

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

**For reporting on
FFY 2021**

Colorado



**PART C DUE
February 1, 2023**

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

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

During FFY 2021 Colorado staff accessed technical assistance from TA Centers, most often DaSy, ECTA and CIFR, by participating in the community of practice activities, one-to-one communication, and scheduled monthly meetings on the first Thursday of every month. EI Colorado accessed publicly available TA documents as needed throughout the year. As a result of the technical assistance, many activities occurred such as, EI Colorado implemented regularly scheduled email reminders from our data team following up on missing and/or timely indicator data requirements. The review and adjustment of the process for IFSP quality reviews have continued to be a focus of our team, including the update of monitoring process documents, and the general increase in knowledge of current best practices and guidance for Part C services. The continuation of monthly service coordination community of practice calls was carried over from the previous year, however, for the last half of FY 20-21 the focus of our team was the creation of a centralized referral and intake system for all children referred in Colorado.

Additional information related to data collection and reporting

As the focus of the EI team shifted in January 2021 to the creation and implementation of a centralized referral and intake process, many stakeholder groups were formed to help gather input and information on the upcoming systems change. Additionally, the EI team initiated the move of the Quality IFSP and Outcomes (QIO) Tool from an external platform to be embedded into our data system. This halted the use of the QIO Tool until development was completed. The Part C team also narrowed the focus of monitoring local EI programs from a predetermined, comprehensive desk audit schedule to utilizing data to inform targeted monitoring of programs.

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) was 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 (DCFS), Early Intervention Colorado program (EI program) was 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 has been 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, developed 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 were developed by EI program staff with input from the Colorado Interagency Coordinating Council (CICC), local EI programs, and other key stakeholders. The rules were 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 local EI programs, 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 local EI program;
- B. Verify whether data demonstrate noncompliance, and then issue a finding if data demonstrate noncompliance; or,
- C. Verify that the local EI program 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 local EI program 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 local EI program has not corrected noncompliance, additional data reporting and technical assistance may be initiated. Once 100% compliance is reached and verified, the local EI program is sent a letter releasing it from the finding of noncompliance and closing the POC. The Part C team may also utilize data to narrow the focus of monitoring instead of a comprehensive desk audit.

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. The EI program Procedural Safeguards Officer provides training for local EI programs on dispute resolution and instruction for 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 time frame 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 local EI programs, as the local EI program administrators. Local EI programs 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 local EI programs 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, evidence-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. 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. The CDHS contracts with university programs, parent organizations, and private consultants to provide training and technical assistance to local EI programs, 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 produce 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, local EI programs, 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, local EI programs, 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.

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 have been: 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 for a variety of purposes including setting the the SPP targets and development and implementation of the State Systemic Improvement Plan (SSIP) in May 2020. Starting in August 2021 a variety of stakeholder workgroups and open meeting were facilitated to work toward implementing changes to our Child Find activities, address general process change and improvements, as well as ongoing SSIP work.

Stakeholders involved in all the process are:

- A. CDHS OEC staff;
- B. CICC;
- C. Local EI program 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

Target setting was discussed and shared with the CICC during the CICC Planning Meeting on September 23, 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 a baseline, FFY 19-20. In Colorado, the data showed significant declines in referrals and children entering services beginning in March 2020. Additionally, EI Colorado held an additional fifty-two (52) various stakeholder meetings throughout the year. The topic of these additional meetings focused on gathering information to support changes to our child find activities, SSIP strategies, and overall systems change, including implementation of the Extended Part C Option for Colorado. The workgroups consisted of an:

- A. EI Evaluations Tool Workgroup
- B. EI Evaluations General Workgroup
- C. EI Evaluation Monthly Transfer Monthly Webinar and Info Gathering
- D. EI Data system Workgroup
- E. EI Call Center Testing and Platform review
- F. EI Referral and Intake Workgroup
- G. EI Evaluations Interagency Agreement Workgroup
- H. EI Evaluation Task Force
- I. EI Evaluations Super Group (Merge of 3 previous groups into one moving forward)
- J. Extended Part C Option Public Meetings
- K. Extended Part C Option: Statement of Work and
- L. Interagency Group (Transitions)
- M. Evaluation of Young Infants Workgroup
- N. Colorado ICC Quarterly Meetings and Planning
- O. Public Awareness Campaign Workgroup (Contract with SE2)

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

YES

Number of Parent Members:

239

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 22nd and 23rd 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. 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 processes as needed. Additionally, during the September CCIC 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 fall Colorado ICC 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 identify areas for improvement and how to measure progress over the next SSIP period. Additionally, discussions focused on current system changes set to go into effect May 1, 2022, around the centralized intake and referral system, as well as taking over the responsibility of Birth-3 evaluations in the state of Colorado (which this responsibility was previously held by local AU programs through the CO Department of Education). Planning for these changes started in the fall with setting up multiple work groups from a variety of stakeholders across the state.

Five Parent Members of the CICC participated in quarterly CICC meetings. 2 parents served as co-chairs and learned from EI staff and others about how to organize, lead and run the meetings. During these meetings parents participated by hearing information presented by EI Staff, participating in small & large group discussions, and completing polls and surveys related to the content.

2 parents completed the survey that was sent out broadly regarding the need for Colorado to adopt the Extended Part C Option. Parents were also invited to participate in the development of the Extended Part C Option Policy that was jointly developed by CDHS and CDE.

3 parents participated in the Interagency Workgroup that created the interagency agreement between the Department of Human Services and the Department of Education. They also participated in a workgroup to develop an infographic for the transition process.

Parents were invited and 3 signed up to be a part of the Evaluation Super Group tasked with developing a centralized referral, intake and evaluation process for the state. This workgroup was a combination of three previous sub-groups - (evaluations, data system, and evaluation tools). Parents were invited to share their knowledge and experience with EI evaluations in the past and what could be better in the future with the new process

Through the contract with SE2 for the Public Awareness campaign, EI Colorado met with the contractor to determine deadlines, establish objectives, and requirements to be met for analyzing data, develop improvement strategies, and evaluate current public awareness. EI Colorado provided a list of potential contacts/partners the contracted group facilitated outreach and gathered information. Over 226 parents in the community responded during the survey period. This resulted in a "re-branding" of EI Colorado, an update to the FOR FAMILIES section of our website, and the development of media resources for families, referral sources, and stakeholders.

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.

CICC members were asked to participate in recruitment in order to grow the council in the diversity of the board. They provided input and feedback on flyers created for CICC recruitment and asked people with which they were acquainted about their interest in the CICC. Flyers were made available in both Spanish and English. CICC Flyers for those whose primary language is Spanish were sent to our state's Spanish support group "El Grupo Vida" for distribution among their members. Training materials for parents were also created in both Spanish and English. EI Colorado also partnered with the

Dept of Education and presented at the Virtual Parents Encouraging Parents conference to provide information to all families, including those with diverse backgrounds. Through a contract with SE2, a video was created in Spanish to distribute to families, referral sources, and local EI programs to encourage connecting with EI Colorado.

Update 4/24/2023

EI CO contracted with an independent contractor to pull together surveys, focus groups, and small groups of parents. That was independent of EI State staff, therefore attempting to reduce potential bias, which allowed a broader reach of diverse groups of parents.

Workgroups and open meetings were available to the public, including parents, EI providers, and other stakeholders.

Workgroups and meetings were made available to all families across the state including those in rural, mountain, tribal, and urban communities.

Access was provided to all interested parties, including the availability of virtual meetings held at various meeting times, and by providing accommodation such as interpreters if requested to increase the capacity of diverse groups of parents

Soliciting Public Input:

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

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 on the Reports and Policies Tab under the Colorado Interagency Coordinating Council link. Additional stakeholder opportunities and workgroups are put together through a statewide call-out, publishing meetings on the public-facing calendar on the EI Colorado website, and accessing community partners' resources for distributing and sharing information. Through the contract with SE2, they fielded a survey to gain insights from Colorado parents of children ages birth to three as to whether our key messages motivate them to make a referral to Early Intervention (if they are concerned that their child has a delay in development). Online survey (quantitative and qualitative responses) Representative of the Colorado population

Parents of children birth to age 3

N = 226

The survey was provided in English and Spanish, and we received responses in both English and Spanish.

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

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;

A statement is provided by the CDHS in the Profile regarding the 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 Local EI Program 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 Local Early Intervention Program Performance Profiles are posted on the EI Colorado website at www.eicolorado.org, under Reports & Policies under the Public Reports and Data tab. 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 tab.

Intro - Prior FFY 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.

Response to actions required in FFY 2020 SPP/APR

Annual report attached for FFY 21-22

Intro - OSEP Response

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

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2019	90.80%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	90.08%	90.32%	89.74%	90.80%	89.41%

Targets

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

FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
6,207	9,978	89.41%	100%	84.76%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

64.22% of system late reasons for FFY 21-22 related to Provider Not Available, meaning a service provider was not identified until after the timeliness deadline. 11.38% due to Provider Scheduled, meaning a service provider was assigned however unable to initiate services in a timely manner. In FFY 22-23 El Colorado and CDEC have requested funding to address work-force development and retention. Additionally, a workgroup is being developed to support El Colorado in workforce retention. 9.16% of late reasons were related to a service coordination issue, often being that the service coordinator was not able to assign a provider in a timely fashion. Approximately 7.19% of late services are due to general system reasons. The remaining 3.98% of late reasons comprise of system rescheduling needs, communication errors, and lack of interpreters for the family's native language.

