase response rate and representation from all groups.

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

For FFY21, the survey was increased to twice a year and the number of families that received the survey was increased to include all active families as well as cases that were closed during that time. The state analyzed the response rate by comparing how many surveys were returned versus how many were sent out. The statewide response rate for this year's family outcomes survey is 24.45%. Even though the response rate went down, the number of families that responded increased by 77%.

Families that identified themselves as having More than one race had the highest response rates (57%), followed by White families (37%), Hispanic families (18%), African American or Black families (17%) and Asian families (13%). White and More than one race family response rates are above the statewide percent while African American or Black, Asian and Hispanic family response rates are below the statewide percent. There is indication of nonresponse bias since African American or Black, Asian and Hispanic family response rates are below the statewide percent.

The steps OSSE will take to reduce identified bias and promote response from a broad cross section of families include the following:

1. Analyze the option to mail paper copies of the survey and self-stamped envelopes to the groups identified with nonresponse bias
2. Continue to work on the message to parents via the Strong Start newsletter and the importance of completing the survey
3. Provide services coordinators with a workshop to understand the purpose of the survey, review the results of the state's data and support them in engaging with all families to attempt to complete the survey

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 by race and ethnicity by the percentage of families in the Dec. 1 Child Count by race and ethnicity. The Child Count data shows the following: African American or Black families had the highest percentage in Child Count (48.4%), followed by White (26.4%), Hispanic (14.4%), More than one race families (8.8%), Asian families (1.9%), American Indian or Alaska Native (0.1%), and Native Hawaiian or Pacific Islander (0%).

African American or Black families had the highest representation in surveys received (35%), followed by White (33%), More than one race (18%), Hispanic families (12%), American Indian or Alaska Native (1%), Asian (1%) and Native Hawaiian or Pacific Islander families (0%). African American or Black families were under-represented and White and More than one race families were over-represented in the surveys that were received. American Indian or Alaska Native, Asian and Hispanic families were represented in the surveys that were received.

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 was utilized to determine if the surveys received were representative of the target population. Representativeness was analyzed by examining the number of families enrolled in the Part C program by race and ethnicity (Dec. 1 child count) with the number of families who responded to the survey by race and ethnicity. Representativeness was determined by using a +/-3% threshold. The results show that African American or Black families were under-represented (-13% difference) and White families (6% difference) and More than one race families (9% difference) were over-represented in the surveys that were received. American Indian or Alaska Native families (1% difference), Asian families (-1% difference) and Hispanic families (-2% difference) were represented in the survey.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

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

Response to actions required in FFY 2020 SPP/APR

OSSE has addressed this in the FFY21 section

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 *EDFacts* 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 | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------------|-------|-------|-------|-------|-------|
| Target >= | 0.75% | 0.80% | 0.85% | 1.25% | 1.50% |
| Data | 1.11% | 1.17% | 1.37% | 1.46% | 1.41% |

Targets

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

Targets: Description of Stakeholder Input

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At the ICC meeting in January 2023, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator, asked questions and provided feedback included in this Annual Performance Report (APR). National technical assistance (TA) centers staff, including DaSy and the ECTA Center, reviewed and provided helpful guidance in the development of this APR. The APR was also sent directly to ICC chairperson who reviewed the file in detail, asked questions, and suggested edits. Leadership from OSSE also reviewed the APR and made suggestions. The ICC chairperson approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY21. New targets for the results indicators were developed in FFY 2020 for FFY21-25 by the different workgroups with participants from various stakeholders. The targets were reviewed and approved by the ICC and subsequently submitted and approved by OSEP. No changes are being recommended at this time by the ICC.

Throughout the FFY21, OSSE and Strong Start has met with the ICC quarterly, the contracted vendor agencies monthly, the Strong Start team quarterly, the SECDCC quarterly, the Department of Health Care Finance monthly and the Managed Care Organizations (MCO) quarterly to review and solicit feedback on the performance of the program, the Theory of Action, accomplishments, and the Evaluation and Activities Plan for Part C in the District of Columbia.

The fidelity guidelines and requirements that are Part of the SSIP were developed in February of 2022 and presented to the vendor agencies in March for their review and feedback. The final version was released in April of 2022.

OSSE invited stakeholders who use the Part C data system to participate in two sessions to obtain feedback on the new data system. Participants included a group of managers at the vendor agencies, the transition personnel at Early Stages (the program from DC Public Schools that identifies and address developmental delays and disabilities in children over 3 years old), and a group of case managers from the MCOs. Their input was valuable to understand different improvements needed to incorporate in the new Special Education System (SEDS) being developed.

