

# AR Part C

# FFY2016 State Performance Plan / Annual Performance Report

# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

## Executive Summary:

As required in 34 CFR Parts 300 and 303, the Office of Special Education Programs (OSEP) directs each Part C Lead Agency to develop a State Performance Plan (SPP) to evaluate its effectiveness in implementing the requirements of the Individuals with Disabilities Education Act (IDEA). On a yearly basis each Part C state is required to report on its efforts in the Annual Performance Report (APR). The state must report on 11 SPP/APR indicators, the first ten indicators include baseline data and rigorous targets. OSEP sets compliance indicators targets at 100%, while states are allowed to set their own targets for each results indicator. Indicator 11, the State Systemic Improvement Plan (SSIP) is a five year plan developed to improve the quality of early intervention services provided to infants and toddlers and their families through the Part C system. The SSIP is comprised of three phases: Phase I- Analysis, Phase II- Planning, and Phase III- Implementation and Evaluation.

This SPP/APR covers Federal Fiscal Year (FFY) 2016, reporting on data from State Fiscal Year 2016 (July 1, 2016 through June 30, 2017). SPP/APR Part C Indicators 1-10 must be submitted February 2, 2018 and Phase III of the SSIP (Indicator 11) on April 2, 2018.

The Arkansas Department of Human Services (ADHS) is the lead agency for the planning and implementation of the Part C grant. Within the ADHS, the Division of Developmental Disability Services, is responsible for the supervision of activities related to the administration of the Part C program. First Connection is the official program name for Arkansas Part C.

The First Connections program has five distinctive, collaborative units responsible for network development. Arkansas Part C Program Units are as follows: Fiscal Management, Program Management, Data Management, Comprehensive System of Professional Development Management and Quality Assurance/ Monitoring Licensure and Certification Management. Agency personnel within each unit analyzes, coordinates, reviews and develops all aspects of the First Connection system to ensure that Arkansas Early Intervention Service (AEIS) providers and agency staff act in accordance with federal regulations and state policy/procedures.

Arkansas' Lead Agency has Agreements with local independent programs to provide supports/services on behalf of the Part C program. The work of the First Connection program is guided by a general supervision system that supports EIS providers through targeted technical assistance and training and by program administrative oversight to ensure compliance with federal and state policies.

## Attachments

| File Name                 | Uploaded By | Uploaded Date |
|---------------------------|-------------|---------------|
| No APR attachments found. |             |               |

## General Supervision System:

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

The Arkansas Department of Human Services, Division of Developmental Disability Services, is the lead agency responsible for the supervision and implementation of the Part C statewide comprehensive program. Arkansas' General Supervision System consist of policies and procedures that line up with the federal regulations to make certain that Arkansas Early Intervention Service (AEIS) programs meet federal and state conditions. Arkansas Part C Quality Assurance/Monitoring Unit is responsible for the monitoring and oversight of local providers to ensure compliance with regards to policies and procedures as required in the regulations.

During the reporting period, the First Connections monitoring staff used the Comprehensive Data System (CDS) to examine child files to ensure compliance with timelines and other program requirements. As part of the monitoring process, all AEIS providers received an extensive review of their files, while, programs with ongoing concerns receive onsite visits as needed. Data outlined in the APR were attained through the CDS, from desk assessments, in addition to interviews from local program staff.

As a part of the states ongoing general supervision system, Part C staff conducts numerous annual activities for each AEIS to monitor the practice of the actions required under IDEA. This also allows staff to identify possible areas of noncompliance. The annual activities include the following:

- \* Collection and Analysis of program data
- \* Verification of data for the SPP/APR compliance and results indicator
- \* Determination for local programs in meeting the requirements of IDEA
- \* Public Reporting of SPP/APR data

Monitoring tools were developed to assist the QA/Monitoring unit in performing a thorough evaluation of the AEIS programs records. Monitoring staff also conduct related activities that assist in program improvement. Activities that include fiscal accountability that examines the use of Part C funds as well as the accuracy of billing. The monitoring staff also use other available resources to ensure that local agencies are provided the most advanced information to improve the performance of the program. In order to provide additional support to local AEIS programs, intensive or targeted activities are implemented when issues or concerns are identified through monitoring. AEIS providers may be required to participate in specialized professional development activities to support their efforts to improve results for infants and toddlers.

## Attachments

| File Name                 | Uploaded By | Uploaded Date |
|---------------------------|-------------|---------------|
| No APR attachments found. |             |               |

## Technical Assistance System:

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

Technical Assistance (TA) is provided through numerous systems within Part C. Each First Connections unit (QA/Monitoring, CSPD, Data, Fiscal and Program Management) provides ongoing technical assistance related to their particular section, as required. The assistance is provided in an integrated effort that guides providers and staff in building their capacity to support families. An outline of the units' collaborative efforts to provide technical assistance is included in the Personnel Development System section of the APR. Unit members meet regularly to discuss issues and examine program data to identify strengths and needs, to develop a quality action plan.

Arkansas Part C technical assistance is designed to meet the specific needs of the provider. The assistance is determined in an array of ways: QA monitor identified need, AEI professionals' submit TA request and AEI professionals survey; fiscal unit identified need; service coordinator identified; data unit identified need.

Team Members deliver TA in a variety of ways:

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

- QA monitor may recommend TA on a particular topic of identified need and provide self-study guides developed by the CSPD Unit on that topic.
- Lead Agency issues written policy briefs or clarifications on identified issues.
- QA monitor may recommend TA on a particular topic of identified need (based on provider questions and/or minor inconsistencies in files reviewed) and refer the provider administration to contact the CSPD Unit.
- QA may require TA on a particular topic of identified need as part of a Corrective Action Plan (CAP) when a provider or provider program is out of compliance. The provider or provider organization is given a time limit by which to complete the TA.
- Quarterly First Connections' staff meeting where TA topic is delivered face to face as part of each staff meeting. The topic for TA is based on identified needs. Staff needs are identified collaboratively by the program manager over the state staff service coordinators, QA Unit, Fiscal Unit, and Data Unit based on recurring errors noted, record review, any parent or provider complaints, and staff TA requests/questions.
- By EI professional's request (phone call or e-mail to the Data Unit, QA Unit, CSPD Unit, or Fiscal Unit). TA may be provided on a specific topic via self-study guide sent electronically, Web training, routing individual or group to a regularly scheduled workshop, scheduling a site TA visit for staff, the question answered on the phone or in an email, or one-on-one assistance (provider comes to office for tutorial or AEI professional and TA provider connects via phone and computer screen sharing for guided assistance).
- CSPD Unit maintains a quarterly provider newsletter, *Connections*. The 4-page quarterly newsletter features articles on best practices, latest research, policy changes or points of frequent misunderstanding, frequently asked questions, and upcoming professional development opportunities.
- CSPD Unit develops a one-hour "Lunch and Learn" Webinar on a frequently asked question/topic and posts the TA offering on the training calendar in the database accessible to all AEI professionals, then notifies each of the unit personnel so that they can recommend the TA Webinar to those with an interest and/or need.

Technical Assistance for professionals outside of the Part C system is provided by the CSPD Unit to support parents/parent advocacy groups, other referral sources, and "other related agencies." Technical Assistance of this nature is provided upon request by the group, organization, or agency that contacts First Connections. The scope of this TA varies, but generally revolves around understanding Part C and how to refer, family rights under IDEA, IDEA timelines/process from referral to completed IFSP, IDEA guidelines/requirements around supporting families of toddlers transitioning out of Part C to other appropriate early learning programs/services. Some examples include: "Family Rights under IDEA" training to early childhood special education students at Henderson State University's Teachers College.

Arkansas Part C First continues to receive high quality Technical Assistance and valuable resources from our national partners: Early Childhood Technical Assistance Center (ECTA Center), IDEA Early Childhood Data System (DaSY), IDEA Data Center (IDC), and National Center for Systemic Improvement (NCSI).

Also, through the reporting period, Part C staff has taken benefit from webinars, conference calls, and other professional development opportunities made available through OSEP and OSEP national technical assistance programs. First Connections assembled an "Improving Family Outcomes Team" consisting of the Part C Coordinator, CSPD Unit Manager, Data Unit Manager, QA Monitor, IHE representative, and a parent. Members of this team participates in the Cross-State Family Outcomes Learning Collaborative (annual face to face workdays, team calls, and Webinars geared to improving family and child outcomes). As an added benefit for the First Connections staff, they attend national conferences and other Part C-related meetings to ensure ongoing professional development for First Connections staff as well as appropriate program guidance.

### Attachments

| File Name                 | Uploaded By | Uploaded Date |
|---------------------------|-------------|---------------|
| No APR attachments found. |             |               |

### Professional Development System:

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

The State's Comprehensive System of Personnel Development (CSPD) ensures that service providers and service coordinators are effectively providing services that improve results for infants and toddlers with disabilities and their families.

