

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2022

Washington



PART C DUE
February 1, 2024

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

The Department Children, Youth, and Families (DCYF) is a cabinet level agency focused on the well-being of children. Our vision is to ensure that "Washington state's children and youth grow up safe and healthy physically, emotionally and academically, nurtured by family and community." (House Bill 1661). DCYF serves as the State Lead Agency for the Individuals with Disabilities Education Act (IDEA) Part C program for Washington State. Within DCYF, the Part C programmatic home is the Early Support for Infants and Toddlers (ESIT) program, located in the Prevention, Partnership, and Services Division.

Effective September 1, 2020 State Special Education 0-3 Funds previously administered by the State Education Agency were transferred to DCYF as the State Lead Agency as a result of SHB 2787 (2020). This landmark milestone was in alignment with a multi-year Statewide System Re-design for the Provision of Early Intervention Services launched through legislative action outlined in SB 5879 (2016) and finalized in ESSB 6257 (2018). The statewide system re-design included systemic transition from the use of Local Lead Agencies to directly assigned contracts with four County Lead Agencies (King, Pierce, Snohomish, and Spokane counties) and 24 Early Intervention Provider Agencies through competitive procurement. The four County Lead Agencies sub-contract with an additional 19 Early Intervention Provider Agencies located within their respective service areas. The total number of Early Intervention Provider Agencies providing services by contract through DCYF, or a County Lead Agency is 44.

During Federal Fiscal Year (FFY) 2022, the ESIT State Leadership Office held contracts with four (4) County Lead Agencies (CLAs), 24 Early Intervention Provider Agencies and 2 Tribal Agencies statewide to ensure that all families have equitable access to a locally coordinated system of early intervention services. As a result, eligible infants, toddlers, and their families received early intervention services during the past year. The types of organizations that administered each local early intervention system included:

- 4 County Governmental Entities
- 4 Educational Service Districts
- 3 School Districts
- 2 Tribal Agencies
- 2 For-profit Organizations
- 1 Regional Health District
- 7 Neuro-Developmental Centers
- 7 Non-profit Organizations

To ensure services are coordinated and conform to IDEA Part C requirements, each contractor can develop and maintain subcontracts or local interagency agreements and/or local collaboration plans with individual early intervention providers or providing organizations within their geographic service area.

This past year, the ESIT program met targets for the following performance indicators:

- Indicator 2 - Services in Natural Environments
- Indicators 5 and 6 (Child Find)
- Indicator 8a - Early childhood transition with the development of timely IFSPs 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
- Indicator 8b - Early childhood transition with timely notifications to 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

ESIT had no mediations that resulted in mediation agreements.

ESIT did not meet target for the following performance indicators:

- Indicator 1 - Timely Provision of Services
- Indicator 4 - Family Outcomes Survey
- Indicator 3 - Child Outcomes
- Indicator 7 - 45-Day Timeline (slippage)
- Indicator 8c - Early Childhood Transition

ESIT continues to sustain a high level of satisfaction with the Part C services provided across the state. A significant increase in the response rate to the annual Family Outcomes Survey was observed this year. The number of families participating in Part C who report that early intervention services have helped the family know their rights (Indicator 4A) increased, as well as the percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs and the number of families who reported that early intervention services have helped the family help their children develop and learn (Indicator 4C).

Additional information related to data collection and reporting

During FFY2021 the state lead agency has initiated a transition from the legacy Silverlight Data Management System to a new Early Intervention Data System (EIDA) available through a vendor on the approved State of Washington Master Contract List. Customization is expected to be completed in January 2024. User training and data migration are expected to be completed by April 1, 2024.

General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions).

The Early Support for Infants and Toddlers (ESIT) program continues to direct its general supervision and monitoring efforts through the following:

- Aligning and integrating activities with the Annual Performance Report (APR);
- Meeting federal requirements for states to monitor implementation of IDEA, both APR indicators and related requirements;

- Focusing on compliance, outcomes, and quality practices and directing state technical assistance resources to the local early support provider agencies in greatest need.

Monitoring ESIT Part C Provider Agencies (ESIT Provider Agencies)

The ESIT Accountability and Quality Improvement (AQI) team, in coordination and collaboration with parents, services providers, County Lead Agencies, and advocates, have developed and are testing our Child and Family Record Review (CFRR) Tool that includes compliance, results, and fiscal indicators and our Evidenced-Based Practices (EBP) tool that looks at coaching, teaming and family-centered practices. During the inter-rater reliability testing phase of the CFRR tool, an overall reliability rating of 91% was achieved. These two tools are the cornerstone for the ESIT–Statewide Integrated Monitoring System (E-SIMS) System Analysis Program Review Visit. Components of the E-SIMS framework include Annual Fiscal Integrity Reviews of every ESIT Provider Agency, Annual Desktop Compliance Reviews and cyclic Systems Analysis Program Reviews.

ESIT Data Management System (DMS): All APR indicator data, with the exception of Indicator 4 - Family Outcomes, is retrieved from the DMS. The DMS creates an electronic Individualized Family Service Plan (IFSP) record that documents essential child and family information from initial contacts through transition. All child and family information must be entered into the DMS. This includes initial evaluation/assessment results, medical information, eligibility determination, and the child outcome summary, family statement, individual child and family outcomes and services information. All this information is required to be entered into the DMS before an IFSP can be issued as completed.

Child level data is retrieved from IFSPs entered into the DMS and used for APR reporting. DMS business rules and calendar tools ensure either required information is entered into the system or a reason for not entering the information is supplied. When required information is not entered into the DMS in a timely manner, the system creates red alerts on the family resources coordinator's (FRC) calendar. The calendar is monitored by local contractor staff (i.e. FRCs, program managers, agency administrators) and state staff in the ESIT State Leadership Office. Red alerts are reviewed, and technical assistance is provided by designated state ESIT staff.

Results Indicators: APR Indicators 2, 5, and 6 results data is obtained from all IFSPs entered into the DMS on December 1 of the contract year as reported in 618 data submissions gathered throughout the Federal Fiscal Year. Indicator 4 data is collected from hard copy, electronic and phone surveys completed by families and submitted to ESIT annually.

Compliance Indicators: APR Indicators 1, 7, 8, 8A, 8B, and 8C compliance data is retrieved from all IFSPs over a three (3) month period (January 1 through March 31). DMS data is reviewed and verified for validity, reliability, and accuracy.

Identification and Correction of Non-Compliance: ESIT State Leadership Office staff review and analyze compliance data to assess the "reasons" for any noncompliance (delayed services). When necessary, ESIT state staff request and obtain clarification regarding reasons for late services, IFSP meeting, transition plan, and transition notification or transition conference to determine the root cause of noncompliance. If late services were due to exceptional family circumstances, findings of noncompliance are not made. If late services were due to reasons other than exceptional family circumstances, child specific noncompliance is identified, and findings are issued. If it was determined that the noncompliance was already corrected, a finding is still issued, but a corrective action plan is not required. Even though correction occurred (the service provided though late), ESIT state staff still assess the level of noncompliance, identifies the contributing factors, if any, and determines if the noncompliance was isolated or systemic.

Within three months from when compliance-monitoring data is retrieved from the DMS, each contractor receives a written notice of findings of noncompliance and the need to make timely correction. Upon receipt of written notice, each ESIT Provider Agency Administrator is directed to begin implementing required improvement activities to ensure correction is made, as soon as possible, but no later than one year from notification. Once correction of findings of noncompliance is achieved, the contractor receives a written notice that correction of noncompliance was attained.

When required, corrective action plans (CAPs) outline the resources needed to be accessed and timelines to follow in order to achieve compliance and/or improve performance. CAPs are required of all Part C providers that do not fully correct identified noncompliance by the time annual determinations are issued.

Annual Determinations

ESIT makes an annual determination of its contractor's efforts in implementing the requirements and purposes of IDEA, Part C. Each ESIT Part C Provider Agency APR data is aggregated by ESIT for annual reporting purposes. This aggregated data is used by the federal Office of Special Education Programs (OSEP) to make ESIT's annual determination.

ESIT staff disaggregates and evaluates this data to make ESIT Part C Provider Agency annual determinations. The determination status is based on the following:

1. Compliance Data for Indicators 1, 7, 8a, b and c.
2. Timely correction of noncompliance
3. All Indicators must be timely, valid and reliable
4. Citizen's complaints filed and/or due process hearing, or mediations held

A compliance indicator summary worksheet and determination evaluation scoring rubric is used to make contractor level determinations. ESIT uses the 4 OSEP determination categories to make these determinations. The enforcement actions and sanctions are applied to all contractors. Before the status determinations are made, ESIT notifies the ESIT Part C provider of any findings of noncompliance. ESIT reports to the public the performance of each provider, a review of each program's performance against targets in the State's SPP/APR within 120 days from when ESIT submits the APR to OSEP.

Dispute Resolution

The timely administrative resolution of complaints occurs through established mediation, complaint, and due process hearing procedures. Monitoring the use of these dispute resolution options assists ESIT in identifying noncompliance and other systemic issues. By following each procedure's required steps and timelines, the resolution of any dispute will occur in a timely manner. Families are made aware of their dispute resolution options throughout their participation in the early intervention program. ESIT has a system in place to track and monitor complaint, mediation and due process dispute resolution activities. Parent identified issues are typically resolved through informal procedures rather than the formal dispute resolution options that are available to them.

Biennial Local Team Self-Assessment Process

Each ESIT Provider Agency must submit a Local System Improvement Plan with a minimum of one improvement activity. The contractor implements improvement strategies throughout the following contract year.

These data are used to substantiate compliance with IDEA and related requirements associated with each APR indicator, and to encourage the use of best practices associated with improved results for children and families.

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.

The Early Support for Infant and Toddlers (ESIT) program employs Technical Assistance Specialists with Part C experience to provide coaching and technical assistance to all contractors statewide. Technical assistance is provided through a variety of individualized methods including, spontaneous email and phone calls, quarterly check ins, on-site visits and home visit observations, and intensive on-site support, depending on locally identified needs or concerns. The ESIT state office provides direction through practice guides and other written materials. Technical assistance is provided on a variety of topics through asynchronous webinar recordings. State and national resources are accessed through synchronous and recorded webinars and websites. ESIT technical assistance materials and other publications may be accessed by going to <https://www.dcyf.wa.gov/services/child-dev-support-providers/esit/training>.

The Service Delivery and Technical Assistance Team convenes quarterly to process information gleaned regarding strengths, needs, and challenges experienced by local provider agencies. A structured team process identifies appropriate resources and supports, as well as ways to capitalize on agency strengths.

The Technical Assistance Specialists work in collaboration with Quality Improvement Specialists (responsible for accountability and monitoring activities) and Workforce Development Specialists (responsible for development of Practice Guides and other training materials) to ensure a complete system for quality assurance and support.

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.

Through contracts with the Early Support for Infants and Toddlers (ESIT) program, ESIT Provider Agencies are required to ensure all ESIT Providers, both employed and contracted, meet personnel qualifications. ESIT guidance on minimum education and state licensure/certification/registration requirements are posted on the ESIT website. This guidance information is accessible by going to https://www.dcyf.wa.gov/sites/default/files/pdf/esit/Qualified_Personnel_Guidelines.pdf

The Office of Superintendent of Public Instruction and Department of Health license or certify most providers. ESIT provides a certification process for Family Resources Coordinators (FRCs) who provide service coordination. Maintaining current FRC certification status requires meeting annual training requirements.

ESIT offers an In-Service Training framework of professional development for all ESIT Providers which includes both initial training requirements and ongoing professional development opportunities. Detailed information is available at <https://www.dcyf.wa.gov/services/early-learning-providers/qualifications/esit/training>. All initial training requirements are available through the DCYF Training Portal and provides an efficient method to track training completion. Each ESIT Provider are required to create a training portal account to track their professional development activities. Initial training requirements apply to all new ESIT Provider Agency (EPA) and County Lead Agency (CLA) staff (contracted or employed), including direct service providers, intake coordinators and those processing referrals, and EPA and CLA administrators. The initial training requirements consist of two steps which must be taken sequentially and completed in the first 6 months of employment.

Step one is a series of recorded modules available on the training portal. Topics include introductory modules to introduce providers to IDEA services and ESIT services in Washington, the Child Outcome Summary process, IFSP data entry into the data management system, and vision and hearing screening procedures. Step 2 is comprised of 3 live seminars which go into more detail about family centered practices, culturally responsive assessment practices, functional outcomes, and coaching practices. Registration for live seminars is completed through the training portal and each live seminar are held each month. The overarching learning objective for these programs is to uphold the unique value and dignity of each child and family through trusting relationships as we provide strengths-based, family-centered, culturally, and linguistically responsive services using self-reflection and cultural humility. Evaluation surveys are collected after each live seminar to assure knowledge transfer and for program improvements.

Ongoing professional development opportunities are available through many ESIT sponsored training events and are available throughout the year. A calendar and description of these offerings are available on our website: <https://www.dcyf.wa.gov/sites/default/files/pdf/esit/23-24OngoingPD-Calendar.pdf>. We offer courses on relationship-based teaming practices and domestic violence/family safety planning, as well as a full menu of Infant and Early Childhood Mental Health (IECMH) courses. The IECMH courses are components of our State Systemic Improvement Plan, focused on child and social emotional development. Courses include offerings from the Washington Association for Infant Mental Health, including scholarships for endorsements, Promoting First Relationships (PFR), the NeuroRelational Framework (NRF), and reflective consultation groups. The Workforce Development Team coordinates the In-Service Training Framework and collaborates with both the Service Delivery and Technical Assistance Team and Accountability and Quality Insurance Team to support EPAs and individual providers in their training needs.

ESIT is a major sponsor and active participant on the planning committee for the statewide Infant and Early Childhood Conference that occurs each year. This important conference draws professionals and critical partners from the larger field of early childhood and from across the state's many early childhood programs. State and national experts from diverse early childhood backgrounds continue to be key conference and workshop presenters. This conference continues to serve as the state's key early childhood professional development event and a great statewide networking opportunity.

Stakeholder Engagement:

The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

The primary pathway used for broad stakeholder engagement is the "Leading by Convening: Blueprint for Authentic Engagement" framework. This framework influences the approach, planning, and implementation methodologies grounded in the use of Circles of Engagement across tiered ripples of influence. Family leaders and community-based partners engage at four distinct levels/depths of interactions including (1) Informing; (2) Networking; (3) Collaborating; and (4) Transforming.