Prepopulated Data

| Source | Date | Description | Data |
|--|------------|--|-------|
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 1 with IFSPs | 139 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 1 | 8,771 |

FFY 2021 SPP/APR Data

| Number of infants and toddlers birth to 1 with IFSPs | Population of infants and toddlers birth to 1 | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|---|---------------|-----------------|---------------|------------|-------------|
| 139 | 8,771 | 1.41% | 1.50% | 1.58% | Met target | No Slippage |

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED Facts Metadata and Process System (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 | 2016 | 2017 | 2018 | 2019 | 2020 |
|-----------|-------|-------|-------|-------|-------|
| Target >= | 4.00% | 4.50% | 5.00% | 3.48% | 3.50% |
| Data | 2.97% | 2.92% | 3.72% | 3.52% | 3.67% |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|-------|-------|-------|-------|-------|
| Target >= | 3.60% | 4.10% | 4.30% | 4.40% | 4.50% |

Targets: Description of Stakeholder Input

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Prepopulated Data

| Source | Date | Description | Data |
|--|------------|--|--------|
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 3 with IFSPs | 1,095 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 3 | 24,588 |

FFY 2021 SPP/APR Data

| Number of infants and toddlers birth to 3 with IFSPs | Population of infants and toddlers birth to 3 | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|---|---------------|-----------------|---------------|------------|-------------|
| 1,095 | 24,588 | 3.67% | 3.60% | 4.45% | Met target | No Slippage |

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

7 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 60.00% |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 90.12% | 94.97% | 98.06% | 95.29% | 97.76% |

Targets

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

FFY 2021 SPP/APR Data

| Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline | Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|--|---------------|-----------------|---------------|---------------------|----------|
| 225 | 353 | 97.76% | 100% | 96.32% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable.

The program has had 4 service coordinator vacancies in FY21, as well as several service coordinators on family or medical leave at various points in the year, which affected program capacity, particularly when combined with an increase in the number of referrals of 22% over the previous year. Strong Start is working to fill all vacancies. It is important to note that out of the 9 IFSPs that were late, 4 IFSPs were late by one day and only 2 longer than 10

days. The program also observed an increase on delayed authorizations from Managed Care Organizations (MCOs) that impacted the timeline. In order to avoid delays in timely start of services, Strong Start developed a new procedure to authorize the start of services when an MCO is delayed with authorizations.

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.

115

Provide reasons for delay, if applicable.

The reasons for system delays were: 2 due to evaluation team delay, 9 due to service coordinator delay (late upload of IFSP) and 2 due to MCO 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 FFY2021 (April 1, 2022- June 30, 2022).

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, 2022 through June 30, 2022 is considered representative of the full reporting year because the same variables are in place for this quarter of the fiscal year, which is the same as in all quarters. The District of Columbia Part C program is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSPs for the entire FFY 2021.

Provide additional information about this indicator (optional).

A drop down menu captures reason for delay such as family delay, evaluation delay, program 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 2020

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

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

7 - Prior FFY Required Actions

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

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

Response to actions required in FFY 2020 SPP/APR

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 7 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 of 10% of 107 records from a month sample. A total of 11 records were reviewed which verified that all children in the new sample had an IFSP developed within the 45 day timeline. Therefore no finding was issued due to pre-finding correction.

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:

- 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;
- 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
- 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

- Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C)}} \right] \times 100$.
- Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$.
- 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 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 80.00% |

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

| | | | | | |
|------|---------|--------|---------|---------|---------|
| Data | 100.00% | 94.40% | 100.00% | 100.00% | 100.00% |
|------|---------|--------|---------|---------|---------|

Targets

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

FFY 2021 SPP/APR Data

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

YES

| Number of children exiting Part C who have an IFSP with transition steps and services | Number of toddlers with disabilities exiting Part C | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|------------|-------------|
| 170 | 170 | 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 2021 April 1, 2022 to June 30, 2022

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, 2022 through June 30, 2022 is considered representative of the full reporting year because the same variables are in place for this quarter of the fiscal year, which is the same as in all quarters. The District of Columbia Part C program is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for the entire FFY 2021.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2020

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

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

8A - Prior FFY Required Actions

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:

- 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;
- 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
- 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 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 100.00% |

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

| | | | | | |
|------|---------|---------|---------|---------|---------|
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
|------|---------|---------|---------|---------|---------|

Targets

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

FFY 2021 SPP/APR Data

Data include notification to both the SEA and LEA

YES

| Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services | Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|---|--|---------------|-----------------|---------------|------------|-------------|
| 198 | 198 | 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.

0

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 2021 (April 1, 2022 - June 30, 2022) 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 list is uploaded by Strong Start program into a secure platform called Box and then made available for the LEA and SEA to then download.

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).

4th quarter of FFY 2021 April 1, 2022 to June 30, 2022

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, 2022 through June 30, 2022 is considered representative of the full reporting year because the same variables are in place for this quarter of the fiscal year, which is the same as in all quarters. The District of Columbia Part C program is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for the entire FFY 2021.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2020

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

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

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

8B - Prior FFY Required Actions

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 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 88.00% |

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

| | | | | | |
|------|---------|--------|--------|--------|--------|
| Data | 100.00% | 90.32% | 93.98% | 93.64% | 97.39% |
|------|---------|--------|--------|--------|--------|

Targets

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

FFY 2021 SPP/APR Data

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

YES

| Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B | Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|--|---------------|-----------------|---------------|---------------------|-------------|
| 132 | 149 | 97.39% | 100% | 97.32% | 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.

13

Provide reasons for delay, if applicable.

Service coordinators (SC) did not hold a transition conference on time for 4 children. In 2 instances the children were identified as eligible for Part C services close to the 90 days prior to their third birthday and the SC did not hold the transition conference at the same time as the Initial IFSP therefore missing the timely transition. In the other 2 cases the SC failed to follow up with the family to schedule the transition conference on a timely manner.

