

# STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on  
FFY 2019

Arkansas



**PART C DUE**  
**February 1, 2021**

U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202

## Introduction

### Instructions

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

### Intro - Indicator Data

#### Executive Summary

The Office of Special Education Programs (OSEP) requires each Part C Lead Agency to submit a State Performance Plan that provides a detail analysis of it's ability to implement the requirements outlined in the Individual with Disabilities Education Act (IDEA). In accordance with IDEA Federal Regulation, 34CFR Part 300 and 303, each Part C Lead Agency is required to report annually on 11 indicators including baseline data and targets in the State Performance Plan(SPP)/ Annual Performance Report (APR). The states compliance indicators targets are set at 100% and performance targets are set by the Lead Agency.

As the world continues to adjust to the changes brought about by the COVID-19 Pandemic, Arkansas First Connections made numerous adjustments to they way the program functions. Where appropriate, this report will indicate the specific changes to operations. Arkansas captures and reports data from multiple data sources that includes the Quality Assurance/Monitoring staff protocols,desk audits, data from the Comprehensive Data System (CDS), Part C Family Surveys, and additional information from program service concerns and technical assistance visits. Part C program data and information reported in the current SPP/APR represents Federal Fiscal Year (FFY) 2019 ( July 1- 2019-through June 30,2020). SPP/APR Indicators 1-10 will be submitted on or before February 1, 2021.

Also, the State Systemic Improvement Plan (SSIP) (Indicator 11) a plan that was designed to improve the quality of infants and toddlers and their families through the states Part C program. The SSIP will be submitted on or before April 1, 2021. The Arkansas State Interagency Coordinating Council (AICC), along with other agency partners provided valuable input in the development of the SPP/APR.

Arkansas Department of Human Services (ADHS) is the Lead Agency appointed by the governor to ensure the planning and implementation of the Part C Program. The Division of Developmental Disability Services, within the department is responsible for oversight and grant management. Arkansas' Part C program's official name is First Connections.

Grant Management is guided by five specialized First Connections units that are responsible for planning and development:

- Program Management
- Quality Assurance Monitoring, Licensure and Certification Management (QA)
- Comprehensive System of Professional Development Management
- Data Management
- Fiscal Managemet

Program staff work cohesively to provide guidance and clarification to parents, stakeholders and providers in the implementation of the Part C program.

#### Additional information related to data collection and reporting

N/A

#### 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.**

AR General Supervision System provides accountability through multiple components including a Comprehensive Data System (CDS), dispute resolution, integrated monitoring activities, and identification and correction of noncompliance. The Quality Assurance/ Monitoring Unit (QA) provides oversight and enforcement by utilizing policies and procedures developed by the Arkansas Department of Human Services, Division of Developmental Disability Services.

QA Unit staff monitor to ensure that quality and compliance guidelines are adhered to by local early intervention providers. Individual child records are reviewed by the QA staff to ensure compliance with federal and state timelines and other agency related requirements. QA staff conduct child record reviews and provider files and ensure that early intervention providers with systemic issues receive onsite technical assistance.

Additionally, the QA Unit also performs numerous monitoring actions for each Part C provider to ensure the practices required under IDEA are met. First Connections staff conducts the following general supervision activities:

- Collection and Analysis of program data (including fiscal reports)
- Verification of data for the SPP\APR compliance and results indicator
- Public Reporting of SPP/APR data
- Issuing findings of noncompliance and confirming correction of noncompliance
- Determination for local programs in meeting the requirements of IDEA
- Provide targeted technical assistance
- Provide training and professional development related to requirements

#### 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.**

Arkansas' Comprehensive System of Personnel Development (CSPD) provides professional development, technical assistance, and guidance to support early intervention service providers and service coordinators in meeting IDEA requirements for a Part C program and in implementing best practices in early intervention to improve results for infants and toddlers with disabilities and their families. Formal and informal needs assessments are conducted to define personnel development needs. Examples of both formal and informal assessment of training and personnel development needs include EI Provider survey, EI Provider requests for TA/training, EI provider focus groups, data review, QA Unit monitoring reports, and IFSP quality

ratings using a standardized rating tool included in SSIP work.

Technical assistance through the CSPD may include/involve:

- Site TA at an EI provider program with their Part C provider staff when provider requests intensive TA on topics identified by the provider
- One on one assistance via Zoom or Skype
- Policy information and guidance via email, telephone, or Skype
- Self-study guides
- Work samples based on case studies
- Lead Agency issued written policy briefs or clarifications on identified issues.

For TA/PD offerings that are not individualized to a particular EI Provider program's identified needs, all EI Professionals can access a training calendar within the program's Comprehensive Data System (CDS). The training calendar in CDS provides details of upcoming PD or TA opportunities and space/link to register. The training calendar is updated quarterly and lists all scheduled PD and TA opportunities. First Connections provides a variety of training and technical assistance activities:

- "Lunch and Learn" live Webinars at noon on narrow topics of identified need and/or interest
- Recorded Webinars linked to the program's Web site
- Certification courses/workshops
- Workshops/courses on implementing best practices for specific steps (example: intake, IFSP review, transition)

In this reporting period, the CSPD unit embraced new ways of supporting EI Professionals remotely and made use of Zoom to provide live TA to groups of providers in which video modeling/demos were utilized.

TA offerings are determined and planned across units within First Connections to address program needs in areas of compliance and quality. The CSPD team develops new courses and/or materials or updates existing professional development courses as needed to address:

- a. State or federal policy requirement changes
- b. Report of identified topical need from one or more units
- c. Needed improvement based on OSEP DMR and/or Determination
- d. Provider(s) requests for more in-depth information and frequent questions related to policy or procedure
- e. SSIP strategy implementation/focus areas require a change or more in-depth coverage of a procedure, topic, etc.
- f. New information on principles/best practices obtained from a national TA partner, a Part C-related webinar or conference or Cross State collaborative, and/or from CSPD Unit research

In this reporting year, the CSPD unit collaborated with the Data Unit to conduct regional Data Boot Camps for provider programs to get an orientation to analyzing their own data and using their provider program data to make decisions and plans for program improvement at the provider level. The regional Data Boot Camps were structured to include an introductory full group session on understanding the data (with a guided example) followed by small group work. In the small group work, EI Professionals divided into their Provider Program "teams" and were provided their own Provider Program data in simplified format. The simplified format provided data from only two areas (child outcomes and natural environment data) in pie charts with guided questions to support the members of provider program teams to analyze/discuss their program's data in order to use data to set improvement goals. The State's Part C Program intended to conduct Data Boot Camps to "dig deeper into data" in 2020, but due to the need to eliminate and reduce inperson contact, these face to face regional meetings were sidelined. Due to the "break" and non-continuation, when in person regional workshops can safely resume, the introductory "Level 1" Data Boot Camp will be repeated and then followed up with "Level 2" in a future reporting period.

In addition to TA and PD provided by the CSPD Unit, EI Professionals are supported in building their capacity to serve Arkansas families through Technical Assistance (TA) provided by each unit of the Part C Program. QA/Monitoring, Data, Program Management, and Fiscal units (in addition to the CSPD Unit) provide technical assistance related to their specific content area and geared toward the precise needs of the local providers. Assistance from individual units is determined in many ways: EI provider request, unit-identified need, service coordinator identified area of concern, issues completing job-related tasks noted in data or in training, and frequently asked questions across units within First Connections.

First Connections' (FC) staff are provided ongoing technical assistance, training, and support through multiple channels to ensure they have competencies to implement IDEA, Part C requirements confidently. FC staff are supported through Staff/Peer Coaches who provide support and consultation, shadowing and mentoring, reflection and feedback, work samples, etc. on an individualized basis as needed. Full staff are provided ongoing professional development and TA through organized/structured quarterly staff meetings with a training component. Training and TA topics to support staff are identified collaboratively by the different program unit managers: QA Unit, Fiscal Unit, Data Unit, SSIP Coordinator, and Program Manager based on record review, parent and/or provider reported concerns or complaints, recurring errors, and staff TA requests/questions.

#### **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.**

First Connections provides Professional Development to the Statewide network of EI Professionals (provider programs do not do their own training). First Connections' Comprehensive System of Personnel Development (CSPD) involves many organized elements that include: policy development, creating 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, developing training to prepare staff, developing tools for providers and the program (e.g., an IFSP Review Checklist for EI Professionals on the IFSP team). Part C professional development strives to support EI Professionals in meeting IDEA requirements while promoting the use of recommended and evidence-based practices to ensure positive outcomes for children and families.

All Part C Providers must be certified by the lead agency to provide early intervention services. Certification for therapists and service coordinators requires documentation of the completion of specific courses. The CSPD unit provides all certification trainings to ensure consistency across the State. Certification trainings include an EI Orientation and Core Competencies for therapy providers and additional certification training courses for Service

Coordination certification that ensures that service coordinators have the knowledge and skills necessary to carry out the many federally-defined duties of service coordinators.

Personnel development is provided in a variety of ways to meet the needs of the EI Professionals and the First Connections' (FC) program. Pre and post assessments and submitted work samples are used to evaluate the effectiveness of training. Professional development workshops and webinars conducted/presented by the CSPD unit are made up of a combination of lecture (with visual representations in the form of screen shots, diagrams, graphs, videos), reflective activities, self-assessments, discussion, and "putting it into practice" (application activities) to support adult learning. Attendees of the workshops and webinars are provided "take-away" copies of slides, handouts, and additional resources and references to extend learning and supplement presentations. In this reporting period, the CSPD unit embraced new ways of supporting the ongoing professional development of EI Professionals remotely, through live interactive Zoom trainings in which video modeling/demos were utilized. The CSPD unit converted many face to face workshops into interactive, live, Web trainings with course projects rather than post tests to ensure that participants gained needed skills related to the material trained (for example: enter an intake into the data system's training site or create a transition plan).

