

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2022

Alaska



PART C DUE
February 1, 2024

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

The Alaska Department of Health (DOH), Senior and Disabilities Services (SDS), Early Intervention/Infant Learning Program (EI/ILP) Unit serves as the State Lead Agency responsible for administering and overseeing the statewide system of early intervention services in Alaska.

State Lead Agency Staff:

- A. SDS Leadership – Director and Deputy Director
- B. Part C Coordinator, Health Program Manager 4
- C. Early Intervention/Infant Learning Program Unit Manager, Research Analyst 4, Data Manager
- D. Professional Development Coordinator, Health Program Manager 2
- E. Program Support Technical Assistants, two Health Program Manager 2

Other Department of Health Supports:

The Early Intervention/Infant Learning Program (EI/ILP) Unit maintains a clear line of authority and control over all aspects of the EI/ILP System in Alaska. Additional supports to the EI/ILP Unit are provided by SDS Administrative and Policy teams. Additionally, DOH Finance and Management Services (FMS) lends support through their Grants and Contracts and Information and Technology units. Health Care Services (HCS) Alaska's Medicaid agency also provides technical support.

Interagency Coordinating Council: The Alaska Governor's Council on Disabilities and Special Education Alaska houses the Interagency Coordinating Council (ICC). <https://health.alaska.gov/gcdse/Pages/committees/icc/default.aspx> .

Local EI/ILP Programs:

The State Lead Agency ensures the provision of EI/ILP services through 15 Local EI/ILP Programs. These programs are funded through a competitive process every 3-5 years. Contracted programs agree to provide all required components for Part C IDEA services in their region with program staff who meet requirements, and that Part C services follow evidence-based practices. All EI/ILP Programs are Medicaid agents for Targeted Case Management and most bill public and private insurers for therapy services. These 15 agencies are required to provide and/or coordinate all necessary early intervention services to infants and toddlers with disabilities and their families within their region. Currently, programs are 1) standalone EI/ILP agencies; 2) programs within community-based nonprofits; 3) programs within Tribal 638s; or 4) located in an LEA. The Lead Agency has a strong system of General Supervision in place to ensure the timely and compliant delivery of high-quality, evidence-based early intervention services to all children enrolled in the Part C Program. Technical Assistance provided by Lead Agency staff results in close supervision and partnership between the Lead Agency and Local EI/ILP Programs. The EI/ILP Unit, along with the Grants and Contracts unit, monitors fiscal obligations of Local EI/ILP Programs.

Program Description:

EI/ILP services are available to all families with infants and toddlers, ages birth to three years, who experience developmental delay/disabilities as defined by Alaska Part C Policy. All activities and services are provided in a family-centered manner that addresses the priorities of the family and child. Following are the core values of the EI/ILP Program: relationship-focused; strengths-based; family-centered; outcomes-based; reflective practices; effective team practices; evidence informed; and natural environments.

EI/ILP Models for Service Delivery: Programs are responsible for the coordination and delivery of all required activities and services outlined in the EI/ILP Program Goals & Anticipated Outcomes, as outlined in the EI/ILP Contract. To address the various situations in Alaska's vast and sparsely populated geographic regions, the EI/ILP Program allows various service delivery models. Service delivery models must have the following characteristics:

1. Utilize best practices described in Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments
2. Alaska EI/ILP Policies and Federal Part C Regulations must be followed.
3. Programs must ensure that all service disciplines appropriate to a child's needs are represented in a coordinated teaming process, and that all services are accessible to families when the team, including the family, determines that the service is needed.
4. SEED Registry guidelines for provider certification, training and credentials must be followed, as outlined in the Alaska EI/ILP Operations Manual and Appendices A-P.
5. Ensure that families have choices related to service delivery methods, including in-person, telehealth, and a hybrid blend.

Alaska EI/ILP services are rooted in the Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments, developed by the Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings, March 2008.

Mission: Part C Early Intervention (EI) builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

Key Principles:

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
2. All families, with the necessary supports and resources, can enhance their children's learning and development.
3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.
4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.
5. Individualized Family Service Plan (IFSP) outcomes must be functional and based on children's and families' needs and family-identified priorities.
6. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

Alaska Part C Eligibility Criteria

Children are eligible for Early Intervention services in Alaska if they have a qualifying diagnosed condition or disability, a 50% or greater delay in one or more areas of development, or if the evaluation team finds them eligible through the Informed Clinical Opinion process.

General Update

EI/ILP Program providers work hard to provide the best possible EI/ILP services to Alaskan families in our diverse and unique geographic region. Challenges our system faced this year include continued high cost and limited availability of commercial flights in rural Alaska, turnover of ILP Coordinator and direct services staff, and limited educational opportunities to prepare the early intervention workforce in our state. Strengths in our system to help us face these challenges are our strong statewide committee structure and positive working relationships with local programs. By working together in partnership with local programs, Alaska has been highly successful in continuing to meet the needs of families in EI/ILP as well as our obligations under IDEA, as reported in the SPP/APR and SSIP. The Alaska ILP is pleased to see progress in this year's SPP/APR reporting, with no slippage and great progress toward meeting targets, including significant gains on our SIMR. We continue to work together to strengthen our system, with a focus on data-driven decision-making, defining our hybrid model of service delivery, and continued development of an "ILP Without Walls" model that allows local programs to support and build on each other's strengths. An additional area of focus for the EI/ILP Program this year has been to strengthen our partnerships with the Department of Education and Early Development (DEED) and the Office of Children's Services (OCS) child protection program.

Additional information related to data collection and reporting

Alaska has previously reported on impacts of the EI/ILP web-based data system and fiscal data system due to a malware attack. We are pleased to report that all data systems are now fully functional and supporting Alaska ILP in the collection and reporting of valid and reliable program and fiscal data. In addition, Alaska data demonstrated a downturn in referrals and enrollment during the COVID-19 pandemic. In the second half of this reporting period, we saw positive signs that referrals and enrollment are returning to pre-pandemic levels.

General Supervision System

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

General Supervision: The Alaska EI/ILP Program has a system of General Supervision in place to ensure that IDEA Part C requirements are met. Components of this system include integrated monitoring activities; data on processes/results; SPP/APR; fiscal management; policies, procedures and practices for effective implementation; and improvement, correction, incentives, and sanctions. Mechanisms used to identify and verify correction of noncompliance and improve results include state monitoring; state database; dispute resolution; fiscal management; contract monitoring; technical assistance; as well as other mechanisms embedded in the General Supervision System. Each component of this system is an essential piece of general supervision, working together to create a comprehensive system overseeing compliance, results, and performance.

Standards: The SPP/APR Indicators are the foundation of compliance accountability for EIS Programs, reflecting Federal statutory priority areas related to the provision of early intervention services. The measurable and rigorous compliance and results targets establish standards for review of local programs. The Alaska EI/ILP Policies, Operations Manual, Database Manual, and guidance documents provide clear expectations for EI/ILP Programs regarding the implementation of high-quality, effective, evidence-based Part C services. These standards and the state's review of program performance on these standards work together to provide a complete picture of each program's performance.

Data: The Alaska EI/ILP web-based data system provides the EI/ILP state team with detailed information regarding every child in the EI/ILP system. Data is collected on referral/enrollment timelines, eligibility determination, IFSP services planned and delivered, child outcomes, and transition activities. All data required for SPP/APR, Child Count and Settings, and Exiting Data are collected in the data system. In addition, programs complete an annual Self-Assessment: Child Record Review in the data system, focused on both compliance and performance indicators. Data collected in the Data System and other performance monitoring processes inform all aspects of the General Supervision system.

Integrated Monitoring: The Alaska EI/ILP program utilizes an integrated monitoring process to assess each local EIS Program's level of compliance and results with the required SPP/APR indicators, IDEA performance indicators and state selected quality indicators. The components of integrated monitoring include:

1. Annual data review and verification: Within 30 days of the close of each fiscal year, local programs are required to enter and verify accuracy of every child data in the data system for the entirety of the fiscal year. A comprehensive data report is generated in the data system, documenting levels of program compliance with SPP/APR Indicators 1, 2, 7, 8A, 8B and 8C.
2. Program Self-Assessment: By June 15th of each fiscal year, local programs complete child record reviews in the data system for a randomly generated list of children. The number of records to be reviewed is based on program size. Programs evaluate child records on a list of IDEA performance indicators and additional select state quality and performance indicators in addition to the required SPP/APR compliance indicators.
3. Desk Audit: State staff analyze information to assess each local program's performance on monitoring indicators. Information reviewed includes data system reports, 618 data reports, annual self-assessment, family survey results, child outcome data, complaints (informal and formal), dispute data, previous monitoring reports including evidence of correction of noncompliance, and previous Corrective Action Plans.
4. Local Determinations: Information from the desk audit and information from fiscal monitoring is utilized to determine each local program's annual determination of compliance (local determination). Determinations are based on performance related to three elements: general requirements, compliance indicators, and results/quality indicators. Local determination categories include Meets Requirements; Needs Assistance; Needs Intervention; or Needs Substantial Intervention. Programs are informed of their local determination by formal letter. Programs may be required to complete Corrective Action Plan based on their annual determination of compliance.
5. Issuance of Findings: Noncompliance is identified for each compliance indicator where the program does not meet the target. Programs are issued a separate, formal letter of finding when noncompliance is identified, indicating that the noncompliance must be corrected as soon as possible, but no later than one year from the date of the letter. Findings may be issued as a result of a program's annual determination of compliance or at any time Alaska EI/ILP becomes aware of noncompliance.
6. Verification of Correction of Non-Compliance: A program is considered to have correction of noncompliance when a subsequent full quarter of data analyzed shows that the program is at 100% compliance for the indicator. To release the findings, each individual child finding must also be corrected – either due to receiving the service late or no longer being in the jurisdiction of the program.
7. On-Site Visits: Programs are selected for onsite monitoring based on the following criteria: history of longstanding noncompliance; history of low performance; new EIS Coordinator at prior low-performing or challenged agency; no onsite visit in the past 5 years. On-site visits focus on identified areas of need and are structured to uncover and provide technical assistance related to the underlying issues that contribute to programs' low performance and/or noncompliance.

Fiscal Monitoring and Enforcement: Each EIS Program submits a quarterly and annual financial report to the Alaska DOH, EI/ILP Coordinator's office

that must include information related to the EIS Program's State-approved budget; current quarter and cumulative expenditures; receipts to date; information by budget category; and separate reporting of the expenditure of Part C funds and other funds. If EIS Programs fail to complete required reports, the DOH may delay or withhold a percentage of an EIS Program's funds until all reports have been submitted and approved. EIS Programs receiving funds are required to conduct an audit based on DOH State regulation. The authority for the enforcement (i.e., use of sanctions, withholding of funds, injunctions, repayment of funds, etc.) imposed on EIS Programs is as follows: State and Federal law; DOH EI/ILP policies and procedures; and Intra- and interagency agreements. Programs are required to submit policies related to implementation of System of Payment (SOP) policies for state review and to monitor correct implementation of SOP as a component of Annual Program Self-Assessment.

Dispute Resolution: Alaska EI/ILP ensures implementation of the procedures for the timely administrative resolution of complaints through mediation, State complaint procedures, and due process hearing procedures, which are made available for disputes as defined in 34 CFR §303.431-8. In addition, the EI/ILP program began the tracking of informal complaints regarding concerns related to EI/ILP services. Upon receipt of an informal complaint, the complainant is informed of their rights under Alaska's Dispute Resolution policies and offered assistance in enacting those rights. Alaska EI/ILP staff will assist the complainant with formal or informal resolution of the complaint. Alaska EI/ILP will act upon any credible complaint by investigating the allegations and initiating required actions with the local EI/ILP program.

More information, including the State's EI/ILP Policies, Operations Manual, Monitoring Procedures Manual, Public Reporting by Region, and Family Outcomes can be found at: <https://health.alaska.gov/dsds/Pages/infantlearning/default.aspx>

Technical Assistance System:

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

Alaska's technical assistance system is designed to support identification of state and local challenges/strengths related to implementing IDEA. The goals of this system are high quality service delivery, prevention of non-compliance and timely identification and correction of non-compliance, and improved child and family outcomes. Alaska Part C EI/ILP Program Specialists (Health Program Manager 2), provide technical assistance (TA) to the 15 Local EI/ILP Programs.

Statewide Technical Assistance:

Monthly virtual and biennial in-person EI/ILP Coordinator meetings are hosted and recorded, exploring topics related to Part C requirements such as timely services, parental consent, System of Payment, 45-day timeline, transition, accurate and timely data. Other training topics may relate to the database use, systems improvements and training, eligibility and service guidelines updates, natural environment specifics, child outcome process improvement, local transition successes and challenges, maintaining highly qualified staff, fiscal system design and compliance data trends. Child Outcome Summary rating process, evidence-based practice, home visiting practices, effective transitions, or other service delivery practices. Information and resources are emailed to ILP Coordinators regularly, including webinar announcements and training resources to support program improvement. Part C staff provide written guidance to clarify procedural and service delivery requirements. Statewide training is available for ILP Program Coordinators and direct service providers.

Local Technical Assistance: TA staff meet with each program monthly by phone or videoconferencing to discuss program successes, challenges and needs, review and analyze program data and provide regulatory guidance when questions arise. They assist with the orientation of new program coordinators, support programs in implementing quality improvement plans and corrective action plans, and oversee program monitoring on the local level. Program Coordinators work with TA staff to ensure the quality and accuracy of quarterly data submittals, facilitate work with the grants and contracts unit, and plan for personnel development. In preparation for local determinations, TA staff work closely with programs to review and ensure accuracy of data in the state data system. Local EI/ILP providers are supported to implement recommended practices, identify internal quality assurance concerns, and utilize their program data to ensure IDEA compliance and improved child and family outcomes. TA staff provide training to ILP Coordinators on the ILP data system, data cleaning, and oversight of program data entry. TA staff will provide program-specific database training upon request. These trainings support programs in the submission of timely and accurate child data.

Targeted Technical Assistance: TA staff assist with the orientation of new program coordinators. When Local EI/ILP Programs have findings of noncompliance they complete and submit a corrective action plan, work closely with their Technical Assistant for support in implementing their corrective action plans. ILP Coordinators meet regularly with TA staff to complete activities identified on the plan. TA staff review evidence submitted by the program that demonstrates correction of noncompliance and ensure that findings of noncompliance are corrected within one year. TA staff support programs in ensuring that correction of noncompliance is corrected at a child level as soon as possible upon identification of noncompliance. Programs who have areas of need related to timely and accurate data will receive TA specific to their program's identified areas for data improvement.

