FFY 2019 Indicator B-17/C-11 Annual Performance Report (APR) Optional Template

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)? (Please limit your response to 785 characters without space)*.*

Arkansas First Connections State-identified Measurable Result (SiMR) is to *increase the percent of parents who report that participating in early intervention helped them help their children develop and learn*.

Has the SiMR changed since the last SSIP submission?   No

If "Yes", provide an explanation for the change(s), including the role of stakeholders in decision-making. (Please limit your response to 1600 characters without space)*.*

Click or tap here to enter text.

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages)*.*

Baseline Data:

Family Outcomes Baseline- 4c 88%

Has the SiMR target changed since the last SSIP submission?   No

FFY 2019 Target:

Family Outcomes Targets- 4c 90.25%

FFY 2019 Data:

Family Outcomes 4c- 80.83%

Was the State's FFY 2019 Target Met?   No

Did slippage[1] occur? Yes

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[1] The definition of slippage: *A worsening from the previous data AND a failure to meet the target.* The worsening also needs to meet certain thresholds to be considered slippage:

1. For a "large" percentage (10% or above), it is considered slippage if the worsening is more than 1.0 percentage point. For example:
    a.   It is not slippage if the FFY 2019 data for Indicator X are 32% and the FFY 2018 data were 32.9%.

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If applicable, describe the reasons for slippage. (Please limit your response to 1600 characters without space).

Due to COVID-19, some families continued to receive services face to face, while others were only able to be served virtually. This impacted the both the quality and the amount of support to families that programs were able to provide. The pandemic also impacted the number of families participating in completing the surveys.

Optional: Has the State collected additional data *(i.e., benchmark, CQI, survey)* **that demonstrates progress toward the SiMR?** Yes

If "Yes", describe any additional data collected by the State to assess progress toward the SiMR.

Additional data collected includes IFSP quality rating data from the FC IFSP Outcome Assessment Tool (FC IFSP-OAT), a quality rating tool adapted from two separate measures.

The FC IFSP OAT tool specifically rates the functionality of IFSP outcomes regarding the level to which the IFSP goals enable parents and other caregivers to implement learning strategies within typically occurring activities. IFSP quality rating is a number from 0-51 determined by the guide provided on the tool where a score of 0-17 is "lacking quality;" scores in the range of 18-31 show "elements of quality;" and ratings between 32-51 are "high quality IFSPs."

Analysis of IFSP quality rating data is used to demonstrate improvement or slippage in IFSP quality ratings in the following areas: Quality ratings of IFSPs developed after training compared to ratings of IFSPs developed pre-training (baseline data), Quality ratings of SSIP cohort groups compared to the state as a whole (IFSPs developed by teams that exclude members of both UP cohorts). Improvement may be demonstrated by various means as indicated in the analysis process.

IFSP quality rating data indicated that the Unlimited Potential Initiative's (UP) Cohort 1 (two First Connections Provider programs) and Cohort 2 (First Connections Service Coordinators) continued to make progress since the last reporting period. In 2019, Cohort 1 had an OAT Score average of 47.8 "high quality" rating; in 2020, Cohort 1 had an OAT Score average of 47.9, also a "high quality" rating (the highest possible rating is a 51). Cohort 2 similarly demonstrated improvement; the group's average in 2019 was an OAT score of 41.23. In 2020, Cohort 2 IFSPs

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b. It is slippage if the FFY 2019 data for Indicator X are 32% and the FFY 2018 data were 33.1%.
2. For a "small" percentage (less than 10%), it is considered slippage if the worsening is more than 0.1 percentage point. For example:
    a. It is not slippage if the FFY 2019 data for Indicator Y are 5.1% and the FFY 2018 data were 5%.
    b. It is slippage if the FFY 2019 data for Indicator Y are 5.1% and the FFY 2018 data were 4.9%.

