

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2020

Colorado



PART C DUE
February 1, 2022

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

During FFY 2020 Colorado staff accessed technical assistance from TA Centers, most often DaSy, ECTA and CIFR, by participating in community of practice activities, one-to-one communication and access of publicly available TA documents. As a result of the technical assistance, many activities occurred such as: Implementation of monthly service coordination community of practice calls; quarterly technical assistance calls related to the EI data system; the review and adjustment of the process for IFSP quality reviews; the update of monitoring process documents; and, the general increase in knowledge of current best practices and guidance for Part C services.

Additional information related to data collection and reporting

Data Collection and Verification The CDHS uses an online data system and billing system that allows real-time reporting at the local and state level. The CDHS uses the data system to gather data for federal and state reporting, monitoring of local programs, verification of timely correction of noncompliance, billing for direct services, performance tracking, and for a variety of management functions. Desk audits are conducted by the EI program staff to analyze progress or slippage on key Indicators, monitor compliance for federal, state, and local reporting, fiscal compliance, inform monitoring and technical assistance activities. The Early Intervention Data Instructions document is provided to the CCBs and posted on the website at www.eicolorado.org to provide guidance for data entry requirements and definitions. The EI program data system includes demographic information and referral, eligibility, and Individualized Family Service Plan (IFSP) data, allowing a wide array of performance tracking and management reports to be generated at the state and local levels. The data system also includes direct service expenditure information for state and federal funding resources that is used to inform fiscal management, legislative reports, monitoring actions and technical assistance activities. EI program staff conducts data verification during onsite CCB monitoring visits to check the validity and reliability of data entered into the EI program data system. Reports are generated through the EI program data system for the federally required Section 618 data tables and are submitted to meet the April and November reporting deadlines. These data are also published on the EI Colorado website at www.eicolorado.org, as required. Data reports are run annually to inform the APR. EI Colorado staff reviews the APR data to:

- A. Determine if a finding of noncompliance should be issued to a CCB;
- B. Verify whether data demonstrate noncompliance, and issue a finding if data demonstrate noncompliance; or,
- C. Review more current data to verify that the CCB has corrected any noncompliance identified in the APR desk audit, in which case a finding of noncompliance would not be issued.

EI program staff generates data reports that look at trends across a number of data elements for a number of years. Trend reports include performance on SPP Indicators as well as other factors, such as number of referrals and referral sources, age at referral, Medicaid eligibility, exit reasons, etc. Reports are generated prior to onsite visits for data verification purposes and ad hoc reports are produced as needed throughout the year to inform decisions about focused monitoring activities and technical assistance. Data collected through the data system are also used to inform follow-up activities for informal complaints and in the dispute resolution process. Expenditure data is provided to the CCBs monthly to provide a tool for fiscal tracking. In addition, data regarding the average number of children served, by CCB, each month informs the annual fiscal allocation for state and federal funds. Data for reporting family outcomes are collected from the annual Family outcomes Survey.

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.

The Colorado Department of Human Services (CDHS) is the lead agency for planning and implementing the federal Part C grant. Within the CDHS, the Office of Early Childhood (OEC), Division of Community and Family Support (DCFSS), Early Intervention Colorado program (EI program) is responsible for the administration of the statewide, comprehensive, coordinated, multidisciplinary, interagency system of EI services for infants and toddlers with developmental delays or disabilities and their families. The work of the EI program is guided by a general supervision system that consists of nine components designed to ensure that IDEA Part C requirements are met, including accountability for fiscal management, and that EI services have a positive impact on Colorado's children and families.

Rules, Policies and Procedures

The CDHS, with stakeholder input, develops rules, policies and procedures that support and provide clarification of state and federal statutes to ensure effective implementation of Early Intervention (EI) services at the local level statewide. State rules are developed by EI program staff with input from the Colorado Interagency Coordinating Council (CICC), Community Centered Boards (CCB) and other key stakeholders. The rules are reviewed and approved by the Department of Human Services Board with input from the Office of the Attorney General. The Early Intervention Colorado State Plan encompasses policies and procedures necessary for implementing the Federal Part C of IDEA regulations (34 C.F.R. Part 303), the Colorado Revised Statutes (C.R.S.), Title 27, Article 10.5, Part 7, Colorado Code of Regulations (CCR) 12, 2509-10, 7.900-7.994 and other applicable state and federal regulations related to EI services. The Early Intervention Colorado State Plan is reviewed annually by the EI program staff and Colorado Interagency Coordinating Council (CICC) and revised as needed. Any revisions made to policies and procedures in the Early Intervention Colorado State Plan or state rules are made available for specified public review and comment periods in compliance with the State's notice of public hearings and dissemination plan as defined in Section I of the Early Intervention Colorado State Plan. Rules, policies and procedures are distributed statewide to all the local EI programs at the 20 CCBs, the CICC and other key stakeholders and are available to the public on the EI Colorado website at www.eicolorado.org.

Focused Monitoring

Focused monitoring may occur when there are patterns of statewide issues related to noncompliance, poor statewide or local performance on specific priority areas or if the CDHS has a need to investigate a complaint. Focused monitoring occurs to determine the specific reasons for the noncompliance. Investigation in this manner allows the CDHS to tailor technical assistance to meet the specific needs of local programs as well as accelerate the process for timely correction of noncompliance. A focused monitoring visit typically lasts one to four days and may include interviews with administrators, staff, parents and community partners, as well as a review of child records, policies and procedures and other pertinent documents. As a result of the focused monitoring, technical assistance is provided and the results of the monitoring are reviewed to:

- A. Determine if a finding of noncompliance should be issued to a CCB; B.
 - Verify whether data demonstrate noncompliance, and then issue a finding if data demonstrate noncompliance; or,
 - C. Verify that the CCB has corrected any noncompliance identified during the monitoring, in which case a finding of noncompliance would not be issued.
- A Plan of Correction (POC) may be developed following the monitoring if warranted. The POC has prescribed actions that must occur within specified timelines. A CCB receives a written monitoring report that includes the POC, if applicable. Specific data reporting requirements, including frequency of data submissions, are outlined in the POC and data is required to be submitted until 100% compliance is reached and verified. A follow-up onsite visit may be conducted if needed to review more current data and verify correction. If after six months a CCB has not corrected noncompliance, additional

data reporting and technical assistance may be initiated. Once 100% compliance is reached and verified, the CCB is sent a letter releasing it from the finding of noncompliance and closing the POC.

Dispute Resolution

An array of dispute resolution options is available for families including complaint procedures, mediation and due process hearing procedures. The EI Colorado State Plan describes the policies and procedures that are followed during dispute resolution pursuant to 12 CCR 2509-10, Section 7.990-994. The EI program Procedural Safeguards Officer provides training for CCBs on dispute resolution and instruction for surrogate parents and hearing and mediation officers.

Annually, EI program staff conducts a review of dispute resolution activities to determine any trends that require a system change or other improvement activities. These trends are reported to the CICC for recommendations regarding follow-up strategies.

Fiscal Management

The CDHS has statutory authority to ensure financial accountability and service provision. EI program staff ensures that federal Part C Funds are obligated and liquidated within the allowable timeframe and for appropriate activities. A Memorandum of Understanding (MOU) for the implementation of a comprehensive EI system in Colorado is developed and annually reviewed by the Colorado Departments of Human Services, Education, Public Health and Environment, Health Care Policy and Financing and the Division of Insurance. The MOU articulates the interagency commitment, as well as statutory and regulatory authority for the implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of EI services and assigns fiscal responsibility for specific aspects of the EI program. EI program staff works with the CICC and the MOU Committee to promote interagency funding of EI services that meets federal and state requirements and ensures that eligible infants and toddlers and their families benefit from a comprehensive, coordinated EI system. The EI program staff prepares the annual application and budget for the OSEP and ensures proper accounting of funds expended under the federal Part C grant. The EI program staff also prepares an annual budget for the distribution of the state General Fund for EI services and service coordination. The CDHS has annual contracts in place with the 20 CCBs, as the local EI program administrators.

In addition to state fiscal rules, the Fiscal Management and Accountability Procedures document is provided to the CCBs and posted on the website at www.eicolorado.org to provide guidance for funding utilization. The Fiscal Management and Accountability Procedures is reviewed annually and revised as needed to ensure the most current information is available to guide state and local fiscal accountability.

CCBs are required to have an audit of annual financial statements to ensure that they are billing appropriately for services rendered and following the funding hierarchy. In addition, the CCBs submit a Year-End Revenue and Expenditure Report that captures fiscal data for funding sources that are not tracked through the EI program data system.