In FFY22, the Washington Early Supports for Infants and Toddlers program has hired a Community Collaboration Coordinator. This new position is assigned to the Partnership, Collaboration and Family Engagement Team, and coordinates and manages complex and multi-dimensional communication, advisory, and collaborative partnership structures necessary to support statewide early support service delivery systems that provide equitable access to services for all eligible children and their families. Most importantly, this position supports and helps to enhance parent involvement in this SPP/APR process in collaboration with the Family Engagement Coordinator.

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

YES

Number of Parent Members:

8

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.

During FFY22, the State Interagency Coordinating Council had 5 parent representatives, and the Parent Institute of Engagement (PIE) had 8 members. 2 of the parent members of the SICC are also members of one or more SICC sub-committees. These stakeholder groups provided input on APR target-setting, APR data collection and the analysis of the data we collected during FFY22. Specifically, the PIE members engaged in the discussion of reasons for the increased percentage of services provided in an "other" setting and how this relates to the data trends observed for Indicators 1 and 7. The SICC

members and members of the SICC sub-committees engage in monthly or quarterly meetings with their respective committees to review quantitative SSIP evaluation data, Indicator data and to assist in the development of refined stakeholder engagement processes. Together, they provide input and suggestions for improvement strategies to support implementation of short- and long-term program goals.

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.

The program continues to convene internal leaders on a regular basis to identify activities and strategies to increase the capacity of expanded groups of parents to actively engage in the ongoing development of implementation activities designed to improve outcomes for enrolled children and their families. Expanded activities to support the increased capacity of parent involvement included (a) enhancing the orientation process and increasing the number of meetings with the PIE cohort members, (b) actively recruiting additional parent representatives to serve on the SICC Data Committee and the Service Delivery Committee, and (c) expanding data analysis and evaluation activities within the annual January SICC Special Data Session to include multiple, structured small group breakout discussions at sequential intervals aligned with new indicator groupings.

Activities to reinforce and extend increased capacity of diverse groups of parents to support development, analysis, and evaluation of implementation activities to improve child and family outcomes during FFY 2023 include (a) planning and conducting formal planning meetings with the Washington State Parent Training and Information Center (PAVE), (b) enhancing connections with parent representatives from the 0-5 Preschool Development Grant committees, (c) establishing open lines of communication with Open Doors for Multi-Cultural Families to support planning and facilitation of parent engagement activities, (d) scheduling quarterly stakeholder engagement webinars spotlighting baseline, targets, progress, analysis, and evaluation metrics associated with performance Indicators C3 (Child Outcomes), C4 (Family Outcomes) and C11 (SSIP), and (d) exploring opportunity to connect and join IDEA Part B Section 619 parent engagement activities currently underway.

Over the past several years, DCYF has re-established relationships with Tribal Nations. ESIT is currently working with and supporting Lummi and Muckleshoot Nations. The program recently built a relationship with the Nisqually Nation and will bring the tribe aboard in FFY23. Over the past few years, DCYF has been emphasizing relationships with all divisions and providers to understand our Tribal Nations. We continue this work with the help of our Tribal Relations Specialist who engages directly with Washington's Tribal Nations and actively works on increasing the capacity of our tribal partners to support the development and implementation of our program structures to improve outcomes from infants and toddlers in their respective service areas.

Soliciting Public Input:

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

Planning and implementation for this federal expectation are in the early implementation stages. In FFY21, work began with several stakeholder groups with the goal to solicit continuous feedback on our data as well as our data collection and monitoring processes. We worked with the PIE and the State Interagency Coordinating Council and its committees to review the APR data. Further strategies being explored and considered in FY22 included (a) adding this body of stakeholder engagement work to the existing public comment protocols and timelines associated with the annual IDEA Part C Federal Grant Application, (b) requesting dedicated time quarterly on existing state advocacy agendas (i.e. PAVE, Early Childhood Development Association of WA), (c) connecting SICC Chair with Chair of the Washington State Early Learning Advisory Committee to plan joint cross-teaming stakeholder engagement webinars twice annually, (d) creating a Dose of Data Segment in our weekly ESIT publication to share information about the APR Indicators and to explain to the public how this data influences program decision making (e) integrating this body of work into the existing Circles of Engagement activities underway with the Blue Print for Planning and Designing an Effective Monitoring System.

For FFY23, we have planned the implementation of quarterly SICC Data Committee briefings on the APR Performance Indicators (C1, C7 and C8) to solicit ongoing feedback and suggestions for further data analysis. The state is working in collaboration with the Rhonda Weiss Center for Accessible IDEA Data to adopt their newly developed tool for data reporting. The goal is to increase data accessibility and solicit input from parents, caregivers, families and Part C providers to further inform the State's processes, policies and procedures.

Making Results Available to the Public:

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

The primary mechanism and timeline for making the results of the target setting, data analysis, development of improvement strategies, and evaluation will be through development and publication of the State Performance Plan Briefing on a quarterly basis with an expanded State Performance Plan Progress Update semi-annually. In addition to these mechanisms, we also post the APR and the SSIP to our website annually to make it available to stakeholders.

In FFY 2023, the State will continue the work with the Rhonda Weiss Center for Accessible IDEA Data to adopt their newly developed tool for data reporting. The implementation of this tool on our Washington ESIT website will improve the public's access to Washington's IDEA Part C data and will open new avenues of stakeholder engagement in the development of improvement strategies, target setting and data analysis.

Reporting to the Public:

How and where the State reported to the public on the FFY 2021 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 2021 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 revisions if the State has revised the targets that it submitted with its FFY 2021 APR in 2023, is available.

The Early Support for Infants and Toddlers Program made the following items available to the public on the program website under the subsection "DMS Publications" at <https://www.dcyf.wa.gov/services/child-dev-support-providers/esit/dms>

- Annual Performance Report (APR)
- SPP/APR ESIT Provider Agency Data Profiles FFY17-21
- 618 Data Tables

Information on how these reports could be accessed was emailed to our SICC, contractors, and other stakeholders.

On June 21, 2023, the Office of Special Education Programs (OSEP) FFY 2022 Determination Letter notified the director of the Washington State Department of Children, Youth, and Families (DCYF), the State Lead Agency for Part C, that the Washington State Part C program met requirements of Part C of the IDEA.

Intro - Prior FFY Required Actions

None

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 child-specific and regulatory/systemic noncompliance as noted in the Office of Special Education Programs' (OSEP's) response 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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	87.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	96.90%	97.34%	98.22%	99.00%	98.87%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
6,456	6,819	98.87%	100%	97.95%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

223

Provide reasons for delay, if applicable.

After analysis of the late reasons that were identified as "late, other" most late cases were related to staff availability, particularly staffing shortages due to the increase in demand for services. There were some instances where specific reasons for the shortage were not mentioned, a few related to planned or unplanned provider absences, and cases where a foreign language interpreter was unavailable. Less common reasons for scheduling delays included difficulties meeting the family's scheduling needs, provider errors, the child having a less frequent schedule of care, changing plans for the child's care, and one case where an in-community care site was unavailable for use.

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).

Washington State's criteria for timely receipt of early intervention services requires the provider agency to conduct an initial evaluation and assessments and the initial IFSP within 45 days from the date the provider agency received the referral. The provider then has to provide a timely review IFSP at least 6 months after the issue date of the initial IFSP or 6 months after the issue of the annual IFSP. The early intervention services listed on the IFSP must start within 30 days from the IFSP date or have a planned start date set in the future (beyond 30 days from the IFSP date). When a future planned start date is set, the actual service must start on or before that date.

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 collected from January 1 through March 31, 2023, third quarter, selection from the full reporting period and was obtained from all IFSPs entered into the ESIT Data Management System (DMS) during this period.

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

The annual compliance period in the state of Washington is from January 1 through March 31, 2023, third quarter of the respective reporting year. During this time, the state confirms the timeliness of all IFSPs entered in the data management system. The three months of data collected from all IFSPs during this period contain the full range of variability exhibited by the population served by ESIT throughout the year. The data is from all programs across the state making it representative of the entire state.

Provide additional information about this indicator (optional)

In FFY 2022, less than 3% of IFSPs entered in the state database during the compliance monitoring period were late. We recorded a decrease of 0.92% in the number of toddlers with IFSPs who receive the early intervention services on their IFSP in a timely manner. The data collected for Indicator 1 was presented to the State Interagency Coordinating Council's Data Committee and discussed at Data Committee Meetings in November 2023 and December 2023. In addition to these discussions, our Technical Assistance team in collaboration with the Quality Improvement Specialists provide continuous support to programs who had noticeable decreases in the timeliness of services provided. The State Interagency Coordinating Council discussed all APR data during their special session on January 17th, 2024 and gave recommendations for strategies to improve timeliness of IFSPs in the upcoming performance cycle.

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
140	80	60	0

FFY 2021 Findings of Noncompliance Verified as Corrected

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

ESIT staff, ESIT Part C provider agency administrators, Family Resources Coordinators (FRCs), and providers used the ESIT Data Management System (DMS) IFSP Compliance Report to review data and determine if the source of noncompliance is implementing the regulatory requirements. In FFY 2021, ESIT issued 140 findings, based on number of children with noncompliance, to 26 ESIT Part C Provider Agencies.

From the date the contractor received a finding letter for noncompliance, the contractor had one year to correct identified non-compliance for each indicator not meeting 100%. Each ESIT Part C Provider Agency reviewed compliance reports from the DMS to ensure data was entered accurately into the system and that the regulatory requirements regarding the timely service delivery meeting were met.

To verify that noncompliance was correctly addressing the regulatory requirements, each provider agency reviewed and identified a minimum of two weeks of DMS data. If data demonstrated compliance for each indicator where findings were issued, compliance with regulatory requirements was considered achieved. The contractor then submitted the DMS data to ESIT staff for reverification. After ESIT staff verified the data submitted, (and verified correction of individual child noncompliance, ESIT staff sent a letter documenting that noncompliance was fully corrected.

If correction of non-compliance with regulatory requirements could not be verified within one-year of the findings, ESIT staff notifies the contractor that they must develop a CAP. During FFY21, two provider agencies met the criteria for needing a CAP because they were unable to provide a two-week

verification period during which they demonstrated 100% compliance with regulatory requirements.

Providers needing a CAP were required to:

- Schedule monthly meetings with their Quality Improvement Specialist and Technical Assistance Specialist.
- Submit a monthly pull of a two-week data sample for Indicator 1 by the 30th of each month for verification of compliance by the AQI team
- Submit a Root Cause Analysis by September 30, 2023

In FFY 2021, ESIT issued 140 findings of noncompliance related to timely services to 26 ESIT Part C Provider Agencies. Each of these agencies, reviewed data in the state's DMS and 24 of the 26 ESIT Part C Provider Agencies with 80 of the findings submitted to the Lead Agency two weeks of updated data reflecting that all children had timely initiation of new services within one year of being issued the findings. ESIT AQI staff reviewed the data and verified that each of the 24 agencies were correctly implementing the timely services requirements and were at 100% compliance.

The remaining 2 ESIT Part C Provider Agencies with 60 findings subsequently submitted to the Lead Agency 2 weeks of updated data reflecting all children had timely initiation of services. ESIT AQI staff reviewed this data and verified that these 2 agencies had subsequently corrected their noncompliance and were now at 100% compliance and correctly implementing the timely services requirements. At the time of submission of this annual performance report, all 26 ESIT T contractors who were issued findings of noncompliance in FFY 2021 were able to demonstrate that regulatory requirements related to timely services were implemented correctly and were able to produce a two-week data sample that showed 100% compliance with the Indicator.

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

ESIT staff verified correction of 80 individual incidences of non-compliance within one year and subsequent correction of 60 findings of noncompliance that were not corrected within one year by reviewing data in the DMS and verifying that all 140 children received their services although late or were no longer in the jurisdiction of the program. At the time of submission of the APR, all ESIT providers were able to demonstrate compliance with Indicator 1.

The DMS provides a service due date and an actual date when the service occurred for each service on the child's IFSP. If a service was late, the DMS requires the user to enter a reason for the delay.

Late Exceptional Family Circumstance (EFC): extraordinary events that prevent the family from participating in required events on time.

Late Other: events identified by the early intervention program or provider and not the family that prevent required events from being completed on time.

ESIT staff reviewed compliance reports from the DMS during the annual compliance monitoring period and subsequent intervals as needed to verify each individual instance of noncompliance is corrected unless the child is no longer within the jurisdiction of the local lead agency, the family declined services, or the local lead agency was unable to make contact with the family. Specifically, staff ensured that all services marked as "late, other" were started and are being provided in accordance with the frequency and intensity on the IFSP.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 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.

Response to actions required in FFY 2021 SPP/APR

All child level instances of non-compliance identified in FFY2021 have been verified as corrected through desk-top monitoring. To verify the correction of each individual occurrence of non-compliance, the State's Accountability and Quality Improvement team confirmed for each child with a service marked as "late, other" that the service was started and has subsequently been delivered as indicated on the IFSP.

The state has also 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 and desktop monitoring and the State data system (DMS); 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. Specifically, each program that did not meet regulatory requirements in FFY2021 had to submit a verification of corrections to the State. This verification consists of a two-week timespan in which data shows 100% compliance with Indicator 1.

1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2021 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2021: (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.

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	48.00%

FFY	2017	2018	2019	2020	2021
Target >=	93.25%	93.50%	95.00%	95.00%	95.10%
Data	96.21%	95.71%	95.99%	96.57%	94.40%

Targets

FFY	2022	2023	2024	2025
Target >=	95.20%	95.30%	95.40%	95.50%

Targets: Description of Stakeholder Input

The primary pathway used for broad stakeholder engagement is the "Leading by Convening: Blueprint for Authentic Engagement" framework. This framework influences the approach, planning, and implementation methodologies grounded in the use of Circles of Engagement across tiered ripples of influence. Family leaders and community-based partners engage at four distinct levels/depths of interactions including (1) Informing; (2) Networking; (3) Collaborating; and (4) Transforming.