First Connections' professional development activities seek to ensure accountability and promote the use of recommended and evidence-based practices. The goal of First Connections' ongoing professional development is to provide EI professionals (service coordinators, EI direct service providers, and EI program administration) with the tools, confidence, and competence to equip them to support families in helping their child develop and learn (our SSIP SiMR). To meet this goal, First Connections' professional development activities seek to support providers in meeting program requirements (compliance) while also supporting EI practitioners in providing quality family-centered supports and services to families of eligible infants and toddlers in an individualized, culturally sensitive, and ethical manner.

First Connections' Comprehensive System of Personnel Development (CSPD) involves many organized elements that include: policy development, developing PD and TA around provider requests and/or program identified needs, coordinating staff development/in-service, providing PD and TA in a variety of formats (self-study guides, lunchtime live Webinars, Web-based training modules, site TA, and face to face workshops), and developing training to prepare EI practitioners to serve as peer mentors/coaches.

To ensure that First Connections' (FC) PD and TA is high-quality, evidence-based training, CSPD staff and TA providers from other FC units reference the philosophy and guiding principles of Early Intervention, IDEA guidelines, First Connections policy & procedures, and DEC Recommended Practices in all training materials, QA sessions/discussions, and written responses to inquiries. CSPD Unit staff is supported by program administration in maintaining their own professional development in order to stay abreast of current trends in the field of early learning/early intervention; staff is provided current literature on routines-based intervention, natural environment principles, family engagement, and coaching/consultative approaches in EI. CSPD staff is trained both in principles of adult learning as well as principles of peer to peer coaching. All PD and TA workshops and Webinars include a combination of lecture (with visual representations in the form of screen shots, diagrams, graphs, videos), reflective activities and/or self-assessment, discussion, and "putting it into practice" application activities to support adult learning. Workshops and Webinars provide those in attendance with "take away" handouts, copies of slides, and additional information to supplement what was presented and to provide more in-depth information than what could be covered in a short amount of time together.

The CSPD conducts formal and informal assessment to determine personnel development needs and develops pre and post assessments to gauge the effectiveness of training. CSPD unit personnel participate in Part C record review as well as review EI professionals' (and others') questions and/or complaints to determine areas of PD/TA need. CSPD collaborates with other units within First Connections to maintain awareness of program needs in areas of compliance and quality. New courses and/or materials are developed and existing professional development courses are revised/updated whenever:

- a. an identified need is reported from one or more units that needs to be addressed within a particular topic
- b. state or federal policy change require adjustments
- c. OSEP DMR and/or Determination show an area of needed improvement
- d. provider(s) request more in-depth information or submit frequent questions on a policy or procedure
- e. new information is obtained on principles/best practices from a national TA partner, a Part C-related Webinar or conference, and/or from CSPD Unit research
- f. SSIP strategy implementation/focus areas require a change in the way training is provided or a more in-depth coverage of a procedure, topic, etc.

Existing training materials and courses are updated/revised or new materials are developed when a need is identified (see a-f above). For example, in response to "f" above, during initial implementation of SSIP work with the first cohort group, data review identified a need for state-staff service coordinators to be included in the intensive training. Beginning in February of 2017, all First Connections staff began the first phase of intensive training around DEC Recommended Practices – basically "re-training" the entire First Connections staff through quarterly face to face workdays with hands-on learning activities supplemented by monthly Web trainings and "Putting it into Practice" activities to solidify their learning and implementation of key strategies trained.

In response to "c" above, when First Connections' DMR identified a need for improvement in the area of Child Find, the CSPD used the First Connections' Child Find Plan for improvement and SSIP strategies around "rebranding the program" to develop a brief EI Orientation training geared to primary referral sources. CSPD staff collaborated with Arkansas' Children's Hospital (ACH) to identify which individuals would benefit from this information. CSPD is currently working with ACH administration to schedule dates/times/locations to provide the "EI Orientation" to hospital staff such as social workers, NICU nurses, and other clinicians in early 2018.

Similarly, in various years when Arkansas' Determination data showed child outcomes data at a level below where the State would like for it to be, the CSPD worked with other units in First Connections to analyze data and determine what steps needed to be taken to support practitioners in improving child outcomes. Provider focus groups, feedback at face to face COS trainings, and talking to service coordinators about how they complete the COS ratings helped First Connections identify small changes in State-approved rating tool that could be made to support practitioners in helping families participate in the COS rating process, and the CSPD Unit made the practitioner-suggested changes to a State-approved tool (Decision Tree Rating Flowchart). Additionally, information gathered from the field helped the CSPD Unit develop training around COS that was geared to "who needed it" and "what information and support they needed." The result included a one-hour introductory Webinar on "teamwork" in completing the COS rating with family members as part of the IFSP process using approved tools and enhancing the hands-on simulated small group learning activity/practice in the face to face COS workshop. The CSPD Unit and Data Unit are in the process of working together to host regional data camps around COS data in 2018 where providers registering to attend will be given their program's COS data and taught how to interpret and use their data. Participants in the data camps will also practice using a case study and state-approved tools to complete a COS rating as part of a simulated IFSP meeting where peer coaches are available to support.

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

The CSPD work is informed by collaboration with the Quality Assurance/Certification and Licensure Unit as well. Communication between the CSPD and Certification and Licensure members of the QA Unit identified a need for all personnel working within the Part C program to have certain "core competencies." Ongoing collaboration across units within the State's Part C program resulted in the identification of core competencies and the development of an online training module to orient direct service providers, provider program administration, and service coordinators to changes in the Part C program, program requirements, and the core competencies. This online course is a pre-requisite for a newly developed two-day certification training (face to face workshop) on the core competencies. Practitioners must complete an assessment following both the online prerequisite module and the two-day certification workshop with at least 70% accuracy to receive credit for these professional development activities. Program certification standards were revised during this reporting period to reflect these new certification/licensure requirements and will be promulgated and go into effect in the next reporting period.

In this reporting year, the CSPD Unit staff developed training to prepare EI practitioners selected by their professional peers to serve as peer mentors/coaches. One cohort group of peer mentors/coaches have completed the first phase of initial coaches' training and are now in phase two of coaches' training as they prepare to begin peer coaching in the next reporting year. A second cohort began phase one coaches' training to become peer mentors/coaches. Practitioners in each cohort receive monthly training and complete and submit "Putting it into Practice" activities each month to apply key skills that have been trained. The CSPD Unit reviews submissions of peer coaches to inform and shape follow up training activities.

The CSPD, in response to EI provider request has converted some of the basic level face to face workshops to pre-recorded online Web modules that practitioners can complete on their own time. Each module has a post-assessment that participants must complete with 70% accuracy in order to receive credit for the course. In this reporting period, the following face to face workshops were reconfigured as online training modules with post assessments: : EI Orientation, Procedural Safeguards, Natural Environment Practices, Appointing a "Surrogate Parent" (educational surrogate) and Meeting CAPTA Requirements, and Report Writing. Face to face workshop trainings scheduled for conversion in the next reporting period include: Evaluation Interpretation and Transition.

To support EI practitioners in topics identified by the Data Unit and the QA Unit as areas of low performance or areas in which providers contact these units with frequent questions, the CSPD Unit conducted bi-monthly "Lunch and Learn" live Web TA. Each of these one-hour targeted TA topics were recorded and made available as online Web-based modules accessible to provider program administration, service coordinators, and direct service providers. Targeted TA courses do not have a post-assessment and are not part of the required courses for certification/licensure. Lunch and Learn targeted TA offerings included: Best Practices for Intake, OSEP Child and Family Outcomes and the Parent Goal on the IFSP, Completing the First Connections Child & Family Assessment, Using Results of Family Assessment to Develop a Family-centered IFSP, Writing Functional Outcomes, Teamwork in Completing the COS Process, IFSP Development, IFSP Review / Targeting and Retargeting Goals on the IFSP, and Procedures for Meeting Exit Requirements.

To support the Quality Assurance Unit, the CSPD provides onsite targeted TA to meet identified needs from monitoring reports. The QA Unit provides the CSPD Unit with copies of monitoring reports whenever a quality and/or compliance issue is documented on a provider's report. The report includes information for the provider program on scheduling on-site targeted TA. The QA Unit and CSPD Unit work with the provider program administration to develop an agenda around the identified needs. One or two CSPD Unit staff visit the provider program staff to conduct training that includes hands-on practices and simulated case studies to support these professionals in implementing procedures to improve compliance as well as to improve the quality of services provided to families of infants and toddlers with disabilities.