Technical Assistance System:

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

Statewide training is conducted and technical assistance documents are distributed in order to clarify and ensure effective implementation of the requirements under IDEA Part C and State EI rules, policies and procedures. The ultimate goal of all training and technical assistance activities is to ensure accountability and promote recommended and evidence-based practices in meeting the needs of infants and toddlers who have developmental delays or disabilities and their families. All service coordinators and local EI program administrators are required to complete the EI Fundamental Training within 90 days of hire. A statewide meeting for EI Coordinators occurs annually to address new requirements and provide concentrated technical assistance. EI program staff produces Communication Briefs and other technical assistance documents to address aspects of the EI process, ensure statewide consistency, and promote effective and evidence-based EI practices. Current technical assistance documents are posted on the EI Colorado website at www.eicolorado.org. Timely, high quality, evidence-based technical assistance and support is provided to local EI programs through ongoing written and audio-visual resources and support to professionals and families regarding the implementation of the IFSP and recommended EI services, as well as appropriate and consistent use of the funding hierarchy. This ensures that professionals and families have access to policies, information, current research and recommended practices, and that families have access to technical assistance materials designed specifically for family use in English and Spanish. EI program staff, the CICC and the ECPD Committee review the annual Comprehensive System of Personnel Development Plan to ensure that technical assistance needs are being met through statewide initiatives and interagency collaborative efforts. The CDHS contracts with university programs, parent organizations and private consultants to provide training and technical assistance to CCBs, providers and families. EI program staff provides individualized, targeted technical assistance site visits as needed, and ongoing TA occurs via phone and email. Technical assistance conference calls are provided quarterly to accompany the launch of new policies and procedures. EI program staff participates in ongoing national technical assistance activities and community of practice work in order to inform the technical assistance that is provided to local programs. Self-assessment practices are used to enable local programs to monitor their performance and to proactively identify training and technical assistance needs in a timely fashion. Training and technical assistance staff and contractors review data and monitoring reports to inform the content of the technical assistance materials and identification of specific programs that need assistance. EI program staff produces technical assistance documents to address aspects of the EI process and to promote effective and evidence-based EI practices. Current technical assistance documents are posted on the EI Colorado website at www.eicolorado.org. The Early Intervention Colorado State Performance Plan The CDHS, in collaboration with the CICC, CCBs, and other key stakeholders, develops, and revises as needed, a State Performance Plan (SPP) that spans a time period specified by the Federal Office of Special Education Programs (OSEP). The SPP addresses 11 federally required indicators, sets annual targets and details improvement strategies to meet those targets. Once final revisions have been made by the CDHS, the SPP is submitted on or before the date specified by the OSEP, usually February 1st. The SPP establishes the actions that the CDHS takes to meet the annual targets and improvement activities. These activities are reviewed annually with the CICC, CCBs, and community partners who may provide training and technical assistance and other key stakeholders to determine if revisions are needed. Technical assistance is generally provided by EI program staff members. When appropriate, the CDHS may contract with university programs, parent organizations or private consultants to provide technical assistance to CCBs, providers and families.

Professional Development System:

The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.

The long term objectives of the Colorado Comprehensive System of Personnel Development are that: Services are provided within family-driven constructs and based on the concerns and priorities of the family; families have increased confidence and competence in supporting the development of their child; infants and toddlers are supported in accessing developmental learning opportunities within their family and community routines and activities; and children successfully transition to appropriate supports and services at or before three years of age. Pre-service Training - Provides course content needed for students to implement best practice in EI service provision for infants and toddlers with disabilities and their families. This ensures students have competencies needed for working in Colorado's EI system. The avenues for implementation include state community colleges; public and private universities and colleges; web-based training and technical assistance materials; collaboration between the EI program and higher education; and parents as co-teachers. The EI program staff collaborates with higher education faculty through participation in federally-funded projects to advise curriculum development, assist in the coordination of practicum sites, and provide guest presentations. In-service Training - Provides orientation to the EI system, EI service coordinator fundamentals on service coordination competencies and IFSP development and access to training curriculum across the state. This ensures that professionals have the knowledge, skills and abilities to implement federal and state EI policies and procedures and implement evidence-based recommended practices for working with infants and toddlers and their families. The avenues for implementation are through mandatory state-sponsored training, statewide and community-based training opportunities, community-specific training and workshops, web-based training, targeted technical assistance and technical assistance materials.

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).

The CDHS EI program began the process of soliciting stakeholder input on the SPP targets and development and implementation of the State Systemic Improvement Plan (SSIP) in May 2020. Stakeholders involved in the process are:

- A. CDHS OEC staff;
- B. CICC;
- C. CCB staff;
- D. Early Childhood Councils and LICC;
- E. Families;
- F. EI direct service providers;
- G. Higher Education partners;
- H. Colorado Department of Education (CDE);
- I. Colorado Department of Health Care Policy and Financing (CDHCPF);
- J. Colorado Department of Public Health and Environment (CDPHE);
- K. PEAK Parent Center;
- L. Higher education students;
- M. Other early childhood professionals; and,
- N. Community advocates.

Stakeholder feedback was acquired during the following dates/activities:

- July 27, 28 and 29, 2020 EI Public Meeting
- September 23 and 24 CICC Planning Meeting
- November 4, 2020 CICC Meeting
- January 27, 2021 CICC Meeting
- March 11 and 23 2021 Stakeholder Meeting Regarding In-Person Visits during COVID
- April 14, CICC Meeting
- May 12 and 13 2021 Statewide Meeting Part C Coordinators
- June 9, 2021 CICC Meeting

Target setting was shared with the CICC during the CICC Planning Meeting on September 22 and 2021. Time each day was devoted to a reintroduction of both compliance and performance indicators and a review of each performance indicator and how it impacts children and families enrolled in Early Intervention. Reviewing APR data from prior years, the CICC determined that the first year of the COVID 19 pandemic should be used as baseline, FFY 19-20. In Colorado, the data showed significant declines in referrals and children entering services beginning in March 2020.

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

YES

Number of Parent Members:

23

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.

Target setting was shared with the CICC during the CICC Planning Meeting on September 22 and 23. Time each day was devoted to a reintroduction of both compliance and performance indicators and a review of each performance indicator and how it impacts children and families enrolled in Early Intervention. Reviewing APR data from prior years, the CICC determined that the first year of the COVID 19 pandemic should be used as baseline, FFY 19-20. In Colorado, the data showed significant declines in referrals and children entering services beginning in March 2020. There was significant anecdotal discussion about families choosing clinic services over early intervention as during the pandemic the majority of early intervention services occurred via telehealth. The CICC members and guests reviewed the forecasted targets and much discussion was held around Indicator 3, Child Outcome. Historically Colorado has not met the targets set for Indicator 3 and data shows a downward trend. EI Colorado staff discussed that often exit rating data was not entered into the data system and therefore the reporting reflects a small percentage of children participating in early intervention. Discussed enhancements that had been made to the data system to ensure exit ratings were entered for each child at exit or justification was provided as to why the exit rating was not completed. Additionally discussed the targeted TA that was occurring with each local program to identify missing data and support data entry and child outcome process as needed. Additionally, during the September CICC Planning meeting the prior SSIP was reviewed as it was decided that since Colorado had not met the stated goals the SIMR would remain the same for the SIPP ending in 2025-2026. During the CICC meeting on November 2, 2021 target setting was finalized and the SSIP improvement areas were decided on. CICC members, guests and the EI Colorado State team discussed activities currently occurring to improve SIMR progress and brainstormed new ideas to implement in future years. Discussed the IFSP process and documentation and identified areas for improvement and how to measure progress over the next SSIP period.

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.

During the fall planning days (Sept 22 and 23) for the CICC, parent leaders participated in a training entitled "Equity, Diversity and Inclusion Work - It's all about You" presented by Dr. Francesca Galarraga. In the Service Coordinator Coffee Break, topics are shared with service coordinators to increase their awareness of how to support families from other cultures. An example is: A two-part video series titled Honoring and Supporting Family Culture in Early Intervention was recently posted. These videos illustrate how Amigo Baby, an early intervention program in Ventura County, provides virtual home visiting services that are culturally and linguistically sensitive and responsive to Latinx families. The intention is to have service coordinators connect with a diverse group of parents.

Soliciting Public Input:

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

Colorado ICC (CICC) meeting dates are set on a yearly basis and posted on the website. To join the meeting attendees just have to click on the meeting link from the calendar. At least one week prior to the meeting, the EI CO admin assistant sends a reminder to all members, EI state team, and a variety of community partners and stakeholders so that they may share the information and/or join the meeting. At each meeting, there is a time for public comment set aside so that public input and comments can be heard. During meetings, presentations are done regarding data, referrals, processes, etc. Each attendee is able to participate in information gathering sessions (break out rooms during a call, utilizing a Jamboard (which is a virtual idea board that all attendees can post on) participating in polls, and general question and discussion sessions after presentations.) After each CICC meeting, the EI

team is able to determine potential next steps or finalize the analysis of data based on contributions from the CICC meetings. All CICC meetings are open to the public and are posted on EI Colorado's website at www.eicolorado.org. All notes and presentations from each CICC meeting are also accessible via EI Colorado's website at www.eicolorado.org, Reports and Policies under the Colorado Interagency Coordinating Council link.

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 CDHS will report to the public on the performance of each local EI program located in the state on the targets in the SPP/APR as soon as practicable, but not later than 120 days following the submission of its FFY APR as required by 34 CFR §303.702(b)(1)(i)(A). The CCB Early Intervention Program Performance Profiles are posted on the EI Colorado website at www.eicolorado.org, Reports & Policies under the Public Reports and Data link. A complete copy of Colorado's SPP, including any revisions, and APR is located on the EI Colorado website at www.eicolorado.org, Reports & Policies under the State Performance Plan and Annual Performance Report link.

Reporting to the Public:

How and where the State reported to the public on the FFY 2019 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.

Annually, the CDHS conducts a desk audit and measures the compliance and performance of each CCB on the SPP targets and publicly reports this information on an individual Early Intervention Program Performance Profile. CDHS reports on the following:

- A. Current data;
- B. Current data performance in relation to state targets and CCBs of similar size using percentage measurements;
- C. Ranking of CCB performance in comparison to other CCBs of similar size; and,
- D. Description of whether the CCB met the target, made progress or slipped.

The CCB Early Intervention Program Performance Profile also includes:

- A. The status determination;
- B. Demographic information about the CCB;
- C. The geographic area that is covered by the CCB; and,

A statement is provided by the CDHS in the Profile regarding timely correction of noncompliance, timely submission of fiscal audits, completion of local interagency operating agreements and timely submission of valid and reliable data. CCBs are given the opportunity to provide a statement regarding their performance during the previous year and any subsequent improvements. Data are generated from the following sources:

- A. EI Program data system;
- B. EI Provider Portal;
- C. Family Outcomes Survey;
- D. Table 1 Report of Children Receiving Early Intervention Services in Accordance with Part C; and,
- E. Table 2 Report of Program Setting Where Early Intervention Services are Provided to Children with Disabilities and Their Families in Accordance with Part C. The criteria used to establish status determinations are described in the Local Program Status Determinations Criteria. The OSEP requires the CDHS to enforce IDEA by making status determinations annually on the performance of each CCB EI program using the same four categories that the OSEP uses in making the state status determination and consider the following:
 - A. Performance on compliance indicators;
 - B. Whether data submitted by the CCB EI programs are valid, reliable and timely;
 - C. Uncorrected noncompliance; and,
 - D. Any audit findings.