In FFY22, the Washington Early Supports for Infants and Toddlers program has hired a Community Collaboration Coordinator. This new position is assigned to the Partnership, Collaboration and Family Engagement Team, and coordinates and manages complex and multi-dimensional communication, advisory, and collaborative partnership structures necessary to support statewide early support service delivery systems that provide equitable access to services for all eligible children and their families. Most importantly, this position supports and helps to enhance parent involvement in this SPP/APR process in collaboration with the Family Engagement Coordinator.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	10,887
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Total number of infants and toddlers with IFSPs	11,344

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
10,887	11,344	94.40%	95.20%	95.97%	Met target	No Slippage

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

The primary pathway used for broad stakeholder engagement is the "Leading by Convening: Blueprint for Authentic Engagement" framework. This framework influences the approach, planning, and implementation methodologies grounded in the use of Circles of Engagement across tiered ripples of influence. Family leaders and community-based partners engage at four distinct levels/depths of interactions including (1) Informing; (2) Networking; (3) Collaborating; and (4) Transforming.

In FFY22, the Washington Early Supports for Infants and Toddlers program has hired a Community Collaboration Coordinator. This new position is assigned to the Partnership, Collaboration and Family Engagement Team, and coordinates and manages complex and multi-dimensional communication, advisory, and collaborative partnership structures necessary to support statewide early support service delivery systems that provide equitable access to services for all eligible children and their families. Most importantly, this position supports and helps to enhance parent involvement in this SPP/APR process in collaboration with the Family Engagement Coordinator.

Historical Data

Outcome	Baseline	FFY	2017	2018	2019	2020	2021
A1	2013	Target>=	56.80%	58.25%	58.50%	58.50%	58.75%
A1	56.21%	Data	56.74%	59.06%	61.11%	55.63%	55.27%
A2	2013	Target>=	55.75%	56.00%	56.00%	56.00%	56.25%
A2	54.77%	Data	53.54%	55.40%	55.22%	58.32%	60.46%
B1	2013	Target>=	65.75%	66.00%	66.25%	66.25%	66.50%
B1	65.11%	Data	65.22%	66.32%	67.58%	60.59%	61.63%
B2	2013	Target>=	57.60%	57.80%	57.80%	57.80%	58.00%
B2	56.79%	Data	51.96%	52.27%	51.22%	51.41%	52.83%
C1	2013	Target>=	69.25%	69.50%	69.50%	69.50%	69.75%
C1	68.26%	Data	66.29%	67.25%	69.23%	65.26%	66.14%
C2	2013	Target>=	59.00%	59.35%	59.35%	59.35%	59.50%
C2	58.17%	Data	55.04%	55.51%	54.84%	56.37%	58.27%

Targets

FFY	2022	2023	2024	2025
Target A1>=	59.00%	59.25%	59.50%	59.75%
Target A2>=	56.50%	56.75%	57.00%	57.25%
Target B1>=	66.75%	67.00%	67.25%	67.50%
Target B2>=	58.25%	58.50%	58.75%	59.00%
Target C1>=	70.00%	70.25%	70.50%	70.75%
Target C2>=	59.75%	60.00%	60.25%	60.50%

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	74	0.94%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,020	25.60%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	891	11.29%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,963	24.88%

Outcome A Progress Category	Number of children	Percentage of Total
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	2,942	37.29%

Outcome A	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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	2,854	4,948	55.27%	59.00%	57.68%	Did not meet target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	4,905	7,890	60.46%	56.50%	62.17%	Met target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	87	1.10%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,108	26.72%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,323	16.77%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,595	32.89%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,777	22.52%

Outcome B	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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	3,918	6,113	61.63%	66.75%	64.09%	Did not meet target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	4,372	7,890	52.83%	58.25%	55.41%	Did not meet target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	66	0.84%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,932	24.49%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,125	14.26%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,950	37.39%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,817	23.03%

Outcome C	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	4,075	6,073	66.14%	70.00%	67.10%	Did not meet target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	4,767	7,890	58.27%	59.75%	60.42%	Met target	No Slippage

FFY 2022 SPP/APR Data

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	11,619
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.	2,106
Number of infants and toddlers with IFSPs assessed	7,890

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

Providers use formal and informal assessment and evaluation tools to collect information to inform the child outcomes ratings at entry and exit. This might also include observation, parent/caregiver interview and other methods of collecting information about a family's strengths, priorities, and cultural practices/values/expectations. The Washington COS decision tree is used by the full team, including the parent, to determine descriptor statements for each outcome area.

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

None

3 - OSEP Response

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 7891 as the denominator in outcome A, 7890 as the denominator in outcome B, and 7890 as the denominator in outcome C. Additionally, the State reported 9725 infants and toddlers with IFSPs were assessed. The State must explain this discrepancy.

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race/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	2017	2018	2019	2020	2021
A	2019	Target>=	83.25%	83.50%	83.50%	83.50%	85.00%
A	89.87%	Data	79.17%	79.53%	89.87%	84.88%	86.23%
B	2019	Target>=	91.25%	91.50%	91.50%	91.50%	91.75%
B	92.16%	Data	85.60%	85.87%	92.16%	90.56%	90.09%
C	2019	Target>=	87.25%	87.50%	87.50%	87.50%	87.75%
C	86.89%	Data	85.10%	84.90%	86.89%	81.59%	84.62%

Targets

FFY	2022	2023	2024	2025
Target A>=	88.00%	89.00%	89.50%	90.00%
Target B>=	92.00%	92.25%	92.50%	92.75%
Target C>=	88.00%	88.25%	88.50%	88.75%

Targets: Description of Stakeholder Input

The primary pathway used for broad stakeholder engagement is the “Leading by Convening: Blueprint for Authentic Engagement” framework. This framework influences the approach, planning, and implementation methodologies grounded in the use of Circles of Engagement across tiered ripples of influence. Family leaders and community-based partners engage at four distinct levels/depths of interactions including (1) Informing; (2) Networking; (3) Collaborating; and (4) Transforming.

In FFY22, the Washington Early Supports for Infants and Toddlers program has hired a Community Collaboration Coordinator. This new position is assigned to the Partnership, Collaboration and Family Engagement Team, and coordinates and manages complex and multi-dimensional communication, advisory, and collaborative partnership structures necessary to support statewide early support service delivery systems that provide equitable access to services for all eligible children and their families. Most importantly, this position supports and helps to enhance parent involvement in this SPP/APR process in collaboration with the Family Engagement Coordinator.

FFY 2022 SPP/APR Data

The number of families to whom surveys were distributed	10,000
Number of respondent families participating in Part C	4,515
Survey Response Rate	45.15%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	3,522
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	4,006
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	3,990
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children’s needs	4,374
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	3,291
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	3,881

Measure	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	86.23%	88.00%	87.92%	Did not meet target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	90.09%	92.00%	91.22%	Did not meet target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	84.62%	88.00%	84.80%	Did not meet target	No Slippage

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

Response Rate

FFY	2021	2022
Survey Response Rate	37.30%	45.15%

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 metric used to determine representativeness is +/- 3% discrepancy.

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. States must include race/ethnicity in their analysis. In addition, the State's analysis must 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 category approved through the stakeholder input process.

The demographics of infants, toddlers for whom families responded are within 3 percentage points of the population in ALL demographic categories (ethnicity/gender, language, area, and age). The demographics of infants and toddlers for whom families responded to the survey are therefore deemed representative of the demographics of infants and toddlers enrolled in the Part C program. The largest discrepancies were that 55.6% of the respondents identify as "White" while only 53.4% of the population served in Washington's Part C program identify as "White". At the same time, 21% of respondents identify as "Hispanic" while 23.1% of the population served identify as "Hispanic". The discrepancy between respondent and population is 2.2% for the White population and 2.1% for the Hispanic population.

In the gender category, the discrepancy for female respondents versus female population is 1.6% (the number of female children served in the ESIT population is higher than the respondent pool), and for male respondent versus male population is 1.6% (more respondents have a male child). Analysis of our data broken down by language spoken in the household, the largest difference between respondent pool and population served was in the number of families speaking Russian as the primary language in the household. The discrepancy here was 0.2%.

Lastly, we analyzed the data by geographic location. The data collected was representative of the demographics of infants and toddlers served in the respective county. The largest discrepancy was observed for children living in King County where the population served is 2.2% lower than the percentage of respondents who indicated that they live in King County.

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. (yes/no)

YES

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 response rate to the Family Outcome Survey increased in FFY22 from 37.30% to 45.15%. The state has implemented a variety of strategies to increase the response rate. The survey was sent out to 10,000 families this year in an effort to collect more meaningful data for smaller contractors. Instead of sending the survey in the late fall, the survey was sent out in summer of 2023 and data was collected until November 2023. The State continued to contact eligible families via mail, email, and telephone. In addition to sending 2 paper surveys, 1 postcard reminder was sent as well as 3 emails and follow up with telephone calls. Telephone calls were made in English and Spanish.

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.

Analysis of the response rate did not identify any nonresponse bias. The increase in the response rate is attributed in large to the larger amount of surveys sent and the timing of the survey distribution. Surveys were sent to families in August 2023 and the surveys closed in November, giving us several months to collect responses.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

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.

Response to actions required in FFY 2021 SPP/APR

The State reported whether the FFY 2022 response data are representative of demographics of infants, toddlers and families enrolled in the Part C program. Furthermore, the State reported in the FFY 2022, to which extent the demographics are representative of the population.

4 - OSEP Response

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.51%

FFY	2017	2018	2019	2020	2021
Target >=	0.92%	0.96%	1.21%	2.00%	2.10%
Data	1.63%	1.95%	2.04%	2.00%	2.35%

Targets

FFY	2022	2023	2024	2025
Target >=	2.20%	2.30%	2.40%	2.50%

Targets: Description of Stakeholder Input

The primary pathway used for broad stakeholder engagement is the "Leading by Convening: Blueprint for Authentic Engagement" framework. This framework influences the approach, planning, and implementation methodologies grounded in the use of Circles of Engagement across tiered ripples of influence. Family leaders and community-based partners engage at four distinct levels/depths of interactions including (1) Informing; (2) Networking; (3) Collaborating; and (4) Transforming.

In FFY22, the Washington Early Supports for Infants and Toddlers program has hired a Community Collaboration Coordinator. This new position is assigned to the Partnership, Collaboration and Family Engagement Team, and coordinates and manages complex and multi-dimensional communication, advisory, and collaborative partnership structures necessary to support statewide early support service delivery systems that provide equitable access to services for all eligible children and their families. Most importantly, this position supports and helps to enhance parent involvement in this SPP/APR process in collaboration with the Family Engagement Coordinator.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 1 with IFSPs	2,347
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	06/20/2023	Population of infants and toddlers birth to 1	84,431

FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
2,347	84,431	2.35%	2.20%	2.78%	Met target	No Slippage

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

6 - Indicator Data

Baseline Year	Baseline Data
2005	1.79%

FFY	2017	2018	2019	2020	2021
Target >=	2.49%	2.55%	2.80%	3.00%	3.10%
Data	2.99%	3.43%	3.72%	3.31%	3.92%

Targets

FFY	2022	2023	2024	2025
Target >=	3.20%	3.30%	3.40%	3.50%

Targets: Description of Stakeholder Input

The primary pathway used for broad stakeholder engagement is the "Leading by Convening: Blueprint for Authentic Engagement" framework. This framework influences the approach, planning, and implementation methodologies grounded in the use of Circles of Engagement across tiered ripples of influence. Family leaders and community-based partners engage at four distinct levels/depths of interactions including (1) Informing; (2) Networking; (3) Collaborating; and (4) Transforming.

In FFY22, the Washington Early Supports for Infants and Toddlers program has hired a Community Collaboration Coordinator. This new position is assigned to the Partnership, Collaboration and Family Engagement Team, and coordinates and manages complex and multi-dimensional communication, advisory, and collaborative partnership structures necessary to support statewide early support service delivery systems that provide equitable access to services for all eligible children and their families. Most importantly, this position supports and helps to enhance parent involvement in this SPP/APR process in collaboration with the Family Engagement Coordinator.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 3 with IFSPs	11,344
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	06/20/2023	Population of infants and toddlers birth to 3	252,696

FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
11,344	252,696	3.92%	3.20%	4.49%	Met target	No Slippage

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	85.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	91.43%	90.77%	94.78%	96.17%	93.64%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
2,027	3,120	93.64%	100%	82.44%	Did not meet target	Slippage

Provide reasons for slippage, if applicable.

In FFY 2022 there was an 11.2% decrease in 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. This substantial decrease in the number of children who received an IFSP within the 45-day timeline was discussed with the SICC Data Committee during meetings in November and December 2023. The compliance indicator results were also analyzed with individual contractors during quarterly meetings and technical assistance calls. Part C provider agencies and County Lead Agencies shared with the State Office that the decrease in timely IFSP is related to the increase in referrals and children eligible for services. Other

reasons for the decrease in timely IFSPs were challenges with hiring, planning for extended maternity leave, the evaluation of children who were referred but not eligible, and seasonal influxes in referrals that were difficult to anticipate.

Between 2021 and 2022 there was an 8.14% increase in the number of children referred to services, and a 5.32% increase in the number of children determined eligible for services. The percentage of children who were referred to services but who did not receive a determination of eligibility increased by 41.67%. While referral numbers were rising, programs continue to experience workforce shortages and challenges with hiring staff to compensate for losses due to the extended maternity leave plans now available in Washington State. The evaluation of children referred for services is time-intensive, and the large number of children referred but not eligible leads to considerable delays in the evaluation process for children who are eligible and are moving forward to receive Part C services.

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.

545

Provide reasons for delay, if applicable.

Analysis of explanation for late start revealed four common categories of delay: (1.) lack of FRC or provider availability, (2.) cases that were affected by both FRC/Provider availability and family scheduling, (3.) cases where the limited number of appointments available could not meet the family's scheduling needs while remaining in the 45-day timeframe, and (4.) staffing shortages. Uncommon reasons for delay included the families taking more time to make decisions about services, staff errors, families moving, the need for staff training, language barriers, a custody case, and one case of concern for staff safety.

These trends in the data most likely reflect the challenge of hiring enough staff with the large increase in the number of children being referred to ESIT services over time.

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 collected from January 1 through March 31, 2023, third quarter, selection from the full reporting period and was obtained from all IFSPs entered into the ESIT Data Management System (DMS) during this period.