Fiscal Technical Oversight: TA staff, along with administrators from the Grants and Contracts unit, provide technical assistance to programs on budgeting and budget revisions, quarterly and annual fiscal reports, billing and revenue reporting, project deliverables, correct use of Part C funds, audit requirements, and fulfillment of their contractual obligations. Programs are also given guidance in the allowable use of funds to ensure appropriate expenditures.

EI/ILP Committee Structure:

Part C staff coordinate an EI/ILP committee structure, which includes ILP Coordinators and other stakeholders to ensure effective continuous quality improvement in the EI/ILP system. Committees work to include representation of different sized programs, geographic locations and tenure in the state EI/ILP system (i.e., perspectives from both new and experienced staff). Current committees include Finance, Professional Development, Service Delivery, Policy, and Data. Three additional workgroups are currently meeting: Database, IFSP, and Low Incidence Disabilities. A Workgroup to oversee revisions to our System for Early Education and Development (SEED) system is currently forming. In addition, a member of each committee, along with state staff, form the Leadership committee. Individual committees give input on and complete activities related to their identified systems area and may make recommendations to the Leadership committee. The Leadership committee makes recommendations to the Part C Coordinator and state staff, who ultimately make decisions regarding program practices and policies.

Federal Technical Assistance:

Alaska Part C state staff also participate in specialized technical assistance projects and activities from national experts. Alaska has a standing TA meeting with Anne Lucas of ECTA/DaSy/CIFR, who facilitates our access to other Technical Assistants with expertise in specific aspects of IDEA implementation. Part C staff are active participants in a standing monthly meeting with OSEP, and regularly scheduled meetings with the DaSy Center, the ECTA Center, and ITCA as needed. Topics discussed in Federal meetings and webinars may be related to the SPP/APR and SSIP, Systems of Payment, Federal monitoring, and Child Outcome Summary ratings. This year Alaska staff participated in the ECPC Leadership Academy and the CIFR Fiscal Academy.

Professional Development System:

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

The Alaska EI/ILP system develops, implements, and maintains a comprehensive system of personnel development for early intervention practitioners, addressing both in-service and pre-service training, personnel qualifications, and recruitment and retention. This system includes the implementation of the Part C Credential and Alaska System for Early Education Development (SEED) Registry process to train Early Intervention Service Providers in the basic program requirements and ensure they are fully and appropriately qualified to provide early intervention services in the Part C Program. The EI/ILP Professional Development Coordinator works with the Professional Development committee to support personnel development activities, including:

Part C Credential Modules:

Providers must complete the Part C Credential within 6 months of hire. The credential is a multi-step process and includes online learning modules, a study guide and demonstration of nine competencies. There are three salient aspects of the Part C Credential: knowledge, understanding and skills. To address the knowledge component, the nine online modules contain general information about early intervention practices in Alaska, approaches to working with families, and a detailed explanation of the Early Intervention process. The first four modules cover general topics in the field, modules five through nine address procedures and processes while working with family. Understanding is evaluated through successful completion of evaluations scored in the online system. Once the online modules are completed with passing grades, a highly qualified supervisor must sign off on the provider's competency in each of the nine areas, as well as review a completed IFSP and two visit notes for quality. Upon completion of these steps, with supervisor recommendation, Alaska will award the candidate a Part C Credential.

SEED Registry:

Providers must register with the Alaska System for Early Education Development (SEED) Registry, within 30 days of hire. They can be assigned a provisional Early Intervention credential while completing the Part C Competency modules. The SEED career ladder provides a list of accepted education and credentials for each SEED level which then correlates to the EI/ILP Roles and Responsibilities chart, which describe the activities that provider is authorized to provide within the Part C System.

Child Outcome Summary Process Modules:

Alaska has integrated the ECTA Center and DaSy Center COS Process online learning module into our Learning Management System (LMS). This provides key information about the COS process, and the practices that contribute to consistent and meaningful COS decision-making. Over the course of multiple sessions, participants learn about the following topics: Why child outcomes data are collected; The key features of the COS process; The essential knowledge needed to complete the COS process; How the three child outcomes are measured through the process; How to identify accurate COS ratings using a team-based process; The importance of comparing children's current functional performance to age-expected functioning; When and how to measure progress in the three child outcome areas; and how to document ratings and evidence to support those ratings in COS documentation. Alaska is currently participating as an Early Adopter in the COS: Knowledge Check project through the ECTA and DaSy Centers.

Ongoing Evidence Based Practice Training:

These trainings expand access to providers through related disciplines being provided access to a variety of in-service and/or certification training opportunities necessary to maintain their licensure, topics of interest among providers and their connection to Part C competencies to support additional trainings, ongoing participation in collaborative planning efforts with partner programs and parents in an effort to support cross-sector professional development and developing reflective supervision activities in Alaska EI/ILP.

Pre-service training:

These trainings expand access to a variety of in-service and/or certification training opportunities to assist providers in maintaining their licensure and/or professional accreditations. The evidenced based practice trainings topics are selected based on provider interest, their connection to Part C competencies and SSIP activities, in collaboration with partner programs and parents in an effort to support cross-sector professional development as well as developing reflective supervision activities in Alaska ILP.

Statewide training and conferences:

The EI/ILP Program partners with other providers in the state to provide training and conferences for attendees across service delivery systems. Examples this year included the annual Infant Early Childhood Mental Health Conference, and a Virtual Home Visiting Conference (with MIECVH and Parents as Teachers). Statewide training and conferences are designed to support SSIP goals.

Stakeholder Engagement:

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

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). Throughout this fiscal year, EI/ILP worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyze regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. State training and meetings with stakeholders focused on providing foundational knowledge of Part C regulations, compliance, and results, in order to support participants in understanding and engaging in decision-making. During meetings with stakeholders, we presented information on data. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps chosen with stakeholders as partners in decision-making.

During this fiscal year, the following community partner organizations participated in ongoing meetings: Governor's Council on Disabilities and Special Education (GCDSE); Part C Interagency Coordinating Council (ICC); Local EI/ILP Program Providers; Alaska Infant Learning Program Association (AILPA); Department of Education and Early Development Part B 619 (DEED); Alaska Early Childhood Coordinating Council (AECCC); Alaska Mental Health Trust Authority (AMHTA); Universal Developmental Screening Advisory Committee (UDSAC).

In addition to these ongoing collaborative meetings, specific stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated and assisted EI/ILP in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, trends over time, and gave clear information about whether targets were met and shared that there was no slippage in Indicators this year. Indicators where targets were not met and/or where slippage occurred were discussed in greater depth, and decisions made about next steps to address slippage. Participants asked clarifying questions and provided information on community factors which may have impacted results. Specific meetings held to discuss this fiscal year's SPP/APR and SSIP included: ICC Leadership Team; ICC Finance Subcommittee; EI/ILP Data Committee meeting; Public stakeholder meeting via Zoom; EI/ILP Coordinators and Leadership Team meeting; Division of Senior and Disabilities Services leadership meeting.

Representation on the ICC includes stakeholders from the close community partners listed above, as well as: Parents of children who experience disabilities; Self-advocates; Early Intervention Service Providers; State legislator; Senior and Disabilities Services, Disability Law Center of Alaska; Stone Soup Group Parent Training and Information Center (SSG); LINKS Mat-Su Community Parent Resource Center; Private practice service providers; Early Hearing Detection and Intervention Program; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Division of Behavioral Health; University of Alaska; Public Health; Child Protection; DEED 619 Coordinator; Medicaid; Health Insurance; Head Start.

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

YES

Number of Parent Members:

13

Parent Members Engagement:

Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

The Alaska Part C Program used a variety of mechanisms to reach out to and engage parent stakeholders in setting targets, analyzing data, developing improvement strategies' and evaluating progress this fiscal year. Online stakeholder meetings continue to be the best way to engage stakeholders in our extremely rural state. Alaska hosted two public stakeholder meetings designed to fit the needs of parents and community members who may not be familiar with SPP/APR and SSIP terminology and content. The EI/ILP State staff were introduced, system described, and links made to local EI/ILP Programs which would be familiar to parents. The presentation defined acronyms and terminology, and presented data in straightforward, manageable sections which were easy to follow. The meeting facilitators actively solicited questions and comments, both verbally and in the chat. Links were provided for more information, including previous SPP/APR and SSIP reporting, and contact information was provided for follow up discussions or private comments.

Also in attendance at the public stakeholder meetings were representatives from the Interagency Coordinating Council, the Governor's Council on Disabilities and Special Education, and other partner groups. These two groups have members who are parents of children with disabilities who previously or currently access EI/ILP services. Included as members of these committees are staff from Stone Soup Group Parent Training and Information Center (SSG), LINKS Mat-Su Community Parent Resource Center, and the Disability Law Center of Alaska. Several of these program staff are parents of children who experience disabilities. Staff from these parent centers work closely with parents of children who experience disabilities around the state and support parents to advocate and find solutions to challenges within state service systems. They are tuned in to the specific concerns and needs of parents in our state.

Throughout the year, parent members of the ICC are included in ICC meetings in which we discuss and solicit feedback on decisions related to the operation of the ILP program. ILP presents data and information related to the ILP system and current issues that it faces. ICC members use their experience as parents of children with disabilities and participants in ILP, as well as knowledge they bring from other aspects of their lives, to provide an important and unique perspective on ILP decisions.

Activities to Improve Outcomes for Children with Disabilities:

Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.

Alaska works with community partners and local EI/ILP Programs to engage with families who currently or previously have received services from ILP, to encourage families to participate in activities designed to improve outcomes for infants and toddlers with disabilities and their families. We have worked to strengthen our relationship with our partner at the Parent Information and Training Center (Stone Soup Group) by participating in community events and training opportunities focused on connecting parents with community resources, including Part C services. Through this work, we are connecting with more parents of children with disabilities and building an understanding of their knowledge of the EI/ILP Program. We have developed a plan for quarterly virtual meetings of ILP parent, to be provided through this agency partnership. By offering these in a virtual manner, we can support participation of families from all areas of our rural state.

Local Early Intervention/Infant Learning Programs (EI/ILP) often have the best opportunities to successfully engage families in opportunities to participate in activities designed to improve outcomes for infants and toddlers with disabilities and their families. Local programs often offer playgroups and training for enrolled families. Through these relationships, local programs invite and encourage families to attend stakeholder engagement opportunities offered by the state ILP office. We are working with local programs to increase our connection with families. Working with local programs to expand their awareness of the importance of diversity is an important step in increasing our ability to connect with diverse groups. During this fiscal period, we hosted a Statewide ILP Conference with an emphasis on Diversity, Equity, and Inclusion in Part C. In addition, local programs assist the Part C Interagency Coordinating Council (ICC) in recruiting members.

The Governor's Council on Disabilities and Special Education (GCDSE), which houses the ICC in Alaska, has initiated activities to gather more information about the representativeness of members of the ICC. Information collected through voluntary survey will assist the ICC in targeting recruitment of members who are representative of diverse racial and ethnic groups, regions, communities, and other groups in our state. All required positions are filled on the ICC. An ICC member orientation has been developed and conducted to ensure that new members have foundational understanding of EI/ILP that supports their participation in activities designed to improve outcomes for infants and toddlers with disabilities and their families.

Soliciting Public Input:

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

Alaska uses a variety of strategies to solicit public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress. These include regular monthly meetings with community partners throughout the year to collaborate on related activities, monthly meetings with EI/ILP Data, Finance, Service Delivery, Policy, and Professional Development committees, and quarterly EI/ILP Leadership committee meetings. Specific public input was solicited at the meetings of the Interagency Coordinating Council. Additional public stakeholder meetings were held with broad representation from community partners, parents and EI/ILP service providers. EI/ILP leadership solicited input from Senior and Disabilities Services leadership. The draft SPP/APR and SSIP was distributed for review and feedback to the EI/ILP Leadership team in January, along with the Interagency Coordinating Council and SDS Leadership.

Making Results Available to the Public:

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

The final submitted SPP/APR, including the SSIP, are made available to the public and to OSEP on the EI/ILP website after the submission due date of February 1, for review by OSEP, the public and stakeholders. In addition, updates to the SSIP Theory of Action, Logic Model and Action Plan are made available for public review on the EI/ILP website. The SSIP Action Plan outlines the SSIP Leadership Team, the State Identified Measurable Result Statement, SSIP Improvement Strategies, identification of Infrastructure and/or practice strategies, intended outcomes, improvement plan activities, and evaluation of both improvement strategies and intended outcomes.

Reporting to the Public:

How and where the State reported to the public on the FFY 2021 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2021 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2021 APR in 2023, is available.

A complete copy of the State's findings regarding the performance of each EIS program and the targets in the SPP/APR can be found at the following website: <http://DOH.alaska.gov/dsds/Pages/infantlearning/reports/default.aspx>. In addition to the target outcomes, the State reports the results of the child and family outcomes surveys, federal and state updates and operations manuals.

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	84.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	100.00%	99.47%	100.00%	100.00%	98.18%

Targets

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

FFY 2022 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,099	1,270	98.18%	100%	98.82%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

156

Provide reasons for delay, if applicable.

156 children had documented delays attributed to exceptional family circumstances. Review of these child records shows that exceptional family circumstances included the family exiting the program before the service start date, the family not attending a scheduled visit, cancelling a visit, or choosing not to schedule a visit for the service prior to the service start date. These circumstances were due to family schedules, travel, illness, preferences, or other reasons related to the family. These family circumstances are documented in notes in the statewide ILP data system and in the child record.

15 children had late start of services due to provider issues which were not related to exceptional family circumstances. Reasons visits were late: (1) weather related flight cancellations, (2) scheduling difficulties between family and provider, (2) provider emergencies, (2) start date for services was recorded as date IFSP was developed, (5) itinerant provider scheduling changes, (2) other provider related issues.

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 data compiled for Indicator 1 reflects the actual number of days between the date the IFSP was signed and when the first day of services began. Alaska's criteria for "timely receipt of early intervention services" is intended to reflect the requirement that all IFSP services are started before or on the IFSP service start date listed within the IFSP.

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

State database

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

July 1, 2022 to June 30, 2023

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

Indicator 1 data is collected through the use of a database, in which all data is entered regarding children referred and enrolled into agencies under the Part C Program. Each IFSP is entered for each enrolled child, indicating the start and end date of each service, and each service delivered is entered into the state data system to demonstrate timely provision of the service.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
6	6		0

FFY 2021 Findings of Noncompliance Verified as Corrected

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

Six programs had instances of noncompliance on this indicator- timely start of services and were issued a letter of finding requiring correction of noncompliance as soon as possible but no later than one year from the date of the finding. Corrective activities were required in accordance with our General Supervision policies, including completion of a Corrective Action Plan when appropriate. All programs with findings received targeted Technical Assistance to ensure that the ILP Coordinator and program staff understand that services must be provided by the date listed on the IFSP, have program procedures in place to support this, and are successfully starting IFSP services by the date listed on the IFSP.