In addition, the CDHS also considers:

- A. Performance in meeting indicator targets;
- B. Fiscal audits; and,
- C. Completion of local interagency operating agreements.

The CCB status determination informs the level of technical assistance and/or corrective action that is required for the local program. The CDHS will report to the public on the performance of each local EI program located in the state on the targets in the SPP/APR as soon as practicable, but not later than 120 days following the submission of its FFY APR as required by 34 CFR §303.702(b)(1)(i)(A). The CCB Early Intervention Program Performance Profiles are posted on the EI Colorado website at www.eicolorado.org, Reports & Policies under the Public Reports and Data link. A complete copy of Colorado's SPP, including any revisions, and APR is located on the EI Colorado website at www.eicolorado.org, Reports & Policies under the State Performance Plan and Annual Performance Report link, State Systemic Improvement Plan (https://dcfs.my.salesforce.com/sfc/p/#410000012srR/a/4N000002FAMK/R0ISS.DVsydRDXRykkAsvJUHNb6_1IHybjMm0SjN_18).

Intro - Prior FFY Required Actions

The State's IDEA Part C determination for both 2020 and 2021 is Needs Assistance. In the State's 2021 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2020 SPP/APR submission, due February 1, 2022, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Response to actions required in FFY 2019 SPP/APR

Intro - OSEP Response

The State attached, but did not sign, its 2022 Annual Report Certification of the State Interagency Coordinating Council (SICC) Form. OSEP notes that the State must submit the signed SICC form to confirm that the SICC is supporting the State's submission of the FFY 2020 SPP/APR.

The State's determinations for both 2020 and 2021 were Needs Assistance. Pursuant to sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 22, 2021 determination letter informed the State that it must report with its FFY 2020 SPP/APR submission, due February 1, 2022, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

Intro - Required Actions

Within 90 days of the receipt of the State's 2022 determination letter, the State must submit the SICC form to confirm whether the SICC is supporting the State's submission of the FFY 2020 SPP/APR or submitting its own SICC annual report.

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2019	90.80%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	92.16%	90.08%	90.32%	89.74%	90.80%

Targets

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

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
8,350	9,364	90.80%	100%	89.41%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Colorado continues to see a delay in the initiation of IFSP services due to provider shortages (30%), and service coordinator errors (53%). As a result of the COVID 19 pandemic many early intervention providers left the field as the majority of local programs contract with vs. employ early intervention providers.

Number of documented delays attributable to exceptional family circumstances

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

22

Provide reasons for delay, if applicable.

The exceptional family circumstances relate to the COVID 19 pandemic. Some instances include a lack of provider availability due to high positivity within a community, family choosing to wait until in-person restrictions were lifted or child/family illness or quarantine related to COVID.

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

Colorado defines "timely" as 28 days and calculates timeliness by the time period elapsed between the date the parent consents to IFSP and the actual start date of service.

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).

July 1, 2020 to June 30, 2021

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

Colorado collects data from all EI programs in the statewide web-based data system and reports for 100% of the children for whom new services were listed on an initial IFSP and/or subsequent six month, annual or other periodic review for the full reporting period. Data analysis includes the number of infants and toddlers from all of the 20 Community Centered Board (CCB) Early Intervention programs who had an initial IFSP and/or subsequent six month or annual or other periodic review.

Provide additional information about this indicator (optional)

Target setting was shared with the CICC during the CICC Planning Meeting on September 22 and 2021. Time each day was devoted to a reintroduction of both compliance and performance indicators and a review of each performance indicator and how it impacts children and families enrolled in Early Intervention. Reviewing APR data from prior years, the CICC determined that the first year of the COVID 19 pandemic should be used as baseline, FFY 19-20. In Colorado, the data showed significant declines in referrals and children entering services beginning in March 2020. There was significant anecdotal discussion about families choosing clinic services over early intervention as during the pandemic the majority of early intervention services occurred via telehealth.

Correction of Findings of Noncompliance Identified in FFY 2019

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

FFY 2019 Findings of Noncompliance Verified as Corrected

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

The CDHS verified that the one CCB EI program with noncompliance identified in FFY 2019 is correctly implementing 34 CFR 303.209(d)(2) based on a review of updated data subsequently collected. The CDHS verified 100% compliance for the program through a review of data for a full population of children for whom early intervention services should have begun within 28 days from parent consent.

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

The CDHS verified that the one CCB EI program had initiated services, although late, for any child whose services were not initiated in a timely manner, unless the child was no longer within the jurisdiction of the CCB EI program, consistent with "OSEP Memorandum 09-02", dated October 17, 2008. The CDHS verified through a review of data within the EI program data system that all children for whom services were not initiated in a timely manner had their services initiated unless the child was no longer within the jurisdiction of the CCB EI program.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

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

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

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

1 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2019, and OSEP accepts that revision.

In its description of correction of noncompliance, the State referenced an incorrect regulatory citation. Therefore, the State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2019 because it did not report that it verified correction of those findings consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining 1 uncorrected finding of noncompliance identified in FFY 2019 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2019	98.00%

FFY	2015	2016	2017	2018	2019
Target>=	95.00%	95.00%	95.00%	96.00%	97.00%
Data	99.89%	99.63%	99.92%	99.90%	99.80%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	98.25%	95.50%	98.78%	99.00%	99.25%	99.50%

Targets: Description of Stakeholder Input

The CDHS EI program began the process of soliciting stakeholder input on the SPP targets and development and implementation of the State Systemic Improvement Plan (SSIP) in May 2020. Stakeholders involved in the process are:

- A. CDHS OEC staff;
- B. CICC;
- C. CCB staff;
- D. Early Childhood Councils and LICC;
- E. Families;
- F. EI direct service providers;
- G. Higher Education partners;
- H. Colorado Department of Education (CDE);
- I. Colorado Department of Health Care Policy and Financing (CDHCPF);
- J. Colorado Department of Public Health and Environment (CDPHE);
- K. PEAK Parent Center;
- L. Higher education students;
- M. Other early childhood professionals; and,
- N. Community advocates.

Stakeholder feedback was acquired during the following dates/activities:

- July 27, 28 and 29, 2020 EI Public Meeting
- September 23 and 24 CICC Planning Meeting
- November 4, 2020 CICC Meeting
- January 27, 2021 CICC Meeting
- March 11 and 23 2021 Stakeholder Meeting Regarding In-Person Visits during COVID
- April 14, CICC Meeting
- May 12 and 13 2021 Statewide Meeting Part C Coordinators
- June 9, 2021 CICC Meeting

Target setting was shared with the CICC during the CICC Planning Meeting on September 22 and 2021. Time each day was devoted to a reintroduction of both compliance and performance indicators and a review of each performance indicator and how it impacts children and families enrolled in Early Intervention. Reviewing APR data from prior years, the CICC determined that the first year of the COVID 19 pandemic should be used as baseline, FFY 19-20. In Colorado, the data showed significant declines in referrals and children entering services beginning in March 2020.

Target Setting
 September 22 and 23, 2021 CICC Planning Meeting
 November 2, 2021 CICC Meeting

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	7,219
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Total number of infants and toddlers with IFSPs	7,265

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
7,219	7,265	99.80%	98.25%	99.37%	Met target	No Slippage

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2019, but OSEP cannot accept that baseline revision because the State's FFY 2019 baseline data reported in the Historical Data table are not consistent with the State's FFY 2019 data reported in the FFY 2020 SPP/APR Data table. Additionally, OSEP cannot accept the State's FFYs 2020-2025 targets for this indicator because OSEP cannot determine whether the State's end targets for FFY 2025 reflect improvement over the State's baseline data, given the discrepancy in the baseline data, as noted above. The State must ensure that its FFY 2025 targets reflect improvement over the baseline.

2 - Required Actions

If the State chooses to revise its baseline to FFY 2019 in the FFY 2021 SPP/APR, the State must ensure that the baseline data reported in the Historical Data table are consistent with the State's FFY 2019 data in the Data Table. The State did not provide targets, as required by the measurement table.

The State must provide the required targets for FFY 2020 through FFY 2025 in the FFY 2021 SPP/APR.

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

The CDHS EI program began the process of soliciting stakeholder input on the SPP targets and development and implementation of the State Systemic Improvement Plan (SSIP) in May 2020. Stakeholders involved in the process are:

- A. CDHS OEC staff;
- B. CICC;
- C. CCB staff;
- D. Early Childhood Councils and LICC;
- E. Families;
- F. EI direct service providers;
- G. Higher Education partners;
- H. Colorado Department of Education (CDE);
- I. Colorado Department of Health Care Policy and Financing (CDHCPF);
- J. Colorado Department of Public Health and Environment (CDPHE);
- K. PEAK Parent Center;
- L. Higher education students;
- M. Other early childhood professionals; and,
- N. Community advocates.

Stakeholder feedback was acquired during the following dates/activities:

- July 27, 28 and 29, 2020 EI Public Meeting
- September 23 and 24 CICC Planning Meeting
- November 4, 2020 CICC Meeting
- January 27, 2021 CICC Meeting
- March 11 and 23 2021 Stakeholder Meeting Regarding In-Person Visits during COVID
- April 14, CICC Meeting
- May 12 and 13 2021 Statewide Meeting Part C Coordinators
- June 9, 2021 CICC Meeting

Target setting was shared with the CICC during the CICC Planning Meeting on September 22 and 2021. Time each day was devoted to a reintroduction of both compliance and performance indicators and a review of each performance indicator and how it impacts children and families enrolled in Early Intervention. Reviewing APR data from prior years, the CICC determined that the first year of the COVID 19 pandemic should be used as baseline, FFY 19-20. In Colorado, the data showed significant declines in referrals and children entering services beginning in March 2020.