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

The annual compliance period in the state of Washington is from January 1 through March 31, 2023, third quarter of the respective reporting year. During this time, the state confirms the timeliness of all IFSPs entered in the data management system. The three months of data collected from all IFSPs during this period contain the full range of variability exhibited by the population served by ESIT throughout the year. The data is from all programs across the state making it representative of the entire state.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
384	322	62	0

FFY 2021 Findings of Noncompliance Verified as Corrected

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

ESIT staff, ESIT Part C provider agency administrators, Family Resources Coordinators (FRCs), and providers used the ESIT Data Management System (DMS) IFSP Compliance Report to review data and determine if the source of noncompliance is implementing the regulatory requirements.

From the date the contractor received a finding letter for noncompliance, the contractor had one year to correct identified non-compliance for each indicator not meeting 100%. Each ESIT Part C Provider Agency reviewed compliance reports from the DMS to ensure data was entered accurately into the system and that the regulatory requirements regarding the 45-day timeline to conduct assessment, evaluation and initial IFSP meeting were met.

To verify that noncompliance was correctly addressing the regulatory requirements, each provider agency reviewed and identified a minimum of two weeks of DMS data. If data demonstrated compliance for each indicator where findings were issued, compliance with regulatory requirements was considered achieved. The contractor then submitted the DMS data to ESIT staff for reverification. After ESIT staff verified the data submitted, (and verified correction of individual child noncompliance, ESIT staff sent a letter documenting that noncompliance was fully corrected.

If correction of non-compliance with regulatory requirements could not be verified within one-year of the findings, ESIT staff notifies the contractor that they must develop a CAP. During FFY21, two provider agencies met the criteria for needing a CAP because they were unable to provide a two-week verification period during which they demonstrated 100% compliance with regulatory requirements.

Providers needing a CAP were required to:

- Schedule monthly meetings with their Quality Improvement Specialist and Technical Assistance Specialist.
- Submit a monthly pull of a two-week data sample for Indicator 7 by the 30th of each month for verification of compliance by the AQI team
- Submit a Root Cause Analysis by September 30, 2023

In FFY 2021, ESIT issued 384 findings of noncompliance related to the 45 day timeline to 28 ESIT Part C Provider Agencies. Each of these agencies, reviewed data in the state's DMS and 26 of the 28 ESIT Part C Provider Agencies with 322 findings submitted to the Lead Agency two weeks of updated data reflecting that all children had a timely evaluation and assessment and initial IFSP meeting within one year of being issued the findings. ESIT AQI staff reviewed the data and verified that each of the 26 agencies were correctly implementing the timely services requirements and were at 100% compliance.

The remaining 2 ESIT Part C Provider Agencies with 62 findings subsequently submitted to the Lead Agency 2 weeks of updated data reflecting all children had timely evaluations and assessments and initial IFSP meetings. ESIT AQI staff reviewed this data and verified that these 2 agencies had

subsequently corrected their noncompliance and were now at 100% compliance and correctly implementing the 45 day requirements.

At the time of submission of this annual performance report, all ESIT contractors were able to demonstrate that regulatory requirements were implemented correctly and were able to produce a two-week data sample that showed 100% compliance with the Indicator.

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

ESIT staff verified correction of 322 individual incidences of non-compliance) within one year subsequent correction of 62 findings of noncompliance that were not corrected within one year by reviewing DMS data that reflected that all 322 children with noncompliance had received their evaluation and assessment and initial IFSP meeting although late.. At the time of submission of the APR, all ESIT providers were able to demonstrate compliance with Indicator 7.

The DMS provides an IFSP due date and an actual date when the IFSP was issued for each eligible child. If an IFSP was issued late, the DMS requires the user to enter a reason for the delay.

Late Exceptional Family Circumstance (EFC): extraordinary events that prevent the family from participating in required events on time.

Late Other: events identified by the early intervention program or provider and not the family that prevent required events from being completed on time.

ESIT staff reviewed compliance reports from the DMS during the annual compliance monitoring period and subsequent intervals as needed to verify each individual instance of noncompliance is corrected unless the child is no longer within the jurisdiction of the local lead agency, the family declined services, or the local lead agency was unable to make contact with the family. Specifically, staff ensured that all IFSPs marked as "late, other" were issued and that Part C services were provided as indicated on the IFSP.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 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.

Response to actions required in FFY 2021 SPP/APR

All child level instances of non-compliance identified in FFY2021 have been verified as corrected through desk-top monitoring. To verify the correction of each individual occurrence of non-compliance, the State's Accountability and Quality Improvement team confirmed for each child with an IFSP marked as "late, other" that the IFSP was issued, and that services have begun.

The state has also 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 and desktop monitoring and the State data system (DMS); 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. Specifically, each program that did not meet regulatory requirements in FFY2021 had to submit a verification of corrections to the State. This verification consists of a two-week timespan in which data shows 100% compliance with Indicator 7.

7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2021 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2021 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.

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# 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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	76.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,498	1,498	100.00%	100%	100.00%	Met target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

0

Provide reasons for delay, if applicable.

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

State database

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

Data were collected from January 1 through March 31, 2023, third quarter, selection from the full reporting period and was obtained from all IFSPs entered into the ESIT Data Management System (DMS) during this period.

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

The annual compliance period in the state of Washington is from January 1 through March 31, 2023, third quarter of the respective reporting year. During this time, the state confirms the timeliness of all IFSPs entered in the data management system. The three months of data collected from all IFSPs during this period contain the full range of variability exhibited by the population served by ESIT throughout the year. The data is from all programs across the state making it representative of the entire state.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2021

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 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY Required Actions

None

8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	95.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,411	1,411	100.00%	100%	100.00%	Met target	No Slippage

Number of parents who opted out

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

Provide reasons for delay, if applicable.

Describe the method used to collect these data.

Do you have a written opt-out policy? (yes/no)

NO

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 collected from January 1 through March 31, 2023, third quarter, selection from the full reporting period and was obtained from all IFSPs entered into the ESIT Data Management System (DMS) during this period.

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

The annual compliance period in the state of Washington is from January 1 through March 31, 2023, third quarter of the respective reporting year. During this time, the state confirms the timeliness of all IFSPs entered in the data management system. The three months of data collected from all IFSPs during this period contain the full range of variability exhibited by the population served by ESIT throughout the year. The data is from all programs across the state making it representative of the entire state.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2021

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 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY Required Actions

None

8B - OSEP Response

The State did not provide valid and reliable data for this indicator. These data are not valid and reliable because the State did not indicate whether the data include notification to both the SEA and LEA. Therefore, OSEP could not determine whether the State met its target.

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	80.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	96.96%	97.20%	95.15%	93.96%	92.48%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,123	1,411	92.48%	100%	93.75%	Did not meet target	No Slippage

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

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

82

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.

123

Provide reasons for delay, if applicable.

After analyzing the data we identified 2 main reasons for delay attributable to exceptional family circumstances. These reasons are family illness and families having scheduling conflicts and cancelling transition conferences. The transition conferences identified as "late" were not scheduled on time due to provider/staff shortages, scheduling conflicts at the program level and communication challenges with the school districts. The State is actively working with provider agencies to enhance communication with the school district. As a first step, school districts will have access to the new data management system, ACORN, where they can view child files of children in the transition window who meet eligibility criteria for Part B, where the parents consented to sharing data with the school district.

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 collected from January 1 through March 31, 2023, third quarter, selection from the full reporting period and was obtained from all IFSPs entered into the ESIT Data Management System (DMS) during this period.

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

The annual compliance period in the state of Washington is from January 1 through March 31, 2023, third quarter of the respective reporting year. During this time, the state confirms the timeliness of all IFSPs entered in the data management system. The three months of data collected from all IFSPs during this period contain the full range of variability exhibited by the population served by ESIT throughout the year. The data is from all programs across the state making it representative of the entire state.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
68	64	4	0

FFY 2021 Findings of Noncompliance Verified as Corrected

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

ESIT staff, ESIT Part C provider agency administrators, Family Resources Coordinators (FRCs), and providers used the ESIT Data Management System (DMS) IFSP Compliance Report to review data and determine if the source of noncompliance is implementing the regulatory requirements.

From the date the contractor received a finding letter for noncompliance, the contractor had one year to correct identified non-compliance for each indicator not meeting 100%. Each ESIT Part C Provider Agency reviewed compliance reports from the DMS to ensure data was entered accurately into the system and that the regulatory requirements regarding the timely transition conference meeting were met.

To verify that noncompliance was correctly addressing the regulatory requirements, each provider agency reviewed and identified a minimum of two weeks of DMS data. If data demonstrated compliance for each indicator where findings were issued, compliance with regulatory requirements was

considered achieved. The contractor then submitted the DMS data to ESIT staff for reverification. After ESIT staff verified the data submitted, (and verified correction of individual child noncompliance, ESIT staff sent a letter documenting that noncompliance was fully corrected.

If correction of non-compliance with regulatory requirements could not be verified within one-year of the findings, ESIT staff notifies the contractor that they must develop a CAP. During FFY21, two provider agencies met the criteria for needing a CAP because they were unable to provide a two-week verification period during which they demonstrated 100% compliance with regulatory requirements.

Providers needing a CAP were required to:

- Schedule monthly meetings with their Quality Improvement Specialist and Technical Assistance Specialist.
- Submit a monthly pull of a two-week data sample for Indicator 8c by the 30th of each month for verification of compliance by the AQI team
- Submit a Root Cause Analysis by September 30, 2023

In FFY 2021, ESIT issued 68 findings of noncompliance related to transition conferences to 19 ESIT Part C Provider Agencies. Each of these agencies, reviewed data in the state's DMS and 17 of the 19 ESIT Part C Provider Agencies with 64 of the findings submitted to the Lead Agency two weeks of updated data reflecting that all children had a timely transition conference within one year of being issued the findings. ESIT AQI staff reviewed the data and verified that each of the 17 agencies were correctly implementing the transition conference requirements and were at 100% compliance.

The remaining 2 ESIT Part C Provider Agencies with the other 4 findings were issued a CAP since they were not able to timely correct their findings of noncompliance. However, both agencies subsequently submitted to the Lead Agency 2 weeks of updated data reflecting all children had timely transition conferences. ESIT AQI staff reviewed this data and verified that these 2 agencies had subsequently corrected their noncompliance and were now at 100% compliance and correctly implementing the transition conference requirements.

At the time of submission of this annual performance report, all ESIT contractors were able to demonstrate that regulatory requirements were implemented correctly, and were able to produce a two-week data sample that showed 100% compliance with the Indicator.

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

ESIT staff verified correction of 64 individual incidences of non-compliance within one year 4 findings of noncompliance that were not corrected within one year were subsequently corrected by reviewing data in the DMS and verifying that all 68 children had received a transition conference although late or they were no longer in the jurisdiction of the program. At the time of submission of the APR, all ESIT providers were able to demonstrate compliance with Indicator 8c. The DMS provides a transition conference due date and an actual date when the transition conference occurred for each child record required to have a transition conference. If a transition conference was late, the DMS requires the user to enter a reason for the delay.

Late Exceptional Family Circumstance (EFC): extraordinary events that prevent the family from participating in required events on time.

Late Other: events identified by the early intervention program or provider and not the family that prevent required events from being completed on time.

ESIT staff reviewed compliance reports from the DMS during the annual compliance monitoring period and subsequent intervals as needed to verify each individual instance of noncompliance is corrected unless the child is no longer within the jurisdiction of the local lead agency, the family declined a transition conference, or the local lead agency was unable to make contact with the family. Specifically, staff ensured that all transition conferences marked as "late, other" were held and that determinations were made for eligibility to Part B services.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 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 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.

Response to actions required in FFY 2021 SPP/APR

All child level instances of non-compliance identified in FFY2021 have been verified as corrected through desk-top monitoring. To verify the correction of each individual occurrence of non-compliance, the State's Accountability and Quality Improvement team confirmed for each child with a transition conference marked as "late, other" that the conference was subsequently held.

The state has also 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 and desktop monitoring and the State data system (DMS); 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. Specifically, each program

that did not meet regulatory requirements in FFY2021 had to submit a verification of corrections to the State. This verification consists of a two-week timespan in which data shows 100% compliance with Indicator 8c.

8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2021 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2021: (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.

The State did not provide the reasons for delay, as required by the Measurement Table. Therefore, OSEP was unable to determine whether the State reviewed the reasons for delay.

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

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

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2021 SPP/APR

9 - OSEP Response

The State reported that this indicator is not applicable because "There have been no instances of due process complaints or resolution sessions held in the state of Washington during FFY2022." However, OSEP notes that the State reported in its Section 618 dispute resolution data that it adopted Part C due process procedures. OSEP reminds the State that this indicator is not applicable to any State that has adopted Part C due process procedures under section 639 of the IDEA.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and 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 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1 Mediations held	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.a.i Mediations agreements related to due process complaints	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

The primary pathway used for broad stakeholder engagement is the "Leading by Convening: Blueprint for Authentic Engagement" framework. This framework influences the approach, planning, and implementation methodologies grounded in the use of Circles of Engagement across tiered ripples of influence. Family leaders and community-based partners engage at four distinct levels/depths of interactions including (1) Informing; (2) Networking; (3) Collaborating; and (4) Transforming.

In FFY22, the Washington Early Supports for Infants and Toddlers program has hired a Community Collaboration Coordinator. This new position is assigned to the Partnership, Collaboration and Family Engagement Team, and coordinates and manages complex and multi-dimensional communication, advisory, and collaborative partnership structures necessary to support statewide early support service delivery systems that provide equitable access to services for all eligible children and their families. Most importantly, this position supports and helps to enhance parent involvement in this SPP/APR process in collaboration with the Family Engagement Coordinator.

Historical Data

Baseline Year	Baseline Data
2005	0.00%

FFY	2017	2018	2019	2020	2021
Target>=		0.00%		.00%	0.00%
Data					

Targets

FFY	2022	2023	2024	2025
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Target>=	0.00%	0.00%	0.00%	0.00%
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FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
0	0	0		0.00%		N/A	N/A

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2022. 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 expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2023). 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 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2023-June 30, 2024).

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 (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., 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 2022 APR, report on activities it intends to implement in FFY 2023, i.e., July 1, 2023-June 30, 2024) 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)?