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 2021 April 1, 2022 to June 30, 2022

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, 2022 through June 30, 2022 is considered representative of the full reporting year because the same variables are in place for this quarter of the fiscal year, which is the same as in all quarters. The District of Columbia Part C program is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for the entire FFY 2021.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2020

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

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

8C - Prior FFY Required Actions

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

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

Response to actions required in FFY 2020 SPP/APR

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. Therefore no finding was issued due to pre-finding correction.

8C - OSEP Response

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Select yes to use target ranges.

Target Range not used

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

NO

Prepopulated Data

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

Targets: Description of Stakeholder Input

OSSE ensures that stakeholders and the public are constantly engaged in Strong Start activities through regular meetings of the Interagency Coordinating Council (ICC), the 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 input. 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 21, OSSE met regularly with the ICC and DC EIP to discuss ongoing performance.

At the ICC meeting in January 2023, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator, asked questions and provided feedback included in this Annual Performance Report (APR). National technical assistance (TA) centers staff, including DaSy and the ECTA Center, reviewed and provided helpful guidance in the development of this APR. The APR was also sent directly to ICC chairperson who reviewed the file in detail, asked questions, and suggested edits. Leadership from OSSE also reviewed the APR and made suggestions. The ICC chairperson approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY21. New targets for the results indicators were developed in FFY 2020 for FFY21-25 by the different workgroups with participants from various stakeholders. The targets were reviewed and approved by the ICC and subsequently submitted and approved by OSEP. No changes are being recommended at this time by the ICC.

Throughout the FFY21, OSSE and Strong Start has met with the ICC quarterly, the contracted vendor agencies monthly, the Strong Start team quarterly, the SECDCC quarterly, the Department of Health Care Finance monthly and the Managed Care Organizations (MCO) quarterly to review and solicit feedback on the performance of the program, the Theory of Action, accomplishments, and the Evaluation and Activities Plan for Part C in the District of Columbia.

The fidelity guidelines and requirements that are Part of the SSIP were developed in February of 2022 and presented to the vendor agencies in March for their review and feedback. The final version was released in April of 2022.

OSSE invited stakeholders who use the Part C data system to participate in two sessions to obtain feedback on the new data system. Participants included a group of managers at the vendor agencies, the transition personnel at Early Stages (the program from DC Public Schools that identifies and address developmental delays and disabilities in children over 3 years old), and a group of case managers from the MCOs. Their input was valuable to understand different improvements needed to incorporate in the new Special Education System (SEDS) being developed.

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| | |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|----------|------|------|-------|------|------|
| Target>= | | | | | |
| Data | | | 0.00% | | |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------|------|------|------|------|------|
| Target>= | | | | | |

FFY 2021 SPP/APR Data

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

Provide additional information about this indicator (optional)

9 - Prior FFY Required Actions

None

9 - OSEP Response

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 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1 Mediations held | 1 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.b.i Mediations agreements not related to due process complaints | 1 |

Targets: Description of Stakeholder Input

OSSE ensures that stakeholders and the public are constantly engaged in Strong Start activities through regular meetings of the Interagency Coordinating Council (ICC), the 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 input. 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 21, OSSE met regularly with the ICC and DC EIP to discuss ongoing performance.

At the ICC meeting in January 2023, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator, asked questions and provided feedback included in this Annual Performance Report (APR). National technical assistance (TA) centers staff, including DaSy and the ECTA Center, reviewed and provided helpful guidance in the development of this APR. The APR was also sent directly to ICC chairperson who reviewed the file in detail, asked questions, and suggested edits. Leadership from OSSE also reviewed the APR and made suggestions. The ICC chairperson approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY21. New targets for the results indicators were developed in FFY 2020 for FFY21-25 by the different workgroups with participants from various stakeholders. The targets were reviewed and approved by the ICC and subsequently submitted and approved by OSEP. No changes are being recommended at this time by the ICC.

Throughout the FFY21, OSSE and Strong Start has met with the ICC quarterly, the contracted vendor agencies monthly, the Strong Start team quarterly, the SECDCC quarterly, the Department of Health Care Finance monthly and the Managed Care Organizations (MCO) quarterly to review and solicit feedback on the performance of the program, the Theory of Action, accomplishments, and the Evaluation and Activities Plan for Part C in the District of Columbia.

The fidelity guidelines and requirements that are Part of the SSIP were developed in February of 2022 and presented to the vendor agencies in March for their review and feedback. The final version was released in April of 2022.

OSSE invited stakeholders who use the Part C data system to participate in two sessions to obtain feedback on the new data system. Participants included a group of managers at the vendor agencies, the transition personnel at Early Stages (the program from DC Public Schools that identifies and address developmental delays and disabilities in children over 3 years old), and a group of case managers from the MCOs. Their input was valuable to understand different improvements needed to incorporate in the new Special Education System (SEDS) being developed.