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.

2,250

Provide reasons for delay, if applicable.

Family late reasons in FFY21-22 are as follows: (1,901) late due to family schedule, the family was offered a service start date that would meet the timeline however choose a later date due to their schedule or availability; (547) EI services were never started due to a family reason ranging from parent declined the service, parent withdrew the child from EI Services or the family left EI prior to the initiation of EI services; in (203) instances family was offered a service start date within 28 days of consent, however, choose a later start date; the initiation of EI services was delayed for 97 children due to child or family illness on the scheduled initiate of services date; (38) instances occurred where the child or family were not home or not available to meet when the provider arrived to initiate services; (8) instances related COVID 19 pandemic. Some instances include a lack of provider availability due to high positivity within a community, a family choosing to wait until in-person restrictions were lifted or a child/family illness or quarantine related to COVID. There were (3) instances in which severe weather delayed the initiation of services within 28 days from the date of consent.

APR Clarification: Summary of Calculation
2786-547+3+8=2250

- (547) Instances were not counted late as services were declined prior to establishing an actual start date and were never started due to a family reason ranging from parent declined the service, parent withdrew the child from EI Services or the family left EI prior to the initiation of EI services.
- (3) instances were counted late in which severe weather delayed the initiation of services within 28 days from the date of consent by the request of the Family.
- (8) instances were counted as reasons due to delays from family requests regarding the COVID 19 pandemic.

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 from the date of parent consent to begin services, and calculates this by measuring the number of days between the date the parent consents to the services on the IFSP and the actual start date of services.

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, 2021 to June 30, 2022

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

Colorado collects data from all local early intervention 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 local 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)

Correction of Findings of Noncompliance Identified in FFY 2020

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

FFY 2020 Findings of Noncompliance Verified as Corrected

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

El Colorado issued one finding of noncompliance for Indicator 1 to a local early intervention program based on a monitoring event. The program failed to timely correct the noncompliance and due to this and other issues, the state terminated its contract with this program. The state monitoring team assumed responsibility for local program implementation, including service coordination activities, subsequently correcting noncompliance. Additionally, a temporary contract was procured with another existing local program to carry out requirements in the service area. Through these activities and subsequent data review, the CDHS verified that this is being correctly implemented. 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.

Using the statewide data system, EI Colorado staff completed all service coordination activities for all enrolled children for this local program as well as all incoming referrals for the program area, therefore, ensuring compliance. Subsequently, a temporary contract was procured with another existing local program to carry out requirements in the service area. The CDHS verified that services were initiated, 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 early intervention program, consistent with "OSEP Memorandum 09-02", dated October 17, 2008. The CDHS EI State team took over service coordination activities when the contract was terminated and 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 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2019	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.

NOTE: The State reported in the FFY 2020 Annual Performance Report Part C 1 finding of noncompliance for Indicator 1 for 2019 and reported that finding as corrected. Below is the language from the FFY 2020 APR:

Through the EI Colorado data system, checking for valid and reliable as well as compliance for each local EI program on a regular basis. Through the use of the Quality IFSP and outcomes tool EI Colorado staff is able to review all in progress and enrolled children in the state.

The CDHS verified that the one CCB EI program with noncompliance identified in FFY 2019 is correctly implementing 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.

Data is pulled on a monthly basis, and as needed to check for compliance and reliability. When non compliance is identified, notification is given, and the local program must correct within one year of notification. Either the local program may notify the EI state staff when compliance is achieved, or through regular data checks and monitoring team meetings, state staff may verify compliance not just for previous issues but all cases within the program.

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.

1 - Prior FFY 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.

Response to actions required in FFY 2020 SPP/APR

The State reported in the FFY 2020 Annual Performance Report Part C 1 finding of noncompliance for Indicator 1 and reported that finding as corrected.

The state ensured that consistent with OSEP Memo 09-02, that each EIS program or provider: (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 - OSEP Response

The State did not provide the reasons for delay, as required by the Measurement Table. While the State described the reasons for delay attributable to exceptional family circumstances, the State did not explain the reasons for delay (1521) due to other circumstances. Therefore, OSEP was unable to determine whether the State reviewed the reasons for delay.

1 - Required Actions

The State did not provide the reasons for delay as required by the Measurement Table. The State must report reasons for delay for FFY 2022 in its FFY 2022 SPP/APR.

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program

or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2019	99.80%

FFY	2016	2017	2018	2019	2020
Target>=	95.00%	95.00%	96.00%	97.00%	98.25%
Data	99.63%	99.92%	99.90%	99.80%	99.37%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	95.50%	98.78%	99.00%	99.25%	99.85%

Targets: Description of Stakeholder Input

The CDHS EI program began the process of soliciting stakeholder input for a variety of purposes including setting the the SPP targets and development and implementation of the State Systemic Improvement Plan (SSIP) in May 2020. Starting in August 2021 a variety of stakeholder workgroups and open meeting were facilitated to work toward implementing changes to our Child Find activities, address general process change and improvements, as well as ongoing SSIP work.

Stakeholders involved in all the process are:

- A. CDHS OEC staff;
- B. CICC;
- C. Local EI program 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

Target setting was discussed and shared with the CICC during the CICC Planning Meeting on September 23, 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 a baseline, FFY 19-20. In Colorado, the data showed significant declines in referrals and children entering services beginning in March 2020.

Additionally, EI Colorado held an additional fifty-two (52) various stakeholder meetings throughout the year. The topic of these additional meetings focused on gathering information to support changes to our child find activities, SSIP strategies, and overall systems change, including implementation of the Extended Part C Option for Colorado. The workgroups consisted of an:

- A. EI Evaluations Tool Workgroup
- B. EI Evaluations General Workgroup
- C. EI Evaluation Monthly Transfer Monthly Webinar and Info Gathering

- D. EI Data system Workgroup
- E. EI Call Center Testing and Platform review
- F. EI Referral and Intake Workgroup
- G. EI Evaluations Interagency Agreement Workgroup
- H. EI Evaluation Task Force
- I. EI Evaluations Super Group (Merge of 3 previous groups into one moving forward)
- J. Extended Part C Option Public Meetings
- K. Extended Part C Option: Statement of Work and
- L. Interagency Group (Transitions)
- M. Evaluation of Young Infants Workgroup
- N. Colorado ICC Quarterly Meetings and Planning
- O. Public Awareness Campaign Workgroup (Contract with SE2)

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	6,924
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Total number of infants and toddlers with IFSPs	6,961

FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
6,924	6,961	99.37%	95.50%	99.47%	Met target	No Slippage

Provide additional information about this indicator (optional).

2 - Prior FFY 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.

Response to actions required in FFY 2020 SPP/APR

Colorado has revised its baseline data for Indicator 2 to be consistent with the data reported in 2019. The state's target for FFY 2025 has been adjusted to reflect improvement.

2 - OSEP Response

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

The State revised its FFYs 2020 to 2025 targets for this indicator, and OSEP accepts those targets.

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

The CDHS EI program began the process of soliciting stakeholder input for a variety of purposes including setting the the SPP targets and development and implementation of the State Systemic Improvement Plan (SSIP) in May 2020. Starting in August 2021 a variety of stakeholder workgroups and open meeting were facilitated to work toward implementing changes to our Child Find activities, address general process change and improvements, as well as ongoing SSIP work.

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- B. CICC;
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- 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

Target setting was discussed and shared with the CICC during the CICC Planning Meeting on September 23, 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 a baseline, FFY 19-20. In Colorado, the data showed significant declines in referrals and children entering services beginning in March 2020. Additionally, EI Colorado held an additional fifty-two (52) various stakeholder meetings throughout the year. The topic of these additional meetings focused on gathering information to support changes to our child find activities, SSIP strategies, and overall systems change, including implementation of the Extended Part C Option for Colorado. The workgroups consisted of an:

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- D. EI Data system Workgroup
- E. EI Call Center Testing and Platform review
- F. EI Referral and Intake Workgroup
- G. EI Evaluations Interagency Agreement Workgroup
- H. EI Evaluation Task Force
- I. EI Evaluations Super Group (Merge of 3 previous groups into one moving forward)
- J. Extended Part C Option Public Meetings
- K. Extended Part C Option: Statement of Work and
- L. Interagency Group (Transitions)
- M. Evaluation of Young Infants Workgroup
- N. Colorado ICC Quarterly Meetings and Planning
- O. Public Awareness Campaign Workgroup (Contract with SE2)

Historical Data

Outcome	Baseline	FFY	2016	2017	2018	2019	2020
A1	2019	Target>=	71.00%	71.00%	72.00%	72.00%	56.25%
A1	55.64%	Data	65.37%	58.96%	54.63%	55.64%	65.44%
A2	2019	Target>=	67.00%	67.00%	68.00%	68.00%	67.13%
A2	66.93%	Data	68.14%	68.48%	67.68%	66.93%	72.17%
B1	2019	Target>=	76.00%	76.00%	77.00%	77.00%	67.34%
B1	66.22%	Data	73.12%	68.95%	65.01%	66.22%	72.20%
B2	2019	Target>=	53.00%	53.00%	54.00%	54.00%	57.55%
B2	55.25%	Data	51.54%	59.33%	55.41%	55.25%	60.45%
C1	2019	Target>=	76.00%	76.00%	77.00%	77.00%	61.34%
C1	66.62%	Data	73.02%	69.95%	65.34%	66.62%	74.10%
C2	2019	Target>=	67.00%	67.00%	68.00%	68.00%	61.34%
C2	59.84%	Data	62.87%	60.30%	58.54%	59.84%	64.68%