To determine training and technical assistance course offerings, the various units within First Connections meet on a regular basis, discuss issues, and examine program data to identify strengths and needs of service coordinators and direct service providers. First Connections' units work together to ensure that EI Professionals have the support and skills they need in a variety of ways that include:

- QA Unit may require training on a topic identified in a monitoring review and require a provider with an area of non-compliance to schedule training on that area within a set period of time. The CSPD unit then works with the QA Monitor, the QA Monitoring Report, and the Provider Program administration to develop content and training to increase knowledge and skills needed to achieve compliance and make progress. This site specific training to address an identified need may take place on site/in-person or via a series of live, interactive webinars. Therapists and service coordinators employed by the provider program may also be required to submit work samples to the CSPD unit for review and feedback to ensure that the skill trained has been acquired and can be applied by the providers trained. When all required on-site training has been completed, the CSPD unit sends notice of completion to the QA Unit. All provider programs participating in site training are offered the opportunity to have ongoing follow up with the CSPD unit at quarterly intervals to support their implementation of new skills.

- QA, PA, Data, or Program Management units may recommend training on a topic of identified need based on frequently asked questions and/or provider requests for support and/or information or based on areas that are not out of compliance but show minor discrepancies or low quality. Any unit may route an individual provider or a provider program to complete a recorded online webinar, attend a regularly scheduled PD workshop, or provide self-study guides, tools, and checklists developed by the CSPD Unit on specific topics.

To meet the needs of EI Professionals, the CSPD Unit has developed recorded Web training that professionals can access at their own time, place, and pace. Recorded Web training courses include an online post-assessment to ensure that participants master key concepts in order to receive their certificate of completion (after meeting or exceeding the 70% cut off score on the post-assessment). Personnel development training is also delivered via live web-based training on narrow topics identified by provider focus groups and the QA, PA, Data, and Program Management Units. Interactive live Web trainings often make use of demonstration and/or case studies and cover topics like "tips for maintaining the 45 day timeline," "helping families know their rights," "using the results of family assessment to create functional goals with families," "working with families to create a family goal on the IFSP," "targeting and retargeting outcomes," "timing transition."

Prior to the COVID-19, face to face workshops were used to train skills EI professionals need on the job such as completing COS ratings with the family as a team, conducting screenings and reviewing the results with families, completing the First Connections Child and Family Assessment via family interview, and using the result of the family assessment at the IFSP meeting to help the family create meaningful, functional IFSP outcomes. "Hands on" skills training in face to face workshops incorporates small group activities where members assume the various roles present in an IFSP team to complete the task using case studies and role play.

The Professional Development Unit Manager ensures that First Connections (FC) PD and TA is high-quality and evidence-based training. The unit sets annual priorities and goals that guide the work for each calendar year. CSPD references 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. The lead agency ensures that CSPD Unit staff are supported in maintaining their own ongoing 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, principles and practices of natural environment, family engagement, and coaching/consultative approaches in early intervention. Part C staff has received training in principles of adult learning as well as principles of peer to peer coaching.

First Connections receives high quality Technical Assistance and valuable resources from our national partners: Early Childhood Technical Assistance Center (ECTA Center), and the IDEA Early Childhood Data System (DaSy). Throughout the reporting period, Lead Agency staff have benefited from conference calls, webinars, and other professional development opportunities made available through OSEP and OSEP national technical assistance programs.

#### **Stakeholder Involvement:**

**The mechanism for soliciting broad stakeholder input on targets in the SPP/APR, and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State Systemic Improvement Plan (SSIP).**

As required, Arkansas developed the State Performance Plan/Annual Performance Report with broad stakeholder engagement. The Arkansas' State Interagency Coordinating Council (AICC) continues to serve as the primary stakeholder group to provide on-going support and guidance to the Lead Agency. During a portion of this reporting period, the quarterly AICC meetings were convened virtually through Zoom to ensure that members of the council could continue to convene. Information about the virtual AICC meetings was also distributed to non council members, including EI Professionals across the state.

Throughout the fiscal year, program improvement input was provided by council members on a variety of topics. The council may also convene subcommittees or special work or focus groups to review an issue to make specific recommendations or submit plans. Council focus and work groups, such as the AICC Child Find Subcommittee may invite and/or include non council members with expertise and/or interest in the focus area. Lead agency updates are provided to AICC members through various mean, such as newsletters, webinars, emails and meetings.

Additionally, program staff presents data summaries to council members on an on-going basis, in order to keep members updated regarding program progress in reaching targets as well as progress in SSIP Implementation. Guidance and support was provided by the AICC on the following program items: SPP/APR, SSIP, professional development activities, data requirements, the program's Child Find Plan, monitoring, fiscal and program improvements strategies.

In this reporting period, a relationship with a stakeholder was strengthened as First Connections partnered with Following Baby Back Home (FPPH) to

launch an initiative in a seven-county pilot area. The Community Partnership Initiative's goal was to streamline supports for families of children jointly enrolled in both FBBH and FC and to ensure that these families gained skills to help their child develop and learn. An additional short-term outcome of the collaborative was to increase referrals to Part C in this area. The success of this pilot led to stakeholder collaboration to expand the pilot to include other MIECHV Home Visiting Programs and to add additional counties as part of scale up in 2021.

During the program period year, First Connections continued to collaborate with numerous stakeholder agencies, programs, and partners to improve Child Find as well as the delivery of supports and services. Partners include: Arkansas' Parent Training and Information Center (PTIC) The Center for Exceptional Families, Arkansas Department of Health Infant Hearing Program and WIC Program, Arkansas Department of Education (Part B/619), Arkansas' Children's Hospital, the Minority Health Commission, the Title V CSHCN Program, Arkansas Medicaid, Zero to Three Safe Babies Court Team, Arkansas Association for Infant Mental Health, Arkansas Fetal Alcohol Spectrum Disorder, Head Start Association, Human Services Personnel Office, Arkansas School for the Deaf, the Division of Child Care and Early Childhood Education, Division of Children and Family Services, Arkansas Disability Coalition, the Division of Developmental Disabilities Services.

#### **Apply stakeholder involvement from introduction to all Part C results indicators (y/n)**

YES

#### **Reporting to the Public:**

**How and where the State reported to the public on the FFY 2018 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2018 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2018 APR in 2020, is available.**

As required, the Lead Agency reported to the public on the performance of each AEIS provider no later than 120 days following the submission of the 2018 APR. Part C Administrative staff post Arkansas Early Intervention Service provider report cards on the state's website displays the performance of each local early intervention program and status in meeting the state's rigorous targets. Also, the QA/ Monitoring staff completed annual determinations for all Arkansas Early Intervention Service providers in accordance with the requirements. Arkansas' SPP/APR can be found on the First Connections website at <https://dhs.arkansas.gov/dds/firstconnectionsweb/#fc-home>.

#### **Intro - Prior FFY Required Actions**

In the FFY 2019 SPP/APR, the State must report FFY 2019 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 in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year Five; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2020); (3) a summary of the SSIP's coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short-term and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities is impacting the State's capacity to improve its SiMR data.

OSEP notes that one or more of the attachments included in the State's FFY 2018 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

#### **Response to actions required in FFY 2018 SPP/APR**

#### **Intro - OSEP Response**

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

#### **Intro - Required Actions**

# Indicator 1: Timely Provision of Services

## Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

### Data Source

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

### Measurement

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

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

### Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	94.90%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	93.00%	92.70%	88.62%	92.36%	92.32%

### Targets

FFY	2019
Target	100%

### FFY 2019 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
288	469	92.32%	100%	86.78%	Did Not Meet Target	Slippage

**Provide reasons for slippage, if applicable**

The data reported for this time period was during the COVID pandemic. The primary reasons that Arkansas did not achieve 100 percent timely services is due the necessity of Part C Providers to transition to teletherapy. The specific reasons for slippage are provided below:

1. There was No prior policy/procedure for conducting IFSPs via teleconference
2. We did not have “e-sign” forms or policy allowing e-sign consent documents
3. For most of the state there were issues with State bandwidth/connectivity in rural/remote areas
4. Parent/caregiver lack of access (no computer or laptop, no Internet service, etc.)
5. There was No prior policy/procedure outlined by the lead agency for provision of teletherapy services
6. We did not have a funding mechanism in place to support provision of early intervention services via teletherapy
7. Part C Provider lack of knowledge and skill to work with parents/caregivers via teletherapy
8. No national training, coaching, support readily available to equip and train Part C Providers in transitioning from home visiting to teletherapy

Similarly, many children/families who were already served under an active IFSP at the beginning of the public health emergency experienced a “gap in services” as the lead agency worked with National TA providers and other State’s Part C programs to enact interim policies to support teletherapy while also searching for resources to train Part C Providers in “getting started” with teletherapy as well as key principles and best practices.

The Covid-19 public health emergency opened the door to enhanced collaboration with the State’s Medicaid program to expand access to early intervention services provided via teletherapy. The cross agency collaboration resulted in a change with Medicaid policy which added certain therapy services provided via teletherapy to Medicaid-covered services for infants/toddlers. However, Arkansas’ Medicaid determined that evaluation could not be provided via teletherapy. For children who already had an active IFSP, Medicaid allowed an extension of covered services when an annual re-evaluation could not be performed. The Part C program’s interim policy during the Covid-19 public health emergency closely followed the Medicaid guidance. Both of these allowances (teletherapy for OT, PT, and SLP and services extending past the annual re-evaluation) provided remote access to early intervention services to families of children with an IFSP active prior to March; a “success story” born out of an adverse situation.

Despite a rough transition to teletherapy initially that undoubtedly delayed timely services for some children, innovation on the part of the lead agency as well as Part C Providers increased families’ access to remote early intervention services. The lead agency worked diligently in March to convert all existing IFSP documents, consent forms, etc. to electronic documents that could be “e-signed” by parents and members of the IFSP team. The Training Unit supported service coordinators, parents, and Part C providers by creating a .pdf guide to using Adobe sign (or a Smart phone) to electronically sign the new forms and by creating live and recorded “How To” trainings and guides on how to conduct an intake, initial IFSP meeting, and IFSP review meetings via teleconference or Zoom.

The lead agency expanded access by offering Part C Providers Mini Grants to support Provider programs in purchasing needed equipment (tablets or Chrome books, for example) to increase access to teletherapy services by establishing lending libraries for parents of children with an active IFSP. The Provider Mini Grant also allowed Part C Provider programs to cover the cost of Internet or provide a hot spot to low income families with a current IFSP but lacking access to teletherapy services.