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | |

| FFY | 2016 | 2017 | 2018 | 2019 | 2020 |
|----------|------|------|------|------|------|
| Target>= | | | | | |
| Data | | | | | |

Targets

| FFY | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------|------|------|------|------|------|
| Target>= | | | | | |

FFY 2021 SPP/APR Data

| 2.1.a.i Mediation agreements related to due process complaints | 2.1.b.i Mediation agreements not related to due process complaints | 2.1 Number of mediations held | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|--|--|-------------------------------|---------------|-----------------|---------------|--------|----------|
| 0 | 1 | 1 | | | 100.00% | 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 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

11 - Indicator Data

Section A: Data Analysis

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

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)

NO

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 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------|--------|--------|--------|--------|--------|
| Target>= | 54.45% | 55.45% | 56.45% | 57.45% | 58.00% |

FFY 2021 SPP/APR Data

| | | | | | | |
|---|---|---------------|-----------------|---------------|--------|----------|
| The numerator is the sum of Medicaid eligible infants and toddlers reported in progress category (c) plus number of infants and toddlers reported in category (d) | The denominator is the total of Medicaid eligible infants and toddlers reported in progress category (a) plus number of infant and toddlers reported in progress category (b), plus number of infant and toddlers reported in progress category (c), plus number of infant and toddlers reported in progress category (d) | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|--------|----------|

| | | | | | | |
|-----|-----|--------|--------|--------|---------------------|----------|
| 150 | 302 | 53.45% | 54.45% | 49.67% | Did not meet target | Slippage |
|-----|-----|--------|--------|--------|---------------------|----------|

Provide reasons for slippage, if applicable

The District utilizes the Assessment, Evaluation and Programming System for Infants and Children (AEPSi) to capture the entry and exit data for children participating in early intervention.

Although it is not expected that the data from year to year to be exactly the same we didn't anticipate that it would drop by 3.78 percentage points. This could be as a result of:

- Every interventionists in the system for more than 9 months are expected to complete the AEPS inter-rater reliability (IRR) certificate. This was included in the contract with the vendor agencies 2 years ago and by now most of the interventionists have completed the IRR. This effort could translate in improved data quality that results in lower scores at entry and exit
- The pandemic. Many of the children that are now exiting the program were either born or spent most of their EI time during the pandemic and their development was affected by the lack of access to peers as well as the ongoing stress that families faced during this time.
- OSSE has implemented all components of the Natural Learning Environment Practices (NLEP) framework, which is the evidence-based approach selected for DC's SSIP. OSSE is now moving to evaluate the fidelity of the implementation and expects that as the program moves to fidelity that outcomes of children will also improve as expected for this evidence-based approach.

OSSE will engage with the TA center to analyze the data further and determine other supports needed.

Provide the data source for the FFY 2021 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.

This indicator is based on Outcome B, acquisition and use of knowledge and skills (including early language/communication) for Medicaid eligible children. We selected B1 which is of those children who are Medicaid eligible and 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.

The numerator is the sum of Medicaid eligible infants and toddlers reported in progress category (c) plus number of infants and toddlers reported in category (d).

The denominator is the total of Medicaid eligible infants and toddlers reported in progress category (a) plus number of infant and toddlers reported in progress category (b), plus number of infant and toddlers reported in progress category (c), plus number of infant and toddlers reported in progress category (d).

Progress category (a) is the infant and toddlers who did not improve functioning.

Progress category (b) is the infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers.

Progress category (c) is the infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it.

Progress category (d) is the infants and toddlers who improved functioning to reach a level comparable to same-aged peers

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 who exited in FFY 2021 and received services for at least 6 months. Children with Medicaid were identified and analyzed for their outcome scores for this measure.

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)

NO

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

<https://osse.dc.gov/node/1642141>

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

YES

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

Updated to include plan for 2023 calendar year. Please see below for more details. OSSE will continue with the implementation of the fidelity assessment process and evaluate progress, develop the Infant Mental Health framework, migrate to the new Special Education Data System (SEDS), organize professional development opportunities to build the capacity of early interventionists in the system professional development offerings, implement ongoing monitoring of the system and offer targeted technical assistance, and review and update OSSE's general supervision system protocols in preparation for differentiated monitoring and support (DMS) from US Department of Education.

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

Updated to include plan for 2023 calendar year

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

OSSE 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. Research shows that children learn best when they are participating in these naturally occurring learning opportunities that are a part of everyday routines and activities within the real life of the child and family. Evidence-based natural learning environment practices (NLEP) start with looking at the activities infants and toddlers participate in during their everyday life at home and in the community; these everyday activities provide learning opportunities which, in turn, can lead to increased participation and skill development for the child. Natural learning environment practices also focus on child interests to increase participation, as well as parent responsiveness to the child through the use of strategies that support child learning and development. Consistent with the NLEP approach, Strong Start's work does not just provide services to children but supports parents and other adults in a child's daily life to build adults' capacity to promote children's development and learning in the natural learning environment.

In FFY21, OSSE focused on developing a plan to measure the implementation of NLEP to fidelity. This included new provider fidelity requirements, provider coaching fidelity self-assessment requirements, guidelines for fidelity observers and the coaching fidelity observation checklist tool for fidelity observers. These components are described in more detail below.

1. Finalized pre-service new provider fidelity requirements.

OSSE developed the fidelity requirements for all new providers coming into Strong Start. Each fidelity activity is structured to offer new providers well rounded information about the foundations of the NLEP framework and how each pillar is implemented within the DC EIP system. In addition, each activity requires action steps to demonstrate competency and fidelity knowledgebase. Before new providers can start working with families, they must complete fidelity implementation activities to fully complete the pre-service fidelity requirements process, which include:

- Complete the Texas Coaching Families Modules (Foundational Knowledge of NLEP Coaching)
- Participate in DC EIP Foundations Training and complete the Fidelity Post-Test with a minimum of 80% passing score (NLEP Framework and DC EI System Implementation)
- Obtain Assessment, Evaluation and Programming System (AEPS) Inter Rater Reliability Certification (Ongoing Child Progress Monitoring)

81 new providers completed the Texas Coaching Modules, attended Foundations Training, and passed the Foundations Training Fidelity Post-Test in FY22.