Targets

FFY	2021	2022	2023	2024	2025
Target A1>=	57.46%	61.28%	63.29%	64.32%	65.36%
Target A2>=	67.33%	67.55%	67.73%	67.93%	68.13%
Target B1>=	68.32%	70.42%	71.40%	72.52%	73.57%
Target B2>=	59.85%	62.15%	64.45%	66.75%	70.20%
Target C1>=	62.84%	64.34%	67.34%	68.84%	70.34%
Target C2>=	62.09%	62.84%	63.58%	65.06%	65.84%

FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

6,629

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	152	3.94%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	815	21.14%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	355	9.21%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	818	21.21%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,716	44.50%

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,173	2,140	65.44%	57.46%	54.81%	Did not meet target	Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	2,534	3,856	72.17%	67.33%	65.72%	Did not meet target	Slippage

Provide reasons for A1 slippage, if applicable

Between FFY 20-21 and FFY 21-22 EI Colorado saw an increase in completed global outcomes of 11.54% across the state. Despite this increase, approximately 14% of children who received services for at least 6 months are still missing global outcome scores. For Outcome A1 the majority of the 11.54% increase contains children in category b, which does not indicate that these children made substantial enough progress in their developmental trajectory to reduce the gap between their peers.

Workforce issues with frequent turnover among service coordinators and EI providers lead to missed documentation of ratings in the data system. Additionally, for a period of time, the EI CO data system was not prompting/signaling when this information was not entered prior to a child's case being closed. This has now been fixed.

Provide reasons for A2 slippage, if applicable

Between FFY 20-21 and FFY 21-22 EI Colorado saw an increase in completed global outcomes of 11.54% across the state. Despite this increase, approximately 14% of children who received services for at least 6 months are still missing global outcome scores. For Outcome A2 the majority of the 11.54% increase contains children in category b, which does not indicate that these children made substantial enough progress in their developmental trajectory to catch up to their peers.

Workforce issues with frequent turnover among service coordinators and EI providers lead to missed documentation of ratings in the data system. Additionally, for a period of time the EI CO data system was not prompting/signaling when this information was not entered prior to a child's case being closed. This has now been fixed.

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	174	4.51%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	906	23.48%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	674	17.47%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,324	34.31%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	781	20.24%

Outcome B	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,998	3,078	72.20%	68.32%	64.91%	Did not meet target	Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	2,105	3,859	60.45%	59.85%	54.55%	Did not meet target	Slippage

Provide reasons for B1 slippage, if applicable

Between FFY 20-21 and FFY 21-22 EI Colorado saw an increase in completed global outcomes of 11.54% across the state. Despite this increase, approximately 14% of children who received services for at least 6 months are still missing global outcome scores. For Outcome B1 the majority of the 11.54% increase contains children in categories b & c, which does not indicate that these children made substantial enough progress in their developmental trajectory to reduce the gap between their peers.

Workforce issues with frequent turnover among service coordinators and EI providers lead to missed documentation of ratings in the data system. Additionally, for a period of time the EI CO data system was not prompting/signaling when this information was not entered prior to a child's case being closed. This has now been fixed.

Provide reasons for B2 slippage, if applicable

Between FFY 20-21 and FFY 21-22 EI Colorado saw an increase in completed global outcomes of 11.54% across the state. Despite this increase, approximately 14% of children who received services for at least 6 months are still missing global outcome scores. For Outcome B2 the majority of the 11.54% increase contains children in categories b & c, which does not indicate that these children made substantial enough progress in their developmental trajectory to catch up to their peers.

Workforce issues with frequent turnover among service coordinators and EI providers lead to missed documentation of ratings in the data system. Additionally, for a period of time the EI CO data system was not prompting/signaling when this information was not entered prior to a child's case being closed. This has now been fixed.

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	166	4.30%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	876	22.70%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	518	13.42%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,511	39.16%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	788	20.42%

Outcome C	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in	2,029	3,071	74.10%	62.84%	66.07%	Met target	No Slippage

Outcome C	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program							
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	2,299	3,859	64.68%	62.09%	59.58%	Did not meet target	Slippage

Provide reasons for C2 slippage, if applicable

Between FFY 20-21 and FFY 21-22 EI Colorado saw an increase in completed global outcomes of 11.54% across the state. Despite this increase, approximately 14% of children who received services for at least 6 months are still missing global outcome scores. For Outcome A2 the majority of the 11.54% increase contains children in category b, which does not indicate that these children made substantial enough progress in their developmental trajectory to catch up to their peers.

Workforce issues with frequent turnover among service coordinators and EI providers lead to missed documentation of ratings in the data system. Additionally, for a period of time the EI CO data system was not prompting/signaling when this information was not entered prior to a child's case being closed. This has now been fixed.

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	6,509
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.	1,601

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).

The discrepancy between the number of children with IFSPs assessed versus the number reported in the denominators for A, B, and C is due to children who left the program prior to receiving services for 6 months, children whose entry rating was never completed, and those who were deceased.

3 - Prior FFY Required Actions

None

3 - OSEP Response

The State revised its FFY 2021 target for this indicator, under C1, and OSEP accepts that target.

In reporting the percent of infants and toddlers who were functioning within age expectations in each outcome area by the time they turned three years of age or exited the program, the State reported 3856 as the denominator in outcome A, 3859 as the denominator in outcome B, and 3859 as the denominator in outcome C. Additionally, the State reported 6629 infants and toddlers with IFSP were assessed. The State explained this discrepancy.

3 - Required Actions

In the FFY 2022 SPP/APR submission, the State must explain any discrepancies between the FFY 2022 total number assessed and the FFY 2022 denominator in its calculation of the percent of infants and toddlers who were functioning within age expectations in each outcome area by the time they turned three years of age or exited the program.

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2016	2017	2018	2019	2020
A	2019	Target>= =	94.00%	94.00%	97.00%	98.00%	87.00%
A	86.49%	Data	91.01%	71.05%	99.36%	86.49%	NVR
B	2019	Target>= =	94.00%	94.00%	97.00%	96.00%	91.50%
B	###C04BBA SEDA TA###	Data	94.29%	81.05%	96.34%	91.65%	NVR
C	2019	Target>= =	94.00%	94.00%	97.00%	97.00%	90.85%

C	90.85 %	Data	95.76%	77.00%	96.65%	90.85%	NVR
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Targets

FFY	2021	2022	2023	2024	2025
Target A>=	88.00%	90.00%	92.00%	96.00%	98.00%
Target B>=	92.00%	93.00%	94.00%	95.00%	96.00%
Target C>=	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 for a variety of purposes including setting the the SPP targets and development and implementation of the State Systemic Improvement Plan (SSIP) in May 2020. Starting in August 2021 a variety of stakeholder workgroups and open meeting were facilitated to work toward implementing changes to our Child Find activities, address general process change and improvements, as well as ongoing SSIP work.

Stakeholders involved in all the process are:

- A. CDHS OEC staff;
- B. CICC;
- C. Local EI program 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

Target setting was discussed and shared with the CICC during the CICC Planning Meeting on September 23, 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 a baseline, FFY 19-20. In Colorado, the data showed significant declines in referrals and children entering services beginning in March 2020. Additionally, EI Colorado held an additional fifty-two (52) various stakeholder meetings throughout the year. The topic of these additional meetings focused on gathering information to support changes to our child find activities, SSIP strategies, and overall systems change, including implementation of the Extended Part C Option for Colorado. The workgroups consisted of an:

- A. EI Evaluations Tool Workgroup
- B. EI Evaluations General Workgroup
- C. EI Evaluation Monthly Transfer Monthly Webinar and Info Gathering
- D. EI Data system Workgroup
- E. EI Call Center Testing and Platform review
- F. EI Referral and Intake Workgroup
- G. EI Evaluations Interagency Agreement Workgroup
- H. EI Evaluation Task Force
- I. EI Evaluations Super Group (Merge of 3 previous groups into one moving forward)
- J. Extended Part C Option Public Meetings
- K. Extended Part C Option: Statement of Work and
- L. Interagency Group (Transitions)
- M. Evaluation of Young Infants Workgroup
- N. Colorado ICC Quarterly Meetings and Planning
- O. Public Awareness Campaign Workgroup (Contract with SE2)

FFY 2021 SPP/APR Data

The number of families to whom surveys were distributed	5,453
Number of respondent families participating in Part C	639
Survey Response Rate	11.72%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	635
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	639
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	635

B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	639
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	634
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	639

Measure	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	NVR	88.00%	99.37%	Met target	N/A
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)	NVR	92.00%	99.37%	Met target	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)	NVR	91.00%	99.22%	Met target	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.	NO

If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.
The State is implementing additional methods of survey distribution and integrations into the Transition Planning process.