To serve the entire state network of EI professionals, much of the professional development (or "training") is provided via live Webinars, Web-based training modules, guided individual tutorials (connected by phone and PC screen sharing), phone/chat/email consultation and Q/A, and self-study guides. More complex topics and many of the courses required for certification and/or licensure are trained in traditional face to face workshops that employ adult learning strategies including small and large group discussion, reflection, and small group simulated training activities around case studies. Feedback from EI professionals who have participated in these face to face workshops is used to inform planning of future PD and TA offerings. Feedback on the content and quality of face to face workshops is obtained from participants by requiring them to complete an anonymous paper course evaluation form. The course evaluation form requires the practitioner to rate the usefulness of the information, the quality of the materials/presentation, and skills of the trainer.

The form also provides space for the practitioner to write in suggestions for improvement and/or to identify other needed topics for future PD/TA.

First Connections maintains a "training calendar" on the Part C database accessible to all EI Professionals to provide details of upcoming PD or TA opportunities, and practitioners can register on the database. The training calendar is updated quarterly and lists all scheduled PD and TA offerings. Regularly scheduled face to face workshops for certification training and/or ongoing professional development include: Transition, Best Practices in Case Management/Service Coordination, Best Practices for Intake, OSEP Child and Family Outcomes, Child & Family Assessment and Using Results of Family Assessment to Develop a Functional IFSP, Writing Functional Outcomes, Prior Authorization (fiscal), Report Writing, Evaluation Interpretation, IFSP Team Teamwork in Completing the COSF, IFSP Development & Ongoing Review, Transition and Exit Requirements. Additionally, the Data Unit provides bi-annual (or more often as needed) "train the trainer" interactive workshops on using the Comprehensive Data System (CDS) so that staff from each provider organization can attend the two day certification workshop and go back to support their staff in appropriate use of the State-approved data system (CDS).

During the prior reporting cycle, First Connections collaborated with the State's B/619 program to convene a state-wide, cross-sector PD Leadership Team as part of SSIP work in the area of Personnel Development. This group, in the prior reporting cycle completed the personnel component of the ECTA Center Systems Framework to assess the state-wide network of personnel development (across sectors, including Part C). Based on the results of the ECTA Framework assessment, two subcommittees were developed to address the areas of In-service and Personnel Standards. Aligning personnel standards across disciplines was identified as a priority area. In this reporting cycle, the Personnel Standards committee has worked to collect information and identify personnel competencies across disciplines. The committee has collaborated with national TA providers and representatives of other States' PD systems to align the personnel competencies across disciplines to AR competencies found in the State's Family Engagement Guide and to applicable DEC Recommended Practices. Work on the cross-disciplinary standards is ongoing.

### Attachments

File Name

Uploaded By

Uploaded Date

No APR attachments found.

**Stakeholder Involvement:**  apply this to all Part C results indicators

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

Arkansas Part C developed the Annual Performance Report with extensive stakeholder input. The Arkansas' State Interagency Coordinating Council (AICC) continues to serve as the leading stakeholder group for the Part C program, providing on-going guidance and support. Throughout the year, council members are giving multiple opportunities to provide input on program improvement. Program updates are shared with AICC members via emails, webinars and meetings. Summary data for each indicator is presented to council members at regular intervals. During the reporting period, the AICC provided advice and assistance to the lead agency on the SPP/APR, SIPP, professional development activities, data requirements, monitoring, fiscal and program improvements actions.

The First Connections program collaborated with several partners during the 2016-2017 reporting period. Partners include: Arkansas Department of Health, Arkansas Medicaid, Arkansas Department of Education, Arkansas Fetal Alcohol Spectrum Disorder, Head Start Association, Human Services Personnel Office, Arkansas School for the Deaf, Arkansas Early Intervention Providers, Zero to Three the Division of Child Care and Early Childhood Education, Division of Children and Family Services, Quality Assurance Committee, Arkansas Disability Coalition and Division of Developmental Disabilities Services Administrative Staff.

### Attachments

File Name

Uploaded By

Uploaded Date

Remove

[icc certification form for ffy 2016 apr -signed \(01-25-2018\).pdf](#)

LaToya Pettus

1/25/2018 7:05 PM

### Reporting to the Public:

How and where the State reported to the public on the FFY 2015 performance of each EIS Program or Provider 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 2015 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2015 APR in 2017, is available.

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

and made available the public data from the 2015 APR. AEIS provider report cards posted on the state's website displays the performance of each local early intervention program and status in meeting the state's rigorous targets. In addition to other reporting requirements, agency staff completed annual determinations for all Arkansas Early Intervention Service providers.

### Attachments

| File Name                 | Uploaded By | Uploaded Date |
|---------------------------|-------------|---------------|
| No APR attachments found. |             |               |

### Actions required in FFY 2015 response

### OSEP Response

States were instructed to submit Phase III Year Two of the State Systemic Improvement Plan (SSIP) by April 2, 2018. The State provided the required information.

In the FFY 2017 APR, the State must report FFY data for the State-identified Measurable Result (SIMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities; (2) measures and outcomes that were implemented since the State's last SSIP submission (i.e., April 2, 2018); and (3) a summary of the infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short- and long-term outcomes that are intended to impact the SIMR.

### Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Indicator 1: Timely provision of services**

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)

**Historical Data**

Baseline Data: 2005

| FFY    | 2004 | 2005   | 2006   | 2007   | 2008   | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|--------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target |      |        | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   |
| Data   |      | 94.90% | 77.00% | 88.40% | 82.00% | 95.00% | 90.00% | 91.00% | 91.00% | 88.52% | 93.00% |

| FFY    | 2015   |
|--------|--------|
| Target | 100%   |
| Data   | 92.70% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

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

**FFY 2016 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 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|---|---|----------------|------------------|---------------|
| 341   | 457   | 92.70%         | 100%             | 88.62%        |

**Reasons for Slippage**

Arkansas defines timely services as 30 days from the date that parents provide signed consent for services on the IFSP. First Connection requires that services be implemented as soon as possible (but no later than 30 days) from consent. This includes the initial IFSP as well as services added at a later date.

For this reporting period, the Lead Agency's data reflects a small percentage of delay for Indicator 1. The information for the Arkansas SPP/APR is obtained from the Comprehensive Data System that houses child specific data for each individual serviced by AEIS providers. Reports are created and sent to state staff and AEIS programs for review and verification. Upon receipt of required information, the Data Manager conducts an in-depth analysis of the inquiry reports submitted by providers and state staff. The analysis identifies the percentage of delays due to exceptional family circumstances, which is allowable under the regulations.

Based on the data received and our analysis, providers and state staff continue to have difficulty obtaining a prescription for services in a timely manner. Also, in certain areas of the state their continues to be a shortage of First Connections providers. Because of the limited number of therapist in rural areas, Arkansas Part C opened provider enrollment to increase the number of providers to serve eligible infants and toddlers. Interested parties submitted an application and required to complete extensive training to ensure compliance and build capacity. After completing the certification process, Arkansas added several new providers in limited areas.

The Lead Agency will continue to develop strategies around improving the percentage of infants and toddlers receipt of services in a timely manner. For 2018, one of our priorities will be to assess our monitoring and quality assurance processes so that we can conduct more root cause analyses and begin focused monitoring to help us identify and alleviate consistent challenges.

**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.

64

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

The Lead Agency defines timely as 30 days from the date that parents provide signed consent for services on the IFSP. Arkansas Part C requires that services be implemented as soon as possible( but no later than 30 days) from consent. This includes the intial IFSP as well as services added at a later date.

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

- State monitoring
- State database

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

The Arkansas' Part C program selected the time period of February 1- April 30, 2017 to collect data to represent reporting for the full fiscal year. (2016)

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

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

The Comprehensive Data System was designed to capture and display data that accurately exhibits the status of the infant and toddlers record at any given time and period. Lead Agency staff are given direct access to the electronic record of each AEIS provider that allows specific unit staff to provide clarification and guidance to address concerns connected to the families that they serve. The Part C data system allows for a direct flow of information from each user in the system. Also, as part of the child's record, the First Connections' data system includes, the start date of the IFSP and the first date of service that the child received as indicated on the Individualized Family Service Plan.

Program data for indicator 1 was gathered from the Comprehensive Data System (CDS). First Connections Data Unit use the inquiry process to authenticate the data gathered in the states comprehensive system. As required for proper analysis, program data is collected from state service coordinators and local service providers. The AEIS providers use the Comprehensive Data System to report data on the infants and toddlers that they serve in their local agency. Each state service coordinator and early intervention provider use the data system to generate an electronic file for each infant and toddler that is served under First Connections.