Target setting

- September 22 and 23, 2021 CICC Planning Meeting
- November 2, 2021 CICC Meeting

Historical Data

Outcome	Baseline	FFY	2015	2016	2017	2018	2019
A1	2019	Target>=	71.00%	71.00%	71.00%	72.00%	72.00%
A1	55.64%	Data	66.46%	65.37%	58.96%	54.63%	55.64%
A2	2019	Target>=	67.00%	67.00%	67.00%	68.00%	68.00%
A2	66.93%	Data	67.28%	68.14%	68.48%	67.68%	66.93%
B1	2019	Target>=	76.00%	76.00%	76.00%	77.00%	77.00%
B1	66.22%	Data	72.39%	73.12%	68.95%	65.01%	66.22%
B2	2019	Target>=	53.00%	53.00%	53.00%	54.00%	54.00%
B2	55.25%	Data	50.76%	51.54%	59.33%	55.41%	55.25%
C1	2019	Target>=	76.00%	76.00%	76.00%	77.00%	77.00%
C1	66.62%	Data	73.14%	73.02%	69.95%	65.34%	66.62%
C2	2019	Target>=	67.00%	67.00%	67.00%	68.00%	68.00%
C2	59.84%	Data	65.10%	62.87%	60.30%	58.54%	59.84%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A1>=	56.25%	57.46%	61.28%	63.29%	64.32%	65.36%
Target A2>=	67.13%	67.33%	67.55%	67.73%	67.93%	68.13%
Target B1>=	67.34%	68.32%	70.42%	71.40%	72.52%	73.57%

Target B2>=	57.55%	59.85%	62.15%	64.45%	66.75%	70.20%
Target C1>=	61.34%	32.84%	64.34%	67.34%	68.84%	70.34%
Target C2>=	61.34%	62.09%	62.84%	63.58%	65.06%	65.84%

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

3,446

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	134	3.89%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	497	14.42%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	328	9.52%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	867	25.16%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,620	47.01%

Outcome A	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,195	1,826	55.64%	56.25%	65.44%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	2,487	3,446	66.93%	67.13%	72.17%	Met target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	135	3.92%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	605	17.56%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	623	18.08%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,299	37.70%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	784	22.75%

Outcome B	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,922	2,662	66.22%	67.34%	72.20%	Met target	No Slippage

Outcome B	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	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	2,083	3,446	55.25%	57.55%	60.45%	Met target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	124	3.60%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	570	16.54%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	523	15.18%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,463	42.46%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	766	22.23%

Outcome C	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,986	2,680	66.62%	61.34%	74.10%	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	2,229	3,446	59.84%	61.34%	64.68%	Met target	No Slippage

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	7,298
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	1,678

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

Colorado is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), and 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. The COS is embedded into the IFSP process in Colorado. COS is required to be completed at Initial IFSP, Annual IFSP and at Exit from Early Intervention. In the event a child is under six months of age at the Initial IFSP the COS is completed during the next IFSP meeting, typically a Periodic Review. Colorado's IFSP contains a page titled "Global Outcome" which is completed by the IFSP team (parent/caregiver, Service Coordinator, and Provider(s)) at each IFSP meeting. The Global Outcome page is completed after evaluation/assessment information is gathered in the five developmental domains and family assessment is completed, participation in family assessment is voluntary on the part of the family. The Global Outcomes page summarizes information already collected through child and family assessment into the three child outcome categories of positive social and emotional skills, acquiring and using knowledge and skills and taking appropriate action to meet needs. A child's skills in each outcome area are summarized into the child's strengths and needs. The COS rating is determined at the Initial, Annual, and Exit by reviewing the Global Outcome information ensuring skills are age anchored and using the decision tree with the IFSP team to determine the child's rating on each child outcome. At every IFSP meeting, the child's strengths and needs are summarized on the Global Outcome page. Although the Annual rating is not federally mandated Colorado has determined that this is a useful tool during

an Annual IFSP to determine a child's developmental trajectory and to make any IFSP adjustments or changes that may be necessary to ensure a child's development remains their development trajectory.

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

None

3 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2019, and OSEP accepts that revision.

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

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2015	2016	2017	2018	2019
A	2019	Target>=	94.00%	94.00%	94.00%	97.00%	98.00%
A	86.49%	Data	91.26%	91.01%	71.05%	99.36%	86.49%
B	2019	Target>=	94.00%	94.00%	94.00%	97.00%	96.00%
B	91.65%	Data	94.25%	94.29%	81.05%	96.34%	91.65%
C	2019	Target>=	94.00%	94.00%	94.00%	97.00%	97.00%
C	90.85%	Data	96.09%	95.76%	77.00%	96.65%	90.85%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A>=	87.00%	88.00%	90.00%	92.00%	96.00%	98.00%
Target B>=	91.50%	92.00%	93.00%	94.00%	95.00%	96.00%
Target C>=	90.85%	91.00%	92.00%	94.00%	96.00%	97.00%

Targets: Description of Stakeholder Input

The CDHS EI program began the process of soliciting stakeholder input on the SPP targets and development and implementation of the State Systemic Improvement Plan (SSIP) in May 2020. Stakeholders involved in the process are:

- A. CDHS OEC staff;
- B. CICC;
- C. CCB staff;
- D. Early Childhood Councils and LICC;
- E. Families;
- F. EI direct service providers;
- G. Higher Education partners;
- H. Colorado Department of Education (CDE);
- I. Colorado Department of Health Care Policy and Financing (CDHCPF);
- J. Colorado Department of Public Health and Environment (CDPHE);
- K. PEAK Parent Center;
- L. Higher education students;
- M. Other early childhood professionals; and,
- N. Community advocates.

Stakeholder feedback was acquired during the following dates/activities:

- July 27, 28 and 29, 2020 EI Public Meeting
- September 23 and 24 CICC Planning Meeting
- November 4, 2020 CICC Meeting
- January 27, 2021 CICC Meeting
- March 11 and 23 2021 Stakeholder Meeting Regarding In-Person Visits during COVID
- April 14, CICC Meeting
- May 12 and 13 2021 Statewide Meeting Part C Coordinators
- June 9, 2021 CICC Meeting

Target setting was shared with the CICC during the CICC Planning Meeting on September 22 and 2021. Time each day was devoted to a reintroduction of both compliance and performance indicators and a review of each performance indicator and how it impacts children and families enrolled in Early Intervention. Reviewing APR data from prior years, the CICC determined that the first year of the COVID 19 pandemic should be used as baseline, FFY 19-20. In Colorado, the data showed significant declines in referrals and children entering services beginning in March 2020.

Target Setting:

- September 22 and 23, 2021 CICC Planning Meeting
- November 2, 2021 CICC Meeting

FFY 2020 SPP/APR Data

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

Measure	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	86.49%	87.00%	NVR	N/A	N/A

Measure	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	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)	91.65%	91.50%	NVR	N/A	N/A
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)	90.85%	90.85%	NVR	N/A	N/A

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.	

Survey Response Rate

FFY	2019	2020
Survey Response Rate	20.33%	13.75%

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

EI Colorado will be developing training materials for both service coordinators and families regarding the Family Outcome Survey and the critical nature of wide participation. EI Colorado will be distributing materials in English, Spanish, and other identified languages to meet the linguistic needs of our State. In FFY 2020-2021 8% of surveys were started however not completed by the family. New outreach efforts will be made to close the gap in this percentage of survey respondents. EI Colorado will determine if other methods of survey distribution such as conventional mail or phone may be more accessible to the variety of families in Colorado.

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.

Both the number of Family Outcome Survey invitations and the number of completed Family Outcome Survey responses were captured in our Salesforce data system. Survey invitations were distributed to households and only one invitation and one response was calculated in the response rate. The distribution pool was selected randomly and survey responses were then calculated based on the designated subgroup parameters.

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.

Race/Ethnicity

Family Outcome Survey results: African American 11%; American Indian or Alaskan Native 0%; Asian 12%, Native Hawaiian or Pacific Islander 0% White 14%; More than one race 16%

EI Colorado population African American 3.44%; American Indian or Alaskan Native 0.34%; Asian 2.82%; Native Hawaiian or Pacific Islander 0.18%; White 61.61% Two or more races: 3.52%

EI Colorado's response rate for African American and Asian populations was significantly higher than the general population served by EI Colorado. While the White and Multiple Races response rates underrepresented the population served. This is likely due to the limited number of responses at less than 14% which is not a representative diversity of Colorado's demographics.

Family Outcome Survey: Hispanic/Latinx: 9 vs. EI Colorado Hispanic/Latinx 28%

This limited response rate may be due to the fact that Colorado's Hispanic/Latinx community is more densely populated in rural areas with less access to internet services. EI Colorado will determine if other methods of survey distribution such as conventional mail or phone may be more accessible to the variety of families in Colorado.

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).

Due to the technical challenges EI Colorado experienced in FFY 2020-2021 in both sending and obtaining survey results and the low response rate, our attempts at determining representativeness for this population was negatively impacted.

Provide additional information about this indicator (optional).