Survey Response Rate

FFY	2020	2021
Survey Response Rate	13.75%	11.72%

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

Awareness: The State is now collaborating with staff at local EI programs to expand awareness of the Family Outcomes Survey to the families they work with. Embedding this discussion into the Transition Planning to ensure families are aware of the survey and know to expect to receive it.

Accessibility: The FOS is now available in 17 languages. The survey is administered online instead of mailed, which increases the geographic representativeness of responses. Additionally, service coordinators will have the ability to provide families an "ad-hoc" version of the survey while they are together. This would be given in the event that a family does not have an email address or simply did not receive the survey.

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

The number of Family Outcome Survey invitations and the number of completed Family Outcome Survey responses were captured in our Salesforce data system and Survey tool (Google). 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.

EI CO noticed a low response rate and therefore changed the delivery mechanism from mail to online surveys. While a nonresponse bias analysis was not completed, it was identified by the monitoring of our survey completion rate that our delivery methodology was not as impactful as we hoped. Measures were taken to implement a survey delivery mechanism that was easier to access and more friendly to families. Due to this experience, we will continue to monitor the completion rate throughout the year and take appropriate actions to mitigate any potential nonresponse bias. Additional analysis targeted at nonresponse bias will be performed in order to speak to the needs of those under represented communities.

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

Actual Representation of Family Outcome Survey responses: African American 3.55%; American Indian or Alaskan Native 0.44%; Asian 5.10%, Native Hawaiian or Pacific Islander 0.22% White 90.69%; Two or more races 7.32%

EI Colorado population Target Representation: African American 5.97%; American Indian or Alaskan Native 0.48%; Asian 4.59%; Native Hawaiian or Pacific Islander 0.16%; White 83.49% Two or more races 5.31%

EI Colorado's survey response rate for African American and White populations showed a significant difference larger than that of the overall population served by EI Colorado. However, EI Colorado's survey response rate for American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander and More than one race, indicated that the data was representative of those populations.

Actual Representation of Family Outcome Survey responses: Hispanic/Latinx 24% vs. EI Colorado Hispanic/Latinx: 28%

This 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.

Age of Infant or Toddler

Actual Representation of Family Outcome Survey responses: 0-12 months 0.63%; 12-24 months 9.55%; 24-36 months 89.83%

EI Colorado population Target Representation: 0-12 months 10.10%; 12-24 months 29.95%; 24-36 months 59.95%

When responses are reviewed by age of infant or toddler at time of October child count, it appears they are not proportionally representative of the target population.

Geographic Location in the State

Actual Representation of Family Outcome Survey responses: Rural: Nonmetro County 6.10%; Urban: Metro County 93.90%

EI Colorado population Target Representation: Rural: Nonmetro County 8.86%; Urban: Metro County 91.14%

When responses are reviewed by geographic location in the state, it appears they are not proportionally representative of the target population when comparing Nonmetro and metro counties.

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

The discrepancy between target population representation served by Early Intervention Colorado (race/ethnicity, age of infant or toddler and geographic location in the state) and the actual representation of family outcome survey responses is considered statistically significant when p-value is less than 0.05. Therefore, when the discrepancy is considered statistically significant, the survey response distribution does not appear to be representative of the target population distribution.

Provide additional information about this indicator (optional).

4 - Prior FFY 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.

Response to actions required in FFY 2020 SPP/APR

In FFY 2020-2021 EI Colorado utilized the survey feature in the EI Data System to send out all Family Outcome Surveys (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 due to a licensing problem. EI Colorado worked with its system administrator, development team, and platform owners to obtain the FOS responses. At the time of the FFY 2020 APR submission, EI Colorado did not yet have access to the FOS results for FFY 2020 and had plans to enter all FOS data during the clarification period. After exhaustive work with the vendors contracted to support the EI data system, platform developers verified that the FOS data was not retrievable and therefore EI Colorado has no data to report for FFY 2020.

As a result, the state switched platforms from the state data system to Google Suite. This transfer ensured that state staff have complete access to the distribution, collection, and analysis of all surveys. The Data Reporting Analyst created systems to track what the data system was sending out versus what, according to our data and set parameters, should have been sent out. With more transparency into the system logistics, the state is now able to ensure the appropriate families receive a survey in a timely manner and the data is accessible to analyze, as demonstrated in the data reported in the FFY 2021 APR.

4 - OSEP Response

The State did not analyze the response rate to identify potential nonresponse bias and identify steps taken to reduce any identified bias to promote response from families participating in early intervention services, as required by the Measurement Table.

4 - Required Actions

In the FFY 2022 SPP/APR, the State must analyze the response rate to identify potential nonresponse bias and report on steps taken to reduce any identified bias and promote response from a broad cross section of families.

In the FFY 2022 SPP/APR, the State must report whether its FFY 2022 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.

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	2016	2017	2018	2019	2020
Target >=	1.05%	1.05%	1.10%	1.25%	1.65%
Data	0.94%	1.11%	1.29%	1.53%	1.13%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	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 for a variety of purposes including setting the the SPP targets and development and implementation of the State Systemic Improvement Plan (SSIP) in May 2020. Starting in August 2021 a variety of stakeholder workgroups and open meeting were facilitated to work toward implementing changes to our Child Find activities, address general process change and improvements, as well as ongoing SSIP work.

Stakeholders involved in all the process are:

- A. CDHS OEC staff;
- B. CICC;
- C. Local EI program 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

Target setting was discussed and shared with the CICC during the CICC Planning Meeting on September 23, 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 a baseline, FFY 19-20. In Colorado, the data showed significant declines in referrals and children entering services beginning in March 2020.

Additionally, EI Colorado held an additional fifty-two (52) various stakeholder meetings throughout the year. The topic of these additional meetings focused on gathering information to support changes to our child find activities, SSIP strategies, and overall systems change, including implementation of the Extended Part C Option for Colorado. The workgroups consisted of an:

- A. EI Evaluations Tool Workgroup
- B. EI Evaluations General Workgroup
- C. EI Evaluation Monthly Transfer Monthly Webinar and Info Gathering
- D. EI Data system Workgroup
- E. EI Call Center Testing and Platform review
- F. EI Referral and Intake Workgroup

- G. EI Evaluations Interagency Agreement Workgroup
- H. EI Evaluation Task Force
- I. EI Evaluations Super Group (Merge of 3 previous groups into one moving forward)
- J. Extended Part C Option Public Meetings
- K. Extended Part C Option: Statement of Work and
- L. Interagency Group (Transitions)
- M. Evaluation of Young Infants Workgroup
- N. Colorado ICC Quarterly Meetings and Planning
- O. Public Awareness Campaign Workgroup (Contract with SE2)

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 1 with IFSPs	702
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 1	60,341

FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
702	60,341	1.13%	1.90%	1.16%	Did not meet target	No Slippage

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

6 - Indicator Data

Baseline Year	Baseline Data
2019	4.34%

FFY	2016	2017	2018	2019	2020
Target >=	3.00%	3.00%	3.20%	3.50%	4.40%
Data	3.34%	3.78%	4.09%	4.34%	3.82%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	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 for a variety of purposes including setting the the SPP targets and development and implementation of the State Systemic Improvement Plan (SSIP) in May 2020. Starting in August 2021 a variety of stakeholder workgroups and open meeting were facilitated to work toward implementing changes to our Child Find activities, address general process change and improvements, as well as ongoing SSIP work.

Stakeholders involved in all the process are:

- A. CDHS OEC staff;
- B. CICC;
- C. Local EI program 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

Target setting was discussed and shared with the CICC during the CICC Planning Meeting on September 23, 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 a baseline, FFY 19-20. In Colorado, the data showed significant declines in referrals and children entering services beginning in March 2020. Additionally, EI Colorado held an additional fifty-two (52) various stakeholder meetings throughout the year. The topic of these additional meetings focused on gathering information to support changes to our child find activities, SSIP strategies, and overall systems change, including implementation of the Extended Part C Option for Colorado. The workgroups consisted of an:

- A. EI Evaluations Tool Workgroup
- B. EI Evaluations General Workgroup
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- F. EI Referral and Intake Workgroup
- G. EI Evaluations Interagency Agreement Workgroup
- H. EI Evaluation Task Force

- I. EI Evaluations Super Group (Merge of 3 previous groups into one moving forward)
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- K. Extended Part C Option: Statement of Work and
- L. Interagency Group (Transitions)
- M. Evaluation of Young Infants Workgroup
- N. Colorado ICC Quarterly Meetings and Planning
- O. Public Awareness Campaign Workgroup (Contract with SE2)

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 3 with IFSPs	6,961
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 3	184,008

FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
6,961	184,008	3.82%	4.60%	3.78%	Did not meet target	No Slippage

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2019	87.07%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	87.78%	88.07%	94.42%	87.07%	96.99%

Targets

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

FFY 2021 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
4,080	7,021	96.99%	100%	93.53%	Did not meet target	Slippage

Provide reasons for slippage, if applicable.