2. Finalized in-service provider ongoing fidelity requirements and implemented phase one provider coaching fidelity self-assessment requirements.

Ongoing provider fidelity assessment requirements were finalized and relayed to vendor agencies that outlined specific requirements needed by all providers to maintain ongoing compliance with established program fidelity standards. To allow for proper implementation methodology steps, three phases were planned where each phase has increased levels of fidelity self-assessment and ongoing fidelity observation requirements. The first phase required all providers serving DC EIP families to complete one self-assessment using the DC EIP Natural Learning Environment Practices (NLEP) Coaching Fidelity Self-Assessment tool. The fidelity self-assessment allows providers to rate their current knowledge base and capacity to implement the NLEP framework and reflective coaching best practices. This allows for providers, agency clinical managers and DC EI Clinical Team staff to gauge the level of implementation competency displayed by providers working with families in DC EIP. 150 providers completed the Texas ECI Coaching Families modules and 60 providers completed DC EI Natural Learning Environment Practices (NLEP) Coaching Fidelity Self-Assessments by Sept. 30, 2022.

3. Finalized requirements/guidelines for fidelity observers and developed coaching fidelity observation checklist tool for fidelity observers.

OSSE finalized the Fidelity Observer qualifications/requirements document to establish and guide clinical leadership staff at the vendor agencies in moving towards fidelity oversight implementation. Specific requirements are outlined related to what Fidelity Observers need to have completed to become Fidelity Observers and what their specific role responsibilities will be moving forward in the future for program fidelity oversight. In addition, the Coaching Fidelity Observation Checklist tool was created to allow fidelity observers to monitor the required completed Coaching Fidelity Observations of current providers. The Coaching Fidelity Observation Checklist outlines, emphasizes and provides areas for feedback on all 5 components of NLEP Coaching Fidelity.

4. Conducted Ongoing Monthly Teaming Meeting Observations for all vendor agencies.

The Strong Start clinical team attended monthly teaming meetings with each vendor agency team. A fidelity observation was completed for all attended teaming meetings to ensure that all components of fidelity in the primary service provider (PSP) approach to teaming are present. Strong Start was able to provide real time feedback to providers and vendor agencies about fidelity implementation to teaming.

5. Professional Development.

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 FFY21, Strong Start reflection groups engaged providers on in the following provider suggested topics: Balancing Hybrid Schedules: In-Person and Virtual Services, Selecting the PSP, Support of Facilitation of Teaming Meetings, Navigating difficult conversations with families: scheduling, cancellations, anxiety around pandemic, IMH: Infant Mental Health is Family Mental Health, and Joint Visits: The Who, What, Where, When & Why. Reflection groups had an average of 15.6 providers over 6 sessions held this year.

100 percent 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 percent 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.

Using the Theory of Action strands below are the outcomes achieved:

1. If OSSE 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)
 - Developed a fidelity assessment process to ensure that the five characteristics of coaching are implemented with fidelity (Feb. 2022)
 - Began implementation of fidelity assessment process (Apr. 2022)
 - Finalized pre-service new provider fidelity requirements (Texas Modules, Foundations Training, Foundations Post-test, AEPS IRR Certification/Training) (Feb. 2022)

As a result of the above implementation strategies, provider agencies have increased their level of accountability in participating in each phase of the established fidelity assessment process. Reporting fidelity has also increased, where clinical managers are more present and reaching out for support on specific aspects of the fidelity process. All new hire providers are now initially exposed to extensive up front foundational NLEP knowledge training via the revamped pre-service new provider fidelity requirements.

2. If OSSE develops and implements 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
 - Selected Strong Start staff (5) completed the Infant Mental Health (IMH) certificate from Georgetown (May 2022)
 - Researched IMH frameworks used in other states' Part C programs and began to determine how infant mental health services should be provided and supported in Strong Start (Jul. 2022)

As a result of the above implementation strategies, internal Strong Start clinical staff-built knowledge of evidence-based infant mental health concepts as they relate to the DC early intervention Part-C process. Members of the internal clinical evaluation team were trained by Georgetown University, to be prepared to provide ongoing insight and support towards developing an ongoing IMH framework across early intervention. OSSE Part C state coordinator and clinical manager attended multiple workshops at the Improving Data, Improving Outcomes (IDIO) conference and other offered by the TA centers related to IMH in order to support the development of the IMH framework for early intervention service in DC.

3. If OSSE 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
 - Began to build and design the new Special Education system (SEDS) (Apr. 2022)

As a result of the above implementation strategies, OSSE and Strong Start leadership is now prepared to continue to evolve access to a new B-21 data system and develop ongoing idea development for future roll out across the birth-21 early intervention/special education space. The new SEDS is being developed and it is scheduled to be deployed in 2023.