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created during the reporting period, when rated using the tool, yielded an average of 42.04. Both Cohort 1 and Cohort 2 increased their overall rating in the High-Quality category. Both UP Cohorts received intensive ongoing training and support on how to help families develop functional plans (IFSPs) linked to child/family activities and interests and family preferences and priorities. By producing high quality IFSPs with functional goals for children, parents know how and when to help their child practice and develop new skills that aid the child's participation in typical child/family activities. Assessment of progress involves comparing the quality ratings of the 2 Cohort groups to the State as a whole (Part C Provider programs outside of the UP). The quality rating data indicates that other Part C providers not participating in the UP training average significantly lower quality/functionality ratings (23.2 compared to Cohort 1 average of 47.9 and Cohort 2 of 42.04). The lead agency does provide universal level training, TA, and support for all Part C Provider programs around developing quality IFSPs, and the quality rating average of non UP providers did show an increase from a 2019 OAT tool quality rating average of 17.44 in 2019 to a 23.2 in 2020; moving up from "lacking quality" rating to "elements of quality" rating. This is the first time since the start of the SSIP that non-Cohort providers have rated above the "lacking quality" category (average rating 0-17).

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

If "Yes", describe any data quality issues specific to the SiMR data and include actions taken to address data quality concerns. (Please limit your response to 3000 characters without space).

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Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period?   Yes

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection. (Please limit your response to 3000 characters without space).

Family Outcomes data for FFY 2019 was impacted by COVID-19 which presented challenges to engaging families in the Family Outcomes Survey process. Because of restrictions brought on by COVID-19, the program assumed that more families would be home and available to

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participate by phone. However, conducting phone surveys did not greatly increase the number of families participating.

COVID-19 caused some childcare centers to close; others limited access to children. Some children experienced a gap in services while the family's service coordinator obtained parent consent to change service locations and providers worked to transition to teletherapy. When childcare programs reopened, Providers were not allowed into classrooms and worked with children in therapy rooms separated from the classroom due to a change in childcare policies to mitigate exposure.

Transitioning in person services to teletherapy took time. Many EI Providers had difficulty adapting their practice to a new way of working with families. Some families chose to decline teletherapy services to "wait it out." In rural Arkansas, families experienced connectivity issues that presented a barrier to accessing remote services.

Collaboration with Medicaid resulted in the expansion of funding to cover teletherapy. Medicaid coverage of EI teletherapy services enabled continuity of services to children with a current IFSP. However, children newly referred to the program experienced delay in onset of services since Medicaid policy excluded evaluations. Children newly referred to the program during the public health emergency were unable to obtain an evaluation to assess strengths and needs, determine program eligibility, and develop the initial IFSP according to program requirements. The lead agency developed an interim policy to support the provision of teletherapy services and a resource page for EI Providers to support transitioning to a new mode of service delivery. The Lead Agency offered one-time mini grants EI Providers could apply for. A Technology Mini Grant provided funding to support Providers in building a technology lending library to loan to parents of children with a current IFSP to access teletherapy. Arkansas' governor approved the use of CARES Act funds to expand internet access in rural areas of the state to prepare for the reopening of school in August. As childcare centers began to reopen, a second mini grant provided funding to support Providers in purchasing PPE to protect service providers as well as families.

The program supported parents by providing parent information and education via live Webinars in partnership with the State's PTIC, The Center for Exceptional Families (TCFEF). Both offerings were designed to help families know their rights and advocate for their child and family. FC and TCFEF cohosted a live webinar for parents of children with disabilities 0-5 on dispute resolution options, presented by a trained education mediator from UALR Bowen Law

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School. This Webinar walked parents through options for dispute resolution, when and how to formally disagree, and provided a Q/A at the end. A second session was held for Part C service coordinators and case managers from other related programs on how to explain dispute resolution options to families of children 0-5. A third Webinar Bethany Van Delft walking participants through the process of crafting brief "slam style" personal advocacy stories.

Section B: Phase III Implementation, Analysis and Evaluation

Is the State's theory of action new or revised since the previous submission?   No

If "Yes", please provide a description of the changes and updates to the theory of action (Please limit your response to 1600 characters without space).
Click or tap here to enter text.