During FFY 21-22 35.82% of system late reasons were due to not having the required participants available, meaning that either an evaluation from the primary area of concern was not available or a multidisciplinary team was not available. 33.75% of late reasons were due to multidisciplinary evaluation teams not being available within the timelines for timely evaluation and IFSP completion. 15.53% of late reasons were due to the system's need to

reschedule an evaluation or IFSP due to either school closures or staffing needs and the rescheduling led to missed deadlines. The remaining < 1% is due to a lack of interpreters in the family's native language. During FFY 21-22 the Colorado Department of Education (CDE) held the responsibility for completing Part C/Early Intervention evaluations to determine eligibility for early intervention services, therefore EI Colorado had limited oversight. Beginning in July 2022 the responsibility for early intervention evaluations transferred from the CDE to the Colorado Department of Early Childhood. While this has created large system changes EI Colorado anticipates having more oversight of evaluations and IFSP development and intends to improve this indicator significantly once system balance is achieved.

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.

2,487

Provide reasons for delay, if applicable.

Family late reasons for FFY 21-22 are as follows: 1782 due to family schedule, meaning the evaluation/assessment or IFSP dates offered to the family within the 45-day timeline were not feasible for the family to attend due to their schedule; in 204 instances the family requested an evaluation date beyond the 45-day timeline when fully informed of their rights and entitlements; there were 165 instances in which either the evaluation/assessment or IFSP meeting were beyond the 45-day timeline due to the service coordinator not being able to successfully contact the family to complete the intake, schedule evaluation/assessment or IFSP meeting; 127 of family late reasons were due to child or family illness (non-COVID) at the time of the scheduled evaluation/assessment or IFSP meeting; in 106 cases the child and family were either not present or unavailable at the time of the scheduled evaluation/assessment or IFSP meeting; There were 53 instance in which the child was an inpatient which made the EI Colorado unable to complete IFSP development within 45-days of the referral; 17 cases in which EI Colorado was not able to obtain consent from the parent/acting parent in a timely fashion. 5 instances of severe weather prevented the IFSP from being developed timely; 29 instances relate to the COVID 19 pandemic. Some instances include a lack of evaluator/provider availability due to high positivity within a community, a family choosing to wait until in-person restrictions were lifted or a child/family illness or quarantine related to COVID.

APR Clarification: Summary of Calculation

2454-1+5+29=2487

1782 due to family schedule, meaning the evaluation/assessment or IFSP dates offered to the family within the 45-day timeline were not feasible for the family to attend due to their schedule, 1 instance not counted late due to the service scheduling remaining in progress as noted by the local program at the time of data snapshot;

5 instances were counted late due to severe weather prevented the IFSP from being developed timely, by the request of the Family;

29 instances were counted as Family Late reasons due to delay requests regarding the COVID 19 pandemic.

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, 2021 through June 30, 2022

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 local early intervention programs 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, 2021 and June 30, 2022. 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. Any time period lapse of 45 days or less was documented as timely.

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 2020

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

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

7 - Prior FFY Required Actions

Because 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.

Response to actions required in FFY 2020 SPP/APR

The State did not issue any findings of noncompliance because noncompliance identified was subsequently verified as corrected through a review of data before a finding was issued.

The state ensured that consistent with OSEP Memo 09-02, that each EIS program or provider: (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

7 - OSEP Response

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

The State did not provide the reasons for delay, as required by the Measurement Table. While the State described the reasons for delay attributable to exceptional family circumstances, the State did not explain the reasons for delay (454) due to other circumstances. Therefore, OSEP was unable to determine whether the State reviewed the reasons for delay.

The State's FFY 2020 data for this indicator reflected less than 100% compliance. The State reported that it did not identify any findings of noncompliance in FFY 2020 because it corrected the noncompliance prior to the issuance of findings. However, OSEP could not determine if the State ensured, consistent with OSEP Memo 09-02, that each EIS program or provider: (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.

7 - Required Actions

The State did not provide the reasons for delay as required by the Measurement Table. The State must report reasons for delay for FFY 2022 in its FFY 2022 SPP/APR.

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the noncompliance identified in FFY 2020 was corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with remaining noncompliance identified in FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

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

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2019	97.38%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	97.17%	98.17%	98.50%	97.38%	95.60%

Targets

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

FFY 2021 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
4,262	4,593	95.60%	100%	97.71%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

226

Provide reasons for delay, if applicable.

During FFY 21-22 family late reasons were as follows: 140 instances in which the families schedule prevented the Transition Plan from being timely; in 42 instances the service coordinator had difficulty reaching the family to schedule a timely transition conference; the family refused to schedule the transition plan timely in 28 instances; there were 8 instances in which the child of family member was ill leading to a late transition plan; 7 instances in which the family was not present or available during the timely scheduled transition plan, forcing the meeting to be rescheduled at a later date; 2 instances relate to the COVID 19 pandemic. Some instances include a lack of provider availability due to high positivity within a community, a family choosing to wait until in-person restrictions were lifted or a child/family illness or quarantine related to COVID.

APR Clarification: Summary Calculation

$225 + 2 - 1 = 226$

42 instances the service coordinator had difficulty reaching the family to schedule a timely transition conference, 1 instance excluded from total as was not tied to a Local EI Program. From the results of this clarification review, additional report validations have been added to ensure integrity of the assigned local EI program field.

2 instances were counted as Family Late reasons due to delay requests regarding the COVID 19 pandemic..

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, 2021 through June 30, 2022

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 local early intervention programs 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, 2021 and June 30, 2022. 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 2021.

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 2020

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

FFY 2020 Findings of Noncompliance Verified as Corrected

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

EI Colorado issued one finding of noncompliance for Indicator 8A to a local early intervention program based on a monitoring event. The program failed to timely correct the noncompliance and due to this and other issues, the state terminated its contract with this program. The state monitoring team assumed responsibility for local program implementation, including service coordination activities, subsequently correcting noncompliance. Additionally, a temporary contract was procured with another existing local program to carry out requirements in the service area. Through these activities and subsequent data review the CDHS verified that 34 CFR 303.209(d)(2) is being correctly implemented. 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 completed.

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

Using the statewide data system, EI Colorado staff completed all service coordination activities for all enrolled children for this local program as well as all incoming referrals for the program area, therefore, ensuring compliance. Subsequently, a temporary contract was procured with another existing local

program to carry out requirements in the service area. The CDHS verified that a transition plan was developed, although late, for any child whose transition plan was not created in a timely manner, unless the child was no longer within the jurisdiction of the early intervention program, consistent with "OSEP Memorandum 09-02", dated October 17, 2008. The CDHS EI State team took over service coordination activities when the contract was terminated and 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 EI program.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

8A - Prior FFY Required Actions

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.

Response to actions required in FFY 2020 SPP/APR

The state ensured that consistent with OSEP Memo 09-02, that each EIS program or provider: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data (such as data subsequently collected through on-site monitoring or a State data system); and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

8A - OSEP Response

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

The State did not provide the reasons for delay, as required by the Measurement Table. While the State described the reasons for delay attributable to exceptional family circumstances, the State did not explain the reasons for delay (105) due to other circumstances. Therefore, OSEP was unable to determine whether the State reviewed the reasons for delay.

The State's FFY 2020 data for this indicator reflected less than 100% compliance. The State reported that it did not identify any findings of noncompliance in FFY 2020 because it corrected the noncompliance prior to the issuance of findings. However, OSEP could not determine if the State ensured, consistent with OSEP Memo 09-02, that each EIS program or provider: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

8A - Required Actions

The State did not provide the reasons for delay as required by the Measurement Table. The State must report reasons for delay for FFY 2022 in its FFY 2022 SPP/APR.

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the noncompliance identified in FFY 2020 was corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with noncompliance identified in FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2019	95.18%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	97.35%	95.84%	96.33%	95.18%	94.55%

Targets

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

FFY 2021 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
3,147	3,524	94.55%	100%	95.28%	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.

221

Provide reasons for delay, if applicable.

In FFY 21-22 family late reason for LEA notification are as follows: in 105 instances the family had initially chosen to opt-out of LEA notification and later decided they did want to notify the LEA, this notification was no longer timely; in 66 instances the child was referred to EI within 90 days of their third birthday and therefore notification could not be made timely by EI Colorado.

APR Clarification:

in 105 instances the family had initially chosen to opt-out of LEA notification and later decided they did want to notify the LEA, this notification was no longer timely, however, these instances were not counted as late in data table due to the family request of removing the opt-out selection.; 66 instances the child was referred to EI within 90 days of their third birthday and therefore notification could not be made timely by EI Colorado, these instances were not counted as late in the data table due to the timing of the referral.

Summary Calculation

3524-3147-221 = 156

156 is the number of calculated system delays.

171 is the number of family delays

Describe the method used to collect these data.

The data on the number of toddlers from all 20 of the local early intervention programs 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, 2021 and June 30, 2022. 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 2021.

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, 2021 through June 30, 2022

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 local early intervention programs 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, 2021 and June 30, 2022. 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 2021.

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 2020

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

FFY 2020 Findings of Noncompliance Verified as Corrected

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

EI Colorado issued one finding of noncompliance for Indicator 1 to a local early intervention program based on a monitoring event. The program failed to timely correct the noncompliance and due to this and other issues, the state terminated its contract with this program. The state monitoring team assumed responsibility for local program implementation, including service coordination activities, subsequently correcting noncompliance. Additionally, a temporary contract was procured with another existing local program to carry out requirements in the service area. Through these activities and subsequent data review, the CDHS verified that this is being correctly implemented. The CDHS verified 100% compliance for the program through a review of data for a full population of children for whom notification should have been made to the SEA and LEA.