There will be an increase in the percentage of infants and toddlers exiting early intervention services who demonstrate an increased rate of growth in positive social-emotional development

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://www.dcyf.wa.gov/sites/default/files/pdf/reports/ESIT-ssip2022-Theory-of-Action.pdf>

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
2013	56.21%

Targets

FFY	Current Relationship	2022	2023	2024	2025
Target	Data must be greater than or equal to the target	59.00%	59.25%	59.50%	59.75%

FFY 2022 SPP/APR Data

Sum of children who improved Social-Emotional functioning to a level nearer to same-aged peers but did not reach it (c) and those who improved function to reach a level comparable to same-aged peers (d). (SS1, by calendar year)	All children except those who started at a level comparable to same-aged peers and maintained that function (e)	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
2,854	4,948	55.27%	59.00%	57.68%	Did not meet target	No Slippage

Provide the data source for the FFY 2022 data.

Team ratings from the Child Outcome Summary (COS) Process are collected from the WA Data Management System (DMS) for dates appropriate to the federal fiscal year. COS ratings are converted to progress categories for computation.

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

SiMR data is collected within ESIT's Data Management System. Providers in the field conduct the COS Process as a team and input ratings at entry and exit directly into the DMS. Data are pulled from ESIT's DMS for the current Federal Fiscal Year and contain data elements, such as, Service Area, Entry and Exit ratings, COS Type and rating metrics. The data are then collected via Data Management System reporting as an Excel spreadsheet for data cleaning. Entry and exit pairs of data for each child are identified and children with less than six months of service are excluded from analysis. These data are cleaned and placed into pivot tables to allow for customization and further analysis. Entry and exit data are analyzed to examine the % at an age-expected (AE) level as demonstrated by COS ratings of 6 or 7 and N for those at an AE level (with COS ratings of 6 or 7) at each time point. The pivot table also includes the N and % in each of the five Progress Categories; and the % on Summary Statement 1 (SS1) for each child. Analysis involved looking at the particular FFY by itself and across multiple years and looking at trending data of entry/exit ratings and then comparing those percentages to the specific SS1% for each year. This analysis shows the trending data per outcomes and years and compares it to SS1% to give a view of how the SiMR is progressing, where there are trending patterns of note, and how the SiMR is being impacted. Important to note is that the data included for the SiMR is statewide data and most of the implemented SSIP activities, strategies, and practices have been with a smaller group of implementation sites. The SiMR only includes outcome A from indicator three and more details about data analysis are included in the narrative above for indicator three.

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

NO

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

NO

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

YES

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.

Data quality continues to be addressed due to the impact of COVID-19 on SSIP activities. The DCYF ESIT Technical Assistance (TA) and Accountability, Quality, and Improvement (AQI) teams provided qualitative data on the impact of the pandemic on services. Per this data, agencies continue to report a general shortage of qualified professionals, including difficulties filling open positions, limited availability of staff, and losing qualified staff. However, some agencies are reporting they have been able to fill open positions. Staffing shortages may impact data quality for a variety of possible reasons, such as difficulties with meeting required timelines, less availability to attend trainings, or potential challenges with being able to fully meet the needs of families. To mitigate these known impacts, DCYF ESIT is focusing on recruitment and retention strategies as one aspect of the Comprehensive System of Personnel Development (CSPD) to assist with addressing these challenges and supporting agencies during this time. Through the ESIT credentialing process, the SLA is exploring other avenues to support ESIT providers and to increase ESIT staff entering the workforce. The SLA continues to review and approve training exemptions in order to support ESIT agencies experiencing staffing issues during this time. Per the qualitative data gathered, some agencies reported they gained knowledge in areas related to recruitment and retention. Furthermore, some agencies reported an increase in the complexity of referrals and an increase in the number of referrals. This might be impacting staffing issues as well, which could lead to impacts on data quality.

In general, agencies continue to report challenges with being able to attend SSIP trainings due to staffing issues and difficulties with the time commitment to complete trainings. This may impact the SiMR due to less staff being trained in areas related to social-emotional development. Additional feedback received was that it can be challenging to implement new skills into practice without additional training, which can be difficult to maintain due to the time commitment to learn new skills and attend additional trainings. Due to staffing issues and increased referrals, many providers are unable to participate in additional trainings at this time, making it challenging to see progress toward certain outcomes centered around trainings and may impact the SiMR.

In 2022, the SLA gathered feedback from agencies regarding the impact of COVID-19 on SSIP activities. In January 2023, the SLA also gathered information from the State Interagency Coordinating Council (SICC) meeting where attendees participated in a discussion on the impact of COVID-19 on services and the impact of SSIP activities on SS1. Information from both activities were included in last year's report. However, some of the information previously gathered is likely still impacting the SiMR. Staffing issues reported last year continue to be a reported challenge since the pandemic, as mentioned above. As previously reported, staffing issues may impact data quality in various ways, such as not having enough staff to complete necessary services or agencies not having adequately trained staff due to staff turnover. It's unclear at this time the impact SSIP may have on the SiMR, due to less staff being trained and staff turnover and burnout. Additionally, newer staff who are not yet trained might not fully understand social-emotional functioning and development to the same level as providers who have participated in SSIP training activities related to Infant Family Relational Health (IFRH) and Infant and Early Childhood Mental Health (IECMH) practices. Some providers have been able to increase participation in training activities due to the increase in virtual opportunities and availability of trainings, while other providers have not been able to participate in additional training activities due to high caseloads, other priorities, and time constraints.

Across the state, agencies have implemented virtual home visiting strategies, which may also impact the accuracy of social-emotional scores and the ability to build strong rapport with families. Additionally, due to staffing issues, providers may be less familiar with completing the COS process consistent with best practices, potentially impacting the SiMR. During this time, due to staffing issues and higher caseloads, some providers might not have utilized social-emotional tools to assist with the COS process, which may impact the accuracy of COS scores. The SLA will continue to address training challenges (as discussed in sections below) and will examine trends and potential concerns that may be impacting SiMR data. By moving SSIP activities statewide, the SLA intends to have more staff adequately trained across the state to increase data quality accuracy and continuity of services, which will hopefully lead to more staff trained in IFRH/IECMH practices, increased accuracy of COS ratings, and achievement of the SiMR.

The impact of COVID-19 on peer socialization and development may continue to impact the SiMR due to the potential impacts of decreased socialization for children and families receiving ESIT services. Families that are experiencing increases in family stress and decreases with access to

resources, may also be impacting services and thus, impacting the SiMR. Furthermore, as mentioned in last year's report, increased isolation and development regressions may have impacted the SiMR and may still be impacting it. Information provided by DCYF ESIT internal teams indicates there is an increase in the use of natural environments. However, it is likely that families may still have different preferences for visits, such as, preferring visits outside the home, which may pose challenges to ensure ESIT services are provided within natural environments. Overall, feedback continues to vary regarding the impact of COVID-19 on data quality, SSIP activities, and overall EST services. The SLA expects that by moving toward statewide sustainability and expanding training activities, including implementing PFR with fidelity, the child outcomes data for indicator C3A SS1 will begin to show improvement in future years.

In the pandemic years between 2020-2023, compared to 2019 years, there was a 7-11% increase in children receiving a COS entry rating of 6 or 7 in the positive social-emotional skills and social relationships outcome area. This increase in potential inflation of COS entry scores was observed statewide. It's unclear why this trend occurred at this time, although the state experienced significant staff turnover, fewer providers participating in training, and service provision in a virtual format may have been factors. Although it's clear the SiMR continues to be impacted by the pandemic and other unknown factors at this time, data is beginning to trend in a positive direction and the SLA anticipates this trend to continue.

Section B: Implementation, Analysis and Evaluation

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

<https://www.dcyf.wa.gov/sites/default/files/pdf/reports/ESIT-ActionPlan.pdf>

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 strategies were initially selected to create positive and sustainable progress for children's social-emotional development. Washington's work to improve its infrastructure has focused on a comprehensive system for training and technical assistance (PD & TA), a quality data system (Data System), clarifying roles and responsibilities of the SLA and contractors (Governance), and improving the statewide child outcomes measurement system (Accountability). This year, Washington continued to focus on sustainability of SSIP activities with a shift in moving SSIP training, activities, and data collection statewide to increase equitable opportunities for all ESIT providers and to ensure that children have opportunities to receive services from providers trained in evidenced-based practices that support increases in social-emotional outcomes. During 2023, the SLA focused on reviewing and updating the SSIP evaluation plan to assist with evaluating the effectiveness of activities to better support statewide implementation, sustainability and achievement of outcomes. The SLA continues to implement an internal SSIP Collaboration workgroup, which provides input on SSIP, supports statewide implementation and sustainability, and incorporates stakeholder feedback in decision making. By moving SSIP towards statewide sustainability and increasing training opportunities for ESIT providers, the SLA hopes to have a more widespread impact and a stronger influence on the SiMR.

Strategy (Professional Development): Enhance the statewide system of personnel development to support the creation of high-quality, functional IFSP outcomes and strategies related to social-emotional skills and social relationships, and the implementation of evidence-based practices that address social-emotional needs.

Work toward a more Comprehensive System of Personnel Development (CSPD) continued in 2023. The SLA continued supporting Promoting First Relationships (PFR) statewide. In 2023, training was provided to 189 providers at Level 1, nine at Level 2 with 23 currently in training, zero at Level 3 with three currently in training, and 144 attended booster sessions. The SLA offered agency-wide (team-based) PFR Level 1, booster, and consultation opportunities via ARPA funds and 13 agencies participated. The SLA supported monthly statewide PFR consultation groups. The SLA developed a training survey to gather input from participants on their self-assessment on their increased capacity and implementation of concepts. The results of the training survey will be utilized to impact future training decisions, in addition to improvement of training strategies.

The SLA continued to support Washington Association for Infant Mental Health (WA-AIMH) trainings. In 2023, 12 providers attended Reflective Supervision for Supervisors, 27 attended Foundations of Reflective Practice, 36 attended Foundations of Infant and Early Childhood Mental Health trainings, and 14 attended training focused on multicultural reflective supervision and practice. DCYF ESIT partnered with DCYF Home Visiting (HV) to provide domestic violence and safety planning trainings. The SLA utilized ARPA funds to support CHERISH (127 providers) and Hospital-to-Home (192 providers) trainings. These trainings support the SiMR by providing opportunities for providers to increase knowledge and skills related to supporting the social-emotional needs of children and families.

Strategy (Qualified Personnel): Strengthen the expertise of current personnel and join with partner agencies engaged in social-emotional related statewide initiatives to increase the availability of early intervention personnel who have infant mental health expertise and able to provide culturally appropriate services.

The SLA continued activities to grow sustainability at the local level for reflective supervision and consultation. Providers statewide had access to reflective consultation groups, hosted by qualified professionals through the University of Washington (UW). WA-AIMH supports reflective consultation groups for participants in the Reflective Supervision for Supervisors training. In 2023, there were 101 participants in reflective consultation groups with six more groups added. These groups provide reflective discussions and support for providers as they work with families to address social-emotional developmental needs of children.

NeuroRelational Framework (NRF) training was offered again for 2023-2024. For cohort one, 20 participants were selected across four agencies, which concluded in Spring 2023. Participants from cohort one were offered opportunities to participate in Community of Practice groups. In Fall 2023, 31 participants across six agencies were selected to participate in cohort 2. This training supports the SiMR by providing advanced training opportunities related to IECMH knowledge and skills.

The SLA is continuing to develop an ESIT credential, which supports Washington with growing a high-quality workforce to support children and families through multiple pathways into the workforce and upward mobility through levels of credentials within some disciplines. Internal and external collaboration is now occurring to explore how to embed the WA-AIHM endorsement into credential pathways. In 2023, 24 providers accessed endorsement scholarship funds. The ESIT credential structure is being developed as a part of the state's CSPD and is expected to be implemented in 2024.

Strategy (Assessment): Enhance statewide implementation of high-quality functional assessment and COS rating processes.

The SLA continued implementation of the COS decision tree, described within previous APR reports. As part of the initial training requirements, ESIT

providers are expected to complete the COS modules to increase understanding of COS practices with a required 100% passing score. In 2022, SSIP implementation sites submitted COS-TC data and in 2023, the SLA explored strategies for statewide implementation and is planning for statewide COS-TC support and training opportunities. The DCYF ESIT TA team gathered information from agencies related to their COS process and utilized this data to identify challenges, training needs, and ways to support infrastructure improvement and supports related to outcomes data collection.

Strategy (Accountability): Expand the general supervision and accountability system to support increasing data quality, assessing progress toward improving children's social-emotional skills and social relationships, and improving results for children and families.

FY23-24 contracts are in place between DCYF and twenty-three (23) ESIT Provider Agencies, two (2) Tribal ESIT Provider Agencies, and four (4) County Lead Agencies. Contract requirements include Performance Based Contracting (PBC), with the exception of the services delivered requirement, which continues to be on hold until the new data system is in place. The ESIT Accountability and Quality Improvement (AQI) team, in coordination and collaboration with parents, services providers, County Lead Agencies, and advocates, have spent the last year developing and testing a Child and Family Record Review (CFRR) Tool that includes compliance, results, and fiscal indicators and an Evidenced-Based Practices (EBP) tool that looks at coaching, teaming and family-centered practices. During the inter-rater reliability testing phase of the CFRR tool, an overall reliability rating of 91% was achieved. These two tools are the cornerstone for the ESIT-Statewide Integrated Monitoring System (E-SIMS) System Analysis Program Review Visit. To date, the AQI team has completed one (1) Mock System Analysis Program Review training event and has scheduled an additional five (5) events for the coming year to continue practicing the two tools, E-SIMS components, and make revisions as needed.

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.

This year, with the addition of the DCYF ESIT Evaluator in December 2022, the SLA focused on reviewing and updating the SSIP evaluation plan. The SLA is in the process of analyzing data, reviewing outcomes and activities, and collaborating with the SSIP Collaboration group and external critical partners to update the evaluation plan. This year's focus on updating the SSIP evaluation plan is intended to support Washington's efforts at statewide expansion and sustainability and to focus on providing equitable opportunities for ESIT Professionals statewide. Due to the focus on updating the evaluation plan and seeking input about the most effective ways to measure improvements statewide rather than only in SSIP sites, less outcome data was collected in 2023. The proposed plan, including outcomes and activities, will be discussed further in the summary and anticipated outcomes section below. The SLA is gathering additional input from stakeholders on the outcomes and activities within each improvement strategy in 2024. The SSIP evaluation plan is expected to be finalized and implemented in 2024, with more data to be collected and reported on in 2024.

Strategy (Professional Development): Enhance the statewide system of personnel development to support the creation of high-quality, functional IFSP outcomes and strategies related to social-emotional skills and social relationships, and the implementation of evidence-based practices that address social-emotional needs.