In FFY 2020-2021 EI Colorado utilized the survey feature in our EI Data System to send out all FOS. This was the first year EI Colorado attempted a solely electronic distribution for the FOS. EI Colorado staff was able to track surveys being sent and responses received. However, when EI Colorado staff attempted to view the individual survey results they were not available. EI Colorado has been working with its system administrator, development team, and platform owners to obtain the FOS responses. At the time of submission EI Colorado does not yet have access to the FOS results for FFY 2019-2020. We plan to enter all FOS data during the clarification period. Updated 4/26/22: As of this date EI Colorado does not have access to the individual survey results. We are continuing to work with our system administrator, development team, and platform owners to obtain the FOS responses and have an anticipated resolution date of 5/5/2022.

4 - Prior FFY Required Actions

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Response to actions required in FFY 2019 SPP/APR

4 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2019, and OSEP accepts that revision.

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

The State did not provide data for this indicator. Therefore, OSEP could not determine whether the State met its target.

4 - Required Actions

The State did not provide data for FFY 2020. The State must provide the required data for FFY 2021 in the FFY 2021 SPP/APR.

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
2019	1.53%

FFY	2015	2016	2017	2018	2019
Target >=	1.05%	1.05%	1.05%	1.10%	1.25%
Data	0.84%	0.94%	1.11%	1.29%	1.53%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	1.65%	1.90%	2.00%	2.15%	2.25%	2.50%

Targets: Description of Stakeholder Input

The CDHS EI program began the process of soliciting stakeholder input on the SPP targets and development and implementation of the State Systemic Improvement Plan (SSIP) in May 2020. Stakeholders involved in the process are:

- A. CDHS OEC staff;
- B. CICC;
- C. CCB staff;
- D. Early Childhood Councils and LICC;
- E. Families;
- F. EI direct service providers;
- G. Higher Education partners;
- H. Colorado Department of Education (CDE);
- I. Colorado Department of Health Care Policy and Financing (CDHCPF);
- J. Colorado Department of Public Health and Environment (CDPHE);
- K. PEAK Parent Center;
- L. Higher education students;
- M. Other early childhood professionals; and,
- N. Community advocates.

Stakeholder feedback was acquired during the following dates/activities:

- July 27, 28 and 29, 2020 EI Public Meeting
- September 23 and 24 CICC Planning Meeting
- November 4, 2020 CICC Meeting
- January 27, 2021 CICC Meeting
- March 11 and 23 2021 Stakeholder Meeting Regarding In-Person Visits during COVID
- April 14, CICC Meeting
- May 12 and 13 2021 Statewide Meeting Part C Coordinators
- June 9, 2021 CICC Meeting

Target setting was shared with the CICC during the CICC Planning Meeting on September 22 and 2021. Time each day was devoted to a reintroduction of both compliance and performance indicators and a review of each performance indicator and how it impacts children and families enrolled in Early Intervention. Reviewing APR data from prior years, the CICC determined that the first year of the COVID 19 pandemic should be used as baseline, FFY 19-20. In Colorado, the data showed significant declines in referrals and children entering services beginning in March 2020.

Target Setting:
 September 22 and 23, 2021 CICC Planning Meeting
 November 2, 2021 CICC Meeting

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 1 with IFSPs	712
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 1	63,076

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
712	63,076	1.53%	1.65%	1.13%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Colorado has continued to see a decrease in the number of children referred to early intervention and enrolling in services. This is largely due to the decline associated with the COVID 19 pandemic. EI Colorado will initiate a statewide public awareness campaign in FFY 21-21.

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2019, and OSEP accepts that revision.

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

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

6 - Indicator Data

Baseline Year	Baseline Data
2019	4.34%

FFY	2015	2016	2017	2018	2019
Target >=	3.00%	3.00%	3.00%	3.20%	3.50%
Data	3.14%	3.34%	3.78%	4.09%	4.34%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	4.40%	4.60%	4.80%	4.90%	5.00%	5.15%

Targets: Description of Stakeholder Input

The CDHS EI program began the process of soliciting stakeholder input on the SPP targets and development and implementation of the State Systemic Improvement Plan (SSIP) in May 2020. Stakeholders involved in the process are:

- A. CDHS OEC staff;
- B. CICC;
- C. CCB staff;
- D. Early Childhood Councils and LICC;
- E. Families;
- F. EI direct service providers;
- G. Higher Education partners;
- H. Colorado Department of Education (CDE);
- I. Colorado Department of Health Care Policy and Financing (CDHCPF);
- J. Colorado Department of Public Health and Environment (CDPHE);
- K. PEAK Parent Center;
- L. Higher education students;
- M. Other early childhood professionals; and,
- N. Community advocates.

Stakeholder feedback was acquired during the following dates/activities:

- July 27, 28 and 29, 2020 EI Public Meeting
- September 23 and 24 CICC Planning Meeting
- November 4, 2020 CICC Meeting
- January 27, 2021 CICC Meeting
- March 11 and 23 2021 Stakeholder Meeting Regarding In-Person Visits during COVID
- April 14, CICC Meeting
- May 12 and 13 2021 Statewide Meeting Part C Coordinators
- June 9, 2021 CICC Meeting

Target setting was shared with the CICC during the CICC Planning Meeting on September 22 and 2021. Time each day was devoted to a reintroduction of both compliance and performance indicators and a review of each performance indicator and how it impacts children and families enrolled in Early Intervention. Reviewing APR data from prior years, the CICC determined that the first year of the COVID 19 pandemic should be used as baseline, FFY 19-20. In Colorado, the data showed significant declines in referrals and children entering services beginning in March 2020.

Target Setting:

- September 22 and 23, 2021 CICC Planning Meeting
- November 2, 2021, CICC Meeting

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 3 with IFSPs	7,265
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 3	190,397

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
7,265	190,397	4.34%	4.40%	3.82%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Colorado has continued to see a decrease in the number of children referred to early intervention and enrolling in services. This is largely due to the decline associated with the COVID 19 pandemic. El Colorado will initiate a statewide public awareness campaign in FFY 21-21.

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2019, and OSEP accepts that revision.

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

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2019	87.07%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	85.75%	87.78%	88.07%	94.42%	87.07%

Targets

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

FFY 2020 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
5,725	6,074	87.07%	100%	96.99%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

166

Provide reasons for delay, if applicable.

COVID 19 Pandemic. Challenges across the state with internet access and technology cause delays in completing the Initial IFSP meeting. During FY 2020-2021 school districts and BOCES (who are responsible for completing eligibility evaluations) were closed or operating remotely, the school districts often prioritized evaluation for Part B aged children and had challenges with accessing the appropriate technology to complete Part C evaluations remotely. When the school district informed the local community that a child's evaluation could not be completed timely the local programs did not have the capacity to complete these evaluations timely due to provider shortages and limited ability to implement a comprehensive evaluation system.

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).

July 1, 2020 through June 30, 2021

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

The data on the number of infants and toddlers from all 20 of the CCBs who received timely evaluation and assessment and an initial IFSP meeting were captured in the statewide data analysis of all eligible children who were referred between July 1, 2020 and June 30, 2021. Timeliness was calculated by comparing the days between the date the referral was received by the Part C system with the date the initial IFSP meeting was conducted when required. Any time period lapse of 45 days or less was documented as timely.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2019

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

FFY 2019 Findings of Noncompliance Verified as Corrected

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

The CDHS verified that the one CCB EI program with noncompliance identified in FFY 2019 is correctly implementing 34 CFR 303.310(a), 303.321 and 303.342 based on a review of updated data subsequently collected. The CDHS verified 100% compliance for the program through a review of data for a full population of children for whom a multidisciplinary evaluation and initial IFSP meeting was conducted through the web-based statewide data system.

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

The CDHS verified that the one CCB EI program had conducted the initial evaluation, assessment, and IFSP meeting, although late, for any child for whom the 45-day timeline was not met, unless the child was no longer within the jurisdiction of the CCB EI program, consistent with "OSEP Memorandum 09-02", dated October 17, 2008. The CDHS verified through a review of data within the EI program data system that all children for whom a multidisciplinary evaluation and initial IFSP meeting were not initiated in a timely manner had these activities conducted unless the child was no longer within the jurisdiction of the CCB EI program.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

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

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

7 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2019, but OSEP cannot accept that revision because the State did not provide an explanation for that revision.

7 - Required Actions

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

or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2019	97.38%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	92.91%	97.17%	98.17%	98.50%	97.38%

Targets

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

FFY 2020 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
2,985	3,252	97.38%	100%	95.60%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

13.33% of late reasons were attributed to the COVID 19 pandemic. An additional 11.37% were documented as a service coordinator issue which means the AU notification was not timely due to the service coordinator missing the deadline.

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.

124

Provide reasons for delay, if applicable.

COVID 19 Pandemic. Local programs experienced staff turnover and extended absences due to the Pandemic which lead to missing timelines for Transition Planning.

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).

July 1, 2020 through June 30, 2021

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

The data on the number of toddlers from all 20 of the CCBs who received timely transition planning were captured in the statewide data analysis of all children who turned two years and nine months between July 1, 2020 and June 30, 2021. Colorado collects data from all EI programs in a statewide data system and reports on 100% of the children who turned two years and nine months during FFY 2020.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2019

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

FFY 2019 Findings of Noncompliance Verified as Corrected

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

The CDHS verified that the one CCB EI program with noncompliance identified in FFY 2019 is correctly implementing 34 CFR 303.209(d)(2) based on a review of updated data subsequently collected. The CDHS verified 100% compliance for the program through a review of data for a full population of children for whom a transition plan should have been developed through the web-based statewide data system.

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

The CDHS verified that the one CCB EI program had developed the transition plan, although late, for any child potentially eligible for Part B whose transition plan was not timely, unless the child is no longer within the jurisdiction of the CCB EI program, consistent with "OSEP Memorandum 09-02", dated October 17, 2008. The CDHS verified through a review of data within the EI program data system that all children for whom a transition plan was not developed in a timely manner had a transition plan developed unless the child was no longer within the jurisdiction of the CCB EI program.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

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

8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

8A - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2019, but OSEP cannot accept that revision because the State did not provide an explanation for that revision.