The First Connections’ Training Unit reached out to other states and searched through You Tube videos to provide a resource list to Part C Providers to support them in understanding how to use Zoom, how to get started, what a teletherapy session (in a variety of disciplines) “looks like,” and a list of “best practices” for teletherapy.

Other success stories emerged. One Part C Provider (name withheld at Provider’s request), an occupational therapist in north central Arkansas reported, “I was unsure at first. I could not imagine how a baby could engage with me remotely for an hour-long session. Over time, everything I’d been trained or told about engaging families and helping parents help their child learn really made sense, and I think this experience of family-focused direct therapy sessions will change the way I work with families and children even when we return to in-person services.”

**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.*

119

**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 First Connections Policy and Procedure Manual defines timely services as 30 days from the date that the provider receives signed consent for services on the IFSP. First Connections policy requires that Part C services be implemented as soon as possible (but not later than 30 days) from parental consent. The requirement also includes the initial IFSP as well as services added at a later date.

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

State database

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

February 01, 2020- April 30, 2020 to represent selection from the fiscal year 2019.

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

The states data is collected and displayed through the First Connections Comprehensive Data System (CDS). Arkansas Part C has direct access to individual infant and toddler records at any given period of time. The CDS is set up to allow Data Unit staff the ability to obtain child level record data for each provider that allows Part C staff to provide clarification and guidance. This also allows Lead Agency staff to address provider concerns connected to the families under the Arkansas Part C system. Information from each user in the state system can be shared seamlessly with the First Connections Data Unit staff. As indicated on the Individualized Family Service Plan, caseload data for infants and toddlers are held within the CDS includes the start data of the IFSP and the first date of service of the child.

Arkansas' Data Manager collected data for Indicator 1 from the Comprehensive Data System (CDS). Data staff conducts a Data Inquiry process to authenticate the data gathered from the CDS. The Data Inquiry process requires early intervention service providers and state service coordinators submit program data for appropriate examination and authentication. An electronic record for infants and toddlers served by the Part C program is generated by Early Intervention Service providers and state service coordinators.

The First Connections Data Unit staff collected IFSP's with dates starting February 1, 2020 - April 30, 2020 to represent FFY 2019 APR data. Personalized information for each AEIS providers and state service coordinators were sent for verification and submission to the Lead Agency. This time period was selected by the Data Manager to ensure the highest quality of data for the FC program. Administrative staff selected the period of time closest to the end of the fiscal year to allow new local service providers and state service coordinators the additional time to improve their ability to manage the complexity of Part C of IDEA system. As well, this period provides the Data Manager with additional time to validate the programs data. Information collected by the Lead Agency was analyzed for this time period compared to data for the full year (FFY2018) and determined that it is representative of a full year. Data reported includes all sectors within of the state, all provider types and all categories of eligible Part C infants and toddlers.

With regards to the analysis of data for Indicator 1. The Part C program determined that local early intervention providers reported that they continue to have difficulty in obtaining prescriptions from physicians for services in the required time frame. The First Connections Professional Development Unit provides ongoing technical assistance to the states medical community concerning early intervention supports and services. Monthly presentations to Pediatric Residents at the Arkansas Children's Hospital Dennis Developmental Center by FC staff provide one hour informative lecture and Q/A session entitled "Overview of Early Intervention, Eligibility, and How to Refer."

**If needed, provide additional information about this indicator here.**

N/A

**Correction of Findings of Noncompliance Identified in FFY 2018**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
7	7	0	0

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

Correction of noncompliance for Arkansas Part C providers are monitored by the Quality Assurance/Monitoring staff. Upon the identification of noncompliance, the Lead Agency issues the early intervention provider a written finding of noncompliance as required in agency procedures. A written notification that includes the regulatory citation and requirement to correct the noncompliance is sent to the AEIS provider. The notification requires that the provider corrects identified noncompliance within 90 days or no later than 1 year from the date of notice.

With regards to the timely provision of early intervention services, the agency has specific procedures to guide this process. Arkansas Part C monitoring guidelines instructs the monitoring unit to review a percentage of files for AEIS providers. Proper examination of early intervention records is performed to confirm that all infants and toddlers receive services listed on the IFSP within 30 days of the parental consent, as required.

The Lead Agency verifies correction of non compliance by conducting an in-depth analysis of provider records. In order to verify that early intervention providers are correctly implementing the federal and state requirements related to providing timely services, Arkansas QA staff reviews updated records (for a time period subsequent to the original finding) from each AEIS provider with previously identified noncompliance. The staff retrieves a percentage of records from the provider to make sure that services for new infants and toddlers have been delivered within the 30 day period following consent on the IFSP. All procedures are applied in accordance with the guidance provided in OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). The Lead Agency monitoring staff review of subsequently collected data determined that each early intervention provider for whom data previously indicated noncompliance has corrected 100% of the noncompliance and is correctively 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**

The agency has fully exercised its responsibility to ensure correction of noncompliance due to services not being timely. QA monitoring staff reviews the provider records for each individual child whose services were not started within the required time frame. Examination of provider records by Part C staff indicated that 100% of the infants and toddlers who had not previously received services listed on the IFSP in a timely manner were indeed now receiving the services, although late.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2017	2	2	0

**FFY 2017**

**Findings of Noncompliance Verified as Corrected**

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



For each provider who had findings of noncompliance in timely services provision during monitoring, the Part C Quality Assurance staff followed up by reviewing a percentage of updated records during subsequent review to make sure that the updated records indicated that the services were timely. This review of updated data showed that all new children had received their services in a timely manner. This process was completed for each provider with findings and the Lead Agency staff determined that each AEIS provider for whom data previously indicated noncompliance has no new findings and concluded that the program is correctly implementing the regulatory requirements as directed in the guidance.

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

As required in by the information outlined in the regulation. The agency fully exercised its responsibility to ensure correction of noncompliance due to services not being timely. QA monitoring staff reviews the provider records for each individual child whose services were not started within the required time frame. Examination of provider records by Part C staff indicated that 100% of the infants and toddlers who had not previously received services listed on the IFSP in a timely manner were indeed now receiving the services, although late.

**1 - Prior FFY Required Actions**

None

**1 - OSEP Response**

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2019-June 30, 2020). 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.

**1 - Required Actions**

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

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

## Indicator 2: Services in Natural Environments

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	62.95%

FFY	2014	2015	2016	2017	2018
Target>=	73.00%	76.00%	79.00%	82.00%	85.00%
Data	74.48%	76.28%	83.91%	90.16%	94.61%

### Targets

FFY	2019
Target>=	85.00%

### Targets: Description of Stakeholder Input

As required, Arkansas developed the State Performance Plan/Annual Performance Report with broad stakeholder engagement. The Arkansas' State Interagency Coordinating Council (AICC) continues to serve as the primary stakeholder group to provide on-going support and guidance to the Lead Agency. During a portion of this reporting period, the quarterly AICC meetings were convened virtually through Zoom to ensure that members of the council could continue to convene. Information about the virtual AICC meetings was also distributed to non council members, including EI Professionals across the state.

Throughout the fiscal year, program improvement input was provided by council members on a variety of topics. The council may also convene subcommittees or special work or focus groups to review an issue to make specific recommendations or submit plans. Council focus and work groups, such as the AICC Child Find Subcommittee may invite and/or include non council members with expertise and/or interest in the focus area. Lead agency updates are provided to AICC members through various mean, such as newsletters, webinars, emails and meetings.

Additionally, program staff presents data summaries to council members on an on-going basis, in order to keep members updated regarding program progress in reaching targets as well as progress in SSIP Implementation. Guidance and support was provided by the AICC on the following program items: SPP/APR, SSIP, professional development activities, data requirements, the program's Child Find Plan, monitoring, fiscal and program improvements strategies.

In this reporting period, a relationship with a stakeholder was strengthened as First Connections partnered with Following Baby Back Home (FPPH) to launch an initiative in a seven-county pilot area. The Community Partnership Initiative's goal was to streamline supports for families of children jointly enrolled in both FBBH and FC and to ensure that these families gained skills to help their child develop and learn. An additional short-term outcome of the collaborative was to increase referrals to Part C in this area. The success of this pilot led to stakeholder collaboration to expand the pilot to include other MIECHV Home Visiting Programs and to add additional counties as part of scale up in 2021.

During the program period year, First Connections continued to collaborate with numerous stakeholder agencies, programs, and partners to improve Child Find as well as the delivery of supports and services. Partners include: Arkansas' Parent Training and Information Center (PTIC) The Center for Exceptional Families, Arkansas Department of Health Infant Hearing Program and WIC Program, Arkansas Department of Education (Part B/619), Arkansas' Children's Hospital, the Minority Health Commission, the Title V CSHCN Program, Arkansas Medicaid, Zero to Three Safe Babies Court Team, Arkansas Association for Infant Mental Health, Arkansas Fetal Alcohol Spectrum Disorder, Head Start Association, Human Services Personnel Office, Arkansas School for the Deaf, the Division of Child Care and Early Childhood Education, Division of Children and Family Services, Arkansas Disability Coalition, the Division of Developmental Disabilities Services.

**Prepopulated Data**

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups	07/08/2020	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,033
SY 2019-20 Child Count/Educational Environment Data Groups	07/08/2020	Total number of infants and toddlers with IFSPs	1,062

**FFY 2019 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
1,033	1,062	94.61%	85.00%	97.27%	Met Target	No Slippage

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

Arkansas was selected as one of 8 states in the 2020 National Preschool Inclusion Cohort learning with and from other cohort states. As part of the national cohort, the State assembled a cross sector Statewide Leadership Team (SLT) to conduct a strengths/needs assessment around indicators of quality inclusion. Using the results of the assessment, the SLT began to identify priority areas and key strategies as part of drafting a state plan around their vision and mission of equipping professionals across programs in using high quality inclusive practices that support all children 0-5 learning together everywhere.