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

Using the statewide data system, EI Colorado staff completed all service coordination activities for all enrolled children for this local program as well as all incoming referrals for the program area, therefore, ensuring compliance. Subsequently, a temporary contract was procured with another existing local program to carry out requirements in the service area. The CDHS verified that SEA and LEA notification occurred, although late, for any child where notification was not made in a timely manner, unless the child was no longer within the jurisdiction of the early intervention program, consistent with "OSEP Memorandum 09-02", dated October 17, 2008. The CDHS EI State team took over service coordination activities when the contract was terminated and verified through a review of data within the EI program data system that all children for whom notification to the SEA and LEA was not made in a timely manner had the notification made unless the child was no longer within the jurisdiction of the EI program.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

8B - Prior FFY 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.

Response to actions required in FFY 2020 SPP/APR

The state ensured that consistent with OSEP Memo 09-02, that each EIS program or provider: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

8B - OSEP Response

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

The State did not provide the reasons for delay, as required by the Measurement Table. While the State described the reasons for delay attributable to exceptional family circumstances, the State did not explain the reasons for delay (156) due to other circumstances. Therefore, OSEP was unable to determine whether the State reviewed the reasons for delay.

8B - Required Actions

The State did not provide the reasons for delay as required by the Measurement Table. The State must report reasons for delay for FFY 2022 in its FFY 2022 SPP/APR.

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

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

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2019	93.07%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	93.50%	94.59%	96.40%	93.07%	98.76%

Targets

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

FFY 2021 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
2,351	3,524	98.76%	100%	93.98%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

In FFY 21-22 61.15% of system late reasons were due to Service Coordinator issues. 2.66% of system late reasons were due to rescheduling on the part of either the Early Intervention Program or the School District/BOCES. 12.10% of system late reasons were due to lack of required participants available either from the early intervention program or the school district/BOCES. The remaining >2% is due to the lack of an interpreter in the family's native language.

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.

133

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.

836

Provide reasons for delay, if applicable.

In FFY 21-22 family late reasons are as follows: 507 children had late transition conferences due to the family's schedule, the family was not available for transition conference dates that were offered in a timely fashion; in 97 instances the service coordinator had difficulty contacting the family to schedule the transition conference timely; in 84 instance the child was referred to EI Colorado within 90 days of their third birthday and therefore transition conference could not occur timely; in 74 instances the family had previously opted out of AU notification and therefore transition conference was not required, the family later opted in however transition conference could not be completed timely due to this delay in notification; in 28 instances the family as not present or available at the time the transition conference was scheduled timely, rescheduling lead to a late transition conference; in 22 instances either the child or family was ill and could not participate in transition conference meeting that was scheduled, the need to reschedule lead to late transition conference. 5 instances relate to the COVID 19 pandemic. Some instances include a lack of provider availability due to high positivity within a community, a family choosing to wait until in-person restrictions were lifted or a child/family illness or quarantine related to COVID.

APR Clarification: Summary of Calculation

728-50-16+59-11+4+122 = 836

(457) 507 children had noted a late transition conference due to the family's schedule, however, 50 instances were not counted late due to the transition conference not actually occurring late as noted by the date entered by the local programs.

(81) 94 instances the service coordinator had difficulty contacting the family, however, 13 instances were not counted late as the transition conference did not actually occur late as noted by the date entered by the local programs

(59) 84 instance the child was referred to EI Colorado within 90 days of their third birthday and therefore transition conference could not occur timely; however, 25 instances were not counted late as the transition conference did not actually occur late as noted by the date entered by the local programs

(63) 74 instances the family had previously opted out of AU, however, 11 instances were not counted late as the transition conference did not actually occur late as noted by the date entered by the local programs

28 instances the family as not present or available at the time the transition conference

22 instances either the child or family was ill and could not participate

(4) 5 instances relate to the COVID 19 pandemic, 4 instances counted as Family Late reasons, 1 instance as not counted late as noted by the date entered by the local programs.

122 instances were counted late as the transition conference date is noted as Family Declined and the conference date value indicates that the conference did not occur prior to the child reaching their transition age.

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, 2021 through June 30, 2022.

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, 2021 and June 30, 2022. 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 2021.

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.

The state ensured that consistent with OSEP Memo 09-02, that each EIS program or provider: (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.

Correction of Findings of Noncompliance Identified in FFY 2020

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

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

8C - Prior FFY Required Actions

Because 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.

Response to actions required in FFY 2020 SPP/APR

The State did not issue any findings of noncompliance for FFY 2020 because noncompliance that was identified was subsequently verified as corrected.

The state ensured that consistent with OSEP Memo 09-02, that each EIS program or provider: (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.

8C - OSEP Response

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

The State did not provide the reasons for delay, as required by the Measurement Table. While the State described the reasons for delay attributable to exceptional family circumstances, the State did not explain the reasons for delay (204) due to other circumstances. Therefore, OSEP was unable to determine whether the State reviewed the reasons for delay.

The State's FFY 2020 data for this indicator reflected less than 100% compliance. The State reported that it did not identify any findings of noncompliance in FFY 2020 because it corrected the noncompliance prior to the issuance of findings. However, OSEP could not determine if the State ensured, consistent with OSEP Memo 09-02, that each EIS program or provider: (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.

8C - Required Actions

The State did not provide the reasons for delay as required by the Measurement Table. The State must report reasons for delay for FFY 2022 in its FFY 2022 SPP/APR.

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the noncompliance identified in FFY 2020 was corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with noncompliance identified in FFY 2020: (1) is

correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

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 EDFacts 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

9 - Required Actions

OSEP notes that this indicator is not applicable.

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 EDFacts Metadata and Process System (EMAPS)).

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

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

Targets: Description of Stakeholder Input

The CDHS EI program began the process of soliciting stakeholder input for a variety of purposes including setting the the SPP targets and development and implementation of the State Systemic Improvement Plan (SSIP) in May 2020. Starting in August 2021 a variety of stakeholder workgroups and open meeting were facilitated to work toward implementing changes to our Child Find activities, address general process change and improvements, as well as ongoing SSIP work.

Stakeholders involved in all the process are:

- A. CDHS OEC staff;
- B. CICC;
- C. Local EI program 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

Target setting was discussed and shared with the CICC during the CICC Planning Meeting on September 23, 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 a baseline, FFY 19-20. In Colorado, the data showed significant declines in referrals and children entering services beginning in March 2020. Additionally, EI Colorado held an additional fifty-two (52) various stakeholder meetings throughout the year. The topic of these additional meetings focused on gathering information to support changes to our child find activities, SSIP strategies, and overall systems change, including implementation of the Extended Part C Option for Colorado. The workgroups consisted of an:

- A. EI Evaluations Tool Workgroup
- B. EI Evaluations General Workgroup
- C. EI Evaluation Monthly Transfer Monthly Webinar and Info Gathering
- D. EI Data system Workgroup
- E. EI Call Center Testing and Platform review
- F. EI Referral and Intake Workgroup
- G. EI Evaluations Interagency Agreement Workgroup
- H. EI Evaluation Task Force
- I. EI Evaluations Super Group (Merge of 3 previous groups into one moving forward)
- J. Extended Part C Option Public Meetings
- K. Extended Part C Option: Statement of Work and
- L. Interagency Group (Transitions)
- M. Evaluation of Young Infants Workgroup
- N. Colorado ICC Quarterly Meetings and Planning
- O. Public Awareness Campaign Workgroup (Contract with SE2)

Historical Data

Baseline Year	Baseline Data
2019	0.00%

FFY	2016	2017	2018	2019	2020
Target>=				.00%	.00%
Data					

Targets

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

FFY 2021 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
0	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 2021.

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2021. 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 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

11 - Indicator Data

Section A: Data Analysis

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

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)

NO

Please provide a link to the current theory of action.

https://dcfs.my.salesforce.com/sfc/p/#410000012srR/a/4N000002FAMK/R0ISS.DVsydRDXRykkAsvJUhnB6_1IHybjMm0SjN_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	66.34%

Targets

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

FFY 2021 SPP/APR Data

Ind C1 - number of children who entered below age expectations who substantially increased their rate of growth at exit in taking appropriate action to meet needs	Ind C2 - number of children who were functioning within age expectations when they exited EI in taking appropriate actions to meet needs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
2,029	3,071	NVR	64.34%	66.07%	Met target	N/A

Provide the data source for the FFY 2021 data.

The data source for the FFY 2021 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.

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.

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 programs. 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.

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

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. Through the QIO process, 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. 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.

Evaluation Plan: <https://docs.google.com/document/d/1luRskBxD9IK4sdyKeojjapqNbpyS4YvU3YBNsnlojg/edit>

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

NO

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

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

Review and develop training for evaluators on both the DAYC-2 and IDA-2.

Training on each tool was held during the spring of 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 document and within our data system 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.

The Data Manager will analyze data gathered from each evaluation tool and determine if there is a link between evaluation results and achievement of IFSP outcomes or Global Outcome score. Revise monitoring policies to include evaluation activities that were previously completed by Child Find staff. A question regarding the quality of the evaluation/assessment section of the IFSP was added to the tool used to assess the quality of IFSPs. While this is just a start, EI Colorado will use these data to inform more robust changes to monitoring processes.