8A - Required Actions

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

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

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

- Percent = $[(\# \text{ of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C})] \times 100$.
- Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.
- Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2019	95.18%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	97.83%	97.35%	95.84%	96.33%	95.18%

Targets

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

FFY 2020 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
2,896	3,252	95.18%	100%	94.55%	Did not meet target	No Slippage

Number of parents who opted out

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

189

Provide reasons for delay, if applicable.

COVID 19 Pandemic. During the pandemic school districts closed or were operating virtually for most of the 2020-2021 year due to these closures service coordinators erroneously believed that because there was no AU staff to receive the notification that notification should not be sent until a school district reopened.

Describe the method used to collect these data.

The data on the number of toddlers from all 20 of the CCBs who received timely transition planning were captured in the statewide data analysis of all children with an active IFSP who turned two years and nine months between July 1, 2020 and June 30, 2021. Colorado collects data from all EI programs in a statewide data system and reports on 100% of the children with an active IFSP who turned two years and nine months during FFY 2020.

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).

Data were selected from the full reporting period, July 1, 2020 through June 30, 2021.

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

The data on the number of toddlers from all 20 of the CCBs who received timely transition planning were captured in the statewide data analysis of all children who turned two years and nine months between July 1, 2020 and June 30, 2021. Colorado collects data from all EI programs in a statewide data system and reports on 100% of the children who turned two years and nine months during FFY 2020.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2019

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

FFY 2019 Findings of Noncompliance Verified as Corrected

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

The CDHS verified that the one CCB EI program with noncompliance identified in FFY 2019 is correctly implementing 34 CFR 303.209(b)(ii) and (b)(2) based on a review of updated data subsequently collected. The CDHS verified 100% compliance for the program through a review of data for a full population of children for whom an LEA notification should have occurred during through the web-based statewide data system.

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

The CDHS verified that the one CCB EI program had notified the LEA and the State, although late, for any child potentially eligible for Part B whose notification was not timely, unless the child is no longer within the jurisdiction of the CCB EI program, consistent with "OSEP Memorandum 09-02", dated October 17, 2008. The CDHS verified through a review of data within the EI program data system that all children for whom an LEA notification was not conducted in a timely manner had an LEA notification initiated unless the child was no longer within the jurisdiction of the CCB EI program.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

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

8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

8B - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2019, but OSEP cannot accept that revision because the State did not provide an explanation for that revision.

8B - Required Actions

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

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

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2019	93.07%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	98.36%	93.50%	94.59%	96.40%	93.07%

Targets

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

FFY 2020 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
2,985	3,252	93.07%	100%	98.76%	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.

104

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.

124

Provide reasons for delay, if applicable.

COVID 19 Pandemic. During FY 2020-2021 school districts and BOCES were closed or operating remotely, the school districts had challenges with accessing the appropriate technology to participate in Transition Conferences remotely. Local programs postponed Transition Conferences until an AU representative could participate, although they are not a required participant.

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).

Data were selected from the full reporting period, July 1, 2020 through June 30, 2021.

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

The data on the number of toddlers from all 20 of the CCBs who received timely transition planning were captured in the statewide data analysis of all children who turned two years and nine months between July 1, 2020 and June 30, 2021. Colorado collects data from all EI programs in a statewide data system and reports on 100% of the children who turned two years and nine months during FFY 2020.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2019

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

FFY 2019 Findings of Noncompliance Verified as Corrected

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

The CDHS verified that the one CCB EI program with noncompliance identified in FFY 2019 is correctly implementing 34 CFR 303.209(c)(1) based on a review of updated data subsequently collected. The CDHS verified 100% compliance for the program through a review of data for a full population of children for whom a transition conference should have occurred through the web-based statewide data system.

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

The CDHS verified that the one CCB EI program had conducted the transition conference, although late, for any child potentially eligible for Part B whose transition conference was not timely, unless the child is no longer within the jurisdiction of the CCB EI program, consistent with "OSEP Memorandum 09-02", dated October 17, 2008. The CDHS verified through a review of data within the EI program data system that all children for whom a transition conference was not conducted in a timely manner had a conference initiated unless the child was no longer within the jurisdiction of the CCB EI program.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

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

8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

8C - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2019, but OSEP cannot accept that revision because the State did not provide an explanation for that revision.

8C - Required Actions

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

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

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.

YES

Provide an explanation of why it is not applicable below.

Part B due process procedures are not adopted for Colorado Part C.

9 - Prior FFY Required Actions

None

9 - OSEP Response

OSEP notes that this indicator is not applicable.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

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

Targets: Description of Stakeholder Input

The CDHS EI program began the process of soliciting stakeholder input on the SPP targets and development and implementation of the State Systemic Improvement Plan (SSIP) in May 2020. Stakeholders involved in the process are:

- A. CDHS OEC staff;
- B. CICC;
- C. CCB staff;
- D. Early Childhood Councils and LICC;
- E. Families;
- F. EI direct service providers;
- G. Higher Education partners;
- H. Colorado Department of Education (CDE);
- I. Colorado Department of Health Care Policy and Financing (CDHCPF);
- J. Colorado Department of Public Health and Environment (CDPHE);
- K. PEAK Parent Center;
- L. Higher education students;
- M. Other early childhood professionals; and,
- N. Community advocates.

Stakeholder feedback was acquired during the following dates/activities:

- July 27, 28 and 29, 2020 EI Public Meeting
- September 23 and 24 CICC Planning Meeting
- November 4, 2020 CICC Meeting
- January 27, 2021 CICC Meeting
- March 11 and 23 2021 Stakeholder Meeting Regarding In-Person Visits during COVID
- April 14, CICC Meeting
- May 12 and 13 2021 Statewide Meeting Part C Coordinators
- June 9, 2021 CICC Meeting

Target setting was shared with the CICC during the CICC Planning Meeting on September 22 and 2021. Time each day was devoted to a reintroduction of both compliance and performance indicators and a review of each performance indicator and how it impacts children and families enrolled in Early Intervention. Reviewing APR data from prior years, the CICC determined that the first year of the COVID 19 pandemic should be used as baseline, FFY 19-20. In Colorado, the data showed significant declines in referrals and children entering services beginning in March 2020.

Historical Data

Baseline Year	Baseline Data
2019	0.00%

FFY	2015	2016	2017	2018	2019
Target>=					.00%
Data					

Targets

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

FFY 2020 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
0	0	0		0.00%		N/A	N/A

Provide additional information about this indicator (optional)

Colorado has not reached the OSEP minimum of 10 mediations per year. No mediations were filed during FFY 2020.

10 - Prior FFY Required Actions

None

10 - OSEP Response

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

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., April 1, 2021). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

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

Infants and toddlers who receive early intervention services in Colorado will demonstrate increased growth in the use of appropriate behaviors to get their needs met.

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

NO

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

NO

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

YES

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

EI Colorado's theory of action has changed to address systemic barriers identified through monitoring, data review, and stakeholder engagement. The new theory of action focuses on standardizing processes, tools, and trainings across EI Colorado's workforce.
 Improvement Strategy #1: If CDHS standardizes the evaluation tools used at initial assessment then consistent baseline data will be gathered regarding eligibility for children enrolled in Early Intervention Colorado then eligibility determination decisions will be made consistently throughout the state to inform the IFSP process then children will have greater opportunities to practice skills and achieve their individual outcomes and families will be engaged and better able to support their children in meeting the individual outcomes then infants and toddlers who receive early intervention services in Colorado will demonstrate increase growth in the use of appropriate behaviors to get their needs met.
 Improvement Strategy #2: If CDHS develops a streamlined process for IFSP development and IFSP documentation then clear processes and instructions will limit duplication during IFSP facilitation and documentation then EI Colorado will evaluate the process and systems to ensure service coordinators, providers and families receive valuable, meaningful and accurate IFSPs to ensure outcomes are met and the program benefits all children and families then s then children will have greater opportunities to practice skills and achieve their individual outcomes and families will be engaged and better able to support their children in meeting the individual outcomes then infants and toddlers who receive early intervention services in Colorado will demonstrate increase growth in the use of appropriate behaviors to get their needs met.
 Improvement Strategy # 3) If CDHS develops training for Providers then the foundation will be laid for all EI providers as it relates to EI Colorado service provision, providers roles during sessions and IFSP meetings, coaching model of service delivery, participating in family assessment, and IFSP outcome writing then all providers will have a consistent understanding of the early intervention program and service delivery model so that children across the state of Colorado have equitable access to the EI program and similar experiences regardless of where they live s then children will have greater opportunities to practice skills and achieve their individual outcomes and families will be engaged and better able to support their children in meeting the individual outcomes then infants and toddlers who receive early intervention services in Colorado will demonstrate increase growth in the use of appropriate behaviors to get their needs met.

Please provide a link to the current theory of action.

https://dcfs.my.salesforce.com/sfc/p/#410000012srR/a/4N000002FAMK/ROISS.DVsydRDXRykkAsvJUHNb6_1IHbjMm0SjN_18

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
2019	61.34%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=	62.84%	64.34%	65.84%	67.34%	68.84%	70.34%

FFY 2020 SPP/APR Data

		FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
			62.84%		N/A	N/A

Provide the data source for the FFY 2020 data.

The data source for the FFY 2020 data is the web-based statewide data system.

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

Data are collected through the statewide, web-based data system. Additionally, data is collected through the Quality IFSP & Outcomes (QIO) Tool which measures the quality of the IFSP in four areas:

- Family Assessment
- Global Outcomes
- IFSP Outcomes
- Total IFSP Quality

Data from the QIO results are analyzed by aggregate state scores as well as by local early intervention program. Additionally, the data are analyzed by each section measured in the IFSP and by Total IFSP Quality, and can be grouped by the Family Assessment tool being utilized.