Did the State implement any <u>new</u> (previously or newly identified) infrastructure improvement strategies during the reporting period? Yes, see below and COVID Health Section

If "Yes", describe each <u>new</u> (previously or newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved. (Please limit your response to 1600 characters without space).

New FC infrastructure changes intended to support continuity of services while protecting families, staff, and providers occurred in response to the global health crisis. FC developed remote work processes for service coordinators, relaxed in-person meeting requirements, and developed Adobe Fill and Sign forms. FC developed interim policy to support remote services (teletherapy) and collaborated with Arkansas Medicaid to extend coverage to EI teletherapy. How-to guides supported families and professionals in the use of Adobe fill and sign and virtual platforms to accommodate remote meetings. Mini grants to Providers expanded family access to remote services. A fact sheet on the use of interim IFSP expanded access for children referred to the program in need of support but awaiting reopening to obtain an evaluation.

FC converted certification trainings into live interactive multi-day trainings via Zoom. Virtual courses included a shared folder of materials, demos, group discussions, and a final project instead of the former post assessments. Live virtual training ensured access to training allowing for new providers to be certified during the public health emergency.

In the next reporting year, new strategies include formation of a central intake unit and use of the MEISR-COSF tool. Short term goals of the new central intake unit are to increase % of IFSPs developed within the 45-day timeline and to support parent participation in the early intervention process. The mid-term goal of the MEISR pilot is to improve child outcomes data;

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short term goals include using results to support parents in developing functional IFSPs linked to typical routines and to functionally assess child progress at annual IFSP review.

Provide a summary of each infrastructure improvement strategy that the State <u>continued</u> to implement in the reporting period, including the short-term or intermediate outcomes achieved (Please limit your response to 3000 characters without space).

Infrastructure improvement strategies the State continued to implement include "remarketing the program," improving IFSP quality, and enhanced fiscal monitoring. Data for these key strategies is included in the next question/section.

"Remarketing the Program:" Specific activities in this strategy area carried out during this reporting period involved a redesign of the program's logo and materials shared with referral sources. The program developed radio ads and made use of radio advertising in the fall of 2019 to share basic information about early intervention and how parents can self-refer, broadcast across most of the state. FC continued to provide outreach to physicians both through monthly lectures with residents on rotation as well as through a state-wide televised session on referring to early intervention in the "Connecting Across Professions" series hosted by the University of Arkansas for Medical Sciences (UAMS). FC also partnered with MIECHV Home Visiting programs to launch an initiative with the overarching goal of improving child and family outcomes for families jointly enrolled in EI and a HV program, but with an intended outcome of increasing referrals to the Part C program.

Enhanced fiscal monitoring: FC continued ongoing monitoring for quality but in this reporting period, program administration began planning an infrastructure change that will increase the program's ability to more closely tie funding to quality and streamline the PA process to enhance efficiency and timeliness of prior authorizations.

Provide a description of how the State evaluated outcomes for each improvement strategy and how the evaluation data supports the decision to continue implementing the strategy. (Please limit your response to 3000 characters without space):

Descriptions of specific strategies and short and mid-term outcomes met is described in the previous section.

"Remarketing the Program:" Data demonstrates that even during a public health crisis, the program experienced a 2% increase in referrals. FC referral data from hospitals and physicians increased by 5% over the past 2 years as a result of ongoing outreach targeted to pediatric professionals. FFY2020 data on First Connections' web site visits demonstrates 1,002 hits per

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day compared to 752 per day in 2019, showing that short term goals around remarketing the program are being achieved. To measure effectiveness of the collaboration with MIECHV Home Visiting programs, FC enhanced the online referral portal to break down the "Health Department" category into the multiple Home Visiting Programs and to include an "other" box and space to enter in the specific name of the referring agency so that referral data can be broken down by referring agency/program. Existing data demonstrating effectiveness of outreach supports the continuation of these strategies.

SSIP strategies that link funding to quality are in the planning stages during this reporting period. Data that the program intends to collect to demonstrate the effectiveness of these infrastructure changes will include average days to process PA request and may include quality incentives or other mechanisms the state uses to tie funding to quality.