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

**2 - Required Actions**

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

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

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

#### Summary Statements for Each of the Three Outcomes:

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

##### Measurement for Summary Statement 1:

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

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

##### Measurement for Summary Statement 2:

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

#### Instructions

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

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

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

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

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

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

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

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

### 3 - Indicator Data

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

NO

#### Targets: Description of Stakeholder Input

As required, Arkansas developed the State Performance Plan/Annual Performance Report with broad stakeholder engagement. The Arkansas' State Interagency Coordinating Council (AICC) continues to serve as the primary stakeholder group to provide on-going support and guidance to the Lead Agency. During a portion of this reporting period, the quarterly AICC meetings were convened virtually through Zoom to ensure that members of the council could continue to convene. Information about the virtual AICC meetings was also distributed to non council members, including EI Professionals across the state.

Throughout the fiscal year, program improvement input was provided by council members on a variety of topics. The council may also convene subcommittees or special work or focus groups to review an issue to make specific recommendations or submit plans. Council focus and work groups, such as the AICC Child Find Subcommittee may invite and/or include non council members with expertise and/or interest in the focus area. Lead agency updates are provided to AICC members through various mean, such as newsletters, webinars, emails and meetings.

Additionally, program staff presents data summaries to council members on an on-going basis, in order to keep members updated regarding program progress in reaching targets as well as progress in SSIP Implementation. Guidance and support was provided by the AICC on the following program items: SPP/APR, SSIP, professional development activities, data requirements, the program's Child Find Plan, monitoring, fiscal and program improvements strategies.

In this reporting period, a relationship with a stakeholder was strengthened as First Connections partnered with Following Baby Back Home (FPPH) to launch an initiative in a seven-county pilot area. The Community Partnership Initiative's goal was to streamline supports for families of children jointly enrolled in both FBBH and FC and to ensure that these families gained skills to help their child develop and learn. An additional short-term outcome of the collaborative was to increase referrals to Part C in this area. The success of this pilot led to stakeholder collaboration to expand the pilot to include other MIECHV Home Visiting Programs and to add additional counties as part of scale up in 2021.

During the program period year, First Connections continued to collaborate with numerous stakeholder agencies, programs, and partners to improve Child Find as well as the delivery of supports and services. Partners include: Arkansas' Parent Training and Information Center (PTIC) The Center for Exceptional Families, Arkansas Department of Health Infant Hearing Program and WIC Program, Arkansas Department of Education (Part B/619), Arkansas' Children's Hospital, the Minority Health Commission, the Title V CSHCN Program, Arkansas Medicaid, Zero to Three Safe Babies Court Team, Arkansas Association for Infant Mental Health, Arkansas Fetal Alcohol Spectrum Disorder, Head Start Association, Human Services Personnel Office, Arkansas School for the Deaf, the Division of Child Care and Early Childhood Education, Division of Children and Family Services, Arkansas Disability Coalition, the Division of Developmental Disabilities Services.

#### Historical Data

Outcome	Baseline	FFY	2014	2015	2016	2017	2018
A1	2008	Target>=	61.00%	62.00%	63.00%	64.00%	65.00%
A1	56.00%	Data	81.93%	64.34%	86.36%	79.70%	75.75%
A2	2008	Target>=	31.00%	31.25%	31.50%	31.75%	32.00%
A2	24.00%	Data	46.99%	42.90%	47.90%	51.47%	47.02%
B1	2008	Target>=	62.00%	62.50%	62.75%	62.75%	63.00%
B1	53.00%	Data	71.79%	67.01%	87.28%	73.56%	70.54%
B2	2008	Target>=	30.00%	31.00%	33.00%	33.00%	34.00%
B2	20.00%	Data	39.84%	36.91%	40.81%	42.76%	37.60%
C1	2008	Target>=	61.00%	62.75%	63.00%	63.00%	63.25%
C1	56.00%	Data	79.01%	65.83%	87.95%	75.56%	70.89%
C2	2008	Target>=	30.00%	32.00%	33.00%	33.00%	34.00%
C2	22.00%	Data	41.46%	42.43%	49.35%	47.72%	39.34%

#### Targets

FFY	2019
Target A1>=	65.50%
Target A2>=	32.25%
Target B1>=	63.25%
Target B2>=	34.25%
Target C1>=	63.50%

Target C2>=	34.25%
-------------	--------

**FFY 2019 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

775

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	11	1.42%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	137	17.68%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	263	33.94%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	297	38.32%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	67	8.65%

Outcome A	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	560	708	75.75%	65.50%	79.10%	Met Target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	364	775	47.02%	32.25%	46.97%	Met Target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	18	2.32%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	189	24.39%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	320	41.29%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	225	29.03%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	23	2.97%

Outcome B	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	545	752	70.54%	63.25%	72.47%	Met Target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	248	775	37.60%	34.25%	32.00%	Did Not Meet Target	Slippage

**Provide reasons for B2 slippage, if applicable**

With regards to the programs data for the percentage of infants and toddlers who were functioning within age expectations in Outcome B by the time the child turned 3 years of age or exited the Part C program. The Lead Agency analysis of the states data determined that was a very slight decline in the percentage of children who were functioning within age expectations by age 3 or exit. Part C data indicates that children within the program are showing new skills, but not enough to move up a level on the rating scale. The Professional Development Team continue to work closely with early intervention providers and state staff to ensure that families receive appropriate tools and resources to support their child's growth and development. The program attributes slippage in child outcomes to gaps in service, disrupted typical child/family routines, and child/family stress as a result of the public health emergency. Young children's routines were disrupted in a variety of ways. Opportunities to interact with typically developing peers due to the closure of childcare programs, mother's morning out groups, and even gathering informally with extended family, neighbors, and friends, limited young children's opportunities to interact with others and their environment. Gaps in services occurred for many children as Part C Providers as well as families adapted to virtual services, although in some cases, families opted to "take a break" from participating in the early months of the pandemic due to family stress.

**Outcome C: Use of appropriate behaviors to meet their needs**

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	17	2.19%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	148	19.10%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	298	38.45%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	258	33.29%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	54	6.97%

Outcome C	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	556	721	70.89%	63.50%	77.12%	Met Target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	312	775	39.34%	34.25%	40.26%	Met Target	No Slippage

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's part C exiting 618 data	1,212
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.	437

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

Arkansas Part C staff analyzed the states child outcome data along with program exit data. The Data Manager compared the programs exit data and child outcome data verifying that each early intervention provider had a summary form for every child that exited. Also the comparison included a set of children who met the criteria of receiving services for at least six months.

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

**3 - Prior FFY Required Actions**

None

**3 - OSEP Response**

**3 - Required Actions**



## Indicator 4: Family Involvement

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

Provide the actual numbers used in the calculation.

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

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

Report the number of families to whom the surveys were distributed.

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. States should consider categories such as race and ethnicity, age of the infant or toddler, and geographic location in the State.

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

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

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2014	2015	2016	2017	2018
A	2006	Target>=	82.00%	84.00%	86.00%	88.00%	90.00%
A	59.00%	Data	78.96%	81.24%	81.19%	82.98%	78.64%
B	2006	Target>=	82.00%	84.00%	86.00%	88.00%	90.00%
B	70.00%	Data	81.84%	85.55%	89.16%	87.86%	85.78%
C	2006	Target>=	82.00%	84.00%	86.00%	88.00%	90.00%
C	71.00%	Data	87.84%	85.55%	89.16%	86.95%	85.01%

### Targets

FFY	2019
Target A>=	90.25%
Target B>=	90.25%
Target C>=	90.25%

### Targets: Description of Stakeholder Input

As required, Arkansas developed the State Performance Plan/Annual Performance Report with broad stakeholder engagement. The Arkansas' State Interagency Coordinating Council (AICC) continues to serve as the primary stakeholder group to provide on-going support and guidance to the Lead

Agency. During a portion of this reporting period, the quarterly AICC meetings were convened virtually through Zoom to ensure that members of the council could continue to convene. Information about the virtual AICC meetings was also distributed to non council members, including EI Professionals across the state.

Throughout the fiscal year, program improvement input was provided by council members on a variety of topics. The council may also convene subcommittees or special work or focus groups to review an issue to make specific recommendations or submit plans. Council focus and work groups, such as the AICC Child Find Subcommittee may invite and/or include non council members with expertise and/or interest in the focus area. Lead agency updates are provided to AICC members through various mean, such as newsletters, webinars, emails and meetings.

Additionally, program staff presents data summaries to council members on an on-going basis, in order to keep members updated regarding program progress in reaching targets as well as progress in SSIP Implementation. Guidance and support was provided by the AICC on the following program items: SPP/APR, SSIP, professional development activities, data requirements, the program's Child Find Plan, monitoring, fiscal and program improvements strategies.

In this reporting period, a relationship with a stakeholder was strengthened as First Connections partnered with Following Baby Back Home (FPPH) to launch an initiative in a seven-county pilot area. The Community Partnership Initiative's goal was to streamline supports for families of children jointly enrolled in both FBBH and FC and to ensure that these families gained skills to help their child develop and learn. An additional short-term outcome of the collaborative was to increase referrals to Part C in this area. The success of this pilot led to stakeholder collaboration to expand the pilot to include other MIECHV Home Visiting Programs and to add additional counties as part of scale up in 2021.

During the program period year, First Connections continued to collaborate with numerous stakeholder agencies, programs, and partners to improve Child Find as well as the delivery of supports and services. Partners include: Arkansas' Parent Training and Information Center (PTIC) The Center for Exceptional Families, Arkansas Department of Health Infant Hearing Program and WIC Program, Arkansas Department of Education (Part B/619), Arkansas' Children's Hospital, the Minority Health Commission, the Title V CSHCN Program, Arkansas Medicaid, Zero to Three Safe Babies Court Team, Arkansas Association for Infant Mental Health, Arkansas Fetal Alcohol Spectrum Disorder, Head Start Association, Human Services Personnel Office, Arkansas School for the Deaf, the Division of Child Care and Early Childhood Education, Division of Children and Family Services, Arkansas Disability Coalition, the Division of Developmental Disabilities Services.