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

YES

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

Data is collected through the Quality IFSP & Outcomes (QIO) tool which measures the quality of the IFSP in four areas:

- Family Assessment
- Global Outcomes
- IFSP Outcomes
- Total IFSP Quality

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

YES

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

Improvement Strategy # 1: Standardizes the evaluation tools used at initial assessment

Early Intervention (EI) Colorado gathered stakeholder feedback from a variety of sources including service providers of varying disciplines, local EI program representatives, Child Find staff and EI Colorado team members. The stakeholder group identified evaluation tools currently available and used within Colorado and nationwide. Each tool was reviewed and scored on a rubric created by the stakeholder group that looked at the multidisciplinary nature of the tool, accessibility, ease of use, cultural sensitivity, validity when used virtually and cost. The stakeholder group recommended use of the IDA-2 (Infant-Toddler Developmental Assessment) and the DAYC-2 (Developmental Assessment of Young Children).

Beginning in July 2022, EI Colorado will contract directly with evaluation teams to complete eligibility evaluations for children referred to Early Intervention throughout the state. Evaluators may choose either tool when completing evaluations and will be required to participate in training for the identified tool(s) they select to use.

With use of two evaluation tools, EI Colorado will be able to gather consistent baseline data regarding eligibility for children enrolled in Early Intervention. As evaluators gain familiarity with the evaluation tools and EI Colorado reviews documented eligibility information, the state may determine that one tool is preferable to another and only allow one tool to be used for eligibility determinations.

Improvement Strategy #2: Develop a streamlined process for IFSP development and IFSP documentation

As a result of the prior SSIP, the Individualized Family Service Plan (IFSP) is now captured within the EI data system. This has provided EI Colorado with the opportunity to monitor IFSPs without the need for desk monitoring at the local program. The EI Colorado team has been consistently monitoring the quality of Initial IFSPs through the Quality IFSP & Outcomes

(QIO) tools and have seen local programs improve IFSP quality over time. The QIO focuses on three major components: Family Assessment, Global Outcomes and IFSP Outcomes. The QIO uses a 5-point Analytic Rating Scale, which provides clarifying descriptions for each criterion.

0 – Not Acceptable

1 – Somewhat Acceptable

2 – Acceptable

3 – Emerging Best Practice

4 – Best Practice

A rating of 2 – Acceptable is the desired minimum expectation to be considered a high quality IFSP. Between FFY 2017-18 (the year all programs were fully implementing the improvement strategy) and FFY 2020-21, improvement has been achieved as follows:

FY 2017-18 Average Rating in Each IFSP Section

Family Assessment 1.58

Global Outcomes 1.23

IFSP Outcomes 1.37

Overall Average 1.39

FFY 2020-2021 Average Rating in Each IFSP Section and Percent Increase

Family Assessment 1.90 +20.25%

Global Outcomes 1.71 +39.02%

IFSP Outcomes 1.61 +17.52%

Overall Average 1.74 +25.18%

Although overall quality has improved, the quality of each section of the IFSP decreases in the order of the document development with Family Assessment section score 1.90, Global/Child Outcomes section score 1.71 and IFSP Outcomes section score 1.61. Additionally, while completing monitoring activities the EI Colorado State team discovered that there is significant variation in how local programs document IFSP Periodic Reviews and Annuals which are not monitored using the QIO tool. During the provision of post monitoring technical assistance, EI Colorado realized that there was limited documentation or guidance provided by the State on the expectations for written Periodic or Annual IFSPs leading to confusion across local programs and poor IFSP documentation. While EI Colorado has provided rich guidance on how to facilitate an IFSP meeting, the information is lacking when it comes to documenting the IFSP discussion within the data system. There is also a need to streamline the IFSP process to limit duplication such as age anchoring multiple times within the IFSP (Assessment and Child Outcomes) as well as ensuring the robust Family Assessment information is relevant to the IFSP process. For example, a two hour family assessment discussion that has limited information about how the child's delay impacts the family's daily routines is of limited value to the IFSP process and creates an excess amount of documentation time. Currently, EI Colorado allows local programs to select from three Family Assessment Tools, the FACETS, SAFER and RBI. When looking at IFSP quality compared to the Family Assessment tool used there are significant differences. IFSPs where the FACETS was used have an average QIO Score of 1.3 while IFSPs developed with the SAFER tool average 1.8 and RBI average 2.2. This data will be used to determine if EI Colorado should limit the available Family Assessment tools available for use by local programs. Updated instructions are needed for submitting all IFSPs into the statewide data system to provide clarity and instruction regarding written IFSP requirements. The need for stakeholder feedback is critical to evaluate the process and systems to ensure service coordinators, providers and families receive valuable, meaningful and accurate IFSPs to ensure outcomes are met and participation in the program benefits all children and families.

Improvement Strategy #3: Develop training for Providers

Beginning in January 2022 all contracted early intervention direct service providers (EI providers) are required to complete the EI Provider Training Modules (14 hours of training) and Telehealth Training within 90 days of contract approval. This will lay the foundation for all EI providers as it relates to EI Colorado service provision, provider roles during session and IFSP meetings, coaching model of service delivery, participation in family assessment and IFSP outcome writing. The objective of these trainings is for all providers to have a consistent understanding of the early intervention program and service delivery model so that children across the state of Colorado have equitable access to the EI program and similar experiences regardless of where they live within the state.

In reviewing the QIO data EI Colorado can determine which sections within the IFSP score better than others. Using this data targeted training will be developed focusing on Global/Child Outcomes, Family Assessment, IFSP Outcome Writing and Transition. These trainings will be developed and provided across a variety of methods including recorded webinars, live/virtual workshops, FAQ documents and infographics to support a variety of learning styles.

In addition, EI Colorado will develop a robust monitoring system for service provision. EI Colorado will expand the use of the existing Provider Portal to capture information about each EI provider including discipline, allowable IFSP service provision, licence documentation, training completed and insurance requirements for the licensed provider. EI Colorado will expand the Provider Portal to capture progress notes for each date of service. Robust service provision and provider monitoring will begin in January of 2024 allowing time for training development, training opportunities and development of a monitoring system.

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

Improvement Strategy # 1: Standardizes the evaluation tools used at initial assessment

Review and develop training for evaluators on both the DAYC-2 and IDA-2. Trainings on each tool will be available from March 2022 through August 2022 organized by the Evaluation Manager and Evaluation Team within EI Colorado. Both the DAYC-2 and IDA-2 have been added to the "evaluation tool used" section of the IFSP for reporting purposes. EI Colorado will determine if a train the trainer model of ongoing training will be developed or if other resources will be needed to promote professional development statewide. Analyze data gather from each evaluation tool and determine if there is a link between evaluation results and achievement of IFSP outcomes or Global Outcome score. The Data Manager will be responsible for this data analysis. Revise monitoring policies to include evaluation activities that were previously completed by Child Find staff.

Improvement Strategy #2: Develop a streamlined process for IFSP development and IFSP documentation

Currently a revised Quality IFSP & Outcomes (QIO) tool is being developed to integrate with our statewide data system. This is scheduled to be released in March of 2022. With the release, the EI Colorado team will hold internal meetings with the Training and the QIO Teams to plan for testing and training development. By May 2022 instruction manuals will be developed and the new QIO Tool will be piloted by CCB programs. Based on pilot feedback, training will be created to be used for statewide adoption of the new QIO tool scheduled for October 2022. Data will be collected from January 2023 to June 2023 to inform the level of monitoring for each CCB. In January 2024 the EI Colorado team will have gathered sufficient data to determine what targeted technical assistance is needed for each community. Explore revisions to the IFSP form and integrated activities that align with the EI Data System.

Improvement Strategy #3: Develop training for Providers The EI Colorado Training Team will evaluate currently available training and determine additional training that needs to be developed either internally or externally. Additional training will be made available to providers and local EI programs twice yearly beginning in 2023. The Data Team will develop additional requirements within the Provider Portal to capture all monitoring information for each contracted provider. Enhancements are scheduled for the summer of 2023.

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.

Improvement Strategy # 1: Standardizes the evaluation tools used at initial assessment

Evaluators will be required to participate in training for either or both the DAYC-2 and IDA-2. This training will ensure all evaluators complete evaluations to fidelity. EI Colorado will review evaluation data beginning in July 2023. Results will be used to determine if Colorado is using the most appropriate evaluation tools and determine if one or more tools need to be reevaluated.

Improvement Strategy #2: Develop a streamlined process for IFSP development and IFSP documentation

The need for stakeholder feedback is critical to evaluate the process and systems to ensure service coordinators, providers and families receive valuable, meaningful and accurate IFSPs to ensure outcomes are met and participation in the program benefits all children and families.

Stakeholder feedback session will begin in January 2023 with EI Colorado's Training Team and Part C Manager. Technical assistance will be made

available on an ongoing basis by the EI Data Coordinator to support local programs in IFSP documentation until the process is redesigned or streamlined.

Improvement Strategy #3: Develop training for Providers EI Colorado will post a position for Provider Training in February 2022. This position will be responsible for providing technical assistance and professional development for all early intervention providers and evaluators. This position will work closely with the training team to develop new training opportunities and to identify existing gaps in training or workforce. The Provider Training positions will hold community of practice calls with early intervention providers and gather stakeholder feedback on existing and newly developed processes.

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.

Improvement Strategy # 1: Standardizes the evaluation tools used at initial assessment. All eligibility evaluations conducted by EI Colorado will be completed by state-contracted staff who have been trained in the facilitation of either the DACY-2 or IDA-2. By the end of FFY 21-22 EI Colorado will be able to analyze data and compare evaluation results to evaluation tools used for six months of evaluation data.