The short-term outcome (PD) previously measured for this strategy relates to providers understanding of PFR practices and is measured by evaluating provider responses to one question on a survey completed after PFR Level 1 training. The performance indicator for this outcome is 90% of participating providers report having adequate knowledge of PFR practices by rating themselves either "Agree" or "Strongly Agree" on the post-training survey question. This outcome has been achieved in previous years and was maintained during 2023 with 99% of providers who completed the survey rated themselves as either "Agree" or "Strongly Agree." 96% of providers that completed survey data for the PFR booster trainings indicated "Agree" or "Strongly Agree" that the training provided them with useful knowledge and skills. By continuing to offer PFR and other ongoing training opportunities for learning and support, this helps to strengthen the personnel development system, assists with implementing high-quality services, and increases overall sustainability.

Survey data collected indicated that 91% of respondents for the WA-AIMH Foundations of Infant and Early Childhood Mental Health training series and 86% of respondents for the WA-AIMH Foundations of Reflective Practice training indicated either "Agree" or "Strongly Agree" that the training provided them with useful knowledge and skills. These training opportunities support our SiMR and are focused on enhancing providers knowledge around IFRH/IECMH practices.

Strategy (Qualified Personnel): Strengthen the expertise of current personnel and join with partner agencies engaged in social-emotional related statewide initiatives to increase the availability of early intervention personnel who have infant mental health expertise and able to provide culturally appropriate services.

New PFR fidelity data was collected this year and will be included in the updated evaluation plan. PFR Level 2 fidelity data was collected on 32 providers. 94% were certified or re-certified, and 6% were indicated as PFR informed. Fidelity data collected by the NRF training team, which will also be included in the updated evaluation plan, indicated that providers exhibited increased confidence of clinical skills and scores significantly increased over time. Survey data was also collected for providers that participated in the NRF training. Surveys were administered three times over the course of the training. On average, 93% of providers indicated "Agree" or "Strongly Agree" that the training provided them with useful knowledge and skills. Most providers indicated the training(s) provided them with useful knowledge and skills, which supports progress toward to the SiMR.

The SLA continued efforts around supporting reflective supervision and reflective practice activities. Survey data collected indicated that 91% of respondents for the WA-AIMH Reflective Supervision for Supervisors training indicated either "Agree" or "Strongly Agree" that the training provided them with useful knowledge and skills. These opportunities will continue to support infrastructure improvement as providers receive additional training and support with improved relationship building, more knowledge around infant mental health, and enhanced reflective practice skills, which all help support improved social-emotional functioning of families.

Strategy (Assessment): Enhance statewide implementation of high-quality functional assessment and COS rating processes.

The short-term outcome (Accountability) measured for this strategy was previously that providers have improved understanding of COS quality practices. This is measured by the percentage of providers who pass a quiz after viewing training modules of the COS process. Previously, this outcome was achieved, and the performance indicator was that 90% of providers receive a passing score of 80% on the quiz. The performance indicator was updated to 100% of providers will receive 100% on the quiz. In 2023, 107 providers completed this quiz. This outcome has been achieved. The intermediate outcome (Accountability) measured for this strategy was reported last year and focused on teams completing the COS process consistent with best practices. This was measured by examining COS-TC scores. The COS-TC promotes the use of team collaboration practices for those that participate in the COS process. The SLA intends to continue to support the use of the COS-TC and is exploring statewide training opportunities. This strategy supports the SiMR by improving the quality of the COS rating process and improving teaming practices, which leads to more accurate COS

ratings. Having accurate COS ratings allows IFSP teams to better plan and support the child and family's needs. It also supports sustainability by leading to training and materials to be used by IFSP teams for ongoing COS ratings. This strategy supports scale up by building an infrastructure for quality COS rating practices to be used at all ESIT Provider Agencies.

Strategy (Accountability): Expand the general supervision and accountability system to support increasing data quality, assessing progress toward improving children's social-emotional skills and social relationships, and improving results for children and families.

The SLA did not collect updated data for the outcomes related to this strategy. The SLA met with stakeholders in 2019 and 2021 to measure progress on the State Child Outcomes Measurement System (S-COMS) Self-Assessment tool. The use of the S-COMS relates to the outcome (Accountability) pertaining to having a high-quality COMS. The SLA is exploring the use of the S-COMS in the SSIP evaluation plan review and is proposing to continue to utilize this tool to support a high-quality COMS.

The new ESIT Evaluator started at DCYF as part of the Office of Innovation, Alignment, and Accountability (OIAA) team as of December 2022. The ESIT Evaluator is assisting with providing knowledge and recommendations on SSIP data analysis, outcomes, and overall implementation and monitoring of SSIP activities. The ESIT Evaluator has partnered with the DCYF internal Workforce Development (WD) team and the SSIP Collaboration group to support the update of the SSIP evaluation plan.

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.

The SLA is currently completing a thorough review of the SSIP evaluation plan and in early spring will discuss these possible changes with stakeholder groups. Throughout the review process, new activities and outcomes are being identified to support statewide expansion of Washington's SSIP.

Strategy (Professional Development): Enhance the statewide system of personnel development to support the creation of high-quality, functional IFSP outcomes and strategies related to social-emotional skills and social relationships, and the implementation of evidence-based practices that address social-emotional needs.

Work toward the CSPD will continue this year. The SLA expanded training opportunities statewide. Five more PFR Level 1 trainings are scheduled for Spring 2024. Two more PFR boosters are being offered in Spring 2024. Monthly PFR drop-in consultation groups are scheduled until June 2024. PFR Level 1, 2, and 3 training opportunities will continue to be offered. The outcome pertaining to PFR is expected to continue to be maintained and additional outcomes focused on advanced PFR opportunities are being explored.

The SLA is continuing to partner with both WA-AIMH and DCYF HV to support IECMH trainings for ESIT providers. Four WA-AIMH Foundations of Reflective Practice, three WA-AIMH Foundations of Infant and Early Childhood Mental Health, and four DCYF HV domestic violence and safety planning trainings are scheduled to be offered by June 2024. These training opportunities support statewide sustainability, more equitable access to professional development opportunities, and support the SiMR. The proposed evaluation plan includes continued IFRH/IECMH training opportunities available to ESIT Professionals statewide and intends to include these trainings in the evaluation plan revisions. The SLA is proposing to measure both knowledge and implementation of skills.

The SLA is proposing to explore the use of social-emotional assessments at entry, explore how this may impact the SiMR, and intends to update the associated practice guide. The SLA is continuing to focus on aligning training to ESIT Core Competencies and will develop a survey to assist with ensuring trainings are aligned. The SLA is continuing to support providers with writing functional outcomes in the context of a relationship to continue to support social-emotional skills for children and families.

Strategy (Qualified Personnel): Strengthen the expertise of current personnel and join with partner agencies engaged in social-emotional related statewide initiatives to increase the availability of early intervention personnel who have infant mental health expertise and able to provide culturally appropriate services.

The SLA is continuing to support reflective practice opportunities by partnering with UW and WA-AIMH to support providers in receiving consultation and reflective supervision training. WA-AIMH is offering two more Reflective Supervision for Supervisors trainings in Spring 2024. UW is continuing to offer Reflective Consultation groups. In order to support statewide expansion and current waitlists, DCYF ESIT in partnership with UW has increased the number of available groups statewide and added a new qualified reflective consultation group facilitator. The SLA partnered with UW to administer a survey to reflective consultation participants in 2024 to assess practice change. This infrastructure improvement activity supports providers statewide to have the capacity for personal and group reflection as they work with families. The sustainability of the local infrastructure for reflective supervision supports all aspects of service delivery for families, likely contributing to the achievement of IFSP outcomes and progress in outcomes.

The SLA will continue to support WA-AIMH endorsement through scholarship opportunities at all levels, which supports the SiMR by having a high-quality workforce able to better support the needs of children and families. The SLA is proposing an updated outcome around measuring endorsement and is exploring ways to embed the endorsement within the ESIT credential process to continue to support having a high-quality workforce. Continued work centered around creating an ESIT credential will continue this year. DCYF ESIT will create a Workforce Registry during the ESIT credentialing process and through a new training portal. This would help with gathering data on the current workforce, increase knowledge around current qualified personnel qualifications, and assist with identifying infrastructure needs. This activity would support the SiMR by supporting a high-quality workforce. Proposed in the updated evaluation plan is for providers to increase IFRH and IECMH training by embedding it into the ESIT credential. The SLA is also exploring the use of the ESIT Competency Review Tool and is in the process of including it as part of the ESIT credentialing system.

The SLA intends to continue to focus on supporting advanced PFR opportunities and will utilize PFR Level 2 and 3 fidelity data provided by UW to measure enhanced PFR skills and fidelity. The SLA is focusing on supporting NRF training opportunities and will utilize NRF fidelity data to demonstrate enhanced NRF skills and fidelity. The SSIP evaluation plan will include a focus on increasing ESIT Provider Agency access to Mental Health Professionals. The SLA intends to include activities around increasing access to further support social-emotional and mental health needs for children and families receiving ESIT services.

Strategy (Assessment): Enhance statewide implementation of high-quality functional assessment and COS rating processes.

The SLA will continue to focus on training and supporting a high-quality COS process across the state. These activities will be statewide and include training, TA materials, and support for agencies to implement the COS consistent with best practices as measured by the COS-TC and the use of the Decision Tree. In the upcoming reporting year, the SLA is focusing on statewide training and implementation of the COS-TC and intends to have an

updated outcome of the SSIP evaluation plan around completing the COS process consistent with best practices. The SLA is updating the outcome pertaining to the COS-TC to expand to more COS-TC sections in order to support the use of the full checklist to improve COS teaming practices.

The SLA continues to support the implementation of more in-depth social-emotional assessments and plans to update the related practice guide to better align with best practices and to support continuity across the state. Utilizing social-emotional evaluation and assessment tools that align with best practices will help with creating more accurate IFSP goals and is expected to support more accurate COS ratings.

Strategy (Accountability): Expand the general supervision and accountability system to support increasing data quality, assessing progress toward improving children's social-emotional skills and social relationships, and improving results for children and families.

The SLA will continue to measure the State Child Outcomes Measurement System and the SLA is exploring the use of the full S-COMS Self-Assessment tool for ongoing improvement of Washington's COMS and intends to include this in the updated SSIP evaluation plan.

To date, the AQI team has completed one Mock System Analysis Program Review training event and has scheduled an additional five events for the coming year to continue practicing the two tools, E-SIMS components, and make revisions as needed. Components of the E-SIMS framework include Annual Fiscal Integrity Reviews of every ESIT Provider Agency, Annual SPP Compliance Period for every Provider agency, and CFRR, and Systems Analysis Program Reviews to include completion of the EBP tool, data review, fiscal accountability, and dispute resolution will be every two-years. The target statewide implementation date is July 1, 2024.

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

Promoting First Relationships

Provide a summary of each evidence-based practice.

Promoting First Relationships (PFR) is an evidence-based curriculum for service providers to help parents and other caregivers meet the social and emotional needs of young children. PFR is a video feedback approach grounded in attachment theory and reflective practice principles. PFR gives professionals who work with caregivers and young children (0–5) the knowledge, tools, and strategies to guide and support caregivers in building nurturing and responsive relationships with children. Participants who attend PFR Level 1 training learn unique consultation and intervention strategies they can integrate into their work with families and young children. PFR can be used one-on-one with parents, in the clinic or in home, and with childcare providers and early childhood teachers responsible for group care. Because PFR is a positive, strengths-based model, caregivers are typically open to the approach and gain competence, and thus investment in their caregiving. Participants that attend the training receive curriculum, parent handouts, and training in the following areas: elements of a healthy relationship, attachment theory and secure relationships, reflective capacity building, development of self for infants through preschoolers, PFR consultation strategies, challenging behaviors, and intervention planning and development.

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.

ESIT previously funded training and ongoing support through UW at each implementation site for the provision of culturally appropriate evidence-based practices with PFR. The SLA selected PFR in Phase II after reviewing a number of evidence-based practices for alignment with the Division of Early Childhood (DEC) recommended practices. The SLA has expanded PFR training opportunities to ESIT Provider Agencies statewide. Additional agency-wide (team based) PFR training opportunities were offered this year. Through PFR, providers gain knowledge and skills in areas including elements of a healthy relationship, attachment theory and secure relationships, and reflective capacity building. These skills are key for supporting parents and caregivers to better understand their child's social-emotional development and to meet their needs. ESIT Professionals statewide continued to participate in these training opportunities, growing Washington's capacity to achieve a common foundational understanding of how to support the parent-child relationship and a growing provider base qualified to provide these evidence-based practices, which is expanding statewide.

The SLA supports providers at different training levels and supports several different opportunities to enhance providers knowledge in Infant Family Relational Health (IFRH)/Infant and Early Childhood Mental Health (IECMH) practices, as well as reflective supervision and reflective consultation opportunities. The SLA also provides scholarship opportunities for the WA-AIMH endorsement. 24 ESIT providers utilized scholarship funds in 2023 to support receiving an initial endorsement or maintain their renewal. Many ESIT Provider Agencies have restructured their staff to allow for increased capacity of PFR agency trainers. Continuing to support advanced PFR training is part of the updated SSIP evaluation plan, with the intent to utilize PFR fidelity data provided by UW to measure adherence to fidelity. These infrastructure changes, along with others regarding professional development, mentoring, and new staff onboarding practices are intended to impact the SiMR through implementation of practices supporting positive social-emotional development.

As Washington's SSIP continues to move towards statewide implementation and sustainability, more providers will have training opportunities focused on IFRH/IECMH practices. These training opportunities will support progress toward the SiMR by supporting a high-quality workforce and increase knowledge on how to better support the unique social-emotional needs of children and families. These changes are expected to lead to improved program planning to address the social-emotional needs of enrolled children. Providers will be more equipped to identify needs and provide more effective services to support social-emotional development, ultimately leading to the SiMR. These training opportunities support providers in building stronger and improved relationship skills and increased knowledge of practices regarding how to better support parents and caregivers with improving young children's social-emotional functioning.

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

PFR training has three levels. Level 1 training is a foundational, knowledge-building workshop provided by UW. Level 2 provides the opportunity for individuals to reach fidelity to PFR provided by UW or an agency trainer. Level 3 provides the opportunity for those who reached Level 2 fidelity to become agency trainers.