Improvement Strategy #2

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 the statewide data system. Because of this, the QIO process was put on hold in November 2021. This new tool was scheduled to be released in March of 2022, however, the final product was not released to the EI state team for review until June 2022. With the release, the EI Colorado team began internal meetings with the Training and the QIO Teams to plan for testing and training development. Due to staff turnover, the internal QIO team was not able to move forward with testing, development of materials, or getting into an agreement on the use of the tool and scoring.

Improvement Strategy #3: Develop training for Providers

EI Colorado posted a position for a Provider Training Coordinator in February 2022, and this staff member was hired and started in May 2022. This position is responsible for providing technical assistance and professional development for all early intervention providers and evaluators. This position works closely with the training team to develop new training opportunities and to identify existing gaps in training or the workforce. The Provider Training Coordinator will hold a community of practice calls, known as Provider Chats, with early intervention providers every other month starting August 2022. The goal of the calls is to gather stakeholder feedback on existing and newly developed processes.

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 the initial assessment

Evaluators were required to participate in training for either or both the DAYC-2 and IDA-2. These trainings 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. A workgroup has been formed to discuss the potential of using a third

evaluation tool for very young children, and/or providing additional training to evaluators for this age group

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. For FY 21-22, the focus has been to incorporate our quality IFSP and Outcomes tool into our data system so all users statewide can easily evaluate IFSPs. Stakeholder feedback on this process will start FY-22-23.

Stakeholder feedback sessions on other IFSP components will begin in March 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 posted a position for a Provider Training Coordinator in February 2022, and this staff member was hired and started in May 2022. This position is responsible for providing technical assistance and professional development for all early intervention providers and evaluators. This position works closely with the training team to develop new training opportunities and to identify existing gaps in training or the workforce. The Provider Training Coordinator will hold the community of practice calls, known as Provider Chats, with early intervention providers every other month starting August 2022. The goal of the calls is to 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 evaluation entities who have been trained in the facilitation of either the DAYC-2 or IDA-2. By the end of FFY 22-23 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. Stakeholder feedback sessions on other IFSP components will begin in March 2023 with EI Colorado's Training Team and Part C Manager.

Improvement Strategy #3: Develop Training for Providers

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, license 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. The need for additional training for both evaluation entities and ongoing service providers will be assessed 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.

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

Improvement Strategy # 1: Standardize Evaluation Tools. EI CO will continue to improve and develop a EI program data system to ensure that data will be available for monitoring, evaluation, and improvement planning for both compliance and quality indicators. Specifically looking at how to monitor evaluation results/summary and if tools are used to impact the information contained on the IFSP or a child's eligibility.

1. IDA-2 Evaluation tool
2. DAYC- Evaluation Tool
3. OAE for hearing screening

Improvement Strategy #2: Streamlining the IFSP process by evaluating the quality of the IFSP using the state-developed Quality IFSP and Outcomes (EI CO developed) tool.

1. QIO Tool

Improvement Strategy #3: Develop and require state training for Providers. Including Telehealth training and training on state-required evaluation tools. Training will also be available on the use of OAE.

1. Telehealth Training
2. OAE Training
3. EI Colorado Provider Training Modules

Provide a summary of each evidence-based practice.

IDA-2: The Infant-Toddler Developmental Assessment. This tool is a comprehensive holistic developmental assessment that assists in the development of an Individualized Family Service Plan for eligible Children in Colorado. This is a state approved tool for use during evaluation. This tool is criterion referenced, incorporates naturalistic observation and parent reports on the child's development. This tool meets all the federal requirements of IDEA and aligns with OSEP Early Childhood Outcomes.

DAYC: Developmental Assessment of Young Children Second Edition is an assessment tool used to identify children with possible delays in five developmental domains. This tool helps inform the child's team of the need for intervening services. Evaluators can collect information through direct assessment, observation, and interviewing the child's caregivers. Each of the DAYC-2 domains reflects an area mandated for assessment and intervention for young children in IDEA. Standard scores, percentile ranks and age equivalents are provided for each domain, and for overall general development when all domains are tested.

QIO: Quality IFSP and Outcomes Assessment Tool. The Individualized Family Service Plan (IFSP) development is a complex process that requires collaboration between various teams and family members. It should result in a document that is understandable to all, and useful for guiding the individualized provision of services according to the Mission and Key Principles of Early Intervention.

While many Early Intervention (EI) Colorado Programs have developed file review checklists, it is more challenging to assess quality in a completed IFSP. The QIO Assessment Tool is a way to review quality in a standardized way. It is based largely on the work of Naomi Younggren of the Educational and Developmental Intervention Services, Department of Defense and has been adapted from the Kansas Quality Indicator Rubric. The EI Colorado QIO Assessment Tool has been designed to align with the Colorado IFSP form, the Colorado Early Intervention Data System, and the IFSP training and instruction manual.

The QIO Assessment Tool is meant to be used by EI Colorado programs as part of their continuous improvement efforts and as a tool in the State's IFSP review and verification process. The QIO Assessment Tool also serves as a State Systemic Improvement Plan (SSIP) evaluation tool

OAE: Otoacoustic Emissions Testing. The OAE test is used to find out how well your inner ear works. It measures otoacoustic emissions, OAEs. Hearing

screening is a required part of evaluation for all children referred to EI Colorado, and this test is routinely used in the pediatric population to verify behavioral responses and obtain additional frequency-specific information to support the identification of any potential concerns around a child's hearing.

Coaching Model (Related to Telehealth and EI Provider Training): Coaching interactions can be used by Early Intervention providers during visits to help parents develop their abilities to support their child's development in their natural environment. Coaching allows the provider to guide the family during naturally occurring interactions within everyday routines. This model is especially important to be able to provide telehealth and virtual visits in our state.

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.

Utilizing the IDA-2 and DAYC evaluation tools for eligibility determination is changing the practices of evaluation teams to ensure consistency across the state and equitable identification of children statewide. Statewide use of the OAE for hearing screening will also improve practices and provide better outcomes for children identified with hearing loss.

Colorado's QIO Assessment Tool reviews IFSP quality to ensure meaningful outcomes for families, so that children will have better outcomes related to their day-to-day functioning. Additionally, the QIO Tool provides opportunities to target where technical assistance may need to be provided to local programs to improve their practices.

The EI Provider Training and Telehealth training provide the information needed for providers to be more effective with their interactions with families. The Coaching Model is proven to improve the experience for families in supporting their children and gives providers tools to more effectively serve children and families through telehealth, which continues to be widely used in Colorado.

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

Colorado is in the beginning of the implementation of the SSIP. All work done in FFY 21-22 was in anticipation of implementation and data collection and evaluation will begin in FFY 22-23.

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.

Standardized evaluation tools (IDA-2 and DAYC2) will continue to be used and training provided to new providers or current providers wishing a refresher.

Technical assistance on the use of OAEs is being accessed and the EI Colorado program is engaging experts in the identification of children with hearing loss and planning for future, robust training in this area.

The Provider Training and Telehealth training continue to be required of all providers who serve children in the EI Colorado program, including evaluators.

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

YES

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

Colorado is in the beginning of the implementation of the SSIP. All work done in FFY 21-22 was in anticipation of implementation and data collection and evaluation will begin in FFY 22-23.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The CDHS EI program began the process of soliciting stakeholder input for a variety of purposes including setting the the SPP targets and development and implementation of the State Systemic Improvement Plan (SSIP) in May 2020. Starting in August 2021 a variety of stakeholder workgroups and open meeting were facilitated to work toward implementing changes to our Child Find activities, address general process change and improvements, as well as ongoing SSIP work.

Stakeholders involved in all the process are:

- A. CDHS OEC staff;
- B. CICC;
- C. Local EI program 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

Target setting was discussed and shared with the CICC during the CICC Planning Meeting on September 23, 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 a baseline, FFY 19-20. In Colorado, the data showed significant declines in referrals and children entering services beginning in March 2020. Additionally, EI Colorado held an additional fifty-two (52) various stakeholder meetings throughout the year. The topic of these additional meetings focused on gathering information to support changes to our child find activities, SSIP strategies, and overall systems change, including implementation of the Extended Part C Option for Colorado. The workgroups consisted of an:

- A. EI Evaluations Tool Workgroup
- B. EI Evaluations General Workgroup
- C. EI Evaluation Monthly Transfer Monthly Webinar and Info Gathering
- D. EI Data system Workgroup
- E. EI Call Center Testing and Platform review
- F. EI Referral and Intake Workgroup
- G. EI Evaluations Interagency Agreement Workgroup
- H. EI Evaluation Task Force
- I. EI Evaluations Super Group (Merge of 3 previous groups into one moving forward)
- J. Extended Part C Option Public Meetings
- K. Extended Part C Option: Statement of Work and
- L. Interagency Group (Transitions)
- M. Evaluation of Young Infants Workgroup
- N. Colorado ICC Quarterly Meetings and Planning
- O. Public Awareness Campaign Workgroup (Contract with SE2)

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

Strategies include updating EI CO website and launching a public awareness campaign. An additional strategy of facilitating numerous workgroups will be implemented to engage stakeholders on these efforts.

EI Colorado contracted with SE2 to launch a public awareness campaign to ensure that every Colorado family with a child under three, and every professional and provider that touches the child's life, is aware of Early Intervention, how to make a referral for an evaluation and the benefits and importance of acting early. SE2 conducted research with professionals and parents to understand barriers and perceptions, created and launched a campaign for providers about EI improvement efforts on May 1, 2022 and developed a system to organize public-facing content on our website, as well as establishing ongoing communications with key stakeholders and referring partners. EI Colorado also facilitated numerous workgroups throughout the year to address system changes, improvement efforts, and strategies identified in the state's SSIP.