Improvement Strategy #2: Develop a streamlined process for IFSP development and IFSP documentation. By the end of FFY 21-22 EI Colorado will have made available additional technical assistance documents and webinars related to IFSP documentation within the EI Data System.

Improvement Strategy #3: Develop training for Providers By the end of FFY 21-22 EI Colorado will have a complete inventory of currently available technical assistance tools for providers and will identify gaps in training and additional documentation that is needed.

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

Improvement Strategy # 1: Develop a CDHS EI program data system to ensure that data will be available for monitoring, evaluation and improvement planning for both compliance and quality indicators.

Improvement Strategy #2: Integrate the Individualized Family Service Plan (IFSP) process with the Child Outcomes Summary (COS) process.

Improvement Strategy #3: Implement state-identified family assessment tools and provide training, technical assistance and quality assurance monitoring.

Provide a summary of each evidence-based practice.

Improvement Strategy # 1: Develop a CDHS EI program data system to ensure that data will be available for monitoring, evaluation and improvement planning for both compliance and quality indicators.

The new web-based statewide data system was deployed in September 2015. This data system allows for the collection of not only compliance data, but full IFSP information to allow for evaluation and quality improvement activities. Enhancements are made to the data system as needed.

Improvement Strategy #2: Integrate the Individualized Family Service Plan (IFSP) process with the Child Outcomes Summary (COS) process.

All cohorts were fully implementing this improvement strategy and are collecting data using the Quality IFSP Outcomes (QIO) tool to measure the quality of the IFSP.

Improvement Strategy #3: Implement state-identified family assessment tools and provide training, technical assistance and quality assurance monitoring.

State-identified family assessment tools are used to conduct the family assessment to gather family information that informs the global outcomes rating as well as the IFSP outcomes.

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.

Improvement Strategy # 1: Develop a CDHS EI program data system to ensure that data will be available for monitoring, evaluation and improvement planning for both compliance and quality indicators.

The statewide data system ensures that program data is consistently collected. Additionally, by having IFSP data available in the data system, quality reviews can be conducted and data collected to inform the overall quality of IFSPs. IFSPs in the data system also means that Child Outcomes (Global) ratings are entered into the data system and can be extracted for reporting purposes.

Improvement Strategy #2: Integrate the Individualized Family Service Plan (IFSP) process with the Child Outcomes Summary (COS) process.

Integrating the IFSP process with the COS process ensure a more seamless process for IFSP development and leads to a better experience for families. Additionally, having the two processes combined and documented on the IFSP within the data system allow the data to be extracted and measured through the QIO for quality.

Improvement Strategy #3: Implement state-identified family assessment tools and provide training, technical assistance and quality assurance monitoring.

Implementing three state-identified family assessment tools ensures consistency in the family assessment process and provides the ability to compare the quality of family assessments between the tools used. This may inform future decisions regarding which tools seem to lead to better outcomes and may influence the State's decision to narrow the tool(s) even further.

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

Initially, baseline data collection was focused on inter-rater reliability and variance between self-assessment by the local EI program and verification by EI state staff to ensure the fidelity of the use of the tool. While the focus was on use of the tool, these activities provided insight on the initial results of the improvement strategy. The QIO focuses on three major components: Family Assessment, Global Outcomes and IFSP Outcomes. The QIO uses a 5-point Analytic Rating Scale, which provides clarifying descriptions for each criterion.

0 – Not Acceptable

1 – Somewhat Acceptable

2 – Acceptable

3 – Emerging Best Practice

4 – Best Practice

During the first phase of data collection local EI program staff were provided training on the use of the QIO and instructed to self-assess IFSPs using the tool. EI program state staff used the QIO to review the same set of IFSPs to determine local EI program fidelity in use of the tool. In July, 2019 57% of IFSPs rated by local EI programs agreed with the ratings conducted by EI state staff. Each month targeted technical assistance is provided to programs

where inter-rater reliability is low. As of June, 2020 81% of IFSPs rated by local EI programs agreed with the ratings conducted by EI state staff - an increase of 42%.

Additionally, the QIO tool focuses on three major components: Family Assessment, Global Outcomes and IFSP Outcomes. The QIO uses a 5-point Analytic Rating Scale, which provides clarifying descriptions for each criterion.

- 0 – Not Acceptable
- 1 – Somewhat Acceptable
- 2 – Acceptable
- 3 – Emerging Best Practice
- 4 – Best Practice

A rating of 2 – Acceptable is the desired minimum expectation to be considered a high quality IFSP. Between FFY 2017-18 (the year all programs were fully implementing the improvement strategy) and FFY 2020-21, improvement has been achieved as follows:

FY 2017-18 Average Rating in Each IFSP Section

Family Assessment 1.58
Global Outcomes 1.23
IFSP Outcomes 1.37
Overall Average 1.39

FFY 2020-2021 Average Rating in Each IFSP Section and Percent Increase

Family Assessment 1.90 +20.25%
Global Outcomes 1.71 +39.02%
IFSP Outcomes 1.61 +17.52%
Overall Average 1.74 +25.18%

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.

N/A

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

N/A

Describe any changes to the activities, strategies, or timelines described in the previous submission and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The prior SIPP and SiMR created a comprehensive data system, integrated the Child Outcome Ratings into the IFSP process and the Quality and IFPS Outcomes (QIO) tool was implemented statewide. While these were great achievements for the EI Colorado program we did not see improvement in our SiMR outcome. During this SIPP cycle, we decided to move the focus from the Initial IFSP process and develop strategies that support ongoing enrollment in early intervention and service provision. With the shift in focus to the ongoing involvement in early intervention, we anticipate that we will see greater achievement in children's abilities to use appropriate behaviors to get their needs met.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The CDHS EI program began the process of soliciting stakeholder input on the SPP targets and development and implementation of the State Systemic Improvement Plan (SSIP) in May 2020. Stakeholders involved in the process are:

- A. CDHS OEC staff;
- B. CICC;
- C. CCB staff;
- D. Early Childhood Councils and LICC;
- E. Families;
- F. EI direct service providers;
- G. Higher Education partners;
- H. Colorado Department of Education (CDE);
- I. Colorado Department of Health Care Policy and Financing (CDHCPF);
- J. Colorado Department of Public Health and Environment (CDPHE);
- K. PEAK Parent Center;
- L. Higher education students;
- M. Other early childhood professionals; and,
- N. Community advocates.

Stakeholder feedback was acquired during the following dates/activities:

- July 27, 28 and 29, 2020 EI Public Meeting
- September 23 and 24 CICC Planning Meeting
- November 4, 2020 CICC Meeting
- January 27, 2021 CICC Meeting
- March 11 and 23 2021 Stakeholder Meeting Regarding In-Person Visits during COVID
- April 14, CICC Meeting
- May 12 and 13 2021 Statewide Meeting Part C Coordinators
- June 9, 2021 CICC Meeting

Target setting was shared with the CICC during the CICC Planning Meeting on September 22 and 2021. Time each day was devoted to a reintroduction of both compliance and performance indicators and a review of each performance indicator and how it impacts children and families enrolled in Early

Intervention. Reviewing APR data from prior years, the CICC determined that the first year of the COVID 19 pandemic should be used as baseline, FFY 19-20. In Colorado, the data showed significant declines in referrals and children entering services beginning in March 2020.

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

Stakeholder feedback specific to the SIPP:

Evaluation Tools Workgroup: Members included service providers of varying disciplines, local EI program representatives, Child Find staff and EI Colorado team members. Meeting dates:

8/10/21

8/24/2021

9/2/2021

9/14/21

9/28/21

11/3/2021

Target Setting and SIPP development

September 22 and 23, 2021 CICC Planning Meeting

November 2, 2021 CICC Meeting

Target setting was shared with the CICC during the CICC Planning Meeting on September 22 and 23. Time each day was devoted to a reintroduction of both compliance and performance indicators and a review of each performance indicator and how it impacts children and families enrolled in Early Intervention. Reviewing APR data from prior years, the CICC determined that the first year of the COVID 19 pandemic should be used as baseline, FFY 19-20. In Colorado, the data showed significant declines in referrals and children entering services beginning in March 2020

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.

N/A

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

N/A

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

N/A

Provide additional information about this indicator (optional).

N/A

11 - Prior FFY Required Actions

None

11 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2019, but OSEP cannot accept that revision because the percentage for the new baseline (61.34%) does not match the FFY 2019 data for this indicator (66.62%) and the State did not provide an explanation.

The State provided targets for FFYs 2020 through 2025 for this indicator, but OSEP cannot accept those targets because the percentage for the new baseline (61.34%) does not match the FFY 2019 data for this indicator (66.62%).

The State did not provide data for FFY 2020 for this Indicator; however, the State provided data for Indicator 3 which has the same data source.

The State did not provide the numerator and denominator descriptions in the FFY 2020 SPP/APR Data table.

The State did not describe the specific strategies implemented to engage stakeholders in key improvement efforts.

11 - Required Actions

The State did not provide data for FFY 2020. The State must provide the required data and the required numerator and denominator descriptions for FFY 2021 in the FFY 2021 SPP/APR.

If the State chooses to reset its baseline using data from FFY 2019 in the FFY 2019 SPP/APR, the State must ensure that the baseline data is consistent with the FFY 2019 data reported for this indicator.

The State did not provide targets for FFYs 2020 through 2025. The State must provide the required targets in the FFY 2021 SPP/APR.

The State did not describe the specific strategies implemented to engage stakeholders in key improvement efforts. The State must provide the required information in the FFY 2021 SPP/APR.

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:

Moniqua Johl

Title:

Part C Program Manager

Email:

moniqua.johl@state.co.us

Phone:

720-667-9337

Submitted on:

04/27/22 10:02:04 AM

ED Attachments



CO-C-Dispute-Resolution-2020-21.pdf



co-c-resultsmatrix-2022.pdf



CO-2022DataRubricPartC.xlsx