To verify that each program is correctly providing timely start of services, the TA staff and Data Manager conducted a quarterly review of data system reports that compare the start date of the service on the IFSP with the date the service was first provided. Programs are considered to be correctly implementing the regulatory requirements related to timely start of services when they demonstrate that every child with a new service start date in a subsequent quarter has received that service by the date listed on the IFSP. After it was found that a program had reached 100% compliance in a subsequent quarter and that compliance was corrected for each previously non-compliant child, the program was identified as having suitably addressed their non-compliance for the indicator. All programs made corrections within the 365-day timeline, including the State's verification of correction, and met requirements for timely correction.

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

The Alaska Part C office completed a review of correction of noncompliance related to timely start of services for each of the 20 individual instances of non-compliance identified. To verify that each child who did not have timely start of services was corrected, the TA staff and Data Manager reviewed the database record for the child, requested additional information from the program if needed, and checked the records to ensure that the child had either received the services listed on the IFSP, although late, or had exited and was no longer in the jurisdiction of the program. In 17 instances, the IFSP service was not provided by the date listed on the IFSP but was completed late. In 3 instances, the IFSP service was not provided before the child exited and was out of the jurisdiction of the program. Each of these 20 children was considered to be corrected.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

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

1 - Prior FFY Required Actions

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

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

Response to actions required in FFY 2021 SPP/APR

A description of noncompliance and timely correction of these findings are described above in the section: Correction of Findings of Noncompliance Identified in FFY 2021.

1 - OSEP Response

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	94.50%

FFY	2017	2018	2019	2020	2021
Target >=	97.00%	97.00%	97.00%	97.00%	97.00%
Data	99.07%	99.53%	99.46%	99.88%	99.32%

Targets

FFY	2022	2023	2024	2025
Target >=	97.00%	97.00%	97.00%	97.00%

Targets: Description of Stakeholder Input

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). Throughout this fiscal year, EI/ILP worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyze regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. State training and meetings with stakeholders focused on providing foundational knowledge of Part C regulations, compliance, and results, in order to support participants in understanding and engaging in decision-making. During meetings with stakeholders, we presented information on data. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps chosen with stakeholders as partners in decision-making.

During this fiscal year, the following community partner organizations participated in ongoing meetings: Governor's Council on Disabilities and Special Education (GCDSE); Part C Interagency Coordinating Council (ICC); Local EI/ILP Program Providers; Alaska Infant Learning Program Association (AILPA); Department of Education and Early Development Part B 619 (DEED); Alaska Early Childhood Coordinating Council (AECCC); Alaska Mental Health Trust Authority (AMHTA); Universal Developmental Screening Advisory Committee (UDSAC).

In addition to these ongoing collaborative meetings, specific stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated and assisted EI/ILP in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, trends over time, and gave clear information about whether targets were met and shared that there was no slippage in Indicators this year. Indicators where targets were not met and/or where slippage occurred were discussed in greater depth, and decisions made about next steps to address slippage. Participants asked clarifying questions and provided information on community factors which may have impacted results. Specific meetings held to discuss this fiscal year's SPP/APR and SSIP included: ICC Leadership Team; ICC Finance Subcommittee; EI/ILP Data Committee meeting; Public stakeholder meeting via Zoom; EI/ILP Coordinators and Leadership Team meeting; Division of Senior and Disabilities Services leadership meeting.

Representation on the ICC includes stakeholders from the close community partners listed above, as well as: Parents of children who experience disabilities; Self-advocates; Early Intervention Service Providers; State legislator; Senior and Disabilities Services, Disability Law Center of Alaska; Stone Soup Group Parent Training and Information Center (SSG); LINKS Mat-Su Community Parent Resource Center; Private practice service providers; Early Hearing Detection and Intervention Program; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Division of Behavioral Health; University of Alaska; Public Health; Child Protection; DEED 619 Coordinator; Medicaid; Health Insurance; Head Start.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	872
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Total number of infants and toddlers with IFSPs	877

FFY 2022 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
872	877	99.32%	97.00%	99.43%	Met target	No Slippage

Provide additional information about this indicator (optional).

5 children received services in "Other" settings. For each child, this setting was the ILP program facility, in a playroom setting. This setting was selected by the IFSP team, including the parents, as the best setting for the child to make progress in meeting the established IFSP goals.

2 - Prior FFY Required Actions

None

2 - OSEP Response**2 - Required Actions**

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). Throughout this fiscal year, EI/ILP worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyze regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. State training and meetings with stakeholders focused on providing foundational knowledge of Part C regulations, compliance, and results, in order to support participants in understanding and engaging in decision-making. During meetings with stakeholders, we presented information on data. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps chosen with stakeholders as partners in decision-making.

During this fiscal year, the following community partner organizations participated in ongoing meetings: Governor's Council on Disabilities and Special Education (GCDSE); Part C Interagency Coordinating Council (ICC); Local EI/ILP Program Providers; Alaska Infant Learning Program Association (AILPA); Department of Education and Early Development Part B 619 (DEED); Alaska Early Childhood Coordinating Council (AECCC); Alaska Mental Health Trust Authority (AMHTA); Universal Developmental Screening Advisory Committee (UDSAC).

In addition to these ongoing collaborative meetings, specific stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated and assisted EI/ILP in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, trends over time, and gave clear information about whether targets were met and shared that there was no slippage in Indicators this year. Indicators where targets were not met and/or where slippage occurred were discussed in greater depth, and decisions made about next steps to address slippage. Participants asked clarifying questions and provided information on community factors which may have impacted results. Specific meetings held to discuss this fiscal year's SPP/APR and SSIP included: ICC Leadership Team; ICC Finance Subcommittee; EI/ILP Data Committee meeting; Public stakeholder meeting via Zoom; EI/ILP Coordinators and Leadership Team meeting; Division of Senior and Disabilities Services leadership meeting.

Representation on the ICC includes stakeholders from the close community partners listed above, as well as: Parents of children who experience disabilities; Self-advocates; Early Intervention Service Providers; State legislator; Senior and Disabilities Services, Disability Law Center of Alaska; Stone Soup Group Parent Training and Information Center (SSG); LINKS Mat-Su Community Parent Resource Center; Private practice service providers; Early Hearing Detection and Intervention Program; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Division of Behavioral Health; University of Alaska; Public Health; Child Protection; DEED 619 Coordinator; Medicaid; Health Insurance; Head Start.

Historical Data

Outcome	Baseline	FFY	2017	2018	2019	2020	2021
A1	2019	Target>=	65.14%	65.20%	65.10%	52.61%	53.53%
A1	51.69%	Data	55.40%	Not Valid and Reliable	51.69%	56.57%	57.57%
A2	2019	Target>=	57.00%	59.00%	54.00%	40.80%	41.60%
A2	40.00%	Data	52.96%	Not Valid and Reliable	40.00%	44.76%	40.21%
B1	2019	Target>=	75.00%	79.00%	67.40%	55.87%	56.71%
B1	55.02%	Data	58.33%	Not Valid and Reliable	55.02%	59.10%	63.41%
B2	2019	Target>=	59.00%	62.00%	54.00%	29.91%	30.67%
B2	29.15%	Data	38.24%	Not Valid and Reliable	29.15%	35.45%	32.16%
C1	2019	Target>=	74.00%	75.00%	67.90%	62.15%	63.00%
C1	61.30%	Data	64.81%	Not Valid and Reliable	61.30%	62.62%	63.07%
C2	2019	Target>=	54.50%	56.00%	48.90%	43.77%	44.57%
C2	42.96%	Data	53.30%	Not Valid and Reliable	42.96%	44.56%	38.56%

Targets

FFY	2022	2023	2024	2025
Target A1>=	54.45%	55.36%	56.28%	57.20%

Target A2>=	42.40%	43.20%	44.00%	44.80%
Target B1>=	57.56%	58.41%	59.25%	60.10%
Target B2>=	31.43%	32.18%	32.94%	33.70%
Target C1>=	63.85%	64.70%	65.55%	66.40%
Target C2>=	45.38%	46.19%	46.99%	47.80%

Number of infants and toddlers with IFSPs assessed

517

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	1	0.19%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	150	29.01%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	131	25.34%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	154	29.79%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	81	15.67%

Outcome A	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	285	436	57.57%	54.45%	65.37%	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	235	517	40.21%	42.40%	45.45%	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	1	0.19%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	154	29.79%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	186	35.98%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	140	27.08%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	36	6.96%

Outcome B	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who	326	481	63.41%	57.56%	67.78%	Met target	No Slippage

Outcome B	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
substantially increased their rate of growth by the time they turned 3 years of age or exited the program							
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	176	517	32.16%	31.43%	34.04%	Met target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	2	0.39%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	144	27.85%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	150	29.01%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	173	33.46%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	48	9.28%

Outcome C	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	323	469	63.07%	63.85%	68.87%	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	221	517	38.56%	45.38%	42.75%	Did not meet target	No Slippage

FFY 2022 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	897
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.	243
Number of infants and toddlers with IFSPs assessed	517

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

The Alaska Part C System utilizes the ECO Center COS process, collecting COS information the 15 Local Early Intervention programs. Local programs submit demographic and assessment information at child entry and exit in the ILP Database. The COS is a standardized method of reporting a child's developmental status using the seven-point COS rating scale. Every child is rated on each of the three child outcome functional areas using the COS seven-point rating scale.

Multiple sources of information, such as assessments, IFSPs, and parent input are collected to help determine the child's functioning across the three outcomes to determine the COS ratings. The following domains must be assessed using a state-approved anchor tool in the evaluation of child outcomes upon entry and exit: adaptive, cognitive, expressive, fine motor, gross motor, receptive and social emotional. These Anchor Tools were selected by the Personnel Development Committee based on characteristics which support the age-anchoring component of the COS rating process. Approved Anchor tools include: Assessment, Evaluation and Programming System (AEPS), Carolina Curriculum for Infants and Toddlers with Special Needs, Hawaii Early Learning Profile, Infant Toddler Developmental Assessment, Oregon Project, The Ounce Scale, Transdisciplinary Play Based Assessment (TPBA2).

Additional tools commonly used in Alaska to support understanding of COS Ratings include: Batelle Development Inventory (BDI), Bayley (BSID-III), Brigance Inventory of Early Development, Child Behavior Checklist, Child Development Inventory (CDI), Early Intervention Developmental Profile, Early Learning Accomplishment Profile (ELAP), Koontz Child Development Program, Vineland Adaptive Behavior Scales and Walker Problem Behavior Identification Checklist. Beyond the use of standard evaluation tools specific to each licensed professional, informed clinical judgment is one of several key principles employed for determining functional levels and, therefore, child progress/outcomes. EI/ILP Providers also use formal assessment techniques and instruments, direct informal observations of the child, review of all pertinent records and parent/caregiver interview or discussion.

Impact measurement is based upon the child's progress by comparing his/her developmental status between the entry (collected within 90 days of the referral date or at 6 months of age, whichever is later) and the exit ratings (collected within 90 days prior or after the exit date and after at least six months of continuous service). Rating differences between the two data points measure change or progress. In completing the exit rating, the rating team not only rates the child on the seven-point rating scale, but also answer the question with a "yes" or "no" about whether the child acquired any new skills or behaviors. Entry ratings, exit ratings, and answers to the "new skill" questions are all required. If the child's record is missing any of this information, the progress category data and results will not be available for this child. Using the Early Childhood Outcomes (ECO) Center Calculator, progress for each child is then converted into one of the five OSEP categories (A-E), indicating the degree to which the child's status has changed between the time he or she entered and exited EI/ILP.

Provide additional information about this indicator (optional).

Alaska participated this year as an "Early Adopter" of the COS Knowledge Check developed by the ECTA Center and DaSy Center. All ILP program providers in the state who had previously completed the COS Process Modules were required to take and pass the COS Knowledge Check. In addition, COS Process Modules has been integrated into our Learning Management System. Each provider who participates in COS ratings is required to take the modules. After completion of the COS Process Modules, they are required to pass the COS Knowledge Check.

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 and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2017	2018	2019	2020	2021
A	2006	Target>=	100.00%	100.00%	100.00%	100.00%	100.00%
A	92.00%	Data	91.57%	91.78%	91.25%	91.14%	89.09%
B	2006	Target>=	97.50%	98.00%	98.00%	98.00%	98.00%
B	97.00%	Data	92.77%	90.41%	93.75%	92.41%	90.91%
C	2006	Target>=	95.75%	96.25%	96.25%	96.25%	96.25%
C	96.00%	Data	95.18%	90.41%	90.00%	92.41%	90.91%

Targets

FFY	2022	2023	2024	2025
Target A>=	100.00%	100.00%	100.00%	100.00%
Target B>=	98.00%	98.00%	98.00%	98.00%
Target C>=	96.25%	96.25%	96.25%	96.25%

Targets: Description of Stakeholder Input

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). Throughout this fiscal year, EI/ILP worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyze regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. State training and meetings with stakeholders focused on providing foundational knowledge of Part C regulations, compliance, and results, in order to support participants in understanding and engaging in decision-making. During meetings with stakeholders, we presented information on data. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps chosen with stakeholders as partners in decision-making.

During this fiscal year, the following community partner organizations participated in ongoing meetings: Governor’s Council on Disabilities and Special Education (GCDSE); Part C Interagency Coordinating Council (ICC); Local EI/ILP Program Providers; Alaska Infant Learning Program Association (AILPA); Department of Education and Early Development Part B 619 (DEED); Alaska Early Childhood Coordinating Council (AECCC); Alaska Mental Health Trust Authority (AMHTA); Universal Developmental Screening Advisory Committee (UDSAC).

In addition to these ongoing collaborative meetings, specific stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated and assisted EI/ILP in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, trends over time, and gave clear information about whether targets were met and shared that there was no slippage in Indicators this year. Indicators where targets were not met and/or where slippage occurred were discussed in greater depth, and decisions made about next steps to address slippage. Participants asked clarifying questions and provided information on community factors which may have impacted results. Specific meetings held to discuss this fiscal year’s SPP/APR and SSIP included: ICC Leadership Team; ICC Finance Subcommittee; EI/ILP Data Committee meeting; Public stakeholder meeting via Zoom; EI/ILP Coordinators and Leadership Team meeting; Division of Senior and Disabilities Services leadership meeting.