**FFY 2019 SPP/APR Data**

The number of families to whom surveys were distributed	1,846
Number of respondent families participating in Part C	314
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	246
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	311
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	253
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	310
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	253
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	313

Measure	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	78.64%	90.25%	79.10%	Did Not Meet Target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	85.78%	90.25%	81.61%	Did Not Meet Target	Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	85.01%	90.25%	80.83%	Did Not Meet Target	Slippage

**Provide reasons for part B slippage, if applicable**

The FFY 2019 reporting period presented some unique challenges to engaging families in the annual Family Outcomes Survey. Due to low mail in and online survey response, the program pulled staff from other units and trained/prepared them to conduct telephone surveys with parents. The program anticipated that due to high unemployment rates and Covid-19, that more families would be home and available to participate in the phone survey. However, this strategy did not greatly increase the number of families participating and did not result in reaching more families at home by phone. Interviews with regional service coordinators indicate similar difficulty reaching families with many families reporting "family overwhelm" during this time.

Program data indicates slippage in Indicator 4 (b) with a slight drop in the percentage of families reporting that early intervention helped them communicate their child's needs. During this reporting period, both EI providers and families had to make significant adjustments as a result of the

public health emergency. For a period of time, daycares closed, so children seen at a childcare program experienced a gap in services while obtaining parent consent to change service setting and making arrangements to set up teletherapy in the home. When childcare programs reopened, EI Providers were not allowed in the classroom to interact with the classroom teacher and child with peers and were required to see children in “therapy rooms” to limit the number of people entering classrooms to slow the spread, so many parents were not receiving information and updates from the classroom teacher due to a change in policies as a result of the public health emergency.

Additionally, during this time, EI Providers transitioning from in person services to teletherapy grappled to adapt their practice and strategies to a new way of working with families, resulting in a lag in services. Lags in delivered services in some area of the state occurred as smaller EI Provider programs obtained needed teletherapy equipment and trained/equipped therapists. In other cases lags in services occurred for families who chose to take time off of services and declined teletherapy. While collaboration with Medicaid resulted in expansion of Medicaid funding to cover teletherapy services for families of infants/toddlers with an active IFSP, Medicaid disallowed evaluations via teletherapy, so for families of children referred during the public health emergency, children unable to obtain an evaluation to assess strengths and needs, determine program eligibility, and develop the initial IFSP according to program policy, experienced significant delays in starting services. In some areas of the state, connectivity issues presented a barrier to accessing remote services for rural families. The program is aware that families experiencing a gap in services or a delay in the commencement of services are missing vital opportunities to learn and to practice communicating their child’s and family’s needs and to learn from their EI provider how to help their child develop and learn. To address these issues, the program created an interim policy to support the provision of IFSP services via teletherapy. The program also developed a resource page for EI Providers to support them in developing and expanding their teletherapy practice. The program also provided one time mini grants to EI Provider Programs to support these programs in building a lending library of devices such as Chromebooks to loan to families of children with an active IFSP to support these families in accessing tele-intervention services. After this reporting period ended, the Arkansas governor approved use of CARES Act funds to expand student internet access in rural areas of the state to prepare for school reopening in August of 2020.

**Provide reasons for part C slippage, if applicable**

During the 2019 reporting period the state experienced some unique challenges to engaging families in the annual Family Outcomes Survey. The program pulled staff from other units and trained/prepared them to conduct telephone surveys with parents to assist with improving the percentage rate. The program anticipated that due to high unemployment rates and the ongoing public health emergency, that more families would be home and available to participate in the phone survey. However, this strategy did not greatly increase the number of families participating and did not result in reaching more families at home by phone. Interviews with regional service coordinators indicate similar difficulty reaching families with many families reporting “family overwhelm” during this time.

Data collected from surveys received indicate that while the program did not meet our robust target for Indicator 4 (a), the program did experience a slight gain in the percent of families who report that early intervention helped them know their rights. The program partnered with the State’s PTIC, The Center for Exceptional Families to cohost a live webinar for parents of children with disabilities birth to five featuring a trained mediator from UALR Bowen Law School. This Webinar walked parents through options for dispute resolution, when and how to formally disagree, and provided question and answer time at the end. The program anticipates offering additional Webinars on topics of family rights in the next reporting period to make more substantial gains in outcome (a) to reach the target.

Program data indicates slippage in Indicator 4 (c) with a decline in the percentage of families reporting that early intervention helped them help their child develop and learn. During this reporting period, both EI providers and families had to make significant adjustments as a result of the public health emergency. For a period of time, daycares closed, so children seen at a childcare program experienced a gap in services while obtaining parent consent to change service setting and making arrangements to set up teletherapy in the home. When childcare programs reopened, EI Providers were not allowed in the classroom to interact with the classroom teacher and child with peers and were required to see children in “therapy rooms” to limit the number of people entering classrooms to slow the spread, so many parents were not receiving information and updates from the classroom teacher due to a change in policies as a result of the public health emergency.

Additionally, during this time, EI Providers transitioning from in person services to teletherapy grappled to adapt their practice and strategies to a new way of working with families, resulting in a lag in services. Lags in delivered services in some area of the state occurred as smaller EI Provider programs obtained needed teletherapy equipment and trained/equipped therapists. In other cases lags in services occurred for families who chose to take time off of services and declined teletherapy. While collaboration with Medicaid resulted in expansion of Medicaid funding to cover teletherapy services for families of infants/toddlers with an active IFSP, Medicaid disallowed evaluations via teletherapy, so for families of children referred during the public health emergency, children unable to obtain an evaluation to assess strengths and needs, determine program eligibility, and develop the initial IFSP according to program policy, experienced significant delays in starting services. In some areas of the state, connectivity issues presented a barrier to accessing remote services for rural families. The program is aware that families experiencing a gap in services or a delay in the commencement of services are missing vital opportunities to learn and to practice communicating their child’s and family’s needs and to learn from their EI provider how to help their child develop and learn. To address these issues, the program created an interim policy to support the provision of IFSP services via teletherapy. The program also developed a resource page for EI Providers to support them in developing and expanding their teletherapy practice. The program also provided one time mini grants to EI Provider Programs to support these programs in building a lending library of devices such as Chromebooks to loan to families of children with an active IFSP to support these families in accessing tele-intervention services. After this reporting period ended, the Arkansas governor approved use of CARES Act funds to expand student internet access in rural areas of the state to prepare for school reopening in August of 2020.

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO
The demographics of the 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.**

The family survey process was designed to allow parents the opportunity to provide valuable feedback on their participation in the Part C program. During the reporting year, First Connections program disseminated over 1846 surveys to families of infants and toddlers with active IFSPs during the FFY 2019 program cycle. In the latter part of the reporting year, the program faced unprecedented challenges as a result of the public health emergency that caused a decline the percentage of respondents to the survey. The states data for FFY 2019, demonstrated a 17.00 % survey response rate, which is a decrease from the previous year response rate of 23.00 % .

AEIS providers and state service coordinators were provided hard copy surveys to provide direct access for parents . First Connections parents were also given an opportunity to respond to the family survey through the Part C early intervention website and via telephone. As required in the guidelines for the administration of the Family Survey process, demographic information was collected from all respondents and is listed as following: county of residence, child's AEIS provider, and race and ethnicity.

Family responses was received by the First Connection program from 314 parents throughout the state which shows representation of all areas of the state by race and ethnicity types. Arkansas Data Manager examined the survey data and determined that they were representative of the population of Part C families.

In order to ensure that our family outcomes data are as representative as possible, the AR data manager surveys a larger number of families than suggested. Our numbers include families who may have exited the program within the last six months as well as the current child count.

In addition, we collect data by ethnicity, race and county. After analysis, this assures us that our data are representative of all areas of the state and representative of all the racial and ethnic groups which are served by the program.

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

Survey data received indicate that while the program did not meet our robust target for Indicator 4 (a), the program did experience a slight gain in the percent of families who report that early intervention helped them know their rights. The program partnered with the State's PTIC, The Center for Exceptional Families to cohost a live webinar for parents of children with disabilities birth to five featuring a trained mediator from UALR Bowen Law School. This Webinar walked parents through options for dispute resolution, when and how to formally disagree, and provided question and answer time at the end. The program anticipates offering additional Webinars on topics of family rights in the next reporting period to make more substantial gains in outcome (a) to reach the target.

**4 - Prior FFY Required Actions**

None

**4 - OSEP Response**

**4 - Required Actions**

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

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 1 with IFSPs compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	0.39%

FFY	2014	2015	2016	2017	2018
Target >=	0.45%	0.47%	0.48%	0.49%	0.50%
Data	0.36%	1.56%	1.10%	0.65%	0.62%

### Targets

FFY	2019
Target >=	0.51%

### Targets: Description of Stakeholder Input

As required, Arkansas developed the State Performance Plan/Annual Performance Report with broad stakeholder engagement. The Arkansas' State Interagency Coordinating Council (AICC) continues to serve as the primary stakeholder group to provide on-going support and guidance to the Lead Agency. During a portion of this reporting period, the quarterly AICC meetings were convened virtually through Zoom to ensure that members of the council could continue to convene. Information about the virtual AICC meetings was also distributed to non council members, including EI Professionals across the state.

Throughout the fiscal year, program improvement input was provided by council members on a variety of topics. The council may also convene subcommittees or special work or focus groups to review an issue to make specific recommendations or submit plans. Council focus and work groups, such as the AICC Child Find Subcommittee may invite and/or include non council members with expertise and/or interest in the focus area. Lead agency updates are provided to AICC members through various mean, such as newsletters, webinars, emails and meetings.

Additionally, program staff presents data summaries to council members on an on-going basis, in order to keep members updated regarding program progress in reaching targets as well as progress in SSIP Implementation. Guidance and support was provided by the AICC on the following program items: SPP/APR, SSIP, professional development activities, data requirements, the program's Child Find Plan, monitoring, fiscal and program improvements strategies.

In this reporting period, a relationship with a stakeholder was strengthened as First Connections partnered with Following Baby Back Home (FPPH) to launch an initiative in a seven-county pilot area. The Community Partnership Initiative's goal was to streamline supports for families of children jointly enrolled in both FBBH and FC and to ensure that these families gained skills to help their child develop and learn. An additional short-term outcome of the collaborative was to increase referrals to Part C in this area. The success of this pilot led to stakeholder collaboration to expand the pilot to include other MIECHV Home Visiting Programs and to add additional counties as part of scale up in 2021.