4. If OSSE 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
 - Finalized in-service provider ongoing fidelity requirements and implemented provider coaching fidelity self-assessment requirements
 - Finalized requirements/guidelines for fidelity observers and developed coaching fidelity observation checklist tool for fidelity observers
 - Organized reflection group professional development opportunities to build the capacity of early interventionists in the system PD offerings (Dec. 2022)

As a result of the above implementation strategies, providers have more clarity on the distinctive fidelity requirements that need to be reported and now have opportunities to provide a self-reflective evaluation of their implementation progress towards fidelity measures. Providers will now also have a coaching fidelity observation checklist that will be able to give them a more robust and clear depiction of what NLEP coaching components should be evident when providing direct services to families. Increased awareness of monthly reflection groups and diversified topics have also increased the continuity of fidelity throughout providers and continue to provide outlets for teaming/collaboration support.

5. If OSSE 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
 - Implemented Ongoing Joint Visit and Service Increase Request Clinical Approval Monitoring
 - Updated Strong Start foundations training (Jan. 2022)
 - Updated new provider requirements to align with primary service provider and teaming approach to service delivery (Jun. 2022)

As a result of the above implementation strategies, fidelity information was updated across all pre-service and in-service trainings to better prepare providers for implementation with families initially. In addition, introducing the clinical approval oversight of all service increase requests has helped to streamline the teaming process and outlets for support implementing the primary service provider framework. This also helps to support providers when service increases may not be warranted or aligned with the NLEP framework process.

6. If OSSE 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
 - Conducted ongoing monthly teaming meeting fidelity observations
 - Strong Start conducted ongoing quarterly provider note audits

- Strong Start developed and implemented a monitoring tool for the performance of the vendor agencies contracted to provide early intervention services (Mar. 2022)

As a result of the above implementation strategies, provider agencies were introduced to how fidelity observations should be implemented within each agency and how teaming should be reflected in provider notes/activities. Instilling another layer of observation monitoring stemming from the internal clinical Strong Start team helped create a more invested culture of acceptance towards fidelity measures and how to ensure provider notes reflect the core components of the NLEP framework. Additionally, by implementing the contract performance monitoring tool Strong Start is able to evaluate the provision of services by vendor agencies according to the requirements on their agreement. Strong Start is able to identify issues that require attention by the providers and provide technical assistance when required. Vendor agencies are held accountable to the standards and requirements in their contract.

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.

In FFY22, OSSE will:

1. Develop coaching fidelity analysis training exercise for fidelity observers
2. Identify and train fidelity observers
3. Monitor annual coaching fidelity self-assessment requirement for providers
4. Monitor annual coaching fidelity observation with fidelity observer requirement for providers
5. Develop teaming fidelity observation checklist tool for fidelity observers
6. Monitor annual teaming fidelity observation with fidelity observer requirement for providers
7. Start to develop a monitoring tool for overall fidelity compliance
8. Develop an infant mental health framework and plan for implementation
9. Continue development, migration and implementation of Special Education Data System (SEDS) B-21 data system
10. Continue holding diverse capacity-building monthly reflection groups, while introducing current evidence-based professional development topics

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 coaching fidelity analysis training exercise for fidelity observers - by February 2023
- Develop teaming fidelity observation checklist tool for fidelity observers - by April 2023
- Review data from fidelity assessments to evaluate progress - by October 2023

2. 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

- Develop an IMH framework and the structure to support the system during IFSP services, teaming meetings and capacity building - by August 2023
- Start implementation of IMH framework in Strong Start - by December 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

- Test final functionality of the system and train all users - by April 2023
- Final migration and implementation of Special Education Data System (SEDS) - by December 2023

4. 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 and update content of Strong Start website - by October 2023
- Organize professional development opportunities to build the capacity of early interventionists in the system professional development offerings - by June 2023

5. 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

- Continue holding diverse capacity-building monthly reflection groups, while introducing current evidence-based professional development topics - by December 2023
- Migration to updated evaluation tool to determine eligibility from Battelle Developmental Inventory, Second Edition (BDI-2) to the Third Edition (BDI-3) and the assessment for child outcomes tool Assessment, Evaluation, and Programming System for Infants and Children, Second Edition (AEPS-2) to the Third Edition (AEPS-3) - by December of 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

- Identify and train fidelity observers - by March 2023
- Develop a monitoring tool for overall fidelity compliance - by September 2023

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

During this reporting period OSSE continued to implement the Natural Learning Environment Practices (NLE) framework and focused on established guidelines to assess fidelity in the use of coaching as a style of interaction with families and team members and the Primary Service Provider Approach to teaming.

Provide a summary of each evidence-based practice.**NATURAL LEARNING ENVIRONMENT PRACTICES (NLEP) FRAMEWORK**

DC EIP supports infants and toddlers with developmental delays and their families. OSSE's approach to early intervention is based on evidence. This means that Strong Start uses strategies and supports that we know work based on research. Family members and other care providers learn practices that use a child's interests and everyday activities as learning opportunities. The child's natural environment becomes a safe space for the child to practice and learn new skills.

INTEREST-BASED LEARNING AND FAMILY ROUTINES

Early interventionists use the child's involvement in activities with people and objects they find fun and exciting as the best way for them to learn and grow.