Fidelity to PFR occurs over the course of 16 weeks and includes video review and consultation with a PFR trainer, then completing the PFR curriculum with a family for 10 weeks. Sessions are recorded and reviewed with the trainer for feedback. The trainee submits a final video that the PFR trainer scores for fidelity. Fidelity is scored on a scale from 1-40, and to reach fidelity the provider must score 36 or above. Examples of provider behaviors coded for fidelity include:

1. Encourage positive, social-emotional connection between the caregiver and child,
2. Encourage positive, social-emotional connection between the caregiver and provider,
3. Encourage feelings of trust and security (secure base/safe haven) between the caregiver and child,

4. Encourage feelings of trust and security (secure base/safe haven) between the caregiver and provider, and
5. Encourage feelings of competence and confidence in the caregiver.

Achieving Level 3 fidelity as an agency trainer requires an additional 16-hour process which includes reaching fidelity with a second family and learning how to begin training learners at their agency. Level 3 agency trainers are able to train additional providers to fidelity at Level 2.

As mentioned above, the SLA continued to support PFR at all levels in 2023, with 189 providers attending PFR Level 1 training and 9 providers attending Level 2 training. There are currently 23 providers in Level 2 training and three providers in Level 3 training. The SLA continues to support additional PFR training opportunities, such as partnering with UW to offer PFR booster Sessions and monthly drop-in consultation groups. The PFR booster sessions are offered to providers who have completed PFR Levels 1, 2, or 3. 144 providers attended PFR booster sessions in 2023. These sessions are focused on supporting providers confidence in using the PFR consultation strategies and understanding how PFR can enhance ESIT services. An ESIT multi-disciplinary peer panel shares their experiences of using PFR within their practice. Providers who attend are expected to learn how PFR can be embedded into their everyday practice, understand how supporting the parent-child relationship is key to all other areas of development, and to gain confidence in using PFR consultation strategies to navigate challenging visits.

Monthly PFR drop-in consultation groups are offered to ESIT Professionals statewide in order to embed the PFR consultation strategies into coaching practices. Nine monthly groups have been offered and six more are scheduled to be offered by June 2024. New this year was the opportunity for agencies to apply for agency specific (team based) PFR training (PFR Level 1, PFR booster, or PFR consultation). 13 agencies participated in these opportunities. This year, the SLA utilized ARPA funds to support UW with translating PFR handouts into 40 languages. This helps build a stronger infrastructure in order to increase access to materials for families. The SLA is reviewing and updating the current SSIP evaluation plan and intends to include updated outcomes focused on expanding and supporting advanced PFR training opportunities. The SLA intends to collect PFR fidelity data as provided by UW. The SLA intends to continue to measure providers knowledge and implementation of IFRH/IECMH skills. The SLA will implement a newly updated PFR 6-month follow-up survey to measure use of skills and perceived practice change.

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

The SLA provided professional development activities and provided continued support for the knowledge, practice, and use of PFR. Professional development activities for PFR are described above. Training is currently underway to continue growing statewide capacity to support PFR and offering advanced PFR opportunities will be included in the updated evaluation plan. Offering ongoing support and advanced training opportunities for providers will increase the ability to sustain implementation of evidenced-based practices. Ongoing training and supports for providers who have been previously trained is essential in order to ensure they are able to sustain implementation of evidenced-based practices over time. Furthermore, considering the current staffing challenges, such as high turnover within the ESIT system, these activities are especially important in order to support new ESIT Professionals with becoming familiar with early intervention and quality practices related to IFRH/IECMH. Qualitative data gathered during previous stakeholder engagement meetings and quantitative survey data collected this year suggests that the SLA should continue supporting the use of PFR with ESIT Provider Agencies. Trainings offered have readily filled to capacity, suggesting that many providers are interested enough to sign up quickly as sessions are offered.

As previously mentioned, the SLA developed a more in-depth SSIP Training Evaluation Survey that will be used to collect additional data on PFR and other IFRH/IECMH SSIP trainings. The PFR fidelity data collected continues to support the use of PFR as many providers are choosing to seek more advanced training by going through Level 2 and Level 3 PFR training. The SLA is partnering with UW to gather PFR fidelity data. Additionally, providers attended PFR booster trainings, with more trainings planning to be offered. The SLA offered monthly consultation groups this year to support a need for ongoing PFR support. The SLA also offered additional agency wide PFR training opportunities in order for teams to attend training together and to focus on impacting systemic change. More in-depth analysis will be conducted with stakeholder feedback as the SLA finalizes the updated outcomes and activities to examine the impact that PFR and other SSIP activities may have on the SiMR.

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

continue to be collected after Level 1 trainings and outcomes related to PFR are currently being reviewed. The SLA is offering PFR training statewide for 2024, including PFR Booster training sessions, monthly PFR consultation groups, and opportunities for PFR Level 1, 2, and 3 training. The SLA will explore the possibility of continuing to offer agency wide (team based) PFR training. Data analysis will continue to be conducted as the updated outcomes and activities are finalized. Additional training outcomes are being explored for this evidenced-based practice.

The DCYF ESIT Evaluator is assisting with developing the evaluation plan. In the upcoming year, more data will be collected on all the SSIP specific trainings in order to continue to support high-quality training that supports the SiMR. The SLA is reviewing data and proposing updates to the SSIP evaluation plan as SSIP continues to expand statewide. The SLA in partnership with the OIAA team will determine any new data collection measures needed in order to support the implementation of the evidenced-based practices. The SLA will continue to collect qualitative data regarding reflective supervision and reflective consultation and is proposing to add an outcome related to these areas. These activities support the SLA's efforts to implement the evidence-based practice and improve outcomes for children and families by creating an infrastructure of support for ESIT Providers to reflect with each other and strengthen their skills. The sustainability of the local infrastructure for reflective supervision will support all aspects of service delivery for families, likely contributing to the achievement of IFSP outcomes and progress in all outcome areas. The reflective consultation groups, Foundations of Reflective Practice training, as well as the Foundations of Infant and Early Childhood Mental Health training series will continue to be offered in order to support strengthening the experience of current personnel. The SLA will also focus on supporting providers obtaining an Infant Mental Health endorsement through WA-AIMH, which will support a high-quality workforce.

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

NO

If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.

This year, the SLA focused on updating the evaluation plan to reflect the current progress and areas of growth in Washington state related to SSIP, especially as SSIP moves toward statewide expansion and sustainability. The SLA will continue to focus on finalizing the SSIP evaluation plan in 2024. Many of the outcomes originally developed have been met and activities have been implemented. As the SLA shifts towards statewide implementation and sustainability, the SLA with support from national Technical Assistance partners, has determined that updating SSIP evaluation plan are relevant at this time. The SLA has partnered with national Technical Assistance to receive feedback on the process of updating the evaluation plan. The SLA intends to review the proposed outcomes and activities with critical partners in 2024. The new ESIT Evaluator that started in December 2022 has

participated in these discussions to provide recommendations and to ensure we collect accurate data in order to properly measure our outcomes and support our evaluation plan.

As the SLA moves toward statewide implementation, the updated plan will continue to focus on improving social-emotional functioning for children and families with an emphasis on providing high-quality training on Infant Family Relational Health (IFRH), or Infant and Early Childhood Mental Health (IECMH) practices to providers. The SLA intends to increase awareness of these training opportunities by collaborating with areas that have had historically low enrollment in trainings, creating a professional development monthly newsletter, utilizing the new professional development informational video created with UW and WA-AIMH, partnering with identified agency trainer leads, and exploring other potential scheduling opportunities.

The SLA also intends to increase the use of fidelity measures in the updated evaluation plan. The SLA has developed a six-month follow-up survey, in collaboration with the ESIT Evaluator, to gather information from ESIT providers on a variety of areas related to PFR, such as, utilizing PFR consultation strategies, the impact PFR has had on providers work with families, and participation in reflective supervision or consultation. The SLA has collaborated with UW to obtain fidelity data related to PFR Level 2 and 3. The SLA is also utilizing fidelity data provided by the NRF team. The SLA also intends to utilize the ESIT Core Competency Review tool, with embedded WA-AIMH competencies in order to support measuring fidelity. The SLA intends to utilize this data to continue to assess the impact of SSIP activities.

The SLA intends to explore activities to support increasing access to Mental Health providers. The SLA intends to survey agency leadership on current practices related to supporting infant mental health needs of children receiving ESIT services. The SLA intends to gather more information on how providers are embedding IFRH/IECMH skills into their practice, as well as exploring barriers to practice change. The SLA intends to analyze data related to social-emotional IFSP outcomes. The SLA intends to update the qualified personnel guidelines to better identify Infant Mental Health specialists.

The updated plan will also continue to support in-depth COS training, such as providing more training on the COS-TC and will explore the use of both the COS-TC and the COS-KC. Internal DCYF ESIT teams will continue to collaborate on identifying and addressing COS training needs. The SLA will continue to incorporate stakeholder feedback throughout the update of the SSIP plan.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The primary pathway used for broad stakeholder engagement is the “Leading by Convening: Blueprint for Authentic Engagement” framework. This framework influences the approach, planning, and implementation methodologies grounded in the use of Circles of Engagement across tiered ripples of influence. Family leaders and community-based partners engage at four distinct levels/depths of interactions including (1) Informing; (2) Networking; (3) Collaborating; and (4) Transforming.

In FFY22, the Washington Early Supports for Infants and Toddlers program has hired a Community Collaboration Coordinator. This new position is assigned to the Partnership, Collaboration and Family Engagement Team, and coordinates and manages complex and multi-dimensional communication, advisory, and collaborative partnership structures necessary to support statewide early support service delivery systems that provide equitable access to services for all eligible children and their families. Most importantly, this position supports and helps to enhance parent involvement in this SPP/APR process in collaboration with the Family Engagement Coordinator.

The SLA engaged stakeholders on numerous occasions throughout 2023. The SLA focused on engaging and involving more providers in recruitment efforts to participate in stakeholder meetings. In the Fall of 2023, the SLA met with Family Resources Coordinators (FRCs) as a focus group to gather feedback on various topics, including participation in current SSIP trainings, knowledge of the WA-AIMH endorsement, and ideas for additional training topics to better support FRCs statewide. The SLA engaged FRC’s in discussions around other training opportunities that would be beneficial to their role with supporting children and families. Qualitative feedback suggested that FRC’s believe PFR has been helpful in their role and there is an interest in additional topics related to IFRH/IECMH to better support the unique needs of children and families.

During the Fall 2023 meeting, FRC’s provided feedback on the need for additional COS training opportunities. FRC’s shared experiences on challenges with completing the COS and a desire to learn more about engaging in the COS process in a culturally appropriate way. Some FRC’s shared that completing the COS process is different for Entry and Exit, with more comfortability during Exit due to the collaborative relationship that has been built with families and being able to discuss growth over the time receiving ESIT services.

In Fall 2023, the SLA met with the Director of PFR from UW and the Training and Data Manager from WA-AIMH to collaborate on creating an informational video to share with ESIT Professionals. The video is intended to increase knowledge and awareness of different IFRH/IECMH training opportunities available to ESIT Professionals at no cost to them. The purpose of this video is to support ESIT Professionals with gaining a deeper understanding of the IFRH/IECMH professional development opportunities available to support a high-quality workforce.

In the Fall of 2023, the SLA met with the SICC Personnel and Training Committee to review SSIP and to gather feedback on ideas to increase recruitment and awareness of IFRH/IECMH opportunities. The SLA provided information on current SSIP training opportunities and recruitment efforts. The SLA gathered input on potential reasons for low enrollment in some trainings and collaborated on ways to increase awareness of these opportunities. Committee members shared ideas for potential reasons for low enrollment, such as, being unaware of opportunities, scheduling challenges, other requirements and priorities around supporting families, high caseloads, and funding considerations. One member shared their agency currently supports an “agency lead” position that is focused on training at their agency, which has been transformational for their agency. Suggestions for how to increase enrollment and awareness included focusing on how information is communicated, offering more agency-wide training, and to consider sharing information via multiple methods.

In the Fall of 2023, the SLA also met with County Lead Agencies (CLA) to gather similar feedback on suggestions for increasing training enrollment and awareness of professional development opportunities to support a high-quality workforce trained in IFRH/IECMH. CLA members shared that challenges may be due to staffing shortages, high caseloads, other high training needs and requirements, an overwhelmed system, potential training saturation, and a need for increased outreach. Members shared that providers are often interested in additional training opportunities but may not be able to attend due to other competing priorities. Suggestions from CLA members centered on increasing communication around training needs and exploring ways to better support the system.

The SLA gathered data from SSIP agency leadership members on the use of the Devereux Early Childhood Assessment (DECA). The SSIP Collaboration group in partnership with the ESIT Evaluator reviewed data related to the use of the e-DECA specifically and its impact on the SSIP. Previously, DCYF ESIT funded e-DECA usage for SSIP implementation sites only. However, with SSIP moving towards statewide implementation and sustainability, ESIT is unable to continue supporting the cost of the electronic scoring version of this specific tool and communicated this to SSIP agencies. During this process, the SLA connected with the organization that supports the e-DECA and shared information with SSIP implementation sites about how to continue receiving e-DECA access and support if interested. ESIT supports the use of more in-depth social emotional assessment tools and will continue to explore their use in the SSIP plan statewide.

In winter of 2023, the SLA met with the Parent Institute for Engagement (PIE) members to provide knowledge and information about SSIP. The SLA gathered feedback around other training needs that would be beneficial in supporting children and families receiving ESIT services. Attendees at this meeting expressed how important social-emotional training is. Other training ideas discussed were around the transition from Part C to Part B services

and exploring ways for information to be more accessible to families.

In January 2024, the SLA met with stakeholders to review the proposed activities for the updated evaluation plan. Attendees included ESIT Providers of various disciplines, FRCs, agency administrators and leadership members, PIE members, DCYF ESIT staff, and previous SSIP implementation site members. Participants completed a poll gathering information about their knowledge of SSIP and overall, results indicated that participants increased knowledge during this strategic planning session. Participants were asked to provide feedback on two key questions; how does each activity enhance their practice and support our goal of improving children's social-emotional functioning, and what are some challenges that make the activities harder to complete and ideas for addressing the challenges. Participants were encouraged to ask questions and provide any other feedback on the activities. The SLA intends to complete a more in-depth analysis of the information gathered to incorporate feedback into the evaluation plan and address potential challenges. The SLA will review the data, identify themes, incorporate feedback into the evaluation plan, determine next steps, and continue to include stakeholders in this process. Furthermore, the SLA will be sending out additional opportunities to provide feedback for those that attended the SSIP Strategic Planning session. This is intended to be completed by February 2024. The SLA will provide more detailed information regarding the data gathered at this meeting in next years report.