During the program period year, First Connections continued to collaborate with numerous stakeholder agencies, programs, and partners to improve Child Find as well as the delivery of supports and services. Partners include: Arkansas' Parent Training and Information Center (PTIC) The Center for Exceptional Families, Arkansas Department of Health Infant Hearing Program and WIC Program, Arkansas Department of Education (Part B/619), Arkansas' Children's Hospital, the Minority Health Commission, the Title V CSHCN Program, Arkansas Medicaid, Zero to Three Safe Babies Court Team, Arkansas Association for Infant Mental Health, Arkansas Fetal Alcohol Spectrum Disorder, Head Start Association, Human Services Personnel Office, Arkansas School for the Deaf, the Division of Child Care and Early Childhood Education, Division of Children and Family Services, Arkansas Disability Coalition, the Division of Developmental Disabilities Services.

### Prepopulated Data

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups	07/08/2020	Number of infants and toddlers birth to 1 with IFSPs	261
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin	06/25/2020	Population of infants and toddlers birth to 1	36,355

**FFY 2019 SPP/APR Data**

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
261	36,355	0.62%	0.51%	0.72%	Met Target	No Slippage

**Compare your results to the national data**

Arkansas Part C served 0.72 percent of the population of children (0-1) compared to the national average of 1.37. Additional examination of the state's child count data compared to data across several states with similar demographics: AL, GA, MS, TN, KY, SC. With the exception of South Carolina and Tennessee, the other states serve less than one percent of children birth to one. Arkansas continues to improve in the area of Child Find because the state has taken advantage of the additional opportunities to work in partnership to strengthen the participation in the Part C program. The state has additional work that remains to be done to improve data regarding the number of children served. Arkansas Part C participated in the ongoing review of activities outlined in the Child Find Plan, throughout the fiscal year. The evaluation of the state's plan allows the program to implement objectives, reestablish goals and set new priorities. In addition, the Interagency Coordinating Council developed a Child Find Committee to support the lead agency in improving child find data. The committee includes a broad range of stakeholder from across all arenas. During the reporting period the committee has worked closely with technical assistance agencies to develop strategies to improve program goals.

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

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

**5 - Required Actions**

## Indicator 6: Child Find (Birth to Three)

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 3 with IFSPs compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

## 6 - Indicator Data

Baseline Year	Baseline Data
2005	2.25%

FFY	2014	2015	2016	2017	2018
Target >=	1.30%	1.40%	1.50%	1.80%	1.90%
Data	1.00%	1.74%	1.51%	0.82%	0.85%

#### Targets

FFY	2019
Target >=	1.91%

#### Targets: Description of Stakeholder Input

As required, Arkansas developed the State Performance Plan/Annual Performance Report with broad stakeholder engagement. The Arkansas' State Interagency Coordinating Council (AICC) continues to serve as the primary stakeholder group to provide on-going support and guidance to the Lead Agency. During a portion of this reporting period, the quarterly AICC meetings were convened virtually through Zoom to ensure that members of the council could continue to convene. Information about the virtual AICC meetings was also distributed to non council members, including EI Professionals across the state.

Throughout the fiscal year, program improvement input was provided by council members on a variety of topics. The council may also convene subcommittees or special work or focus groups to review an issue to make specific recommendations or submit plans. Council focus and work groups, such as the AICC Child Find Subcommittee may invite and/or include non council members with expertise and/or interest in the focus area. Lead agency updates are provided to AICC members through various mean, such as newsletters, webinars, emails and meetings.

Additionally, program staff presents data summaries to council members on an on-going basis, in order to keep members updated regarding program progress in reaching targets as well as progress in SSIP Implementation. Guidance and support was provided by the AICC on the following program items: SPP/APR, SSIP, professional development activities, data requirements, the program's Child Find Plan, monitoring, fiscal and program improvements strategies.

In this reporting period, a relationship with a stakeholder was strengthened as First Connections partnered with Following Baby Back Home (FPPH) to launch an initiative in a seven-county pilot area. The Community Partnership Initiative's goal was to streamline supports for families of children jointly enrolled in both FBBH and FC and to ensure that these families gained skills to help their child develop and learn. An additional short-term outcome of the collaborative was to increase referrals to Part C in this area. The success of this pilot led to stakeholder collaboration to expand the pilot to include other MIECHV Home Visiting Programs and to add additional counties as part of scale up in 2021.

During the program period year, First Connections continued to collaborate with numerous stakeholder agencies, programs, and partners to improve Child Find as well as the delivery of supports and services. Partners include: Arkansas' Parent Training and Information Center (PTIC) The Center for Exceptional Families, Arkansas Department of Health Infant Hearing Program and WIC Program, Arkansas Department of Education (Part B/619), Arkansas' Children's Hospital, the Minority Health Commission, the Title V CSHCN Program, Arkansas Medicaid, Zero to Three Safe Babies Court Team, Arkansas Association for Infant Mental Health, Arkansas Fetal Alcohol Spectrum Disorder, Head Start Association, Human Services Personnel Office, Arkansas School for the Deaf, the Division of Child Care and Early Childhood Education, Division of Children and Family Services, Arkansas Disability Coalition, the Division of Developmental Disabilities Services.

#### Prepopulated Data

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups	07/08/2020	Number of infants and toddlers birth to 3 with IFSPs	1,062
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin	06/25/2020	Population of infants and toddlers birth to 3	110,933

**FFY 2019 SPP/APR Data**

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
1,062	110,933	0.85%	1.91%	0.96%	Did Not Meet Target	No Slippage

**Compare your results to the national data**

With the assistance of state partners, First Connections continued to work to identify eligibly infants and toddlers. Implementation of the state's Child Find strategies have remained one of the agencies top priority. The Child Find Plan was developed to direct Lead Agency in the process of increasing the percentage of children served by Part C of IDEA. Data reports indicate that Arkansas Part C served less than one percent of the population of children (0-3) compared to the national average of 3.70. Additional analysis of national data in comparison of Arkansas with states that have comparable demographics: MS, AL,GA,KY TN, SC. With the exception of South Carolina and Tennessee, the other states serve less than one percent of infants birth to one; however, the range of children served birth to three is from 1.98 (MS) to 3.60(SC). The evaluation of data clearly indicates that the Lead Agency still has additional work to do with regards to improving the percentage of children served. Also, the state Interagency Coordinating Council recently developed a Child Find Committee that includes a range of agency partners from across all fields of the state of Arkansas. Over the pass year the Committee has worked with national technical assistance staff to assist them in utilizing the OSEP self-assessments tool and other Child Find related resources.

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

**6 - Prior FFY Required Actions**

None

**6 - OSEP Response**

**6 - Required Actions**



## Indicator 7: 45-Day Timeline

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	75.80%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	87.97%	92.41%	87.25%	83.07%	92.16%

### Targets

FFY	2019
Target	100%

### FFY 2019 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
160	255	92.16%	100%	89.80%	Did Not Meet Target	Slippage

### Provide reasons for slippage, if applicable

COVID-19 has had a tremendous impact on completing the initial evaluation and assessment and holding the initial IFSP meeting within the 45-day timeline. During the reporting period Arkansas Part C did not meet the target and experienced slippage in the timelessness of data for Indicator 7. First Connections data analysis indicated that the reasons for slippage for this reporting period were COVID related. Providers receiving referrals in January were not able to complete the evaluation, assessment and hold the IFSP meeting within the 45 day time frame. The Pandemic contributed to delayed

evaluations, due to closure of provider offices, scheduling issues, staff illnesses from COVID. As previously indicated, First Connections conducts monthly presentations to Pediatric Residents at Dennis Developmental Center to provide a one hour informative lecture and Q/A session entitled "Overview of Early Intervention, Eligibility, and How to Refer."

The COVID-19 public health emergency, however, opened the door to enhanced collaboration with the State's Medicaid program to expand access to early intervention services provided via teletherapy. The cross agency collaboration resulted in a change in policy which added therapy services provided via teletherapy to Medicaid-covered services for infants/toddlers. For children who already had an active IFSP, Medicaid allowed an extension of covered services when an annual re-evaluation could not be performed. The Part C program's interim policy during the public health emergency closely followed the Medicaid guidance. Both of these allowances (teletherapy for OT, PT, and SLP and services extending past the annual re-evaluation) provided remote access to early intervention services to families of children with an IFSP active prior to March; a "success story" born out of an adverse situation.

Arkansas' Medicaid determined that evaluation could not be provided via teletherapy. As a result, children referred for early intervention immediately before and during the public health emergency were unable to obtain evaluations necessary to determine program eligibility, assess strengths and needs in all areas of development to develop the initial IFSP, or receive evaluations needed in order to begin services (per state policies/procedures as well as Medicaid guidelines). When in person services did resume and/or were made available, some families were not ready to have providers in their home, so significant delays in the 45-day timeline for an initial IFSP resulted.

Similarly, many children/families who were already served under an active IFSP at the beginning of the pandemic experienced a "gap in services" as the lead agency worked with National TA providers and other State's Part C programs to enact interim policies to support teletherapy while also searching for resources to train Part C Providers in "getting started" with teletherapy as well as key principles and best practices.

Despite a rough transition to teletherapy initially that undoubtedly delayed timely services for some children, innovation on the part of the lead agency as well as Part C Providers increased families' access to remote early intervention services. The lead agency worked diligently in March to convert all existing IFSP documents, consent forms, etc. to electronic documents that could be "e-signed" by parents and members of the IFSP team. The Training Unit supported service coordinators, parents, and Part C providers by creating a .pdf guide to using Adobe sign (or a Smart phone) to electronically sign the new forms and by creating live and recorded "How To" trainings and guides on how to conduct an intake, initial IFSP meeting, and IFSP review meetings via teleconference or Zoom.

The lead agency expanded access by offering Part C Provider Mini Grants to support Provider programs in purchasing needed equipment (tablets or Chrome books, for example) to increase access to teletherapy services by establishing lending libraries for parents of children with an active IFSP. The Provider Mini Grant also allowed Part C Provider programs to cover the cost of Internet or provide a mobile hot spot to low income families with a current IFSP but lacking access to teletherapy services.