Representation on the ICC includes stakeholders from the close community partners listed above, as well as: Parents of children who experience disabilities; Self-advocates; Early Intervention Service Providers; State legislator; Senior and Disabilities Services, Disability Law Center of Alaska; Stone Soup Group Parent Training and Information Center (SSG); LINKS Mat-Su Community Parent Resource Center; Private practice service providers; Early Hearing Detection and Intervention Program; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Division of Behavioral Health; University of Alaska; Public Health; Child Protection; DEED 619 Coordinator; Medicaid; Health Insurance; Head Start.

FFY 2022 SPP/APR Data

The number of families to whom surveys were distributed	126
Number of respondent families participating in Part C	50
Survey Response Rate	39.68%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	45
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	48
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	46
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children’s needs	48
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	46
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	48

Measure	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	89.09%	100.00%	93.75%	Did not meet target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family	90.91%	98.00%	95.83%	Did not meet target	No Slippage

Measure	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
effectively communicate their children's needs (B1 divided by B2)					
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)	90.91%	96.25%	95.83%	Did not meet target	No Slippage

Sampling Question	Yes / No
Was sampling used?	YES
If yes, has your previously approved sampling plan changed?	NO

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

Alaska works with a third-party evaluator, the University of Alaska Anchorage Center for Human Development (CHD) to design and implement the family outcomes survey. The methodology selected is a cross-sectional study design with a randomly distributed questionnaire. Participant selection and survey procedures are designed and analyzed to ensure that the survey will yield valid and reliable results. Alaska has worked hard to ensure that our sampling plan is responsive to OSEP's requirements. We submitted our sampling plan in April 2022 and received feedback in February 2023. Alaska refined the sampling plan based on that feedback and resubmitted to OSEP in April 2023. We received feedback on that sampling plan in December 2023 and look forward to improving our sampling methodology in future survey cycles.

Participants & Selection Procedures:

To be eligible for the survey, families needed to have at least one child eligible for Part C services enrolled during the previous calendar year for at least 6 months duration. Data about potentially eligible children and families is pulled from the Alaska ILP statewide database. Families are removed from the population if there is insufficient information to send them a survey packet by mail. This includes families with no address, families without enough of an address to be recognized by the USPS, and families whose only address is a child protection office. Deliverable mail serves as informed consent, as well as providing an opportunity to respond by mail or online. The eligible population for the 2023 survey consisted of 735 children in 708 families.

A target group comprised of 126 families was randomly selected from eligible families to receive the survey by mail. Random numbers are assigned to all families in the eligible population. In order to stratify by geography and by race of children, families are sorted by ILP grantees and again by up to 6 race categories. Within each resulting ILP/race category, the 20% of families with the highest random numbers are selected.

Children with any Alaska Native heritage are defined as "Alaska Native" for stratification and analyses by race. Children with multiple races are defined as the race that is noted in addition to Caucasian/White (e.g., for a child with race= Bi-racial with multirace= Black/African American + White/Caucasian the child would be recoded as "Black/African" for the purpose of stratification).

Small differences in demographic proportions between the eligible population and the selected target group are most likely an artifact of selection procedures that avoided systematically excluding families in low incidence race categories or with missing race data. Specifically, in the 2023 eligible population, there were eleven ILP areas where race/ethnic categories had less than two families, failing to meet a minimum threshold to include one family of that race/ethnicity in the target group. As much as possible, these families were grouped together within each respective ILP service area, and the 20% with the highest random numbers were selected into the target group.

Survey Procedures:

A third-party evaluator, the University of Alaska Anchorage (UAA) Center for Human Development (CHD), is contracted to implement the Family Outcomes Survey. Survey packets containing an invitational letter, the survey instrument, and a postage-paid return envelope were mailed to the selected target group families on April 3, 2023. A reminder postcard containing a QR code and weblink was mailed on April 18, 2023. The information letter, survey, and an envelope was mailed out to those who had not completed the survey on May 19, 2023

The invitational letter introduces the survey and invites families to complete it by mail, online, or by using a toll-free phone number, and informs them a CHD evaluator will call if a survey is not yet completed.

When an evaluator reaches families by phone, caregivers are invited to complete the survey over the phone. Requests to call at another time, opt out, or send information in the mail or via email are honored with courtesy. Having a working phone number is not required for inclusion in the target group.

As the survey deadline approached, a reminder email with the online survey link and unique participant identifier was sent to any remaining non-responders in the target group. Emails were sent on April 25, 2023, May 31, 2023, and June 12, 2023.

The survey was closed on June 19, 2023.

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO
The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.	YES

Response Rate

FFY	2021	2022

Survey Response Rate	40.29%	39.68%
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Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).

Alaska considers many factors in determining the representativeness of the responders to the target group, including geographic location (dividing the state into 4 regions), urban/rural, race/ethnicity, and age of the infant or toddler. As described in our sampling methodology above, we have a rigorous process to generate a sample that is representative of the children enrolled in the ILP program, incorporating many of these factors. In determining the representativeness of the responders compared to the target group, each of these factors can be considered separately, then we must determine whether, taken as a whole, the responders are representative of the target group.

In order to determine the representativeness of the proportion of responders compared to the target group for the factor of race/ethnicity, Alaska utilized the ECTA Center Response Rate and Representativeness Calculator. This calculator uses statistical formula to determine if the overall distribution of surveys responses across subgroups is similar to the distribution of those subgroups in the target population, or whether those groups should be considered different from each other. Specifically, the calculator uses an accepted formula (Chi-square test) to evaluate the statistical significance of the overall table. If this overall test shows no significant difference, the data are representative of the population. If the overall test shows a significant difference, the calculator then uses an accepted formula (z test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon the 90% confidence intervals for each indicator (significance level = 0.10). It displays Yes/No results documenting whether your data is representative. If data is not representative overall, it displays specific data on the representativeness of subgroups in the report. <https://ectacenter.org/eco/pages/familyoutcomes-calc.asp>

The representativeness of other factors, including geographic location, urban/rural, and age of children were all evaluated for representativeness based on percentage of responses by considering a generally accepted +/- 3% discrepancy.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State. States must include race/ethnicity in their analysis. In addition, the State's analysis must include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another category approved through the stakeholder input process.

Summary of Response Characteristics Comparing respondents (n=50) to children enrolled in the Part C Program in total survey group (n=726).

Race/Ethnicity: Children with American Indian/Alaska Native heritage (as a single race or one of two or more races) accounted for 14 children (28%). White as a single race accounted for 24 children (48%). Together this was most of the children in the responding sample of families: 38 of 50 children, or 76%. The proportion of children with American Indian/Alaska Native heritage in responding families (28%) compared to the target families (24.6%); it was also larger than the proportion of those reporting American Indian/Alaska Native heritage among eligible families (16.2%). The proportion of children with white as a single race in responding families (48%) compared to 41.3% of target and 33.1% of eligible families. American Indian/Alaska Native children were not under-represented in the responding sample. No race was available for 41.8% of the eligible population*. Race/ethnicity of the survey respondents, the families who received surveys, and the families who were in the survey group were analyzed for representativeness using the ECTA Center Response Rate and Representativeness Calculator and the respondents were determined to be representative.

Geographic location: The largest proportion of responses came from the Anchorage region and the smallest from the Southeast region. The highest response rate was in the Northern region (44%), followed closely by the Southeast region (41%). The Anchorage region had a response rate of 38% and the Southcentral region had the lowest response rate of 33%. Geographic location of the survey respondents, and the families who were in the survey group were analyzed for representativeness by considering a +/- 3% discrepancy rate and the respondents were determined to be representative.

Northern Region Respondents: 28%; Total: 25%
 Anchorage Region Respondents: 36%; Total:38%
 Southcentral Region Respondents: 18%; Total: 19%
 Southeast Region Respondents: 18%; Total: 17%

Urban/Rural: Within ILP regions and sometimes within grantee service areas, both urban and rural populations are served. If children in families with mailing addresses in Anchorage, Eagle River, Fairbanks, and Juneau are defined as more urban, 65.9% in the responding sample were more urban and the remaining 34.1% more rural. This was very close to the urban/rural proportions in the target group, and compares to 64.1% urban, 35.9% rural in the eligible population. There was very little difference in response rates based on urban/rural residence. Urban/rural residence of the survey respondents, and the families who were in the survey group were analyzed for representativeness by considering a +/- 3% discrepancy rate and the respondents were determined to be representative.

Urban Respondents: 65.9%; Total: 64.5%
 Rural Respondents: 34.1%; Total: 35.5%

Age of children:

The average age of children at the time of the 2023 survey was 27.27 months for the eligible population, 27.92 months for the target population and 27.80 months for the responding population. All families included in the 2023 survey had one or more children enrolled in an ILP and qualified for Part C services. Geographic location of the survey respondents, and the families who were in the survey group were analyzed for representativeness by considering a +/- 3% discrepancy rate and the respondents were determined to be representative.

Child Age of Respondents: 27.8 months; Total: 27.27 months

Summary of Respondent Characteristics:

Based on the data collected by the Alaska ILP, characteristics of children were representative across responding families, the selected target group, and the total eligible population.

*Due to the ILP database issues in relation to the timing of the sampling, a high percentage of the respondents did not have race/ethnicity data available.

The demographics of the parents responding are representative of the demographics of children receiving special education services.

(yes/no)

YES

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

EI/ILP and the CHD continually update survey methodologies to increase response rates for groups who may be underrepresented. One strategy implemented in recent years is making online responses available for the survey. Many families requested survey links to be completed online. We are exploring texting the survey link to families. An important strategy to increase response rates, especially for families who move around the state more frequently, and may be underrepresented, is to increase our efforts to ensure that local programs have updated contact information in the ILP Database in the month prior to generating the contact list. This effort is continuing each December as the sample list is prepared. We have also considered the date of distribution of surveys in considerations of subsistence activities in rural parts of our state.

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

Alaska takes a number of steps to mitigate nonresponse bias and promote survey responses from a broad cross-section of families who have received EI/ILP services. The survey sample is carefully designed to ensure representative sampling from across the regions of the state and racial/ethnic groups. Survey response strategies include providing multiple methods for distributing and returning the survey, including paper or online and conducting follow up with phone calls to gather survey information. These strategies are designed to increase representation from all areas of Alaska. As Part C staff work with the Center for Human Development (CHD) to review and possibly update the family survey tool and process, continued attention will be given to addressing potential nonresponse bias and strategies to promote equitable survey access and response rates from the full cross-section of families served.

In analyzing the 2023 Family Outcome Survey results, CHD reviewed characteristics of both respondents and non-respondents.

Within ILP regions and sometimes within grantee service areas, both urban and rural populations are served. If children in families with mailing addresses in Anchorage, Eagle River, Fairbanks, and Juneau are defined as more urban, 65.9% in the responding sample were more urban and the remaining 34.1% more rural. This was very close to the urban/rural proportions in the target group, and compares to 64.1% urban, 35.9% rural in the eligible population. There was very little difference in response rates based on urban/rural residence.

Twenty-two (44%) of this year's responses were completed over the phone. Calls to target group families who had not yet responded began on April 20. Calls were conducted weekdays, evenings, and on weekends in attempts to reach people when they were available. However, having a working phone number was not a requirement for being in the target group.

Of the 11 families who could not be reached by phone or declined to participate, 5 or 45% were rural families, which is slightly larger than the proportion of rural families in the sample (35.9%). Of the 11 children in these families about 64% (n = 7) had American Indian/Alaska Native heritage, which was much larger than the proportion of American Indian/Alaska Native children in the target group 34.1% (n = 43). The pattern in these non-response factors by urban/rural residence or by race indicates a possible concern with the representativeness of the small sample.

The non-responding families are typically those who were not able to be reached by phone. Email, mail and phone attempts to reach the non-responding sample before the survey deadline were unsuccessful.

Demographics of Responding Families

A proportion of caregivers in this population are not the biological parents of the children in the family. Caregivers can be grandparents, foster parents, and legal guardians. Thus, the race/ethnicity of families cannot be entirely assumed from the race/ethnicity of children in data collected by the Alaska ILP.

Among the 50 families who responded to the survey, there were 50 children who met the criteria for their families to be included in this sample. Children with American Indian/Alaska Native heritage (as a single race or one of two or more races) accounted for 17 children (30.4%). White as a single race accounted for 24 children (48%). Together this was most of the children in the responding sample of families: 38 of 50 children, or 76%.

The proportion of children with American Indian/Alaska Native heritage in responding families (28%) compared to the target families (24.6%); it was also larger than the proportion of those reporting American Indian/Alaska Native heritage among eligible families (16.2%). The proportion of children with white as a single race in responding families (48%) compared to 41.3% of target and 33.1% of eligible families. American Indian/Alaska Native children were not under-represented in the responding sample. No race was available for 41.8% of the eligible population.

Based on the data collected by the Alaska ILP, characteristics of children were fairly similar across responding families, the selected target group, and the total eligible population. The only difference that may indicate a potential issue regarding representativeness of the responding sample was among the race of nonresponding families. Of the 11 nonresponding families, about 64% (n = 7) had American Indian/Alaska Native heritage, which was slightly larger than the proportion of American Indian/Alaska Native children in the target group 34.1% (n = 43).

Provide additional information about this indicator (optional).

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.

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

Data Source

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

Measurement

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

Instructions

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.90%

FFY	2017	2018	2019	2020	2021
Target >=	1.84%	1.89%	1.89%	1.89%	1.89%
Data	1.71%	1.71%	1.73%	1.61%	1.84%

Targets

FFY	2022	2023	2024	2025
Target >=	1.89%	1.89%	1.89%	1.89%

Targets: Description of Stakeholder Input

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). Throughout this fiscal year, EI/ILP worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyze regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. State training and meetings with stakeholders focused on providing foundational knowledge of Part C regulations, compliance, and results, in order to support participants in understanding and engaging in decision-making. During meetings with stakeholders, we presented information on data. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps chosen with stakeholders as partners in decision-making.

During this fiscal year, the following community partner organizations participated in ongoing meetings: Governor's Council on Disabilities and Special Education (GCDSE); Part C Interagency Coordinating Council (ICC); Local EI/ILP Program Providers; Alaska Infant Learning Program Association (AILPA); Department of Education and Early Development Part B 619 (DEED); Alaska Early Childhood Coordinating Council (AECCC); Alaska Mental Health Trust Authority (AMHTA); Universal Developmental Screening Advisory Committee (UDSAC).

In addition to these ongoing collaborative meetings, specific stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated and assisted EI/ILP in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, trends over time, and gave clear information about whether targets were met and shared that there was no slippage in Indicators this year. Indicators where targets were not met and/or where slippage occurred were discussed in greater depth, and decisions made about next steps to address slippage. Participants asked clarifying questions and provided information on community factors which may have impacted results. Specific meetings held to discuss this fiscal year's SPP/APR and SSIP included: ICC Leadership Team; ICC Finance Subcommittee; EI/ILP Data Committee meeting; Public stakeholder meeting via Zoom; EI/ILP Coordinators and Leadership Team meeting; Division of Senior and Disabilities Services leadership meeting.