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period. (Please limit your response to 3000 characters without space)**:**

"Remarketing the Program:" Enhancements to the program's Web site will ensure that it is user and family friendly. To ensure that families are prepared to participate in all aspects of early intervention, FC is changing how referrals are processed and managed by creating a referral and intake unit that serves as a single point of entry. The program hopes to see short term goals of (a) greater use of interim IFSP to support children referred with medical diagnoses and (b) improved 45-day timeline data. The program's anticipated midterm goals include (c) parent's report that they know their rights and (d) parents are prepared to participate in the early intervention program and process. A stakeholder group was established to partner with the Lead Agency on these infrastructure improvement strategies. The group will review the results of data gathered from the pilot of the central referral and intake unit.

Enhanced quality monitoring/QA Standards: FC administration is working with lead agency administration to update the Quality Assurance Standards in a format that is more user friendly for EI Service Providers. The revised standards will support the program in imposing sanctions, if necessary to ensure compliance and quality. The intended outcome is to improve quality of EI services.

UP expansion: In the coming year, Arkansas Cohort 2 will pilot the use of the MEISR-COSF to complete COS rating while the rest of the state will continue to use the Age Anchor and Decision Tree tools to complete COS rating. Short term outcomes the program hopes to achieve

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in the pilot include use of MEISR assessment results at IFSP meetings to support the family and other IFSP team members in developing participation based IFSP goals/objectives. Another short-term outcome the program pilot hopes to achieve is use of the MEISR assessment information at annual IFSP meetings as a measure of child progress in each of the five developmental domains and the child's engagement and independence in typical activities so that parents are more involved in assessing child progress. Mid-term outcomes the program hopes to achieve is improved data quality around COS ratings.

Did the State implement any <u>new</u> (previously or newly identified) evidence-based practices?   No

If "Yes", describe the selection process for the <u>new</u> (previously or newly identified) evidence-based practices. (Please limit your response to 1600 characters without space):

Click or tap here to enter text.

Provide a summary of the <u>continued</u> evidence-based practices and how the evidence-based practices are intended to impact the SiMR. (Please limit your response to 1600 characters without space):

Arkansas First Connections will continue to implement the DEC Recommended Practices as the evidence-based practices selected for the SSIP.

The program began the work of SSIP by training DEC Recommended Family Practices. UP Cohort 1 and Cohort 2 has increased the use of and improved the quality of family goals on the IFSP since their initial training in 2015 and 2016, an indication that these cohort groups are beginning implementation of DEC Recommended Family Practices. Cohort 1 and Cohort 2 continue to maintain "high quality" IFSP functionality/quality ratings since completion of training in 2015 and 2016, another indicator of their implementation of DEC Recommended Family Practices. Since Arkansas' SiMR is a family goal (that parents know how to help their child learn and develop), implementation of DEC Recommended Family Practices supports parents in being active participants in all aspects of early intervention so that they gain the confidence and competence to gain the tools to support their child's learning and development even when a teacher or therapist is not present in accordance with IDEA, Part C.

Describe the data collected to evaluate and monitor fidelity of implementation and to assess practice change. (Please limit your response to 1600 characters without space)*:*

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Analysis of data used to demonstrate improvement in IFSP quality ratings included: Quality ratings of IFSPs developed after training compared to ratings of IFSPs developed pre-training (baseline data); Quality ratings of this group compared to the state as a whole (IFSPs developed by teams that exclude members of both UP cohorts); Point span of improvement; and Percentage of team-members demonstrating improvement.

The family surveys are sent out to all parents and are anonymous.

Describe the components (professional development activities, policies/procedures revisions, and/or practices, etc.) implemented during the reporting period to support the knowledge and use of selected evidence-based practices. (Please limit your response to 1600 characters without space):

First Connections' ongoing work to implement evidence-based practices within the current system includes:

- Co-Facilitating Preschool Inclusion work as a cohort state receiving intensive TA from ECTA
- Providing training on writing functional IFSP outcomes with families and preparing parents to participate in all aspects of early intervention
- Providing information on State and Federal regulations, guidelines, and best practices as part of formulation of TA and/or responses to questions

Professional development was provided to Cohort 2 on conducting and documenting developmental screenings and helping families use the results of screenings at intake to determine if additional evaluations are needed. Professional development workshops presented for providers to support use of EBPs include: Child & Family Outcomes training, Best practices for Intake to build relationships with families and help families learn their rights, and training in conducting and using results of Family Assessment. The program conducted two Core Competencies trainings, 12-hour provider certification course.