As required, data was collected from IFSP with dates starting a February 1- April 30, 2017. Data unit staff sent individualized information to each AEIS provider for verification and submission back to the Part C program. Lead Agency staff selected this time period because of the quality of data. First Connections opted to select the period of time closest to the end of the year to give new state service coordinators and AEIS providers needed time to improve their ability to navigate the intricacy of the CDS. In order to certify the quality of the data; sufficient time was needed to validate the information given. Arkansas Data Team examined the information that was collected for this time period to data for the full year (FFY2016) and established that it is representative of a full year of the state's data because the data includes all areas of the state, all provider types and all categories of eligible infants and toddlers.

### Provide additional information about this indicator (optional)

In accordance with OSEP Memo 09-02, Arkansas used the following procedure where findings of noncompliance were not corrected in the required time period. Providers who were not able to correct noncompliance were placed under a corrective action plan which outlined specific steps that the provider needed to complete, such as training, technical assistance and one on one support from Lead Agency staff. Quality Assurance staff closely monitored the completion of the corrective action plan and reviewed updated data to ensure that the program is correctly implementing the regulatory requirements. Additionally, uncorrected noncompliance was used as a factor in the local programs determination status.

### Actions required in FFY 2015 response

The State must provide, in its FFY 2016 SPP/APR, a clear explanation as to why it updated its FFY 2014 data. OSEP notes that in the FFY 2015 SPP/APR the State did report on the correction of six findings of noncompliance identified in FFY 2014.

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

### Responses to actions required in FFY 2015 response, **not including correction of findings**

Arkansas records have always reflected 93% for Indicator 1 for FFY 2014; and we do not understand why the incorrect percentage was in Grads360. It is our belief, that this is an error on the Part of Grads360. Therefore, in the FFY 2015, Arkansas revised the 2014 data to 93% because that was the correct percentage. Furthermore, in the 2015 APR, the State also provided an explanation for how the findings of noncompliance for timely services reported previously were corrected in accordance with the OSEP 09-02 memo. That is, the state has verified that each EIS provider is correctly implementing the regulatory requirements based on a review of subsequent data and that the provider has corrected each instance of noncompliance unless the children is no longer within the jurisdiction of the provider. This information was verified through our data system and through our onsite monitoring.

### Correction of Findings of Noncompliance Identified in FFY 2015

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 9                                    | 4   | 0  | 5                                      |

### FFY 2015 Findings of Noncompliance Verified as Corrected

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

On an annual basis, Arkansas is required to gather data to report on its compliance. As part of that process the Lead Agency examined AEIS provider data to make certain that infants and toddlers receive services listed on the IFSP within 30 days of the parental consent for services.

Also, Lead Agency staff reviewed updated data from each AEIS provider to determine if providers are initiating services of subsequent infants and toddlers in the required time frame. Arkansas First Connections staff conducted this procedure in accordance with guidance provided in OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). Arkansas Part C staff determined that each AEIS provider for whom data formerly showed noncompliance has corrected the noncompliance and is correctly implementing the regulatory requirement for infants and toddlers with IFSPs to receive their services in a timely manner.

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

First Connections administrative staff reviewed each individual record of infant or toddler for whom services were not started within 30 days of parent consent; to ensure that children were receiving services as written on their IFSP's. The review of records for FFY 2015 indicated that children who had not received timely services were indeed receiving the services on the IFSP, even though late.

### FFY 2015 Findings Not Yet Verified as Corrected

*Actions taken if noncompliance not corrected*

### 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, 2016-June 30, 2017). 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 report on the actions it took to address the uncorrected noncompliance identified in FFY 2015, as required by the measurement table.

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. In addition, the State must demonstrate, in the 8/20/2018

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

FFY 2017 SPP/APR, that the remaining five uncorrected findings of noncompliance identified in FFY 2015 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2016 and each EIS program or provider with remaining noncompliance identified in FFY 2015: (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 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

**Required Actions**

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 2: Services in Natural Environments**

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)

**Historical Data**

Baseline Data: 2005

| FFY      | 2004 | 2005   | 2006   | 2007   | 2008   | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|----------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target ≥ |      |        | 64.00% | 68.00% | 70.00% | 72.00% | 45.50% | 45.75% | 46.00% | 70.00% | 73.00% |
| Data     |      | 62.95% | 52.72% | 46.00% | 42.00% | 45.00% | 38.00% | 32.00% | 33.00% | 74.38% | 74.48% |

| FFY      | 2015   |
|----------|--------|
| Target ≥ | 76.00% |
| Data     | 76.28% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

| FFY      | 2016   | 2017   | 2018   |
|----------|--------|--------|--------|
| Target ≥ | 79.00% | 82.00% | 85.00% |

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**Prepopulated Data**

| Source   | Date      | Description   | Data  | Overwrite Data |
|--|-----------|---|-------|----------------|
| SY 2016-17 Child Count/Educational Environment Data Groups | 7/12/2017 | <a href="#">Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings</a> | 1,445 |                |
| SY 2016-17 Child Count/Educational Environment Data Groups | 7/12/2017 | <a href="#">Total number of infants and toddlers with IFSPs</a>   | 1,722 |                |

**FFY 2016 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 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|---|---|----------------|------------------|---------------|
| 1,445   | 1,722   | 76.28%         | 79.00%           | 83.91%        |

**Actions required in FFY 2015 response**

none

**OSEP Response**

**Required Actions**



**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Indicator 3: Early Childhood Outcomes**

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)

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)? **No**

**Historical Data**

|    | Baseline Year | FFY      | 2004 | 2005 | 2006 | 2007 | 2008   | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|----|---------------|----------|------|------|------|------|--------|--------|--------|--------|--------|--------|--------|
| A1 | 2008          | Target ≥ |      |      |      |      |        | 56.50% | 56.75% | 56.00% | 56.25% | 60.00% | 61.00% |
|    |               | Data     |      |      |      |      | 56.00% | 67.00% | 66.00% | 70.00% | 59.00% | 68.13% | 81.93% |
| A2 | 2008          | Target ≥ |      |      |      |      |        | 24.50% | 24.75% | 25.00% | 25.25% | 30.00% | 31.00% |
|    |               | Data     |      |      |      |      | 24.00% | 23.00% | 25.00% | 41.00% | 22.00% | 32.49% | 46.99% |
| B1 | 2008          | Target ≥ |      |      |      |      |        | 52.50% | 52.75% | 53.00% | 53.25% | 63.00% | 62.00% |
|    |               | Data     |      |      |      |      | 53.00% | 65.00% | 64.00% | 69.00% | 60.00% | 68.52% | 71.79% |
| B2 | 2008          | Target ≥ |      |      |      |      |        | 20.50% | 20.75% | 21.00% | 21.25% | 28.00% | 30.00% |
|    |               | Data     |      |      |      |      | 20.00% | 23.00% | 25.00% | 39.00% | 21.00% | 34.32% | 39.84% |
| C1 | 2008          | Target ≥ |      |      |      |      |        | 56.25% | 56.50% | 56.75% | 57.00% | 60.00% | 61.00% |
|    |               | Data     |      |      |      |      | 56.00% | 65.00% | 64.00% | 69.00% | 58.00% | 66.28% | 79.01% |
| C2 | 2008          | Target ≥ |      |      |      |      |        | 22.50% | 22.75% | 23.00% | 23.25% | 28.00% | 30.00% |
|    |               | Data     |      |      |      |      | 22.00% | 21.00% | 26.00% | 41.00% | 23.00% | 34.50% | 41.46% |

|    | FFY      | 2015   |
|----|----------|--------|
| A1 | Target ≥ | 62.00% |
|    | Data     | 64.34% |
| A2 | Target ≥ | 31.25% |
|    | Data     | 42.90% |
| B1 | Target ≥ | 62.50% |
|    | Data     | 67.01% |
| B2 | Target ≥ | 31.00% |
|    | Data     | 36.91% |
| C1 | Target ≥ | 62.75% |
|    | Data     | 65.83% |
| C2 | Target ≥ | 32.00% |
|    | Data     | 42.43% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

| FFY         | 2016   | 2017   | 2018   |
|-------------|--------|--------|--------|
| Target A1 ≥ | 63.00% | 64.00% | 65.00% |
| Target A2 ≥ | 31.50% | 31.75% | 32.00% |
| Target B1 ≥ | 62.75% | 62.75% | 63.00% |
| Target B2 ≥ | 33.00% | 33.00% | 34.00% |
| Target C1 ≥ | 63.00% | 63.00% | 63.25% |
| Target C2 ≥ | 33.00% | 33.00% | 34.00% |

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

FFY 2016 SPP/APR Data

|  |        |
|--|--------|
| Number of infants and toddlers with IFSPs assessed | 620.00 |
|--|--------|