Representation on the ICC includes stakeholders from the close community partners listed above, as well as: Parents of children who experience disabilities; Self-advocates; Early Intervention Service Providers; State legislator; Senior and Disabilities Services, Disability Law Center of Alaska; Stone Soup Group Parent Training and Information Center (SSG); LINKS Mat-Su Community Parent Resource Center; Private practice service providers; Early Hearing Detection and Intervention Program; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Division of Behavioral Health; University of Alaska; Public Health; Child Protection; DEED 619 Coordinator; Medicaid; Health Insurance; Head Start.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 1 with IFSPs	193
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/20/2023	Population of infants and toddlers birth to 1	9,490

FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
193	9,490	1.84%	1.89%	2.03%	Met target	No Slippage

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

6 - Indicator Data

Baseline Year	Baseline Data
2005	2.10%

FFY	2017	2018	2019	2020	2021
Target >=	2.56%	3.00%	2.70%	2.70%	2.70%
Data	2.66%	2.66%	3.06%	2.75%	2.59%

Targets

FFY	2022	2023	2024	2025
Target >=	2.70%	2.70%	2.70%	2.70%

Targets: Description of Stakeholder Input

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). Throughout this fiscal year, EI/ILP worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyze regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. State training and meetings with stakeholders focused on providing foundational knowledge of Part C regulations, compliance, and results, in order to support participants in understanding and engaging in decision-making. During meetings with stakeholders, we presented information on data. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps chosen with stakeholders as partners in decision-making.

During this fiscal year, the following community partner organizations participated in ongoing meetings: Governor's Council on Disabilities and Special Education (GCDSE); Part C Interagency Coordinating Council (ICC); Local EI/ILP Program Providers; Alaska Infant Learning Program Association (AILPA); Department of Education and Early Development Part B 619 (DEED); Alaska Early Childhood Coordinating Council (AECCC); Alaska Mental Health Trust Authority (AMHTA); Universal Developmental Screening Advisory Committee (UDSAC).

In addition to these ongoing collaborative meetings, specific stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated and assisted EI/ILP in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, trends over time, and gave clear information about whether targets were met and shared that there was no slippage in Indicators this year. Indicators where targets were not met and/or where slippage occurred were discussed in greater depth, and decisions made about next steps to address slippage. Participants asked clarifying questions and provided information on community factors which may have impacted results. Specific meetings held to discuss this fiscal year's SPP/APR and SSIP included: ICC Leadership Team; ICC Finance Subcommittee; EI/ILP Data Committee meeting; Public stakeholder meeting via Zoom; EI/ILP Coordinators and Leadership Team meeting; Division of Senior and Disabilities Services leadership meeting.

Representation on the ICC includes stakeholders from the close community partners listed above, as well as: Parents of children who experience disabilities; Self-advocates; Early Intervention Service Providers; State legislator; Senior and Disabilities Services, Disability Law Center of Alaska; Stone Soup Group Parent Training and Information Center (SSG); LINKS Mat-Su Community Parent Resource Center; Private practice service providers; Early Hearing Detection and Intervention Program; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Division of Behavioral Health; University of Alaska; Public Health; Child Protection; DEED 619 Coordinator; Medicaid; Health Insurance; Head Start.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 3 with IFSPs	877
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/20/2023	Population of infants and toddlers birth to 3	28,094

FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
877	28,094	2.59%	2.70%	3.12%	Met target	No Slippage

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	88.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	99.89%	99.81%	99.67%	100.00%	99.46%

Targets

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

FFY 2022 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
771	1,031	99.46%	100%	98.93%	Did not meet target	No Slippage

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.

249

Provide reasons for delay, if applicable.

249 infants and toddlers had documented delays attributable to exceptional family circumstances. Review of these child records show that exceptional family circumstances included the family not responding to repeated contact attempts for intake and evaluation, the family not attending, cancelling, or choosing not to schedule a timely evaluation visit, the family not attending, cancelling, or choosing not to schedule a timely visit to participate in an initial IFSP meeting prior to the 45-day timeline. These circumstances were due to family schedules, travel, illness, preferences, or other reasons related to the family. These family circumstances are documented in notes in the provider chart and the statewide ILP data system.

11 children had late initial evaluation and assessment and initial IFSP meeting due to provider issues which were not related to exceptional family circumstances. Reasons visits were late: (3) new staff person needed additional training and supervision on enrollment timelines, (3) provider scheduling issues, (1) contract therapy provider lack of availability, (1) lack of documentation of family reasons for delay, (3) provider failed to schedule meeting on time.

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

State database

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

July 1, 2022 to June 30,2023

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

This data represents all eligible Part C children for the reporting period described. Alaska Part C uses a statewide data system that calculates initial non-compliance based on the actual number of days from the time a referral was received to the time an initial IFSP meeting occurred. The data reflects all newly referred and enrolled children in the reporting period. Contact records are compared with the ILP database to ensure enrollment for eligible children is timely and compliant.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2021

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

FFY 2021 Findings of Noncompliance Verified as Corrected

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

Three programs had instances of noncompliance on this indicator- 45-day timeline and were issued a letter of finding requiring correction of noncompliance as soon as possible but no later than one year from the date of the finding. Corrective activities were required in accordance with our General Supervision policies, including completion of a Corrective Action Plan when appropriate. All programs with findings received targeted Technical Assistance to ensure that the ILP Coordinator and program staff understand that an initial evaluation, assessment and IFSP must be provided within Part C's 45-day timeline, have program procedures in place to support this, and are successfully providing these services for children within 45 days of referral.

To verify that each program is correctly meeting the 45-day timeline, the TA staff and Data Manager conducted a quarterly review of data system reports that compare the referral date for the child with the dates of initial evaluation, assessment and initial IFSP meeting. Programs are considered to be correctly implementing the regulatory requirements related to 45-day timeline when they demonstrate that every child with a new IFSP in a subsequent quarter had received initial evaluation, assessment and IFSP within 45 days of the documented date of referral. After it was found that a program had reached 100% compliance in a subsequent quarter and that compliance was corrected for each previously non-compliant child, the program was identified as having suitably addressed their non-compliance for the indicator. All programs made corrections within the 365-day timeline, including the State's verification of correction, and met requirements for timely correction.

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

The Alaska Part C office completed a review of correction of noncompliance related to 45-day timeline for each of the 5 individual instances of non-compliance identified. To verify that each child who did not have initial evaluation, assessment and IFSP within 45 days of the referral date was corrected, the TA staff and Data Manager reviewed the database record for the child, requested additional information from the program if needed, and checked the records to ensure that the child had either received initial evaluation, assessment and IFSP, although late, or had exited and was no longer in the jurisdiction of the program. In all 5 instances, the initial evaluation, assessment and IFSP were completed, but were outside of the appropriate timeline. Each of these 5 children was considered to be corrected.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

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

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory

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

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

Response to actions required in FFY 2021 SPP/APR

A description of noncompliance and timely correction of these findings are described above in the section: Correction of Findings of Noncompliance Identified in FFY 2021.

7 - OSEP Response

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	94.00%

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

Targets

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

FFY 2022 SPP/APR Data

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

NO

If no, please explain.

Data includes all children exiting during the reporting period who were age 33 months or less when referred and determined eligible.

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
603	934	100.00%	100%	100.00%	Met target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

331

Provide reasons for delay, if applicable.

331 children had documented delays attributable to exceptional family circumstances. Exceptional family circumstances included exiting the program before the transition plan due date, the family not attending a scheduled visit, cancelling a visit, or choosing not to schedule a visit to develop the transition plan due to family schedules, travel, illness, preferences, or other reasons related to family circumstances.

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

State database

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

July 1, 2022 to June 30, 2023

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

This data represents all eligible Part C children for this reporting period who were age 33 months or less when referred and determined eligible; the data counts infants and toddlers 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 during the reporting period. Contact records are compared with the ILP database to ensure transition plans for eligible children are timely and compliant. This data represents each applicable child for the entirety of the reporting period.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2021

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

Correction of Findings of Noncompliance Identified Prior to FFY 2021

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

8A - Prior FFY Required Actions

None

8A - OSEP Response

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- 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 State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- 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 timely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	86.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	100.00%	97.52%	98.76%	96.00%	0.00%

Targets

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

FFY 2022 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
474	544	0.00%	100%	90.98%	Did not meet target	No Slippage

Number of parents who opted out

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

23

Provide reasons for delay, if applicable.

Seven EIS Programs had a total of 47 instances of noncompliance with LEA Notifications, with 14 late LEA Notifications, 32 LEA Notification that did not occur, and 1 child with LEA and SEA Notifications that did not occur. There were 25 instances of noncompliance during the first quarter of FFY22, 14 during the second quarter, 6 during the third quarter, and 2 during the fourth quarter. We saw steady improvement throughout the fiscal year.

Noncompliant child records were reviewed with EIS Programs, in order to understand reasons for delay and to verify correction. A variety of reasons were described for lateness and failure to notify. Most EIS Programs reported that notifications were late or missing because they did not have access to the State data system report which generates a report and reminders of notifications due. This report was not available during the 4th quarter of FFY21 and was in the process of being implemented during the first quarter of FFY22. Not having these tools made it difficult for programs to track and provide notifications due. Eight children enrolled in the EIS Program very close to the due date for notification (90 days prior to the 3rd birthday) and programs did not provide notification quickly enough after enrollment to be timely. All EIS Programs, including those who had noncompliance, had training and technical assistance regarding the LEA Notification requirement, including clarification that the parent does not need to sign a release of information for notification data to be provided to the LEA. Specific training and Technical Assistance has been provided to address procedures related to children who enroll close to 90 days before the third birthday, but this continues to be a challenge.

Describe the method used to collect these data.

The SEA notification data represents automated notification from the Part C data system to a shared secure server for all toddlers with disabilities exiting Part C where notification to the SEA occurred at least 90 days prior to their third birthday for those toddlers potentially eligible for Part B services. The date this automated notification occurs is recorded in each child's database record and is aggregated for reporting. Alaska Part B can access this data which is updated weekly once Part C children turn 30 months of age unless a parent opts out of notification.

The LEA notification data represents the date a local program provided notification to the LEA, which is entered into the Part C data system by EIS Programs. The data system is utilized to create a report of child notifications for children potentially eligible for Part B. Local EIS providers send the notification report, and/or the child notification letters to the LEA unless the parent opted out. EIS Programs enter the date notification was provided for each individual child into the child's record in the statewide EI/ILP database. Reminders are provided in the database to distribute LEA notifications in a timely way.

During the fourth quarter of FFY21, local programs generated notification lists and individualized notification letters for any potentially eligible child manually, and tracked the date the notification was sent manually. The ILP database notification reports became functional at the start of FFY22. Programs are now utilizing database generated reminders and reports, and/or individualized notification letters to provide LEA Notification and are entering each child's LEA notification date as it occurs. Reports which allow us to analyze and report on this data are now fully functional, and the data reporting and analysis is complete and reliable.

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

YES

If yes, is the policy on file with the Department? (yes/no)

YES

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

State database

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

July 1, 2022 to June 30, 2023

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

This data represents Part C children for the period described above who were age 33 months or less when referred and determined eligible. The data counts infants and toddlers 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 during the reporting period. Contact records are compared with the ILP database to ensure that notification for eligible children was timely and compliant. The data submitted for this indicator is complete and accurate.

Provide additional information about this indicator (optional).

The component of our data system which provided automated reporting from the EI/ILP Data system to Part B 619 SEA partners was not functional for the previous reporting period but has been fully functional for all of FFY2022. This system provides improved data sharing capabilities for our partners. Alaska Part C and Part B 619 continue to meet regularly to address challenges in the notification process within our state, including Indicator 8B SEA and LEA notifications. The Part C Data System is now fully developed, with reports from the data system resulting in improved SEA and LEA Notifications. Moving forward, programs will continue to utilize database reports and reminders to provide LEA Notification. Training related to SEA and LEA Notifications was provided to all Part C and Part B 619 programs in November of 2022 and November of 2023. We are continuing to provide Technical Assistance to EIS Programs and LEA Districts on implementation of LEA Notification, including clarification of roles and responsibilities for Part C and Part B 619 programs. Standardized MOAs between regional ILP Programs and LEAs have been signed statewide to support this Technical Assistance work.

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
15	15		0

FFY 2021 Findings of Noncompliance Verified as Corrected

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

Fifteen programs had instances of noncompliance on this indicator- LEA/SEA notification. This was, in part, a result of the state ILP database automated SEA notification system not delivering timely notification to the SEA, due to a State of Alaska cyber incident resulting in the ILP data system going offline for an extended period of time. No timely SEA notifications occurred in this period. However, the SEA did receive notification for all 448 children, although they were late. All notifications were delivered after the ILP database was restored.

To verify that the state data system is now correctly sending notifications and that the SEA notification requirement is being correctly implemented, the ILP Data Manager compared data system reports which list children in the ILP data system who reached 33 months of age during the reporting period with the SEA notification report in the SEA database portal, to ensure that they matched. When the data were determined to match after 1 quarter of monitoring, the state determined that the SEA notification requirement was being correctly implemented.

In addition to the SEA noncompliance, seven programs had noncompliance with LEA notification requirements, for a total of 22 children. All programs with findings received targeted Technical Assistance to ensure that the ILP Coordinator and program staff understand that LEA Notification must be provided for each potentially eligible child 33 months of age, that programs have procedures in place to support this, and that they are successfully providing timely LEA notification per requirements.

To verify that each program is correctly meeting the LEA notification requirement, the TA staff and Data Manager conducted a quarterly review of data system reports that compare the birthdate of the child with the date of LEA notification and determined whether the LEA notification occurred prior to 33 months of age. Programs were considered to be correctly implementing the regulatory requirements related to LEA Notification when they demonstrated that the program provided LEA notification prior to age 33 months for every child who transitioned in a subsequent quarter. After it was found that a program had reached 100% compliance in a subsequent quarter and that compliance was corrected for each previously non-compliant child, the program was identified as having suitably addressed their non-compliance for the indicator. All programs made corrections within the 365-day timeline, including the State's verification of correction, and met requirements for timely correction.

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

The Alaska Part C office completed a review of correction of noncompliance related to SEA Notification for each of the 448 individual instances of non-compliance identified. To verify that SEA notification was provided for each of the noncompliant children, the ILP Data Manager compared FFY21 data system reports which list children in the ILP data system who reached 33 months of age during the period with the SEA notification data report in the SEA database portal for the same period, to ensure that they matched. When the data were determined to match, the state determined that the SEA notification requirement had been met, although late, for each of the 448 noncompliant children.