The First Connections' Training Unit reached out to other states and searched through You Tube videos to provide a resource list to Part C Providers to support them in understanding how to use Zoom, how to get started, what a teletherapy session (in a variety of disciplines) "looks like," and a list of "best practices" for teletherapy.

**Number of documented delays attributable to exceptional family circumstances**

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

69

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

State database

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

January 1, 2020-March 30, 2020 to represent selection from the FFY 2019.

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

AEIS providers and state service coordinators are required to use the states data system to report on the cases that are assigned to their caseload. Arkansas Data Manager collected and examined case related data for reporting purposes. As part of the Lead Agencies data gathering phase, Administrative staff retrieved case related data from the Comprehensive Data System on the percentage of infants and toddlers receiving evaluations, assessments and IFSP meetings within the 45-day period.

The report generated from CDS includes the first date of service as outlined on the IFSP and the date of the signed IFSP. Access to the AEIS providers electronic record is available to the Data Unit staff to work together to assist in finding additional ways to address concerns surrounding the infants and toddlers on their caseload. Data from caseloads assigned to state service coordinators, License Community Programs and Independent Service Providers are collected for analysis. IFSP's for children served in the Part C program with dates starting January 1- March 30, 2020 was pulled by the Data Manager. Lead Agency staff sent this information to each AEIS provider for proper verification and re-submission back for agency reporting. The First Connections Program selected this time period in order to capture the same children as reported in Indicator 1.

Arkansas' Data Manager providers clarification and guidance to unit staff to ensure the proper analysis of data to determine if the children who received their services in a timely manner also had an evaluation and assessment and IFSP developed in 45 days. Agency staff took additional time and assessment for validation and verification, in order to ensure the validity of the data collected. In addition, further detail analysis was conducted by the Data Manager of all information regarding data that was reported for this time period to data for the full year (FFY 2019) and determined that it is reflective of a full year of data.

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

**Correction of Findings of Noncompliance Identified in FFY 2018**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5	0	0

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

Upon the identification of noncompliance, early intervention service providers are issued a written notice of the finding as directed in the Lead Agency monitoring guidance. AEIS provider notification requires correction within 90 days, as outlined in their official notice. Lead Agency staff conducted additional examination of new AEIS program data in order to verify that all Arkansas infants and toddlers received evaluations, assessments and IFSP meetings as required.

To verify correction, monitoring staff reviewed a percentage of updated local early intervention files to determine whether infants and toddlers referred subsequent to the earlier review had an evaluation and an IFSP completed within 45-days. For each provider with previously identified noncompliance, monitoring staff found that 100% of the newly reviewed records had the evaluation and IFSP meeting completed within the 45-day timeframe.

Part C staff determined that AEIS provider , for whom data formally indicated non-compliance has corrected the noncompliance and is correctly implementing the regulatory requirement for infants and toddlers who receive evaluations, assessments and IFSP meetings with the required time frame.

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

As required in the states monitoring guidance, QA staff reviewed each individual child record for the infant and toddlers who did not have an evaluation, assessment and IFSP meeting within the required time frame (45 days). The First Connections verification process concluded that each provider had corrected the noncompliance with this indicator, because upon review, 100 % of children, who had not previously received evaluations, assessments and timely IFSP meetings had a subsequently completed evaluation and the IFSP meeting, although late.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2017	1	1	0

**FFY 2017**

**Findings of Noncompliance Verified as Corrected**

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

In order to verify that AEIS providers are correctly implementing the regulatory requirement's. Early intervention service providers are issued a written notice of the finding as directed in the Lead Agency monitoring guidance. AEIS provider notification requires correction within 90 days, as outlined in their official notice. First Connections staff conducted additional examination of new AEIS program data in order to verify that all Arkansas infants and toddlers received evaluations, assessments and IFSP meetings as required.

To ensure correction as required, a percentage of updated local early intervention files were examined by First Connections monitoring staff to determine whether infants and toddlers referred subsequent to the earlier review had an evaluation and an IFSP completed within 45-days. In order for the provider to be correctly implementing the requirement, 100% of the newly reviewed records must have had the evaluation and IFSP completed within the timeframe. This process is performed by the Lead Agency Quality Assurance staff as written in program procedures.

The Office of Special Education Programs required each Part C program to perform the review process in accordance with the guidance directed in the OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). The First Connections QA staff determined that each early intervention service provider for whom data formerly showed non-compliance has corrected the noncompliance and is correctly implementing the regulatory requirement. Lead Agency staff conducts this process for each provider of infants and toddlers who receive evaluations, assessments and IFSP meetings for which non-compliance is identified.

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

The states monitoring guidance requires QA staff reviewed each individual child record for the infant and toddlers who did not have an evaluation, assessment and IFSP meeting within the required time frame (45 days). The First Connections verification process required that in each provider found to be in noncompliance with this indicator, that 100 % of children, who had not received evaluations, assessments and timely IFSP meetings had subsequently completed evaluation and conducted the IFSP meeting, although late.

**7 - Prior FFY Required Actions**

None

**7 - OSEP Response**

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2019-June 30, 2020). 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.

**7 - Required Actions**

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

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



## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	54.00%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	92.02%	95.48%	90.97%	99.26%	99.61%

**Targets**

FFY	2019
Target	100%

**FFY 2019 SPP/APR Data**

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
235	321	99.61%	100%	100.00%	Met Target	No Slippage

**Number of documented delays attributable to exceptional family circumstances**

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

86

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

State database

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

July 01, 2019-June 30, 2020 to represent selection from the FFY 2019 full reporting period.

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

The Comprehensive Data System (CDS) is the state's official system that houses all client related information. An individual electronic record is produced for each infant and toddler within the Arkansas data system. The CDS contains in each child's record, steps and services listed on the child's IFSP. The system was designed to accurately reflect the status of the infant and toddlers file at any given period of time within the states program.

The Arkansas Data Manager retrieved Indicator 8 data from the CDS. The inquiry process was used by the Data Team to ensure the validity of the data collected. This process includes a list of data assigned to each provider that includes infants and toddlers on their case load. The Data Manager request that each provider review and make all corrections as needed and submit back to the Lead Agency. Local early intervention providers are given additional time to review their program data for verification and make needed edits for clarification.

Data Unit staff collected Indicator 8 data from all provider types within the early intervention network. Data collected and reported for C8 transition represents 100 percent of the FC population (and by extension, is representative of all geographical areas and is reflective of a full fiscal year of data for the states Part C system).

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

Arkansas data collection for APR reporting and for monitoring activities are performed on separate sets of provider data. The Data Manager pulls data for the reporting year and analyze as required for reporting in the APR. However, First Connections Monitoring staff reviews current and subsequent provider data to ensure provider compliance. Monitoring data for this indicator did not identify any findings of non-compliance.

**Correction of Findings of Noncompliance Identified in FFY 2018**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8A - Prior FFY Required Actions**

None

**8A - OSEP Response**

## **8A - Required Actions**

The State did not report that it identified any findings of noncompliance in FFY 2018, although its FFY 2018 data reflect less than 100% compliance. In the FFY 2020 SPP/APR, the State must provide an explanation of why it did not identify any findings of noncompliance in FFY 2018.

## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	79.00%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	95.82%	98.64%	99.28%	100.00%	99.61%



**Targets**

FFY	2019
Target	100%

**FFY 2019 SPP/APR Data**

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
321	321	99.61%	100%	100.00%	Met Target	No Slippage

**Number of parents who opted out**

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

0

**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, 2019 to June 30, 2020 to reflect reporting for the full fiscal year.

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

NO

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

State database

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

July 01, 2019-June 30, 2020 to represent selection from the FFY 2019 full reporting period.

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

Collection of data by the First Connections Program staff was gathered for Indicator 8 from the Comprehensive Data System (CDS). The program data submitted was verified through the agency inquiry process. Throughout the reporting period, AEIS providers and state staff used the CDS to report data on the infants and toddlers that they provide services and supports to within the Part C system. The Lead Agency data system collects program data from all provider types under the Part C network. An electronic file is generated for each First Connections' infant and toddler within the CDS. The states database includes all activities in regards to transition are included as part of the required actions. Transition information is included in the data system served under Part C. In an effort to assist with continuous improvement, guidance and clarification can be provided to all uses with the CDS.

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

Arkansas data collection for APR reporting and for monitoring activities are performed on separate sets of provider data. The Data Manager pulls data for the reporting year and analyze as required for the APR. First Connections Monitoring staff reviews current and subsequent provider data to ensure provider compliance. Even though, APR data do not reflect 100 percent, the monitoring data for this indicator did not identify any findings of non-compliance.

**Correction of Findings of Noncompliance Identified in FFY 2018**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8B - Prior FFY Required Actions**

None

**8B - OSEP Response**

## **8B - Required Actions**

The State did not report that it identified any findings of noncompliance in FFY 2018, although its FFY 2018 data reflect less than 100% compliance. In the FFY 2020 SPP/APR, the State must provide an explanation of why it did not identify any findings of noncompliance in FFY 2018.

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	87.00%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	83.59%	88.24%	93.63%	90.33%	96.48%

**Targets**

<b>FFY</b>	<b>2019</b>
Target	100%

**FFY 2019 SPP/APR Data**

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
201	321	96.48%	100%	89.41%	Did Not Meet Target	Slippage

**Provide reasons for slippage, if applicable**

With regards to slippage for Indicate 8C. Analysis of the information provided by AEIS program staff and state staff helped to identify the factors impacting the states performance in scheduling and holding timely transition conferences.

With regards to reasons for slippage, The state identified that one of the service coordinators responsible for scheduling and holding the conference became ill and was not able to continue her duties which caused the delay in the transition conference. This incident affected a small percentage of children within the program. Administrative staff conducted an evaluation of the coordinators caseload and outlined a plan of action to ensure that certain safeguards are set in place in the case of extended leave or illness. That individual is currently no longer serving as a Service Coordinator for Part C families.

Also, the Part C program identified additional reasons for slippage that centered around COVID-19. In the latter part of the reporting year, the program faced unprecedented challenges as a result of the COVID -19 Pandemic and some state programs shutdown. Data reported for this period demonstrates slippages in various areas during this time that includes transition (Indicator 8).