Outcome A: Positive social-emotional skills (including social relationships)

|   | Number of Children | Percentage of Children |
|---|--------------------|------------------------|
| a. Infants and toddlers who did not improve functioning   | 9.00               | 1.45%                  |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 63.00              | 10.16%                 |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it                      | 251.00             | 40.48%                 |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | 205.00             | 33.06%                 |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | 92.00              | 14.84%                 |

|  | Numerator | Denominator | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--|-----------|-------------|----------------|------------------|---------------|
| 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 $(c+d)/(a+b+c+d)$ . | 456.00    | 528.00      | 64.34%         | 63.00%           | 86.36%        |
| 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 $(d+e)/(a+b+c+d+e)$ .   | 297.00    | 620.00      | 42.90%         | 31.50%           | 47.90%        |

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

|   | Number of Children | Percentage of Children |
|---|--------------------|------------------------|
| a. Infants and toddlers who did not improve functioning   | 8.00               | 1.29%                  |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 64.00              | 10.32%                 |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it                      | 295.00             | 47.58%                 |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | 199.00             | 32.10%                 |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | 54.00              | 8.71%                  |

|  | Numerator | Denominator | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--|-----------|-------------|----------------|------------------|---------------|
| 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 $(c+d)/(a+b+c+d)$ . | 494.00    | 566.00      | 67.01%         | 62.75%           | 87.28%        |
| 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 $(d+e)/(a+b+c+d+e)$ .   | 253.00    | 620.00      | 36.91%         | 33.00%           | 40.81%        |

Outcome C: Use of appropriate behaviors to meet their needs

|   | Number of Children | Percentage of Children |
|---|--------------------|------------------------|
| a. Infants and toddlers who did not improve functioning   | 9.00               | 1.45%                  |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 55.00              | 8.87%                  |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it                      | 250.00             | 40.32%                 |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | 217.00             | 35.00%                 |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | 89.00              | 14.35%                 |

|  | Numerator | Denominator | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--|-----------|-------------|----------------|------------------|---------------|
| 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 $(c+d)/(a+b+c+d)$ . | 467.00    | 531.00      | 65.83%         | 63.00%           | 87.95%        |
| 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 $(d+e)/(a+b+c+d+e)$ .   | 306.00    | 620.00      | 42.43%         | 33.00%           | 49.35%        |

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)****The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program**

|   |  |
|---|--|
| 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    |  |
| 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. |  |

Please note that this data about the number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program is optional in this FFY16 submission. It will be required in the FFY17 submission.

**Was sampling used?** No

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process?** Yes

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

The instruments used were the exiting data along with the child outcomes survey data. We compared the two sets of data making sure that we had a survey for every child that exited and who met the criteria of receiving services for at least six months.

**Actions required in FFY 2015 response**

none

**OSEP Response**

States must report the following data starting with the FFY 2017 SPP/APR submission, due February 2019: (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.

**Required Actions**

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 4: Family Involvement**

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)

**Historical Data**

|   | Baseline Year | FFY      | 2004 | 2005 | 2006   | 2007   | 2008   | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|---|---------------|----------|------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| A | 2006          | Target ≥ |      |      |        |        | 77.00% | 78.00% | 80.00% | 80.25% | 80.25% | 80.00% | 82.00% |
|   |               | Data     |      |      | 59.00% | 62.00% | 65.10% | 65.00% | 67.90% | 64.20% | 68.00% | 75.00% | 78.96% |
| B | 2006          | Target ≥ |      |      |        |        | 67.00% | 68.00% | 70.00% | 70.25% | 70.25% | 80.00% | 82.00% |
|   |               | Data     |      |      | 70.00% | 67.50% | 70.30% | 69.00% | 71.30% | 67.90% | 71.00% | 81.00% | 81.84% |
| C | 2006          | Target ≥ |      |      |        |        | 84.00% | 85.00% | 87.00% | 87.25% | 87.25% | 80.00% | 82.00% |
|   |               | Data     |      |      | 71.00% | 70.80% | 72.80% | 73.00% | 75.90% | 73.20% | 75.00% | 80.00% | 87.84% |

|   | FFY      | 2015   |
|---|----------|--------|
| A | Target ≥ | 84.00% |
|   | Data     | 81.24% |
| B | Target ≥ | 84.00% |
|   | Data     | 85.55% |
| C | Target ≥ | 84.00% |
|   | Data     | 85.55% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

| FFY        | 2016   | 2017   | 2018   |
|------------|--------|--------|--------|
| Target A ≥ | 86.00% | 88.00% | 90.00% |
| Target B ≥ | 86.00% | 88.00% | 90.00% |
| Target C ≥ | 86.00% | 88.00% | 90.00% |

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**FFY 2016 SPP/APR Data**

|   |                  |
|---|------------------|
| Number of families to whom surveys were distributed   | 2416.00          |
| Number of respondent families participating in Part C   | 20.41%<br>493.00 |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights                              | 397.00           |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights   | 489.00           |
| 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 | 436.00           |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs                        | 489.00           |
| 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          | 436.00           |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn                                 | 489.00           |

|  | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--|----------------|------------------|---------------|
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their | 81.24%         | 86.00%           | 81.19%        |

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

|  | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--|----------------|------------------|---------------|
| rights   |                |                  |               |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs | 85.55%         | 86.00%           | 89.16%        |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn          | 85.55%         | 86.00%           | 89.16%        |

**Was sampling used?** No

**Was a collection tool used?** Yes

**Is it a new or revised collection tool?** No

**The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.**  
Yes

**Include the State's analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.**

During the reporting period, Arkansas Part C staff distributed over 2416 surveys to families of infants and toddlers with active IFSPs. Parents of the Part C program were given numerous opportunities to respond to the family survey, hard copy via mail, telephone and the First Connections website. The following demographics were collected from all respondents: county of residence, race and ethnicity, and child's AEIS provider. Arkansas First Connections received survey responses from all 75 counties in the state which shows representation of all areas of the state by race and ethnicity categories of the population of families in the Arkansas Part C program.

**Actions required in FFY 2015 response**

none

**OSEP Response**

**Required Actions**

# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

## Indicator 5: Child Find (Birth to One)

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

### Historical Data

Baseline Data: 2005

| FFY      | 2004 | 2005  | 2006  | 2007  | 2008  | 2009  | 2010  | 2011  | 2012  | 2013  | 2014  |
|----------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Target ≥ |      |       | 0.42% | 0.45% | 0.66% | 0.55% | 0.55% | 0.57% | 0.58% | 0.45% | 0.45% |
| Data     |      | 0.39% | 1.02% | 0.72% | 0.66% | 0.61% | 0.96% | 0.85% | 1.01% | 0.44% | 0.36% |

| FFY      | 2015  |
|----------|-------|
| Target ≥ | 0.47% |
| Data     | 1.56% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

### FFY 2016 - FFY 2018 Targets

| FFY      | 2016  | 2017  | 2018  |
|----------|-------|-------|-------|
| Target ≥ | 0.48% | 0.49% | 0.50% |

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

### Prepopulated Data

| Source   | Date      | Description  | Data   | Overwrite Data |
|--|-----------|--|--------|----------------|
| SY 2016-17 Child Count/Educational Environment Data Groups                           | 7/12/2017 | <a href="#">Number of infants and toddlers birth to 1 with IFSPs</a> | 416    | null           |
| U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2016 | 6/22/2017 | <a href="#">Population of infants and toddlers birth to 1</a>        | 37,737 | null           |
| TBD  |           |  | null   |                |

### FFY 2016 SPP/APR Data

| Number of infants and toddlers birth to 1 with IFSPs | Population of infants and toddlers birth to 1 | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--|---|----------------|------------------|---------------|
| 416  | 37,737  | 1.56%          | 0.48%            | 1.10%         |

### Compare your results to the national data

Arkansas is making a great effort to identify children for early intervention supports and to serve them and their families as early as possible. We will continue to implement strategies to increase awareness of the importance of early intervention and of the First Connections Program. First Connections served 1.10 percent of the population of children (0-1) compared to the national average of 1.24. This is only slightly less than the national average. In further analysis, Arkansas reviewed the data and compared itself to seven other states in the southeast region. In that review, not counting the Caribbean entities, only one state, (Louisiana at 1.3%) is serving a higher percentage of children. Others served a range from .65 percent to 1.05 percent in the same age range.