The Alaska Part C office completed a review of correction of noncompliance related to LEA notification for each of the 22 children who were identified as noncompliant. To verify that each child who did not have LEA notification by age 33 months was corrected, the TA staff and Data Manager reviewed the database record for the child, requested additional information from the program if needed, and checked the records to ensure that either LEA notification was provided, although late, or that the child had exited and was no longer in the jurisdiction of the program. In 21 instances, the LEA notification was completed, but was outside of the appropriate timeline. In one instance, the LEA notification was never provided, but the child had exited and was out of the jurisdiction of the program. Each of these 22 children was considered to be corrected.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2020	12	12	0

FFY 2020

Findings of Noncompliance Verified as Corrected

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

Three programs had noncompliance with LEA notification requirements, for a total of 12 children. All programs with findings received targeted Technical Assistance to ensure that the ILP Coordinator and program staff understand that LEA Notification must be provided for each potentially eligible child 33 months of age, that programs have procedures in place to support this, and that they are successfully providing timely LEA notification per requirements.

In addition, the Lead Agency required each local program to sign and are implement a new local MOA with each LEA in their region. The completion of the new Alaska Part C Data System, including LEA notification reports was a key tool which has supported programs in assuring timely LEA Notification.

To verify that each program is correctly meeting the LEA notification requirement, the TA staff and Data Manager conducted a quarterly review of data system reports that compare the birthdate of the child with the date of LEA notification and determined whether the LEA notification occurred prior to 33 months of age. Programs were considered to be correctly implementing the regulatory requirements related to LEA Notification when they demonstrated that the program provided LEA notification prior to age 33 months for every child who transitioned in a subsequent quarter. After it was found that a program had reached 100% compliance in a subsequent quarter and that compliance was corrected for each previously non-compliant child, the program was identified as having suitably addressed their non-compliance for the indicator. All programs made corrections within the 365-day timeline, including the State's verification of correction, and met requirements for timely correction.

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

The Alaska Part C office completed a review of correction of noncompliance related to LEA notification for each of the 12 children who were identified as noncompliant. To verify that each child who did not have LEA notification by age 33 months was corrected, the TA staff and Data Manager reviewed the database record for the child, requested additional information from the program if needed, and checked the records to ensure that either LEA notification was provided, although late, or that the child had exited and was no longer in the jurisdiction of the program. In 3 instances, the LEA notification was completed, but was outside of the appropriate timeline. In 9 instance, the LEA notification was never provided, but the child had exited and was out of the jurisdiction of the program. Each of these 12 children was considered to be corrected.

8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the 12 uncorrected findings of noncompliance identified in FFY 2020 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with noncompliance identified in FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

Response to actions required in FFY 2021 SPP/APR

A description of noncompliance and timely correction of these findings are described above in the section: Correction of Findings of Noncompliance Identified in FFY 2021.

8B - OSEP Response

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# 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 timely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	85.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	99.81%	100.00%	99.73%	100.00%	99.56%

Targets

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

FFY 2022 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
432	498	99.56%	100%	99.60%	Did not meet target	No Slippage

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

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

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.

64

Provide reasons for delay, if applicable.

64 children had documented delays attributable to exceptional family circumstances. These families participated in a transition conference that was delayed due to exceptional family circumstances which included the family not attending a scheduled visit, cancelling a visit, or choosing not to schedule a visit to develop the transition plan due to family schedules, travel, illness, preferences, or other reasons related to family circumstances. Some appointments were missed by families for reasons related to the COVID-19 Pandemic. These family circumstances are documented in notes in the statewide ILP data system and in the child record.

2 children had 90-day transition conferences due to provider issues which were not related to exceptional family circumstances. Reasons visits were late: (1) the provider did not plan ahead with school district to ensure that the meeting would be scheduled on time, (1) transition conference was due at the very beginning of the fall school year, and the provider did not plan ahead with school district to ensure that the meeting would be scheduled on time.

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

State database

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

July 1, 2022 to June 30, 2023

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

This data represents all eligible Part C children who were age 33 months or less when referred and determined eligible that exited the program during the reporting period and were potentially eligible for Part B services. From the pool of exiting children, the data counts all infants and toddlers exiting Part C who have had a 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. It is important to note that children who exited due to having a status of deceased, moved, out of contact or parent withdrawal were not included in the denominator because they were no longer in the jurisdiction of the program. Contact records are compared with the EI/ILP database to ensure transition conferences for eligible children are timely and compliant. This data represents each applicable child for the entirety of the reporting period.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2021

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

FFY 2021 Findings of Noncompliance Verified as Corrected

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

One program had two instances of noncompliance on this indicator- early childhood transition conference and was issued a letter of finding requiring correction of noncompliance as soon as possible but no later than one year from the date of the finding. Corrective activities were required in accordance with our General Supervision policies, including completion of a Corrective Action Plan when appropriate. All programs with findings received targeted Technical Assistance to ensure that the ILP Coordinator and program staff understand that the transition conference must be held at

least 90 days prior to the third birthday, have program procedures in place to support this, and are successfully holding transition conferences by the deadline.

To verify that the program is correctly providing timely early childhood transition conferences, the TA staff and Data Manager conducted a quarterly review of data system reports that compare the date of birth of the child with the date of the transition conference. The program was considered to be correctly implementing the regulatory requirements related to early childhood transition conferences when they demonstrated that every child who transitioned out of the program in a subsequent quarter had an early childhood transition conference prior to age 33 months. After it was found that a program had reached 100% compliance in a subsequent quarter and that compliance was corrected for each previously non-compliant child, the program was identified as having suitably addressed their non-compliance for the indicator. All programs made corrections within the 365-day timeline, including the State's verification of correction, and met requirements for timely correction.

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

The Alaska Part C office completed a review of correction of noncompliance related to early childhood transition conferences for each of the 2 individual instances of non-compliance identified. To verify that each child who did not have a timely transition conference was corrected, the TA staff and Data Manager reviewed the database record for the child, requested additional information from the program if needed, and checked the records to ensure that the transition conference for the child had either been held late, or that the child had exited and was no longer in the jurisdiction of the program. In both instances, the transition conference was held, but was late. Each of these 2 children was considered to be corrected.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

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

8C - Prior FFY Required Actions

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

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

Response to actions required in FFY 2021 SPP/APR

8C - OSEP Response

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

Alaska does not use Part B Due Process procedures, but instead uses Part C due process procedures, therefore this indicator is not applicable.

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2021 SPP/APR

9 - OSEP Response

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1 Mediations held	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.a.i Mediations agreements related to due process complaints	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). Throughout this fiscal year, EI/ILP worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyze regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. State training and meetings with stakeholders focused on providing foundational knowledge of Part C regulations, compliance, and results, in order to support participants in understanding and engaging in decision-making. During meetings with stakeholders, we presented information on data. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps chosen with stakeholders as partners in decision-making.

During this fiscal year, the following community partner organizations participated in ongoing meetings: Governor's Council on Disabilities and Special Education (GCDSE); Part C Interagency Coordinating Council (ICC); Local EI/ILP Program Providers; Alaska Infant Learning Program Association (AILPA); Department of Education and Early Development Part B 619 (DEED); Alaska Early Childhood Coordinating Council (AECCC); Alaska Mental Health Trust Authority (AMHTA); Universal Developmental Screening Advisory Committee (UDSAC).

In addition to these ongoing collaborative meetings, specific stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated and assisted EI/ILP in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, trends over time, and gave clear information about whether targets were met and shared that there was no slippage in Indicators this year. Indicators where targets were not met and/or where slippage occurred were discussed in greater depth, and decisions made about next steps to address slippage. Participants asked clarifying questions and provided information on community factors which may have impacted results. Specific meetings held to discuss this fiscal year's SPP/APR and SSIP included: ICC Leadership Team; ICC Finance Subcommittee; EI/ILP Data Committee meeting; Public stakeholder meeting via Zoom; EI/ILP Coordinators and Leadership Team meeting; Division of Senior and Disabilities Services leadership meeting.

Representation on the ICC includes stakeholders from the close community partners listed above, as well as: Parents of children who experience disabilities; Self-advocates; Early Intervention Service Providers; State legislator; Senior and Disabilities Services, Disability Law Center of Alaska; Stone Soup Group Parent Training and Information Center (SSG); LINKS Mat-Su Community Parent Resource Center; Private practice service providers; Early Hearing Detection and Intervention Program; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Division of Behavioral Health; University of Alaska; Public Health; Child Protection; DEED 619 Coordinator; Medicaid; Health Insurance; Head Start.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2017	2018	2019	2020	2021
Target>=					
Data					

Targets

FFY	2022	2023	2024	2025
Target>=				

FFY 2022 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

Because Alaska had no mediation requests, we did not provide targets for this indicator.

10 - Prior FFY Required Actions

None

10 - OSEP Response

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2023). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2023-June 30, 2024).

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2022 APR, report on activities it intends to implement in FFY 2023, i.e., July 1, 2023-June 30, 2024) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

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

“Of the Alaska Part C infants and toddlers who entered the program below age expectations in Social-Emotional, the percent who substantially increased their rate of growth by the time they exited the program will increase from baseline of 51.69% to 57.20% by Federal Fiscal Year 2025.”

Has the SiMR changed since the last SSIP submission? (yes/no)

NO

Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

NO

Is the State’s theory of action new or revised since the previous submission? (yes/no)

NO

Please provide a link to the current theory of action.

<https://health.alaska.gov/dsds/Pages/infantlearning/reports/default.aspx>

Progress toward the SiMR

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

Select yes if the State uses two targets for measurement. (yes/no)

NO

Historical Data

Baseline Year	Baseline Data
2019	51.69%

Targets

FFY	Current Relationship	2022	2023	2024	2025
Target	Data must be greater than or equal to the target	54.45%	55.36%	56.28%	57.20%

FFY 2022 SPP/APR Data

Indicator 3A SS1 # Progress	Indicator 3A SS1 # Total	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
285	436	57.75%	54.45%	65.37%	Met target	No Slippage

Provide the data source for the FFY 2022 data.

Child Outcome Summary rating data is collected from local ILP Programs in the Alaska EI/ILP Database.

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

Alaska’s State Identified Measurable Result (SiMR) is “Of the Alaska Part C infants and toddlers who entered the program below age expectations in Social-Emotional, the percent who substantially increased their rate of growth by the time they exited the program will increase from baseline of 51.69%

to 57.20% by Federal Fiscal Year 2025." The measurement for the SiMR is the same measure as for the Indicator 3 - Child Outcomes - Social Emotional - Summary Statement 1 reported in a previous section of this report. This indicator measures children who entered the program below age expectations in the area of social emotional who substantially increased their rate of growth by the time they exited the program.

To measure this indicator, the Alaska Part C System utilizes the Early Childhood Outcomes Center Child Outcome Summary (COS) process, collecting COS information from the 15 Local Early Intervention programs. Local programs submit demographic and assessment information at child entry, annually and at exit in the ILP Database. The COS is a standardized method of reporting a child's developmental status using the seven-point COS rating scale. Every child is rated on each of the three child outcome functional areas using the COS seven-point rating scale.

Multiple sources of information, such as assessments, IFSPs, and parent input are collected to help determine the child's functioning across the three outcomes to determine the COS ratings. The following domains must be assessed using a state-approved anchor tool in the evaluation of child outcomes upon entry and exit: adaptive, cognitive, expressive, fine motor, gross motor, receptive and social emotional. These Anchor Tools were selected by the Personnel Development Committee based on characteristics which support the age-anchoring component of the COS rating process. Approved Anchor tools include: Assessment, Evaluation and Programming System (AEPS), Carolina Curriculum for Infants and Toddlers with Special Needs, Hawaii Early Learning Profile (HELP), Infant Toddler Developmental Assessment (IDA-2), Oregon Project, The Ounce Scale, Transdisciplinary Play Based Assessment (TPBA2).

Additional tools commonly used in Alaska to support understanding of COS Ratings include: Batelle Development Inventory (BDI), Bayley (BSID-III), Brigance Inventory of Early Development, Child Behavior Checklist, Child Development Inventory (CDI), Early Intervention Developmental Profile, Early Learning Accomplishment Profile (ELAP), Koontz Child Development Program, Vineland Adaptive Behavior Scales and Walker Problem Behavior Identification Checklist. Beyond the use of standard evaluation tools specific to each licensed professional, informed clinical judgment is one of several key principles employed for determining functional levels and, therefore, child progress/outcomes. EI/ILP Providers also use formal assessment techniques and instruments, direct informal observations of the child, review of all pertinent records and parent/caregiver interview or discussion.

Impact measurement is based upon the child's progress by comparing his/her developmental status between the entry (collected within 90 days of the referral date or at 6 months of age, whichever is later) and the exit ratings (collected within 90 days prior or after the exit date and after at least six months of continuous service). Rating differences between the two data points measure change or progress. At exit, the service team not only rates the child on the seven-point rating scale, but also answer the question with a "yes" or "no" about whether the child acquired any new skills or behaviors. Entry ratings, exit ratings, and answers to the "new skill" questions are all required. If the child's record is missing any of this information, the progress data will not be available for this child. Using the Early Childhood Outcomes (ECO) Center Calculator, progress for each child is then converted into one of the five OSEP categories (A-E), indicating the degree to which the child's status has changed between the time he or she entered and exited EI/ILP.

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

YES

Describe any additional data collected by the State to assess progress toward the SiMR.

Alaska collects data related to social-emotional development through a survey question in the annual Family Outcomes Survey. The relevant item is Item 9: Our ILP provider has done an excellent job helping us enjoy our relationship with our child. The mean response on Item 19 was 3.73, n = 48, SD = .610. 96% of responding families indicated the ILP had done an excellent job helping them enjoy relationships with their children most (16%) or all (76%) of the time. This result was slightly higher than the previous year (M = 3.66, n = 47), but not significantly. Positive parent-child relationships provide a solid foundation for young children's social emotional development and are associated with positive social-emotional outcomes.

This year we have additional data available from our program self-assessments related to children's progress in the area of social-emotional. For each child record reviewed in the self-assessment, programs were required to answer the question "For children who had a Social Emotional goal on their IFSP, did the child make progress in achieving the goal, as documented on program Self-Assessment?" Our results of 107 child records reviewed showed that 48% of children had a social-emotional goal which had been reviewed and rated that the child had made progress toward the goal. 14% of children had been enrolled less than 6 months and had not yet had IFSP goals rated. 8% did not have a goal related to social-emotional on their IFSP. 32% were marked N/A with no reason given. In the coming program self-assessment cycle, we will request additional clarification when N/A is marked. We are looking at this additional data in order to begin to understand the link between specific social emotional goal progress and COS rating progress.