COACHING INTERACTION STYLE

Coaching allows the early interventionist to build a family's ability to support their child through new skills and increased confidence. Coaching interactions during early intervention visits help families develop their skills to support and promote their child's growth and development through natural learning opportunities. Coaching during ordinary family routines helps families identify, practice and reflect on strategies and interactions with their children, problem solve and receive supportive feedback.

As outlined by Rush and Shelden (2011) there are five key characteristics of coaching that builds the confidence and competence in parents including:

1. Joint Planning: an agreed-upon plan between the primary service provider (PSP) for what routines or activities will be worked on in the session
2. Observation: examination of another person's actions or practices to be used to develop skills, strategies, or ideas
3. Action/Practice: spontaneous or planned events that occur within the context of a real-life situation that provide the parent with opportunities to practice, refine, or analyze new or existing skills
4. Reflection: analysis of existing strategies to determine how the strategies are consistent with evidence-based practices and how they may need to be implemented without change or modified to achieve the intended outcome(s)
5. Feedback: information provided by the PSP based on direct observation or parent report. Feedback is designed to expand the parent current level of understanding

PRIMARY SERVICE PROVIDER APPROACH TO TEAMING

The PSP model is used to support families of infants and toddlers in reaching the goals in their Individualized Family Service Plan (IFSP). Using this approach, a team of professionals works together to support children, families and caregivers.

One member of the team, serving as the PSP, functions as the primary liaison between the family and other team members. Using a coaching interaction style, the PSP receives consultation from the other team members and interacts with and coaches other team members, the family and caregivers. The selection of the PSP occurs at the initial IFSP meeting after reviewing the goals, also referred to as the outcome statements.

In addition to providing services, the PSP collaborates and coordinates with the other team members on meeting the IFSP outcomes by meeting regularly to utilize the group's collective skills, experience and expertise. The child and family should have access to all team members as needed via teaming meetings and joint visits. Teaming happens in the form of a meeting with team members of other disciplines. Early interventionists use a coaching interaction style to problem solve and support each other during the meeting. Teaming meetings help to build and develop the early interventionist's own capacity, to enable them to collaborate across disciplines and better support their families. Joint visits should be conducted if the family requests direct access to another team member, or when the PSP or another team member has questions that can only be answered with direct observation from a non-PSP team member. During a joint visit, a team member may work directly with the child and consult the child's parents, caregivers and PSP. After the joint visit(s), the child's parents and caregivers will receive ongoing support and guidance from the PSP to continue implementing what they've learned during their child's naturally occurring daily routines and activities.

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 1) finalizing pre-service new provider fidelity requirements, 2) finalizing in-service provider ongoing fidelity requirements and implementing phase one provider coaching fidelity self-assessment requirements, 3) finalizing requirements/guidelines for fidelity observers and developing the coaching fidelity observation checklist tool for fidelity observers, 4) conducting ongoing monthly teaming meeting observations for all vendor agencies, 5) conducting ongoing quarterly provider note audits for all vendor agencies and 6) implementing ongoing joint visit and service increase request clinical approval monitoring: PSP's and agency clinical managers are better informed and prepared with high quality fidelity implementation support documents for ongoing evidence-based NLEP service monitoring. Data collection procedures and ongoing service implementation monitoring will provide families with increased access to high quality EI services and will ensure that appropriate capacity building teaming and coaching practices are being utilized to fidelity and therefore having an impact on the District's SiMR.

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

- Finalized pre-service new provider fidelity requirements
81 new providers completed the Texas Coaching Modules, attended Foundations Training, and passed the Foundations Training Fidelity Post-Test
- Finalized in-service provider ongoing fidelity requirements and implemented phase one provider coaching fidelity self-assessment requirements
150 providers completed the Texas ECI Coaching Families modules and 60 providers completed the Natural Learning Environment Practices (NLEP) Coaching Fidelity Self-Assessments
- Implemented Ongoing Joint Visit and Service Increase Request Clinical Approval Monitoring
43 service increase or addition requests were reviewed and addressed by the Strong Start Clinical Manager

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.

Reflection Groups Data:

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 FFY22, Strong Start reflection groups engaged providers on in the following provider suggested topics: Balancing Hybrid Schedules: In-Person and Virtual Services, Selecting the PSP, Support of Facilitation of Teaming Meetings, Navigating difficult conversations with families" (scheduling, cancellations, anxiety around pandemic, IMH: Infant Mental Health is Family Mental Health, and Joint Visits: The Who, What, Where, When & Why. Reflection groups had an average of 15.6 providers over 6 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, 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.

Coaching Fidelity Self-Assessment Requirement Data:

In FY22, Strong Start received 60 responses to the Provider Coaching Fidelity Self-Assessment. The average fidelity score documented based on the self-assessment data was 90% of responding providers feel as though they are implementing the majority (at least 80%) of all aspects of the NLEP coaching framework effectively. In addition, 28% of providers felt they were implementing 100% of all aspects of the NLEP coaching framework effectively.

New Community Playgroup DC Public Library Partnership BPA Data:

After a 2-year hiatus due to the public health emergency mandates, OSSE was able to secure a new agreement with DC Public Libraries (DCPL) to bring back Community Playgroups in 2 different local library branches. In FY22, planning and communication was completed by partnering with DCPL leadership staff on identifying specific library branches that had a demand for this type of program. In addition to these playgroups being equitably accessible to all families in DC, the new agreement allows for flexibility in scheduling as well as the ability to provide "Pop-Up" playgroups and other various outreach events at local branches. Moving forward, this will strengthen the partnership between two DC Government agencies serving infants/toddlers and allows for more timely scheduling of future events as community needs arise. In addition, this partnership increases the community's exposure to the NLEP EBP's that DC EIP implements regularly through the facilitators that are all current Strong Start providers. Rollout of the two community playgroups locations is slated for January 2023.