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

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.

Response to actions required in FFY 2020 SPP/APR

11 - 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 in the State's FFY 2020 APR, and OSEP accepts those targets.

The State provided a link for its Evaluation Plan. However, OSEP is unable to access the information due to permission requirements. The State must provide an accessible link to OSEP for the Evaluation Plan.

11 - Required Actions

The State did not provide an active link to the current Evaluation Plan. The State must provide an active and accessible link to the current Evaluation Plan in the FFY2022 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 Administrator

Email:

moniqua.johl@state.co.us

Phone:

720-667-9337

Submitted on:

04/25/23 4:31:34 PM

Determination Enclosures

RDA Matrix

2023 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination¹

Percentage (%)	Determination
71.43%	Needs Assistance

Results and Compliance Overall Scoring

	Total Points Available	Points Earned	Score (%)
Results	8	4	50.00%
Compliance	14	13	92.86%

2023 Part C Results Matrix

I. Data Quality

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

Number of Children Reported in Indicator C3 (i.e., outcome data)	6,629
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	6,509
Percentage of Children Exiting who are Included in Outcome Data (%)	101.84
Data Completeness Score²	2

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

Data Anomalies Score³	1
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II. Child Performance

(a) Data Comparison: Comparing your State's 2021 Outcomes Data to other States' 2021 Outcomes Data

Data Comparison Score⁴	1
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(b) Performance Change Over Time: Comparing your State's FFY 2021 data to your State's FFY 2020 data

Performance Change Score⁵	0
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2021	54.81%	65.72%	64.91%	54.55%	66.07%	59.58%
FFY 2020	65.44%	72.17%	72.20%	60.45%	74.10%	64.68%

¹ For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part C."

² Please see Appendix A for a detailed description of this calculation.

³ Please see Appendix B for a detailed description of this calculation.

⁴ Please see Appendix C for a detailed description of this calculation.

⁵ Please see Appendix D for a detailed description of this calculation.

2023 Part C Compliance Matrix

Part C Compliance Indicator ⁶	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2020	Score
Indicator 1: Timely service provision	84.76%	YES	1
Indicator 7: 45-day timeline	93.53%	N/A	2
Indicator 8A: Timely transition plan	97.71%	YES	2
Indicator 8B: Transition notification	95.28%	YES	2
Indicator 8C: Timely transition conference	93.98%	N/A	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Specific Conditions	None		
Uncorrected identified noncompliance	None		

⁶ The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_Measurement_Table.pdf

Appendix A

I. (a) Data Completeness:

The Percent of Children Included in your State's 2021 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2021 Outcomes Data (C3) and the total number of children your State reported in its FFY 2021 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2021 in the State's FFY 2021 IDEA Section 618 Exit Data.

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

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2021 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2021 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2017 – FFY 2020 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e⁷. In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2021 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

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

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

⁷ Numbers shown as rounded for display purposes.

⁸ Values based on data for States with summary statement denominator greater than 199 exiters.

Expected Range of Responses for Each Outcome and Category, FFY 2021

Outcome\Category	Mean	StDev	-1SD	+1SD
Outcome A\Category a	1.43	1.62	-0.19	3.05
Outcome B\Category a	1.26	2.27	-1.01	3.53
Outcome C\Category a	1.14	1.59	-0.45	2.73

Outcome\Category	Mean	StDev	-2SD	+2SD
Outcome A\ Category b	23.62	8.94	5.75	41.49
Outcome A\ Category c	20.32	12.69	-5.05	45.69
Outcome A\ Category d	27.33	9.46	8.42	46.24
Outcome A\ Category e	27.3	15.11	-2.92	57.52
Outcome B\ Category b	25.16	9.76	5.65	44.68
Outcome B\ Category c	28.73	12.11	4.5	52.95
Outcome B\ Category d	31.76	8.06	15.64	47.87
Outcome B\ Category e	13.09	8.56	-4.02	30.21
Outcome C\ Category b	20.27	8.49	3.29	37.26
Outcome C\ Category c	23.01	13.08	-3.16	49.17
Outcome C\ Category d	34.09	8.09	17.9	50.28
Outcome C\ Category e	21.49	15.06	-8.62	51.6

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

Anomalies in Your State's Outcomes Data FFY 2021

Number of Infants and Toddlers with IFSP's Assessed in your State	6,629
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Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	152	815	355	818	1,716
Performance (%)	3.94%	21.14%	9.21%	21.21%	44.50%
Scores	0	1	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	174	906	674	1,324	781
Performance (%)	4.51%	23.48%	17.47%	34.31%	20.24%
Scores	0	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	166	876	518	1,511	788
Performance (%)	4.30%	22.70%	13.42%	39.16%	20.42%
Scores	0	1	1	1	1

	Total Score
Outcome A	4
Outcome B	4
Outcome C	4
Outcomes A-C	12

Data Anomalies Score	1
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Appendix C

II. (a) Data Comparison:

Comparing Your State's 2021 Outcomes Data to Other States' 2021 Outcome Data

This score represents how your State's FFY 2021 Outcomes data compares to other States' FFY 2021 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement⁹. Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

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

Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2021

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	43.42%	36.60%	54.62%	29.02%	55.14%	36.15%
90	82.74%	69.30%	79.34%	55.52%	85.72%	76.15%

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

Your State's Summary Statement Performance FFY 2021

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	54.81%	65.72%	64.91%	54.55%	66.07%	59.58%
Points	1	1	1	1	1	1

Total Points Across SS1 and SS2(*)	6
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Your State's Data Comparison Score	1
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⁹ Values based on data for States with summary statement denominator greater than 199 exiters.

Appendix D

II. (b) Performance Change Over Time:

Comparing your State's FFY 2021 data to your State's FFY 2020 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2020) is compared to the current year (FFY 2021) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of $p \leq .05$. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

Test of Proportional Difference Calculation Overview

The summary statement percentages from the previous year's reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of $p \leq .05$. The statistical test has several steps.

Step 1: Compute the difference between the FFY 2021 and FFY 2020 summary statements.

e.g., C3A FFY2021% - C3A FFY2020% = Difference in proportions

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on¹⁰

$\text{Sqrt}[(\text{FFY}2021\% * (1-\text{FFY}2021\%)) / \text{FFY}2021\text{N}] + ((\text{FFY}2022\% * (1-\text{FFY}2022\%)) / \text{FFY}2022\text{N})$ = Standard Error of Difference in Proportions

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

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

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

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

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

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

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

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

¹⁰Numbers shown as rounded for display purposes.

Summary Statement/ Child Outcome	FFY 2020 N	FFY 2020 Summary Statement (%)	FFY 2021 N	FFY 2021 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	1,826	65.44%	2,140	54.81%	-10.63	0.0155	-6.8678	<.0001	YES	0
SS1/Outcome B: Knowledge and Skills	2,662	72.20%	3,078	64.91%	-7.29	0.0122	-5.9635	<.0001	YES	0
SS1/Outcome C: Actions to meet needs	2,680	74.10%	3,071	66.07%	-8.03	0.0120	-6.6817	<.0001	YES	0
SS2/Outcome A: Positive Social Relationships	3,446	72.17%	3,856	65.72%	-6.45	0.0108	-5.9749	<.0001	YES	0
SS2/Outcome B: Knowledge and Skills	3,446	60.45%	3,859	54.55%	-5.90	0.0116	-5.1031	<.0001	YES	0
SS2/Outcome C: Actions to meet needs	3,446	64.68%	3,859	59.58%	-5.11	0.0113	-4.5032	<.0001	YES	0

Total Points Across SS1 and SS2	0
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Your State's Performance Change Score	0
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Data Rubric

FFY 2021 APR¹¹

	Part C Timely and Accurate Data -- SPP/APR Data	
APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	N/A	0
10	1	1
11	1	1
	Subtotal	12
APR Score Calculation	Timely Submission Points - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right.	5
	Grand Total - (Sum of Subtotal and Timely Submission Points) =	17

¹¹ In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

Table	618 Data ¹²			Total
	Timely	Complete Data	Passed Edit Check	
Child Count/Settings Due Date: 4/6/22	1	1	1	3
Exiting Due Date: 11/2/22	1	1	1	3
Dispute Resolution Due Date: 11/2/22	1	1	1	3
			Subtotal	9
618 Score Calculation			Grand Total (Subtotal X 2) =	18.00

Indicator Calculation	
A. APR Grand Total	17
B. 618 Grand Total	18.00
C. APR Grand Total (A) + 618 Grand Total (B) =	35.00
Total N/A Points in APR Data Table Subtracted from Denominator	1
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	35.00
D. Subtotal (C divided by Denominator*) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

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

¹² In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2023 Submission

SPP/APR Data

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

Part C 618 Data

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

618 Data Collection	EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	1 st Wednesday in April
Part C Exiting	Part C Exiting Collection in EMAPS	1 st Wednesday in November
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	1 st Wednesday in November

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

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

Dispute Resolution

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2023 will be posted in June 2023. Copy and paste the link below into a browser to view.

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