When school districts, local educational cooperatives (LEAs), childcare provider programs, Early Head Starts and Head Starts closed down and all in-person meetings and services were suspended (in March), service coordinators were unable to coordinate transition conferences with families and representatives of early childhood special education services under Part B or other appropriate programs/agencies. Part B elected to not conduct transition activities for children listed on the LEA Notifications during the shut down; this decision was beyond the scope of control of the Part C Program or the Lead Agency.

While the lead agency worked to convert all necessary forms/paperwork/consent documents to electronic forms with "e-sign" capability and then train the statewide network of service coordinators and Part C providers in the use of these tools to conduct IFSP review meetings remotely, there was a delay in transition (often completed as part of IFSP review meetings) as well.

Arkansas will conduct additional analysis of coordinator data with significant slippage to assist in a plan of action to improvement the staff practices. In addition, program staff will utilize training and technical assistance to assist with ensuring timely transition by prompting staff that the data system includes components such as alerts to assist with service coordination activities.

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

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

0

**Number of documented delays attributable to exceptional family circumstances**

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

86

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

State database

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

July 01, 2019-June 30, 2020 to represent selection from the FFY 2019 full reporting period.

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

Indicator 8 data was collected by the Part C Data Manager from the states data system. The inquiry process is conducted by the Administrative staff to verify the information collected in the Comprehensive Data System. Individual child level data is entered directly into the data system by the infants and toddlers early intervention provider or state service coordinators. The Comprehensive Data System was designed to gather and display data that reflects the status of the infant and toddler's early intervention record at any given period. As part of the First Connections child record, agency staff created the system to include, the date of the child's transition conference. Transition requirements are outlined in program resource guides and tools.

The Data Manager collected data from all AEIS provider types starting July 1, 2019-June 30, 2020 and sent to AEIS providers and state staff for review and submission back for proper analysis. As part of the verification process, the Arkansas Data Manager confirmed that the data reported for this time period (FFY 2019) is reflective of all toddlers for the full state reporting period.

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

Arkansas data collection for APR reporting and for monitoring activities are performed on separate sets of provider data. The Data Manager pulls data for the reporting year and analyze as required. However, First Connections Monitoring staff reviews current and subsequent provider data to ensure provider compliance. Monitoring data for this indicator did not identify any findings of non-compliance.

**Correction of Findings of Noncompliance Identified in FFY 2018**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8C - Prior FFY Required Actions**

None

**8C - OSEP Response**

**8C - Required Actions**

The State did not report that it identified any findings of noncompliance in FFY 2018, although its FFY 2018 data reflect less than 100% compliance. In the FFY 2020 SPP/APR, the State must provide an explanation of why it did not identify any findings of noncompliance in FFY 2018.

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

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

## Indicator 9: Resolution Sessions

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

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

### 9 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

NO

**Select yes to use target ranges.**

Target Range not used

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

NO

**Prepopulated Data**

Source	Date	Description	Data
SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/04/2020	3.1 Number of resolution sessions	0
SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/04/2020	3.1(a) Number resolution sessions resolved through settlement agreements	0

**Targets: Description of Stakeholder Input**

As required, Arkansas developed the State Performance Plan/Annual Performance Report with broad stakeholder engagement. The Arkansas' State Interagency Coordinating Council (AICC) continues to serve as the primary stakeholder group to provide on-going support and guidance to the Lead Agency. During a portion of this reporting period, the quarterly AICC meetings were convened virtually through Zoom to ensure that members of the council could continue to convene. Information about the virtual AICC meetings was also distributed to non council members, including EI Professionals across the state.

Throughout the fiscal year, program improvement input was provided by council members on a variety of topics. The council may also convene subcommittees or special work or focus groups to review an issue to make specific recommendations or submit plans. Council focus and work groups, such as the AICC Child Find Subcommittee may invite and/or include non council members with expertise and/or interest in the focus area. Lead agency updates are provided to AICC members through various mean, such as newsletters, webinars, emails and meetings.

Additionally, program staff presents data summaries to council members on an on-going basis, in order to keep members updated regarding program progress in reaching targets as well as progress in SSIP Implementation. Guidance and support was provided by the AICC on the following program items: SPP/APR, SSIP, professional development activities, data requirements, the program's Child Find Plan, monitoring, fiscal and program improvements strategies.

In this reporting period, a relationship with a stakeholder was strengthened as First Connections partnered with Following Baby Back Home (FPPH) to launch an initiative in a seven-county pilot area. The Community Partnership Initiative's goal was to streamline supports for families of children jointly enrolled in both FBBH and FC and to ensure that these families gained skills to help their child develop and learn. An additional short-term outcome of the collaborative was to increase referrals to Part C in this area. The success of this pilot led to stakeholder collaboration to expand the pilot to include other MIECHV Home Visiting Programs and to add additional counties as part of scale up in 2021.

During the program period year, First Connections continued to collaborate with numerous stakeholder agencies, programs, and partners to improve Child Find as well as the delivery of supports and services. Partners include: Arkansas' Parent Training and Information Center (PTIC) The Center for Exceptional Families, Arkansas Department of Health Infant Hearing Program and WIC Program, Arkansas Department of Education (Part B/619), Arkansas' Children's Hospital, the Minority Health Commission, the Title V CSHCN Program, Arkansas Medicaid, Zero to Three Safe Babies Court Team, Arkansas Association for Infant Mental Health, Arkansas Fetal Alcohol Spectrum Disorder, Head Start Association, Human Services Personnel Office, Arkansas School for the Deaf, the Division of Child Care and Early Childhood Education, Division of Children and Family Services, Arkansas Disability Coalition, the Division of Developmental Disabilities Services.

**Historical Data**

Baseline Year	Baseline Data

FFY	2014	2015	2016	2017	2018
Target>=	0.00%	0.00%	0.00%	0.00%	0.00%
Data	0.00%				

**Targets**

FFY	2019
Target>=	0.00%

**FFY 2019 SPP/APR Data**

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
0	0		0.00%		N/A	N/A

Provide additional information about this indicator (optional)

**9 - Prior FFY Required Actions**

None

**9 - OSEP Response**

The State reported fewer than ten resolution sessions held in FFY 2019. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

**9 - Required Actions**

## Indicator 10: Mediation

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

### 10 - Indicator Data

#### Select yes to use target ranges

Target Range is used

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

NO

#### Prepopulated Data

Source	Date	Description	Data
SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/04/2020	2.1 Mediations held	0
SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/04/2020	2.1.a.i Mediations agreements related to due process complaints	0
SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/04/2020	2.1.b.i Mediations agreements not related to due process complaints	0

#### Targets: Description of Stakeholder Input

As required, Arkansas developed the State Performance Plan/Annual Performance Report with broad stakeholder engagement. The Arkansas' State Interagency Coordinating Council (AICC) continues to serve as the primary stakeholder group to provide on-going support and guidance to the Lead Agency. During a portion of this reporting period, the quarterly AICC meetings were convened virtually through Zoom to ensure that members of the council could continue to convene. Information about the virtual AICC meetings was also distributed to non council members, including EI Professionals across the state.

Throughout the fiscal year, program improvement input was provided by council members on a variety of topics. The council may also convene subcommittees or special work or focus groups to review an issue to make specific recommendations or submit plans. Council focus and work groups, such as the AICC Child Find Subcommittee may invite and/or include non council members with expertise and/or interest in the focus area. Lead agency updates are provided to AICC members through various mean, such as newsletters, webinars, emails and meetings.

Additionally, program staff presents data summaries to council members on an on-going basis, in order to keep members updated regarding program progress in reaching targets as well as progress in SSIP Implementation. Guidance and support was provided by the AICC on the following program items: SPP/APR, SSIP, professional development activities, data requirements, the program's Child Find Plan, monitoring, fiscal and program improvements strategies.

In this reporting period, a relationship with a stakeholder was strengthened as First Connections partnered with Following Baby Back Home (FPPH) to launch an initiative in a seven-county pilot area. The Community Partnership Initiative's goal was to streamline supports for families of children jointly enrolled in both FBBH and FC and to ensure that these families gained skills to help their child develop and learn. An additional short-term outcome of the collaborative was to increase referrals to Part C in this area. The success of this pilot led to stakeholder collaboration to expand the pilot to include other MIECHV Home Visiting Programs and to add additional counties as part of scale up in 2021.

During the program period year, First Connections continued to collaborate with numerous stakeholder agencies, programs, and partners to improve Child Find as well as the delivery of supports and services. Partners include: Arkansas' Parent Training and Information Center (PTIC) The Center for Exceptional Families, Arkansas Department of Health Infant Hearing Program and WIC Program, Arkansas Department of Education (Part B/619), Arkansas' Children's Hospital, the Minority Health Commission, the Title V CSHCN Program, Arkansas Medicaid, Zero to Three Safe Babies Court Team, Arkansas Association for Infant Mental Health, Arkansas Fetal Alcohol Spectrum Disorder, Head Start Association, Human Services Personnel Office, Arkansas School for the Deaf, the Division of Child Care and Early Childhood Education, Division of Children and Family Services, Arkansas Disability Coalition, the Division of Developmental Disabilities Services.

#### Historical Data



Baseline Year	Baseline Data
2005	

FFY	2014	2015	2016	2017	2018
Target>=	0.00%	0.00%			
Data					

#### Targets

FFY	2019 (low)	2019 (high)
Target	0.00%	0.00%

#### FFY 2019 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2018 Data	FFY 2019 Target (low)	FFY 2019 Target (high)	FFY 2019 Data	Status	Slippage
0	0	0		0.00%	0.00%		N/A	N/A

Provide additional information about this indicator (optional)

#### 10 - Prior FFY Required Actions

None

#### 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2019. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

#### 10 - Required Actions

## **Certification**

### **Instructions**

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

### **Certify**

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

### **Select the certifier's role**

Designated Lead Agency Director

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

### **Name:**

Tracy Turner

### **Title:**

Part C Coordinator

### **Email:**

tracy.turner@dhs.arkansas.gov

### **Phone:**

501-682-8703

### **Submitted on:**

04/27/21 4:16:35 PM