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

**Actions required in FFY 2015 response**

none

**OSEP Response**

**Required Actions**

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 6: Child Find (Birth to Three)**

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

**Historical Data**

Baseline Data: 2005

| FFY      | 2004 | 2005  | 2006  | 2007  | 2008  | 2009  | 2010  | 2011  | 2012  | 2013  | 2014  |
|----------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Target ≥ |      |       | 2.25% | 2.78% | 2.30% | 2.35% | 2.37% | 2.37% | 2.37% | 1.20% | 1.30% |
| Data     |      | 2.25% | 2.75% | 2.34% | 2.33% | 2.19% | 2.75% | 2.73% | 2.72% | 1.19% | 1.00% |

| FFY      | 2015  |
|----------|-------|
| Target ≥ | 1.40% |
| Data     | 1.74% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

| FFY      | 2016  | 2017  | 2018  |
|----------|-------|-------|-------|
| Target ≥ | 1.50% | 1.80% | 1.90% |

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**Prepopulated Data**

| Source   | Date      | Description  | Data    | Overwrite Data |
|--|-----------|--|---------|----------------|
| SY 2016-17 Child Count/Educational Environment Data Groups                           | 7/12/2017 | <a href="#">Number of infants and toddlers birth to 3 with IFSPs</a> | 1,722   |                |
| U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2016 | 6/22/2017 | <a href="#">Population of infants and toddlers birth to 3</a>        | 113,811 |                |
| TBD  |           |  | null    |                |

**FFY 2016 SPP/APR Data**

| Number of infants and toddlers birth to 3 with IFSPs | Population of infants and toddlers birth to 3 | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--|---|----------------|------------------|---------------|
| 1,722  | 113,811                                       | 1.74%          | 1.50%            | 1.51%         |

**Compare your results to the national data**

Arkansas continues to explore strategies for increasing the number and percentages of children identified and served by the First Connections Program. When compared to the national average of 3.12 percent, Arkansas serves significantly fewer children birth to three (1.51 percent). As reported in our most recent SSIP, there are a number of activities that we have developed to increase our identification of children birth to three. We anticipate that we will be able to show improvement over time if we continue to implement these activities. In further analysis, Arkansas looked at seven other states in the region to compare ourselves to similar populations. We remain the lowest percentage; however, it was useful information to know that three other states (AL- 1.87%, OK – 1.65%, MS -1.73%) in the southeastern United States serve less than 2 percent of children birth to three. We also believe that we are closest in demographics to these three states. As with Indicator 5, Louisiana serves the highest percentage of children in this age range. We don't understand the phenomena, but wonder if states in our region would benefit from cross-state targeted TA in this area.

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

**Actions required in FFY 2015 response**

none

**OSEP Response**

**Required Actions**

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 7: 45-day timeline**

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)

**Historical Data**

Baseline Data: 2005

| FFY    | 2004 | 2005   | 2006   | 2007   | 2008   | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|--------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target |      |        | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   |
| Data   |      | 75.80% | 84.00% | 88.00% | 82.00% | 99.00% | 94.00% | 92.00% | 93.00% | 88.11% | 87.97% |

| FFY    | 2015   |
|--------|--------|
| Target | 100%   |
| Data   | 92.41% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

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

**FFY 2016 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 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--|--|----------------|------------------|---------------|
| 126  | 204  | 92.41%         | 100%             | 87.25%        |

|  |    |
|--|----|
| <b>Number of documented delays attributable to exceptional family circumstances</b><br><i>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.</i> | 52 |
|--|----|

**Reasons for Slippage**

The Lead Agency developed a report for the 45-day timeline indicator from data collected from the Comprehensive Data System that organizes all of the child related data for each individual served by Part C early intervention providers in Arkansas. The state's 2016-2017 FFY data revealed a small slippage from the last fiscal year for Indicator 7.

There is a consistent process to verify data related to this indicator. The First Connections staff sends reports to AEIS providers and state staff and require resubmission of information. After submission, a thorough analysis of the inquiry reports is completed by the Data Manager as part of the data evaluation process. As specified in First Connections policy and procedures, the analysis determines the percentage of delays due to exceptional family circumstances. The analysis also identifies any additional areas needing improvement.

In accordance with the Part C regulations, for infants and toddlers who have been determined eligible, a meeting to develop the initial IFSP must be conducted within 45 days after the receipt of referral.

The data analysis for Indicator 7, revealed causal issues similar to those for Indicator 1, suggesting that local providers and state staff continue to have difficulty obtaining a prescription for timely evaluations that would allow for appropriate IFSP development. This is especially acute in the rural communities of Arkansas, where there continues to be a shortage of providers of early intervention supports and services.

Due to the limited number of therapists in these areas, the Lead Agency decided to established another enrollment period and announced the opportunity publicly. First Connections accepted applications and approved new providers after a review of required credentials, certification and experience. The CSPD unit developed a quick and intensive training on Part C expectations and requirements to prepare the new providers to support our population. As a result of this effort, First Connections was able to add a number of new providers in the areas where we had shortages. We anticipate that this will help us to improve timeliness of IFSP development in the future.

Arkansas will continue to develop strategies to increase the percentage of infants and toddlers with IFSP's for whom an evaluation and assessment and an initial IFSP meeting were conducted within 45 day timeline.

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

- State monitoring
- 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).

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Data for this indicator was collected from January 1-March 30,2017.

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

The Part C Data Unit, used information gathered from the Comprehensive Data System to report the percentage of infants and toddlers receiving evaluations, assessments and IFSP meetings within a timely manner. Arkansas' statewide data system is used by AEIS providers and state staff to report data on children receiving supports and services. The CDS was developed to capture and display data that reflects the status of the infant and toddlers early intervention file.

Each child's file, in CDS includes the following: the date of the signed IFSP and the first date of service as indicated on the child's IFSP. Throughout the reporting period, Part C staff are allowed access to the AEIS providers electronic record to work together to assist in finding a means to address concerns surrounding the infants and toddlers they serve. Information is collected from License Community Programs, Independent Service Providers, and state service coordinators. Child data was pulled for IFSP, with dates starting January 1- March 30, 2017 and sent to each AEIS provider for verification and returned. With extreme care, First Connections selected this time period in order to capture the same children as reported in Indicator 1 .

As directed by the Data Manager, agency staff reviewed if the children who received their services in a timely manner also had an evaluation and assessment and IFSP developed in 45 days. Also, to ensure the accurateness of the data; adequate time was given for verification of data. Additional analysis of all information was conducted by the Data Manager regarding data that was reported for this time period to data for the full year (FFY2016) and determined that it is reflective of a full year of data.

### Provide additional information about this indicator (optional)

In accordance with OSEP Memo 09-02, Arkansas used the following procedure where findings of noncompliance were not corrected in the required time period. Providers who were not able to correct noncompliance were placed under a corrective action plan which outlined specific steps that the provider needed to complete, such as training, technical assistance and one on one support from Lead Agency staff. Quality Assurance staff closely monitored the completion of the corrective action plan and reviewed updated data to ensure that the program is correctly implementing the regulatory requirements. Additionally, uncorrected noncompliance was used as a factor in the local programs determination status.

### Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

### Correction of Findings of Noncompliance Identified in FFY 2015

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 3                                    | 1   | null   | 2                                      |

### FFY 2015 Findings of Noncompliance Verified as Corrected

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

Part C administrative staff examined local provider data to ensure that all infants and toddlers received evaluations, assessments and IFSP meetings in the required time period.

As part of the agencies verification practice, Arkansas monitoring staff reviewed updated data from each local program to determine if subsequent infants and toddlers had an evaluation and an IFSP within the 45-day time period. First Connections unit staff completed this process in accordance with the guidance provided in OSEP Memorandum 09-02, dated October 17, 2008. Arkansas Part C determined that each AEIS provider, for whom data formerly showed noncompliance has corrected the noncompliance and is correctly implementing the regulatory requirement for infants and toddlers who receive evaluations, assessments and IFSP meetings within the required time.

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

Arkansas Part C Administrative staff reviewed individual child records of each infant or toddler who did not have an evaluation, assessment and IFSP meeting within 45 days. Record review for FFY 2015 indicated that children who had not received evaluations ,assessments and timely IFSP meetings indeed had subsequently completed evaluation and the IFSP meeting was conducted, although late.

### FFY 2015 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

### 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, 2016-June 30, 2017). 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 report on the actions it took to address the uncorrected noncompliance identified in FFY 2015, as required by the measurement table.