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

<https://health.alaska.gov/dsds/Pages/infantlearning/reports/default.aspx>

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

YES

If yes, provide a description of the changes and updates to the evaluation plan.

The State's evaluation plan is a comprehensive Action Plan which includes Intended Outcomes, Improvement Plan, and Evaluation Plan and Evaluation of Intended Outcomes for each Improvement Strand. Strands include Professional Development/Technical Assistance (PD/TA) and Data and Accountability (DA). Updates were made to completion dates, status and evidence, barriers, actions and adjustments, and evaluation data in the improvement plan sections; completion dates, status and data, data quality issues/actions and performance status in the evaluation plan sections; and status and evaluation notes in the evaluation of intended outcomes sections for each strand.

Examples of updates include reporting the completion of training in Child Outcomes for 91 providers, rollout of 2 courses in our new Learning Management System, success with completion of the new ILP data system, and challenges such as limits in accessing IT supports for development of new database reports.

If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.

These annual updates allow the state team and stakeholders to track progress toward SSIP outcomes and activities.

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

Professional Development and Technical Assistance (PD/TA) Summary:

Professional development and TA activities focused on supporting local programs and providers in gaining the skills needed to support children with social emotional skills that are below age level. New providers continue completion of Child Outcome Process modules, with quizzes to accompany each module. We have continued analysis of patterns of development related to lack of improvement in COS entry and outcome ratings in Outcome Area 1, looking at statewide data. This has given us new insights into the needs of children who are not making progress. This year we focused analysis on whether children were enrolled with a Part C Diagnosis, Developmental Delay, or Informed Clinical Opinion. We looked at the list of diagnoses children experienced when eligible by diagnosis. In addition, this year we were able to see which specific diagnoses were most common for children who did not make progress in S/E. The top 3 diagnoses were Autism, Cerebral Palsy, and Down Syndrome. Additionally, a large number were eligible under the diagnosis of "Other" which includes less-common diagnoses which significantly impact child development. We are using this information, along with surveys and local program input, to inform our PD planning for the year.

Professional development activities are now both virtual and in-person. Another cohort completed training with Joy Brown, who provided training in the Adaptive Behavior Inventory (BABI), targeting early identification of fragile infants who are at risk of social emotional concerns related to self-regulation. EI/ILP was again a partner in organizing the Alaska Infant and Early Childhood Mental Health Institute Virtual Conference and supported attendance of 69 ILP Providers statewide. Scholarships were also provided to support continuing education for 8 current ILP Providers to expand their provider roles in ILP and for difficult to recruit therapists and disciplines. These included SLP, Special Education - Early Childhood, Autism Specialist, and Deaf/Hard of Hearing. The Learning Management System (LMS) was expanded, with the Alaska Part C Credential and Child Outcomes Process online Modules implemented. The Universal Online Part C Curriculum was added to the new LMS and is currently being updated with new materials updated by the national workgroup.

Data and Accountability (DA) Summary:

The ILP Database is fully implemented on the new platform, reports have been refined, and new features rolled out. Program Training and Technical Assistance has focused on supporting high quality, timely data from local programs through training and data analysis. Individualized training has been provided to several programs with new staff and Coordinator, answering questions and concerns specific to the program. The ILP Data committee has been an active group of stakeholders engaged in guiding data collection and analysis focus and its role in local determinations, funding distribution, and assurance of quality service delivery. The Database Workgroup has moved meetings to quarterly, as the data system has stabilized.

All ILP stakeholder committees are engaged and some new have formed. State staff have worked with committees and workgroups including Service Delivery, Finance, Policy, Professional Development, and Data, as well as IFSP and Low Incidence workgroups to improve the ILP system statewide. The SPP/APR and the SSIP have informed the committee work, integrating SSIP activities and data driven decision making. The ICC is strongly engaged and representative, after re-forming under new leadership last year. Stable ICC membership has allowed members to increase their depth of knowledge, understanding and feedback related to ILP Data, the SPP/APR, and the SSIP. Analysis of data related to the SiMR has allowed us to better understand the SiMR data, identifying groups of children who are less likely to make progress in the area of Social Emotional and target PD activities to support programs and families.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

Progress toward short and intermediate term outcomes for Professional Development/Technical Assistance (PD/TA) and Data/Accountability (DA) infrastructure improvement strategies were reviewed, with a summary of achievements, evaluation measures and consideration of future steps during the revision of the SSIP Action Plan.

Professional Development/Technical Assistance (PD/TA) progress:

Understanding COS: ILP providers understand the COS rating process; New ILP Providers completed the COS Process Modules on the ILP Learning Management System this year, with passing scores of 80% or higher on all quizzes and a passing score on the COS: Knowledge Check online quiz. In addition, all providers who had previously completed the COS Process Online Modules received a passing score on the COS: Knowledge Check online quiz. Preparation for the COS: Knowledge Check has served as a knowledge refresher for staff on the correct implementation of the COS process.

Strong PD System: Continued progress was made in understanding developmental patterns of children who did not make progress in Child Outcome A. A statewide analysis was conducted looking at differences in outcomes for children eligible based on Diagnosis, Developmental Delay of 50% or Informed Clinical Opinion. Part C Diagnoses occurring in the highest numbers include Autism, Down Syndrome, Cerebral Palsy, and "Other" diagnoses which result in significant developmental concerns. We are focusing increasingly on supports for children on the Autism Spectrum, as we are seeing more children with this diagnosis in our system.

Social Emotional Practices: There were 162 staff and contract ILP Providers in Alaska EI/ILP system this year. Of these, 8 participated in the Wonder Babies learning collaborative, 69 attended the IECMH Conference, 29 participated in the Virtual Home Visitor Conference, 17 received STAT Autism Screening training, and 8 received scholarships in the fields of SLP and Special Education. Additional local training opportunities this year implemented through EI/ILP funding included FAN Training, Circle of Security, Perinatal Issues, Reflective Parenting, DIR Floortime, Autism Navigator, Certified Lactation Consultant training, IDA-2, Newborn Observation Pre-training, 9 Core Messages, Clinical Approaches to Reflective Parenting, and Hanen 4 I's to Socialize. Other specific professional development supports provided by the Part C Program this year include Online Part C Credential Modules (which were migrated to our new Learning Management System platform) and Online Child Outcome Summary Process Modules.

COS Implementation Standards: These outcomes related to Professional Development and Technical Assistance are moving our system forward with accurate COS ratings, improved COS data, and training activities that are effectively implemented to target the needs of specific children who are not making progress, impacting our achievement of the SiMR. We have integrated expanded questions on our annual program Self-Assessment to look more in-depth at best practice ratings. Alaska is an early adopter of the COS-Knowledge Check, which was completed by 69 ILP Providers who have completed the COS Process Modules. This provided a refresher for those providers as well as valuable data to help us guide our COS training requirements.

Practice Knowledge and Implementation: Progress is being made in increasing ILP Provider capacity to support children's progress in Social-Emotional skills through the provision of professional development activities described above. Measurement of progress toward this outcome was piloted through the use of the Social Emotional Practices Rating Scale (SEPRS) across 5 sites. The Service Delivery Committee, representing these 5 sites, has continued to develop and revise this form and is implementing it with a limited number of providers.

Meeting IFSP Goals: Measurement of this outcome has been integrated into our updated program self-assessment which was completed in June 2023. Results show that 49 children met their Social Emotional IFSP goals, 9 children reviewed did not have a Social Emotional goal, 15 goals had not yet been reviewed, and 34 were marked N/A with no further information. In the coming year, we will require additional information be provided if records reviewed are marked N/A, to improve our understanding of this data.

Data and Accountability (DA) progress:

New ILP Database: Development of the ILP database is complete and is fully implemented with all ILP programs. All database reports are functioning, and we continue ongoing refinements. The ILP Database manual is available for program reference and ILP Database training is available for new providers and local programs.

Data Entry: All programs enter program data in real time. Data is reviewed, cleaned and reported quarterly, with TA provider assistance as needed. The annual program self-assessment is completed in the database, and data is used to help inform Local Determinations. The ILP Database was utilized for analysis of children who did not make progress in Outcome Area 1 on a statewide basis, giving us valuable information about database design and reporting needs.

SSIP Measures and Program Performance: There were updates to the Program Self-Assessment this year, including expanded questions related to Child Outcome rating processes.

Stakeholder Engagement and Coordinated Stakeholder System: The ICC is strongly functioning with new leadership this year and all positions are filled. We are continuing to work more closely with the Parent Information and Training Center, Stone Soup Group, and are engaged in planning a parent conference related to transition. Several presentations were made to stakeholder groups, including SPP/APR data, COS analysis, discussion of policy changes, and a general overview of EI/ILP Data.

Responsive Database and ILP Program Data Use: The ILP database is currently responsive to the needs of the ILP Program. All quarterly reports and self-assessments are submitted via the database. Through work with the ILP Database Workgroup and the ILP Data Committee, we continue to develop additional local reporting capacity.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

NO

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

Professional Development and Technical Assistance (PD/TA):

Ensure Early Intervention provider's capacity to accurately assign Child Outcome ratings: We are continuing our work in setting standards for quality provider training and practices for the COS rating process. The COS Process training modules will become a required component of the Alaska Part C Credential this year. All providers previously trained will take the COS Knowledge Check, and all new providers will take the COS Process modules. After the first round of COS-KC, we will decide whether to require that it be taken annually by service providers. On the program level, this year programs will complete additional questions related to high quality COS processes on their annual program Self-Assessment.

Ensure that Alaska has a coordinated, high quality professional development system that is responsive to training needs related to Outcome Area 1:

Positive Social Emotional Skills: This cycle we will expand our statewide analysis of children who are not making progress in Outcome Area 1 to the local program level, providing data for each program on the characteristics of children who are not making progress. Additional data analysis and expanded engagement of local programs regarding their specific staff training needs will allow us to create a training plan which is responsive to the developmental concerns of those children who are not progressing and the training needs of each program. The Professional Development Committee is also planning a survey of program linked to these findings, in order to ensure we are meeting the needs of local programs.

Support Early Intervention provider's learning and implementation of evidence-based practices: Professional development training will continue to expand beyond IECMH into areas such as Autism, self-regulation, and strategies for supporting children with diagnosed conditions or who are medically fragile. We will also continue to focus professional development activities on core practices such as evaluation and IFSP goal writing, with an emphasis on these activities in relation to Outcome Area 1 and the COS Process. This year we will partner with the Alaska Home Visiting network to sponsor a virtual Home Visiting Conference, as well as continuing our partnership to develop and support the Alaska Infant Early Childhood Mental Health Conference.

These next steps will allow us to meet our PD/TA outcomes related to improving COS ratings, implementing a high-quality professional development system, and ensuring ILP Providers use evidence-based practices with fidelity to support infants and toddlers and their families.

Data and Accountability (DA):

Support State and Local ILP programs by enhancing the monitoring system and providing data tools which better guide decision making: The most important next step in this strand is to finalize the reporting functionalities of the ILP Database on its new, secure platform. Database training that was rolled out this year will be moved into our Learning Management system for new Coordinators and new Providers to access. We are continuing to work with the database workgroup to create and implement a required data quality checklist for quarterly reporting. Work with the IT Development team will continue as we troubleshoot any unanticipated problems, rebuild report functions, and begin work on new reporting functions.

The ILP Data Manager, Data Committee, and other committees have begun but not completed the review and update of tools which are part of the EI/ILP Monitoring System, working to ensure that all SSIP reporting is incorporated into TA, Quarterly Reporting, the Annual Self-Assessment and the site visit process. Integration of data driven decision making processes into the stakeholder process will continue with the development of a coordinated plan for data collection, analysis and reporting detailing the role of each committee. Work with the ICC will continue, with expanded efforts to engage in data discussions with additional committees which are part of the Alaska Governor's Council on Disabilities and Special Education. In addition, we will continue working more closely with our Parent Training and Information Center (Stone Soup Group) as an avenue for increased engagements with parents.

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

Evidence Based Practice Models implemented:
Circle of Security® Parenting™
Conscious Discipline®
Developmental, Individual Difference, Relationship-based (DIR®/Floortime™) Model
Facilitating Attuned Interactions (FAN)
More Than Words® (The Hanen Program® for Parents of Children with Autism Spectrum Disorder or Social Communication Difficulties)
Neurorelational Framework (NRF)
WONDERbabies (Ways of Nurturing Development through Enhancing Relationships)

Provide a summary of each evidence-based practice.

ILP Provider are trained to deliver the following evidence-based practices to families who are enrolled in Early Intervention services.

Circle of Security® Parenting™ – ILP Programs with providers trained in this model provide this 8-week parenting program to ILP enrolled families. This program is founded on the core elements of secure attachment to parents and professionals. The Circle of Security® protocol is based upon the following principles: 1. The quality of parent/child relationship shapes child behavior 2. Parents have innate wisdom and a desire for their children to be secure 3. Parents struggle without a coherent roadmap of their children's needs. 4. Supporting parent reflection on their strengths and struggles, allows them to make new choices in the direction of security. ILP Programs who provide this parenting program work with families in their home and community settings to implement principles of Circle of Security® in ways which help children meet their IFSP goals and improve social emotional outcomes.

Conscious Discipline® – ILP Providers trained in this model provide this social-emotional learning program to families enrolled in ILP during their home and community-based visits. Strategies from this program support first teaching parents about their own self-control and self-regulation, and then helping them teach self-regulation to their children. In helping parents see how they respond to upset and understand their emotions, providers support them in learning how to regulate themselves when they are triggered. In short, providers trained in this evidence-based practice teach parents how to be conscious as adults of what they are saying to children, and what behaviors they are modeling. ILP Providers use this evidence-based practice to improve social emotional outcomes and achieve IFSP goals.

Developmental, Individual Difference, Relationship-based (DIR®/Floortime™) Model – ILP Providers trained in this model utilize this evidence based intervention framework to support families in addressing the unique challenges and strengths of children with autism spectrum disorders (ASD) and similar developmental challenges. The DIR®/Floortime™ framework helps clinicians, parents and educators conduct a comprehensive assessment and develop an intervention program tailored to the child's unique needs. Utilizing DIR®/Floortime™ practices, providers teach families evidence based strategies for interacting with their child to build healthy foundations for social, emotional, and intellectual capacities. Strategies implemented are linked to IFSP goals and individual child social emotional needs.