In October 2023, the TA team gathered data during quarterly call check-ins on the COS process. The TA team explored how the COS process was implemented at agencies and what resources are available to providers. The TA team reported that providers are using the COS Decision Tree and expressed more comfortability with completing the Exit COS due to having an established relationship with families. Agencies reported difficulties with time constraints related to teaming around the COS process and with writing the COS summary. DCYF ESIT internal teams will collaborate to address and support training needs.

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

Stakeholders met with the SLA on multiple occasions to discuss the SSIP, training recruitment strategies, and the SSIP evaluation plan. Some of these opportunities included discussions around statewide training opportunities, such as, PFR, NRF, WA-AIMH endorsement, and reflective consultation and supervision opportunities. Strategic feedback was gathered on specific parts of the SSIP, such as, activities on the proposed updated evaluation plan, training recruitment, and how to increase awareness of SSIP training opportunities. The SLA engaged stakeholders in a variety of ways. The SLA sent out written communication about SSIP and training opportunities via multiple ways; such as the ESIT weekly, direct agency leadership communication, and GovDelivery's. DCYF ESIT internal teams collaborated to provide information to ESIT Agencies. The SLA also partnered with WA-AIMH and UW to develop an informational video regarding IFRH/IECMH opportunities.

During stakeholder meetings, the SLA welcomed verbal and written feedback and supported small and large group discussions. The SLA had targeted questions for stakeholders and gathered feedback on specific topics when appropriate. The SLA also included national TA partners in the planning of stakeholder meetings when applicable. The SLA provided opportunities for different engagement activities during meetings, such as, using online collaboration tools and using various virtual meeting tools to participate in providing feedback (e.g., stamping feature, polls, breakout rooms, surveys).

The SLA also met with the Director of PFR at UW on multiple occasions to explore ways to continue to support the use of PFR, expand support around implementing this evidenced based practice as activities move statewide, and ways to support providers with advanced opportunities to support reflective consultation groups. The SLA met with the Training and Data Manager at WA-AIMH to explore ways to better support scholarship opportunities for WA-AIMH endorsement, ideas on increasing training enrollment, and to gather information on reflective supervision and consultation requirements in order to improve statewide efforts with supporting these opportunities.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

Providers and agencies continued to express interest in the statewide training opportunities regarding IFRH/IECMH practices. However, concerns were expressed regarding difficulties attending training due to other priorities and a desire for improved and increased communication around training opportunities. The SLA utilized feedback to improve communication by re-structuring announcements, sending out a separate monthly training GovDelivery highlighting training opportunities for the next three months, and consolidating training information in the ESIT weekly so information is more manageable to process.

The SLA developed an informational video with UW and WA-AIMH to increase awareness of training opportunities. The SLA plans to create a separate professional development newsletter highlighting upcoming training opportunities. The SLA will continue to explore ways to increase enrollment, awareness, and participation in SSIP training activities to support a high-quality workforce trained in IFRH/IECMH. To assist with recruitment efforts, members of the DCYF ESIT TA and WD teams attended the ASHA conference to provide resources around ESIT career options, network with other states and higher education institutions, and to share a job dashboard to recruit for open positions within the ESIT system. The state intends to expand the job dashboard to other disciplines to support ESIT Provider Agencies with recruitment efforts.

In 2022, stakeholders shared a desire for SSIP outcomes to be updated to better reflect current SSIP activities and expectations. The SLA supported a stakeholder meeting in January 2024 focusing on reviewing and gathering feedback on SSIP activities. Participants were specifically asked to provide feedback around challenges with implementing SSIP activities, and thus, many potential challenges were identified. The SLA intends to collect additional feedback from participants that attended the meeting by February 2024 before completing a thorough review of all the feedback collected. Once participants have received additional opportunities to provide feedback, the SSIP Collaboration group will review the data, identify themes, incorporate feedback into the evaluation plan, determine next steps, and will continue to include stakeholders in the process.

A brief review of the data gathered at this meeting showed that participants support and value the activities related to IFRH/IECMH training opportunities and many agencies continue to encourage embedding these skills into practice. However, some potential barriers related to training were identified, such as staff availability, cost, balancing priorities, and staff turnover. Barriers around implementing the COS process consistent with best practices were also expressed, such as, the need for increased support around COS scoring, concerns with utilizing the COS on certain populations, challenges with facilitating COS discussions, increased need for COS teaming practices, differences related to use of the COS Decision Tree, lack of familiarity with the COS-TC, and preference for more overall guidance.

Participants also explored potential barriers related to assessing and increasing access to Mental Health Professionals, such as, challenges with recruitment and retention, cost, waitlists for Mental Health Professionals, and concerns around assessing and prioritizing this need. The SLA will continue to review and analyze data related to this meeting. The SLA will consider and address barriers as part of the SSIP evaluation plan and will continue to identify and explore training needs. The DCYF ESIT internal teams will collaborate as needed to further support ESIT Agencies in Washington. Details around the data gathered at this meeting will be included in next years report.

The SLA will continue to explore ways to support ESIT providers with completing the COS process consistent with best practices, such as providing

more training opportunities on the COS-TC and COS-KC. DCYF ESIT internal teams will collaborate with national TA consultants around ways to increase support with completing the COS process consistent with best practices; such as providing additional training around writing the Summary of Functional Performance and reviewing and updating access to resources.

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.

The SLA is currently in the process of reviewing and updating the SSIP evaluation plan. Through this rigorous process, the SLA is reviewing data analysis, quantitative and qualitative feedback, and current activities and outcomes that support the SiMR. As mentioned in sections above, the SLA is continuing to focus on activities centered around supporting providers with enhancing IFRH/IECMH training to better support children and families, leading to improvements with the SiMR. The SLA is also focusing on utilizing various fidelity measures to assess the implementation of SSIP activities, such as, follow-up surveys, PFR Level 2 and 3 fidelity measures, and NRF fidelity measures. The SLA is focusing on updating activities to support statewide implementation. The SLA is structuring some training opportunities to be team based, instead of individuals, to facilitate capacities within team competencies to align with previous SSIP implementation site procedures.

The SLA held a statewide SSIP Strategic Planning session in January 2024, which included an opportunity for stakeholders to provide feedback on the proposed SSIP activities for the evaluation plan update. The SLA will be sending out additional information about ways that stakeholders can participate in upcoming SSIP feedback sessions. The activities are intended to be finalized by Spring 2024 and data collection measure to begin by December 2024. Many of the activities the state intends to implement are described in detail in the "summary of next steps" section.

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

This information is still in progress of being determined. The SLA is currently updating the SSIP evaluation plan, which includes updates to timelines, data collection and measures, and activities and outcomes related to the SiMR. The SLA is expecting to have the SSIP evaluation plan finalized with activities by Spring 2024 and data collection measures to begin by December 2024. The timelines and expected outcomes are intended to be reviewed and determined in 2024.

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

Agency leadership members and ESIT providers have reported challenges with attending trainings due to time constraints, being unaware of trainings, and being understaffed. The SLA has developed several strategies to increase awareness of training opportunities, as discussed above, such as, targeted communication strategies, offering team based training opportunities, developing a professional development informational video, and offering advanced notice to register for trainings.

One way to address barriers related to COS training is for the SLA to explore other avenues to support increased knowledge around COS best practices, such as, presenting at the Infant and Early Childhood Conference (IECC), revising current COS training opportunities, and potentially offer more follow-up COS trainings. The SLA will explore other potential scheduling options to address concerns around time constraints.

The SLA is also focusing on recruitment and retention strategies as part of the CSPD to address the ESIT staffing crisis across Washington state. As previously mentioned, members of the SLA attended the American-Speech-Language-Hearing-Association (ASHA) conference to connect with other organizations and recruit for certain open positions. The SLA created a job dashboard to assist with advertising open positions and intends to expand this to various disciplines.

Participants at the SSIP Strategic Planning meeting in January 2024 were asked to identify challenges with implementing the proposed activities for the updated evaluation plan, as well as strategies for addressing challenges. The SLA intends to analyze this data by Spring 2024 to identify potential barriers and strategies to address them. The SSIP Collaboration group will consult with National TA partners on this work.

Due to the staffing crises, the SLA intends to be strategic with the expectations of SSIP activities, timelines, and opportunities to better support providers. The SLA will explore different ways to gather data and implement activities. The SLA is aware and cognizant of the ongoing barriers for service providers to balance supporting families and professional development opportunities or other data collection requirements. The SLA wants to prioritize and embed SSIP activities into existing practices to ease the perceived burden given limited time and resources.

Provide additional information about this indicator (optional).

NA

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

Designated Lead Agency Director

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

Name:

Judy King

Title:

Director, Family and Community Support

Email:

judy.king@dcyf.wa.gov

Phone:

360.464.0272

Submitted on:

04/23/24 1:17:42 PM

Determination Enclosures

RDA Matrix

2024 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination

Results and Compliance Overall Scoring

	Total Points Available	Points Earned	Score (%)
Results			
Compliance			

2024 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)	
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	
Percentage of Children Exiting who are Included in Outcome Data (%)	
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	

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

Data Anomalies Score (please see Appendix B for a detailed description of this calculation)	
--	--

II. Child Performance

(a) Data Comparison: Comparing your State's 2022 Outcomes Data to other States' 2022 Outcomes Data

Data Comparison Score (please see Appendix C for a detailed description of this calculation)	
---	--

(b) Performance Change Over Time: Comparing your State's FFY 2022 data to your State's FFY 2021 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	
--	--

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 2022						
FFY 2021						

(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 2024: Part B."

2024 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2021 (3)	Score
Indicator 1: Timely service provision			
Indicator 7: 45-day timeline			
Indicator 8A: Timely transition plan			
Indicator 8B: Transition notification			
Indicator 8C: Timely transition conference			
Timely and Accurate State-Reported Data			
Timely State Complaint Decisions			
Timely Due Process Hearing Decisions			
Longstanding Noncompliance			
Specific Conditions			
Uncorrected identified noncompliance			

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

(3) This column reflects full correction, which is factored into the scoring only when the compliance data are $\geq 90\%$ and $< 95\%$ for an indicator.

Appendix A

I. (a) Data Completeness:

The Percent of Children Included in your State's 2022 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2022 Outcomes Data (C3) and the total number of children your State reported in its FFY 2022 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 2022 in the State's FFY 2022 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 2022 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2022 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 2018 – FFY 2021 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 e (numbers are shown as rounded for display purposes, and values are based on data for States with summary statement denominator greater than 199 exiters). 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 2022 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

Expected Range of Responses for Each Outcome and Category, FFY 2022

Outcome\Category	Mean	StDev	-1SD	+1SD
Outcome A\Category a				
Outcome B\Category a				
Outcome C\Category a				

Outcome\Category	Mean	StDev	-2SD	+2SD
Outcome A\ Category b				
Outcome A\ Category c				
Outcome A\ Category d				
Outcome A\ Category e				
Outcome B\ Category b				
Outcome B\ Category c				
Outcome B\ Category d				
Outcome B\ Category e				
Outcome C\ Category b				
Outcome C\ Category c				
Outcome C\ Category d				
Outcome C\ Category e				

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 2022

Number of Infants and Toddlers with IFSP's Assessed in your State	
--	--

Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance					
Performance (%)					
Scores					

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance					
Performance (%)					
Scores					

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance					
Performance (%)					
Scores					

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

Data Anomalies Score	
-----------------------------	--

Appendix C

II. (a) Data Comparison:

Comparing Your State's 2022 Outcomes Data to Other States' 2022 Outcome Data

This score represents how your State's FFY 2022 Outcomes data compares to other States' FFY 2022 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 Statement (values are based on data for States with a summary statement denominator greater than 199 exiters). 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 2022

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10						
90						

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 2022

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 (%)						
Points						

Total Points Across SS1 and SS2(*)	
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Your State's Data Comparison Score	
---	--

Appendix D

II. (b) Performance Change Over Time:

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

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2021) is compared to the current year (FFY 2022) 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. All values are shown as rounded for display purposes.

Step 1: Compute the difference between the FFY 2022 and FFY 2021 summary statements.

$$\text{e.g., } C3A \text{ FFY}2022\% - C3A \text{ FFY}2021\% = \text{Difference in proportions}$$

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 on

$$\text{Sqrt}[(\text{FFY}2022\% * (1-\text{FFY}2022\%)) / \text{FFY}2022N) + ((\text{FFY}2023\% * (1-\text{FFY}2023\%)) / \text{FFY}2023N)] = \text{Standard Error of Difference in Proportions}$$

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

$$\text{Difference in proportions} / \text{standard error of the difference in proportions} = z \text{ score}$$

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 2021 to FFY 2022
- 1 = No statistically significant change
- 2= statistically significant increase from FFY 2021 to FFY 2022

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

Summary Statement/ Child Outcome	FFY 2021 N	FFY 2021 Summary Statement (%)	FFY 2022 N	FFY 2022 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										
SS1/Outcome B: Knowledge and Skills										
SS1/Outcome C: Actions to meet needs										
SS2/Outcome A: Positive Social Relationships										
SS2/Outcome B: Knowledge and Skills										
SS2/Outcome C: Actions to meet needs										

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

FFY 2022 APR (1)

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	0	0
8C	1	1
9	N/A	0
10	1	1
11	1	1

APR Score Calculation

Subtotal	11
Timely Submission Points - If the FFY 2022 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) =	16

(1) 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.

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 8/30/23	1	1	1	3
Exiting Due Date: 2/21/24	1	1	1	3
Dispute Resolution Due Date: 11/15/23	1	1	1	3

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2) =	18.00

Indicator Calculation

A. APR Grand Total	16
B. 618 Grand Total	18.00
C. APR Grand Total (A) + 618 Grand Total (B) =	34.00
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) (3) =	0.9714
E. Indicator Score (Subtotal D x 100) =	97.14

(2) 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.

(3) 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.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2024 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	8/30/2023
Part C Exiting	Part C Exiting Collection in EMAPS	2/21/2024
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/15/2023

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>).

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 2024 will be posted in June 2024. Copy and paste the link below into a browser to view.

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