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

1. Finalize development of coaching and teaming fidelity observation documents
2. Identify and train vendor agency fidelity observers
3. Continue to implement ongoing fidelity requirements for all vendor agencies
4. Develop an ongoing fidelity reporting and monitoring process
5. Review data from fidelity assessments to evaluate progress
6. Continue to plan for playgroup expansion in additional DC Public Library locations to increase equitable access and build community capacity

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

YES

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

OSSE is focusing on measuring fidelity of the evidence-based practices implemented. OSSE completed many of the activities identified for FFY21 and the core strategies identified continued to drive and guide the implementation of the designed SSIP. The only modification proposed is the updated activities for FFY22.

Section C: Stakeholder Engagement

Description of Stakeholder Input

OSSE ensures that stakeholders and the public are constantly engaged in Strong Start activities through regular meetings of the Interagency Coordinating Council (ICC), the 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 input. 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 21, OSSE met regularly with the ICC and DC EIP to discuss ongoing performance.

At the ICC meeting in January 2023, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator, asked questions and provided feedback included in this Annual Performance Report (APR). National technical assistance (TA) centers staff, including DaSy and the ECTA Center, reviewed and provided helpful guidance in the development of this APR. The APR was also sent directly to ICC chairperson who reviewed the file in detail, asked questions, and suggested edits. Leadership from OSSE also reviewed the APR and made suggestions. The ICC chairperson approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY21. New targets for the results indicators were developed in FFY 2020 for FFY21-25 by the different workgroups with participants from various stakeholders. The targets were reviewed and approved by the ICC and subsequently submitted and approved by OSEP. No changes are being recommended at this time by the ICC.

Throughout the FFY21, OSSE and Strong Start has met with the ICC quarterly, the contracted vendor agencies monthly, the Strong Start team quarterly, the SECDCC quarterly, the Department of Health Care Finance monthly and the Managed Care Organizations (MCO) quarterly to review and solicit

feedback on the performance of the program, the Theory of Action, accomplishments, and the Evaluation and Activities Plan for Part C in the District of Columbia.

The fidelity guidelines and requirements that are Part of the SSIP were developed in February of 2022 and presented to the vendor agencies in March for their review and feedback. The final version was released in April of 2022.

OSSE invited stakeholders who use the Part C data system to participate in two sessions to obtain feedback on the new data system. Participants included a group of managers at the vendor agencies, the transition personnel at Early Stages (the program from DC Public Schools that identifies and address developmental delays and disabilities in children over 3 years old), and a group of case managers from the MCOs. Their input was valuable to understand different improvements needed to incorporate in the new Special Education System (SEDS) being developed.

New targets for the results indicators were developed in FFY 2020 for FFY21-25 by the different workgroups with participants from various stakeholders. The targets were reviewed and approved by the ICC and subsequently submitted and approved by OSEP. No changes are being recommended at this time.

OSSE ensures that stakeholders and the public are constantly engaged in DC EIP activities through regular meetings of the Interagency Coordinating Council (ICC), the 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 21, 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.

Throughout the FFY21, DC EIP has met with the ICC quarterly, the contracted vendor agencies monthly, the Strong Start team quarterly, the SECDCC quarterly, the Department of Health Care Finance monthly and the Managed Care Organizations (MCO) quarterly to review and solicit feedback in the performance of the program, the Theory of Action, accomplishments, and the Evaluation and Activities Plan for Part C in the District of Columbia.

The fidelity guidelines and requirements that are Part of the SSIP were developed in February of 2022 in conjunction with Strong Start clinical team and presented to the vendor agencies in March for their review and feedback. The final version was released in April of 2022.

OSSE conducted two sessions to obtain feedback on the new data system and invited stakeholders who use the data system to participate in these efforts. The stakeholders who participated in these sessions included a group of managers at the vendor agencies, the transition personnel at Early Stages (the program from DC Public Schools that identifies and address developmental delays and disabilities in children over 3 years old), and a group of case managers from the MCOs. Their input was valuable to understand different improvements needed to incorporate in the new Special Education System (SEDS) being developed.

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

OSSE worked with Strong Start clinical team to develop the framework of the fidelity assessment implementation team. Framework was shared with vendor agencies for review and feedback was requested at one of the monthly meetings.

OSSE engaged with all stakeholders that use the current data system and solicited feedback that is going to be used in the new data system. During the testing phase, OSSE will engage with those stakeholder groups to ensure that the new SEDS functionality meets the requirement of the program.

OSSE uses the family survey and the quarterly newsletter to obtain feedback on the services provided and areas to improve.

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.

None

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

None

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

None

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

DC did not provide the descriptions of the numerator and denominator in the FFY 2020 data table. DC must provide the required information within the data table in the FFY 2021 SPP/APR.

Response to actions required in FFY 2020 SPP/APR

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:

Andres Alvarado

Title:

State Part C Director

Email:

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Submitted on:

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