The program supported parents in knowing their rights, advocating for their child/family, and helping their child develop and learn through interactive web-based parent workshops that included:

- Crafting Personal Advocacy Stories
- Dispute Resolution Options for Families
- Baby Builders (parents learn how to support motor development)

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FC offered a similar training to FC service coordinators and case managers from related programs/agencies on how to explain dispute resolution options to families.

FC modified some program procedures to support continuity of services during the global health crisis. Virtual meetings, electronic forms, teletherapy ensured family and provider safety so that families could meet at times and in ways that worked for them.

Section C: Stakeholder Engagement

Describe the specific strategies implemented to engage stakeholders in key improvement efforts. (Please limit your response to 3000 characters without space):

First Connections involves various stakeholders in the work of ongoing program improvement. FC supported the Arkansas Interagency Coordinating Council (AICC) in transitioning quarterly meetings to Zoom; when some members of the council and the public indicated having difficulty accessing Zoom meetings early in the public health emergency, the lead agency provided a "how to guide" to support attendance. Attendance at quarterly AICC meetings has now increased above the levels typical of in person meetings. When members of an AICC subcommittee on child find indicated a need for information and support from the lead agency, FC dedicated a staff member to support the Child Find Subcommittee in their work which involved an infrastructure analysis and state strengths/needs assessment.

Members of the UP first and second cohort have been engaged in the work, serving as a community of practice. Their ongoing involvement with the lead agency supports not only SSIP implementation but also informs program improvement planning.

In this reporting period, FC collaborated with the SEA to identify ways to improve transition. One strategy jointly identified was to ensure that parents of children with an IFSP approaching the 3rd birthday understood their options for services 3-5. The Part B 619 coordinator and a FC administrator worked together to co-create a brochure that Part C service coordinators could provide to parents as part of transition out of early intervention to support parents in understanding options for early childhood special education services under Part B-619.

FC and Part B-619 co-facilitate the State Leadership Team as part of the Preschool Inclusion Cohort; this work with stakeholders looks at changes in the 0-5 system that would support full inclusion of children with disabilities. Stakeholders of the State Leadership Team have been actively involved in co-creating a state vision and mission, assessing state strengths and needs, and selecting the priority focus areas for the Preschool Inclusion work: Public Awareness and

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Family Engagement. The group is currently creating a family resources page on the SEA Website that will support parents of children with disabilities 0-5 in advocating for their child and family and accessing resources.

FC and MIECHV Home Visiting programs support one another's work around the common goal of helping families support their child's early development by working together to launch an initiative in 7 rural counties of south-central Arkansas. The early success of the pilot initiative has led the programs to consider state-wide roll out in the next reporting period.

FC formed a provider stakeholder group that partners with program administration on continuous program improvement. Being invited give input and feedback on program planning encourages the partnering programs to actively engage with the lead agency.

First Connections also partners with the following related agencies/programs/initiatives (among others) by serving as a stakeholder on their boards/councils:
- Infant Hearing Program Advisory Panel
- Arkansas School for the Deaf
- Early Head Start
- Community Advisory Committee (CAC) at Partners for Inclusive Communities
- Safe Babies Court Team
- Pritzker Prenatal-Five Initiative

Were there any concerns expressed by stakeholders during engagement activities? No

If "Yes", describe how the State addressed the concerns expressed by stakeholders. (Please limit your response to 1600 characters without space)*:*

Click or tap here to enter text.

If applicable, describe the action(s) that the State implemented to address any FFY 2018 SPP/APR required OSEP response. (Please limit your response to 3000 characters without space):

N/A

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