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. In addition, the State must demonstrate, in the FFY 2017 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FY 2015 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2016 and each EIS program or provider with remaining noncompliance identified in FFY 2015: (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 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

|  |
|--|
|  |
|--|

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 8A: Early Childhood Transition**

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)

**Historical Data**

Baseline Data: 2005

| FFY    | 2004 | 2005   | 2006   | 2007   | 2008   | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|--------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target |      |        | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   |
| Data   |      | 54.00% | 99.00% | 55.00% | 88.00% | 96.00% | 91.00% | 90.00% | 96.00% | 85.14% | 92.02% |

| FFY    | 2015   |
|--------|--------|
| Target | 100%   |
| Data   | 95.48% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

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

**FFY 2016 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

| Number of children exiting Part C who have an IFSP with transition steps and services | Number of toddlers with disabilities exiting Part C | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|---|---|----------------|------------------|---------------|
| 178   | 277   | 95.48%         | 100%             | 90.97%        |

|  |    |
|--|----|
| Number of documented delays attributable to exceptional family circumstances<br><i>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.</i> | 74 |
|--|----|

**Reasons for Slippage**

Data review indicates that some providers are still having difficulty understanding the requirements around transition. As part of the review process, agency staff completed an assessment of activities related to Early Childhood Transition. The assessment concluded that providers verbally report that they understand the process, however they are not adding the information to the child's individual plan. Arkansas Part C continues to work to move the needle to achieve 100% compliance. With the assistance of partners throughout the state, the Lead Agency will continue to provide guidance and support to AEIS providers and state service coordinators. In order to provide clear concise support to providers and staff, the state's Professional Development team uses the transition guide "When I'm Three Where Will I Be" to ensure that information is related in the same manner regardless of staff. During the training classes on transition the instructor reviews federal requirements for transition, including steps, LEA notifications and timely transition conferences. First Connections staff reinforces this information through phone calls, and onsite visits. As part of the support process, agency staff analyzes the data to identify specific providers who have difficulty with transition and aid them in developing strategies to improve their actions related to this area. Part C Quality Assurance staff and Data Unit staff also provide technical assistance to state service coordinators regarding the transition process and it's requirements. During the TA visit, they help them problem solve difficulties in scheduling, inviting families and explaining the importance of planning for the next stages of the child's life. Lead Agency staff will continue to work to improve the percentage of children that have step 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.

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

- State monitoring
- 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).

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

Arkansas' Lead Agency chose the period of time from July 1, 2016 – June 30, 2017 to collect data to represent reporting for the full fiscal year 2016.

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

Information reported for FFY 2016 for indicator 8 was retrieved from the state's data system. In order to ensure the validity of the data collected, Administrative staff used the inquiry process to validate the information collected in the Comprehensive Data System (CDS). Data for this indicator reflects the full fiscal year and includes all provider types and geographic areas. First Connections data system was designed to produce an electronic record for each infant and toddler within the program, that accurately reflects the status of the infant and toddlers file at any given time. Within the child's file, the system includes steps and services listed on the child's IFSP. Data was sent to each AEIS provider for verification and resubmission to the data manager. Agency staff are given appropriate time to confirm and verify program data. The Data Manager completes the analysis of program data that was reported for this period of time to data for the full year (FFY2016).

**Provide additional information about this indicator (optional)**

In accordance with OSEP Memo 09-02, Arkansas used the following procedure where findings of noncompliance were not corrected in the required time period. Providers who were not able to correct noncompliance were placed under a corrective action plan which outlined specific steps that the provider needed to complete, such as training, technical assistance and one on one support from Lead Agency staff. Quality Assurance staff closely monitored the completion of the corrective action plan and reviewed updated data to ensure that the program is correctly implementing the regulatory requirements. Additionally, uncorrected noncompliance was used as a factor in the local programs determination status.

**Actions required in FFY 2015 response**

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2015**

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 3                                    | 0   | null   | 3                                      |

**FFY 2015 Findings Not Yet Verified as Corrected**

*Actions taken if noncompliance not corrected*

**OSEP Response**

The State did not report on the actions it took to address the uncorrected noncompliance identified in FFY 2015, as required by the measurement table.

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. In addition, the State must demonstrate, in the FFY 2017 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2015 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2016 and each EIS program or provider with remaining noncompliance identified in FFY 2015: (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 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

**Required Actions**

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 8B: Early Childhood Transition**

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)

**Historical Data**

Baseline Data: 2005

| FFY    | 2004 | 2005   | 2006   | 2007   | 2008   | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|--------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target |      |        | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   |
| Data   |      | 79.00% | 96.40% | 89.00% | 88.00% | 95.00% | 96.00% | 91.00% | 97.00% | 87.61% | 95.82% |

| FFY    | 2015   |
|--------|--------|
| Target | 100%   |
| Data   | 98.64% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

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

**FFY 2016 SPP/APR Data**

Data include notification to both the SEA and LEA

- Yes
- No

| 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 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|---|--|----------------|------------------|---------------|
| 275   | 277  | 98.64%         | 100%             | 99.28%        |

|   |   |
|---|---|
| Number of parents who opted out<br><i>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.</i> | 0 |
|---|---|

**Describe the method used to collect these data**

The state used the Comprehensive Data System to collect data for Indicator 8. Part C selected the time period from July 1, 2016 to June 30, 2017 to reflect reporting for the full fiscal year.

Do you have a written opt-out policy? No

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

- State monitoring
- 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).

# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

State Fiscal Year July 1, 2016 through June 30, 2017

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

The Lead Agency collects data for indicator 8 from the Comprehensive Data System( CDS). Data Unit staff utilizes the inquiry process to verify information collected from the states database. AEIS providers use the CDS to report data on the infants and toddlers within their local program. Information is gathered from all provider types within the Part C system. CDS generated an electronic record for each First Connections infant and toddler. The database includes actions within the transition process, as part of the child's file. As administrators within the system, Data Unit staff are given direct access to the AEIS providers electronic file, which allows them to work together with AEIS providers to address issues and concerns.

## Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

## Correction of Findings of Noncompliance Identified in FFY 2015

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

## FFY 2015 Findings of Noncompliance Verified as Corrected

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

Training for AEIS providers gives clear directions around the requirements of the SEA/LEA notification process. The guidance provides clarity around federal regulations that indicates that they must ensure that all children in their program receive timely transition planning and if cited that they must correct all noncompliance.

Part C examined data to ensure that each provider notified the SEA and 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.

As part of the agencies verification practice, Arkansas monitoring staff reviewed updated data from each local program to determine that timely notification to the SEA and LEA was made for subsequent toddlers. First Connections unit staff completed this process in accordance with the guidance provided in OSEP Memorandum 09-02, dated October 17, 2008. Arkansas Part C determined that each AEIS provider, for whom data formerly showed noncompliance has corrected the noncompliance and is correctly implementing the regulatory requirement for infants and toddlers.

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

With regards to correction of noncompliance, the First Connections monitoring guidelines requires monitors to verify that each program corrected each case of noncompliance. Included in the verification, is a review of records for toddlers who did not receive timely transition planning to verify that there was SEA/LEA notification although late, unless that child is no longer within the jurisdiction. Lead Agency staff certified that all noncompliance was corrected within one year of notification, for each AEIS provider, as required.

## OSEP Response

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2016 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 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

## Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 8C: Early Childhood Transition**

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)

**Historical Data**

Baseline Data: 2005

| FFY    | 2004 | 2005   | 2006   | 2007   | 2008   | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|--------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target |      |        | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   |
| Data   |      | 87.00% | 44.00% | 55.00% | 57.00% | 86.00% | 87.00% | 76.00% | 87.00% | 86.28% | 83.59% |

| FFY    | 2015   |
|--------|--------|
| Target | 100%   |
| Data   | 88.24% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

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

**FFY 2016 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

| Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least 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 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|---|--|----------------|------------------|---------------|
| 186   | 277  | 88.24%         | 100%             | 93.63%        |

|   |    |
|---|----|
| <b>Number of toddlers for whom the parent did not provide approval for the transition conference</b><br><i>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.</i>  | 10 |
| <b>Number of documented delays attributable to exceptional family circumstances</b><br><i>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 at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.</i> | 64 |

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

- State monitoring
- 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).

First Connections collected data from the period of June 30, 2016- July 1, 2017. The data collected during this time period represents reporting for the full fiscal year. (2016)

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

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Arkansas Part C collected/retrieved data for Indicator 8 from the states database. The inquiry process is used by the Lead Agency to verify the information collected in the Comprehensive Data System (CDS). As required, data for the annual report was gathered from each provider type within the First Connections program. State Service Coordinators and local early intervention providers enter data on the infants and toddlers that they serve directly into the CDS. Part C staff developed the Comprehensive Data System to gather and display data that reflects the status of the infant and toddlers early intervention file. The system includes, as part of the individual child record, the date of the child's transition conference as required in Part C policy. Annual report data was taken from IFSP's with dates starting July 1, 2016- June 30, 2017, and forwarded to state staff and AEIS providers for review and submission back to the Data Manager. Members of the data team verified that the data reported for this time period (FFY2016) is reflective of all the infants and toddlers for the full reporting period.

### Provide additional information about this indicator (optional)

In accordance with OSEP Memo 09-02, Arkansas used the following procedure where findings of noncompliance were not corrected in the required time period. Providers who were not able to correct noncompliance were placed under a corrective action plan which outlined specific steps that the provider needed to complete, such as training, technical assistance and one on one support from Lead Agency staff. Quality Assurance staff closely monitored the completion of the corrective action plan and reviewed updated data to ensure that the program is correctly implementing the regulatory requirements. Additionally, uncorrected noncompliance was used as a factor in the local programs determination status.

### Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

### Correction of Findings of Noncompliance Identified in FFY 2015

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 4                                    | 2   | null   | 2                                      |

### FFY 2015 Findings of Noncompliance Verified as Corrected

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

The Arkansas monitoring procedures dictates that Lead Agency staff monitor early intervention service providers and report their progress with regards to non-compliance. Administrative staff examine data related to timely transition conferences. Also, technical assistance is provided to AEIS providers and state service coordinators regarding transition planning with special attention being placed on the timely transition conference.

As part of the agencies verification practice, Arkansas monitoring staff reviewed updated data from each local program to determine that timely transition conference was held for subsequent toddlers. First Connections unit staff completed this process in accordance with the guidance provided in OSEP Memorandum 09-02, dated October 17, 2008. Arkansas Part C determined that each AEIS provider, for whom data formerly showed noncompliance has corrected the noncompliance and is correctly implementing the regulatory requirement for infants and toddlers.

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

First Connections monitoring verification process requires that program staff conduct a course of action that involves an examination of files for toddlers who did not receive timely transition planning and were not in compliance with requirements to verify that the children received transition services ( transition conference) although late, unless that child is no longer within the jurisdiction of the program. Part C staff confirmed that 2 finding of noncompliance was corrected within one year and the remaining will be followed up on during the next reporting period.

### FFY 2015 Findings Not Yet Verified as Corrected

*Actions taken if noncompliance not corrected*

### OSEP Response

The State did not report on the actions it took to address the uncorrected noncompliance identified in FFY 2015, as required by the measurement table.

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. In addition, the State must demonstrate, in the FFY 2017 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2015 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2016 and each EIS program or provider with remaining noncompliance identified in FFY 2015: (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 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

### Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 9: Resolution Sessions**

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)

**Historical Data**

Baseline Data:

| FFY      | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------|------|------|------|------|------|------|------|------|------|------|------|
| Target ≥ |      |      |      |      |      |      |      |      |      | 0%   | 0%   |
| Data     |      |      |      |      |      |      |      |      |      | 0%   | 0%   |

| FFY      | 2015 |
|----------|------|
| Target ≥ | 0%   |
| Data     | 0%   |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

| FFY      | 2016 | 2017 | 2018 |
|----------|------|------|------|
| Target ≥ | 0%   | 0%   | 0%   |

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**Prepopulated Data**

| Source  | Date      | Description  | Data | Overwrite Data |
|---|-----------|--|------|----------------|
| SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/1/2017 | <a href="#">3.1(a) Number resolution sessions resolved through settlement agreements</a> | n    | n              |
| SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/1/2017 | <a href="#">3.1 Number of resolution sessions</a>  | n    | n              |

**Explanation of Alternate Data**

**FFY 2016 SPP/APR Data**

| 3.1(a) Number resolution sessions resolved through settlement agreements | 3.1 Number of resolution sessions | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--|-----------------------------------|----------------|------------------|---------------|
| 0  | 0                                 | 0%             | 0.00%            | 0%            |

**Actions required in FFY 2015 response**

none

**OSEP Response**

This indicator is not applicable to the State.

|  |
|--|
|  |
|--|

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 10: Mediation**

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)

**Historical Data**

Baseline Data: 2005

| FFY      | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------|------|------|------|------|------|------|------|------|------|------|------|
| Target ≥ |      |      |      | 0%   |      |      |      |      |      | 0%   | 0%   |
| Data     |      |      |      |      |      |      |      | 0%   |      |      |      |

| FFY      | 2015 |
|----------|------|
| Target ≥ | 0%   |
| Data     |      |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

| FFY    | 2016 |   | 2017 |   | 2018 |   |
|--------|------|---|------|---|------|---|
| Target | -    | - | -    | - | -    | - |

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**Prepopulated Data**

| Source  | Date      | Description   | Data | Overwrite Data |
|---|-----------|---|------|----------------|
| SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/1/2017 | <a href="#">2.1.a.i Mediations agreements related to due process complaints</a>     | n    | null           |
| SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/1/2017 | <a href="#">2.1.b.i Mediations agreements not related to due process complaints</a> | n    | null           |
| SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/1/2017 | <a href="#">2.1 Mediations held</a>   | n    | null           |

**FFY 2016 SPP/APR Data**

| 2.1.a.i Mediations agreements related to due process complaints | 2.1.b.i Mediations agreements not related to due process complaints | 2.1 Mediations held | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|---|---|---------------------|----------------|------------------|---------------|
| 0   | 0   | 0                   |                | % - %            |               |

**Provide additional information about this indicator (optional)**

Please note that Arkansas has never had 10 or more mediations. Arkansas has never set targets, or reported data in this indicator in Grads360. We noticed that the data was not correct and were attempting to correct the data. Arkansas was not trying to revise targets or data. We were trying to Correct data that was not correct.

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

**Actions required in FFY 2015 response**

none

**OSEP Response**

**Required Actions**

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 11: State Systemic Improvement Plan**

Monitoring Priority: General Supervision

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

**Reported Data**

Baseline Data:

| FFY    | 2013 | 2014 | 2015 | 2016 |
|--------|------|------|------|------|
| Target |      |      |      |      |
| Data   |      |      |      |      |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  
Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

| FFY    | 2017 | 2018 |
|--------|------|------|
| Target |      |      |

Key:

**Description of Measure**

Please see attachment below.

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**Overview**

Please see attached.

**Data Analysis**

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

Please see attached.

**Analysis of State Infrastructure to Support Improvement and Build Capacity**

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

Please see below.

**State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families**

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under 8/20/2018

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Indicator 4 (helping their child develop and learn).

### Statement

Please see below.

### Description

Please see below.

### Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Please see attachment.

### Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

**Submitted Theory of Action:** No Theory of Action Submitted

Provide a description of the provided graphic illustration (optional)

### Infrastructure Development

- (a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- (b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- (c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- (d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

Please see attachment

### Support for EIS programs and providers Implementation of Evidence-Based Practices

- (a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.
- (c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

Please see attachment

### Evaluation

- (a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- (c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).
- (d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

Please see attachment

### Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

Please see attachment

### Phase III submissions should include:

- Data-based justifications for any changes in implementation activities.
- Data to support that the State is on the right path, if no adjustments are being proposed.
- Descriptions of how stakeholders have been involved, including in decision-making.

### A. Summary of Phase 3

1. Theory of action or logic model for the SSIP, including the SiMR.
2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies.
3. The specific evidence-based practices that have been implemented to date.
4. Brief overview of the year's evaluation activities, measures, and outcomes.
5. Highlights of changes to implementation and improvement strategies.

Please see attachment.

### B. Progress in Implementing the SSIP

1. Description of the State's SSIP implementation progress: (a) Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed and (b) Intended outputs that have been accomplished as a result of the implementation activities.
2. Stakeholder involvement in SSIP implementation: (a) How stakeholders have been informed of the ongoing implementation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP.

Please see attachment.

### C. Data on Implementation and Outcomes

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan: (a) How evaluation measures align with the theory of action, (b) Data sources for each key measure, (c) Description of baseline data for key measures, (d) Data collection procedures and associated timelines, (e) [If applicable] Sampling procedures, (f) [If appropriate] Planned data comparisons, and (g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements
2. How the State has demonstrated progress and made modifications to the SSIP as necessary: (a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR, (b) Evidence of change to baseline data for key measures, (c) How data support changes that have been made to implementation and improvement strategies, (d) How data are informing next steps in the SSIP implementation, and (e) How data support planned modifications to intended outcomes (including the SiMR)—rationale or justification for the changes or how data support that the SSIP is on the right path
3. Stakeholder involvement in the SSIP evaluation: (a) How stakeholders have been informed of the ongoing evaluation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

Please see attachment.

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

### D. Data Quality Issues: Data limitations that affected reports of progress in implementing the SSIP and achieving the SIMR

1. Concern or limitations related to the quality or quantity of the data used to report progress or results
2. Implications for assessing progress or results
3. Plans for improving data quality

Please see attachment.

### E. Progress Toward Achieving Intended Improvements

1. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SIMR, sustainability, and scale-up
2. Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects
3. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SIMR
4. Measurable improvements in the SIMR in relation to targets

Please see attachment.

### F. Plans for Next Year

1. Additional activities to be implemented next year, with timeline
2. Planned evaluation activities including data collection, measures, and expected outcomes
3. Anticipated barriers and steps to address those barriers
4. The State describes any needs for additional support and/or technical assistance

Please see attachment.

### OSEP Response

### Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Certify and Submit your SPP/APR**

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.

**Selected:** Designated by the Lead Agency Director to certify

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: Tracy Turner

Title: Part C Coordinator

Email: tracy.turner@dhs.arkansas.gov

Phone: 501-682-8703