Facilitating Attuned Interactions (FAN) – This model was developed by the Erikson Institute. ILP Providers trained in this model utilize this evidence-based intervention with ILP families to enhance the "attunement" between providers and parents on home and community-based visits. Providers who can model attunement on visits with families are able to strengthen the provider-parent relationship. In doing so, FAN practices allow providers to experience and reflect on attunement, leading to parents who are attuned to their children and ready to try new ways of relating to them. By supporting parent-child attunement through FAN practices on visit, providers help address IFSP goals and improve social emotional outcomes.

More Than Words® (The Hanen Program® for Parents of Children with Autism Spectrum Disorder or Social Communication Difficulties) – ILP Programs with providers trained in this model provide this 8 week parent program to families who are enrolled in early intervention services. More Than Words® is a family-focused, social pragmatic intervention program for young children with autism spectrum disorders. The goal of More Than Words®, is to empower parents to become the primary facilitator of their child's communication and language development, thereby maximizing the child's opportunities to develop communication skills in everyday situations. ILP Programs who provide this parenting program also work with families in their home and community settings to implement More Than Words® strategies in order to improve social emotional outcomes and meet IFSP goals.

Neurorelational Framework (NRF) – This model was developed by Dr. Connie Lillas, PhD, MFT, RN. ILP Providers trained in this model implement NRF strategies with enrolled ILP families to assist caregivers in supporting healthy early development in their child. Based upon the architecture of the brain, NRF provides assessment strategies and practices which support healthy development. NRF is based on three relevant features of brain development and growth influenced by early lived experiences: 1. Stress and stress recovery thresholds 2. Early onset of what is referred to as "procedural memories" that refer to the quality of experiences 3. Early expansion of brain networks and circuits that are experience dependent. ILP Providers utilize NRF strategies on home and community-based visits with families to work toward improved social emotional outcomes.

WONDERbabies (Ways of Nurturing Development through Enhancing Relationships) – This model was developed by Dr. Joy Brown, PhD, PCNS-BC, IMH-E®. ILP Providers trained in this model use this evidence-based framework designed to support newborns and young infants with health care needs, developmental disabilities and with those babies who have been deemed categorically eligible for Part C services. Components of WONDERbabies include the Presteps Model and the Babies Adaptive Behavior Inventory (BABI). ILP Providers use the BABI Observation Template to develop a comprehensive view of the adaptive functioning of the newborn and young infant. They apply practices from this evidence-based model in early intervention sessions with families to support the progression of the caregiver-infant relationship as the infant develops. Supporting these early relationships helps parents and their infants make progress toward IFSP goals and improved social emotional outcomes.

Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.

The following Evidence Based Practices are implemented in various local ILP Programs in Alaska and are intended to impact the SiMR by changing provider practices utilized during the delivery of early intervention services, resulting in changes in parenting behaviors and improvements in the social emotional outcomes of infants and toddlers.

The state Part C system has supported programs in accessing introductory and advanced trainings in these models, in order to improve child outcomes. As a result of these trainings, ILP Providers have changed their practices in ways which support positive parent-child relationships, increase parents' capacity to respond to their child's social emotional and developmental needs, and result in improved Child Outcome Area 1: Positive Social Emotional Skills progress for children.

ILP Providers in local programs draw on their individual and varied disciplines, backgrounds and training when providing Early Intervention services to families. Interventions are selected for individual families based on provider capacity, family preferences and child developmental needs. Provider's ability to support children's social emotional development is measured through the Social Emotional Practices Rating Scale (SEPRS), which has been

developed to assess an ILP Provider's capacity to support infant and toddler's social emotional development through a variety of evidence-based models.

Circle of Security® Parenting™ - ILP Providers trained in this model learn to facilitate the participation of parents and other caregivers in 8 weeks of group learning sessions which systematically leads parents to learn and reflect on the principles of the Circle of Security®. Providers work with parents in class and during early intervention home visits to support the parent's capacity to respond to their child's social emotional needs. Principles and practices of this model are also taught to parents directly in a home visiting setting. This program results in changes in the parent-child relationship, impacting both parent and child outcomes and supporting improved social emotional outcomes for infants and toddlers.

Conscious Discipline® - Training in this model teaches ILP Providers to provide Conscious Discipline® strategies to parents and caregivers on early intervention home visits and/or in group classes with parents. Providers use strategies they learned through the Conscious Discipline® framework to support parents' reflective capacity, improve parenting knowledge and skills, increase parents' ability to manage their own emotions and respond to children's challenging behaviors. By supporting the parent-child relationship and teaching parents concrete skills, providers impact both parent and child outcomes, resulting in improved social emotional outcomes for children.

Developmental, Individual Difference, Relationship-based (DIR®/Floortime™) Model – Providers trained in this model learn to assess the functional emotional capacities of young children across 6 areas. They learn to look at the whole child and all of their individual differences. Providers work closely with the parents and other team members to develop a Floortime™ program which is individualized to the child and family's needs and capacity. Providers utilize parent coaching strategies to help parents strategically promote their child's development. This comprehensive approach addresses the unique challenges and strengths of children with Autism Spectrum Disorders (ASD) and other developmental challenges. The objectives are to build healthy foundations for social, emotional, and intellectual capacities, resulting in improved social emotional outcomes for children.

Facilitating Attuned Interactions (FAN) – Providers trained in the FAN model learn to facilitate attuned interactions utilizing the strategies of self-regulation, empathic listening, collaborative exploration, capacity building and reflection. They are able to move through these strategies on any home visit to support increased parental confidence, strengthen the parent/child relationship and promote health development of the parent and child. FAN model interventions work by strengthening the provider-parent relationship. This creates a foundation for parents to be attuned to their child, support the child's self-regulation and social emotional learning, and improve social emotional outcomes. This model lays a foundation for effective home visits which result in improved parent and child outcomes.

More Than Words®, The Hanen Program® for Parents of Children with Autism Spectrum Disorder or Social Communication Difficulties – This program teaches Speech Language Pathologists to facilitate a program consisting of a pre-program consultation, 8 small group training sessions, and 3 individualized video feedback sessions. In class sessions and on Early Intervention home visits providers teach parents specific strategies to help their child reach the following three goals: 1. Improved social communication and back-and-forth interactions 2. Improved play skills 3. Improved imitation skills. Providers help parents learn what motivates their child, how increase the length of their interactions, and how to adapt their speech to support child understanding. Parents gain new skills in this program, supporting the successful completion of IFSP goals and improved social emotional outcomes.

Neurorelational Framework (NRF) –ILP Providers trained in NRF framework learn to view early childhood development through a new framework of understanding. Through the concepts of stress and stress recovery thresholds, procedural memories, and experience-dependent brain development, providers trained in this model are able to assess stress and recovery responses, observe the quality of parent-child engagement, and support parent and child regulation. Providers help caregivers learn to recognize and respond to stressors, engage with their child in supportive ways, and individualize supports for their child's sensory and self-regulation needs. These targeted strategies support parent and child outcomes and lead to improved social emotional skills in children.

WONDERbabies (Ways of Nurturing Development through Enhancing Relationships) Model – Training in this model gives ILP Providers the skills to assess and support the adaptive functioning of newborns and young infants. Providers learn to train parents to understand and respond to the unique developmental needs of premature, medically fragile, developmentally disabled, or other high-risk newborns and young infants. First, caregivers learn to observe body functions, arousal and sleep, interactions, eating and soothing behaviors, then they learn to support their child by providing predictability, sleep organization, timing and pacing, environmental modifications, positioning, and soothing supports. When ILP Providers support parents in caring for their infant they build responsive attachment relationships which support positive social emotional outcomes.

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

The Alaska EI/ILP Program has developed the Early Intervention Service Provider Self-Assessment and the Social Emotional Practices Rating Scale (SEPRS) to gather information about provider's strengths and needs related to the provision of early intervention services. The Self-Assessment has been implemented at 5 programs in the state. Feedback from the programs is that the process of completing the SEPRS is useful as a way to engage with providers on reflection and goal setting in strengthening their evidence-based practices related to supporting young children's social emotional as well as supporting the parent-child relationship. However, it has been discussed that it is less helpful for brand-new providers while they are learning the basics of home visiting. In addition, it requires a supervisor or reflective supervisor who is skilled in evidence-based practices supporting social emotional development and parent-child relationships, which is not always available in Alaska's small ILP programs. These barriers as well as barriers related to ILP Coordinator and ILP Provider staff turnover and vacancies, have led us to focus the SEPRS implementation to these 5 larger programs in the state. We are working on the staff section of our data system which will allow these programs to submit and analyze SEPRS data.

The Provider Self-Assessment is a professional development tool for use by Early Intervention Service (EIS) providers at local Infant Learning Programs (ILP.) Its intent is to increase provider competencies related to infant mental health by identifying competency areas which are training priorities and guiding the development of the provider's Individualized Professional Development Plan. The Self-Assessment is completed by the Early Intervention Service providers who have completed their Part C Credential and their first year in the Infant Learning Program then annually thereafter. The self-assessment is intended to identify competency indicators which require additional training to use as a base for their professional development plan each year. The Provider Self-Assessment incorporates AK-AIMH competencies to advance the training needs of providers while completing the requirements for AK-AIMH endorsement.

The Alaska EI/ILP Social Emotional Practices Rating Scale is designed to target specific practices related to a provider's ability to support young children's social emotional development. It documents strengths and areas for growth in provider's utilization of evidence-based practices targeting infant/toddler social emotional development. The assessment framework is based on research related to the effects of early relationships on development. Specific practices based on important principles in infant/toddler social development are explored in this reflective process. Fidelity to these evidence-based practices during service delivery are considered. This tool is not intended to measure the fidelity of implementation of one specific evidence-based practice model, but rather are core practice areas that are addressed by the various evidence-based practices used in Alaska. These

practices were defined in collaboration between Professional Development Committee, Alaska State ILP Office, Karen Finello and the Early Childhood Technical Assistance Center, and the IDEA Early Childhood Data Center.

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

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

The state ILP office and local programs plan to continue to provider training and implementation of these evidence-based practice models and frameworks during the next reporting period. The evidence-based practices highlighted here have been selected to increase provider's knowledge of practices which support children's development related to Child Outcome Area 1 and to support providers in implementing those practices with fidelity. Skills providers implement from these evidence-based practices will support their ability to demonstrate evidence-based practice on the Social Emotional Practices Rating Scale (SEPRS). Introductory and advanced trainings will help us achieve PD/TA outcomes of increasing providers knowledge of practices which support social emotional development and implementing these practices with fidelity, so that we can increase the rate of growth of infants and toddler's social emotional skill by the time they exit EI/ILP.

Evidence Based Practice Models implemented:

Circle of Security® Parenting™ - Local ILP Programs who have been trained in this model will continue to provide online and face to face classes and utilize concepts when providing virtual and in-person home visits. Additional providers will continue to receive training on a local level with funding from their approved budgets. One local program has completed fidelity coaching with Circle of Security® developers and we are exploring their capacity to provide fidelity coaching in the state. Participation in fidelity coaching will be expanded to more programs.

Conscious Discipline® - Local ILP Programs who have providers trained in this model will continue to provide online and face to face classes and utilize concepts when providing virtual and in-person home visits. One local program implements this model across their organization and plans to train any new providers on a local level.

Developmental, Individual Difference, Relationship-based (DIR®/Floortime™) Model - Local ILP Programs who have been trained in this model will continue to utilize concepts when providing virtual and in-person home visits. Two local ILP Programs have staff who have progressed into the DIR Floortime Advanced Certificate program and will continue this work.

Facilitating Attuned Interactions (FAN) - Local ILP Programs who have been trained in this model will continue to utilize concepts when providing virtual and in-person home visits. This year, we successfully provided FAN Supervisor training to assist ILP Program managers in supporting their staff who use the FAN Model. We will continue to provide FAN Core Training for ILP staff. We have 2 providers who are in final stages of training as official FAN trainers, and are considering expansion of Train-the-Trainer to ensure the continuance of our network of FAN training within the state ILP system.

More Than Words® (The Hanen Program® for Parents of Children with Autism Spectrum Disorder or Social Communication Difficulties) - Local ILP Programs who have been trained in this model will continue to provide online group classes and utilize More Than Words® concepts when providing virtual and in-person home visits. Several local programs now utilize the companion training, 4 "I"s to Socialize™: Coaching Parent of Children with Autism and Social Communication Difficulties, and the state plans to continue to make this training available to interested program statewide. This adjunct model is designed for Early Interventionists from all disciplines.

Neurorelational Framework (NRF) - Local ILP Programs who have been trained in this model will continue to utilize concepts when providing virtual and in-person home visits. No further state sponsored training is planned in this model.

WONDERbabies (Ways Of Nurturing Development through Enhancing Relationships) - Local ILP Programs who have been trained in this model will continue to utilize concepts when providing virtual and in-person home visits. The state is committed to supporting one BABIES Learning Collaborative per year and one training in the BABI tool for graduates of the collaborative.

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

YES

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

Alaska continues an upward trajectory of progress toward the SiMR.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). Throughout this fiscal year, EI/ILP worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyze regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. State training and meetings with stakeholders focused on providing foundational knowledge of Part C regulations, compliance, and results, in order to support participants in understanding and engaging in decision-making. During meetings with stakeholders, we presented information on data. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps chosen with stakeholders as partners in decision-making.

During this fiscal year, the following community partner organizations participated in ongoing meetings: Governor's Council on Disabilities and Special Education (GCDSE); Part C Interagency Coordinating Council (ICC); Local EI/ILP Program Providers; Alaska Infant Learning Program Association (AILPA); Department of Education and Early Development Part B 619 (DEED); Alaska Early Childhood Coordinating Council (AECCC); Alaska Mental Health Trust Authority (AMHTA); Universal Developmental Screening Advisory Committee (UDSAC).

In addition to these ongoing collaborative meetings, specific stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The

community partners listed above participated and assisted EI/ILP in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, trends over time, and gave clear information about whether targets were met and shared that there was no slippage in Indicators this year. Indicators where targets were not met and/or where slippage occurred were discussed in greater depth, and decisions made about next steps to address slippage. Participants asked clarifying questions and provided information on community factors which may have impacted results. Specific meetings held to discuss this fiscal year's SPP/APR and SSIP included: ICC Leadership Team; ICC Finance Subcommittee; EI/ILP Data Committee meeting; Public stakeholder meeting via Zoom; EI/ILP Coordinators and Leadership Team meeting; Division of Senior and Disabilities Services leadership meeting.

Representation on the ICC includes stakeholders from the close community partners listed above, as well as: Parents of children who experience disabilities; Self-advocates; Early Intervention Service Providers; State legislator; Senior and Disabilities Services, Disability Law Center of Alaska; Stone Soup Group Parent Training and Information Center (SSG); LINKS Mat-Su Community Parent Resource Center; Private practice service providers; Early Hearing Detection and Intervention Program; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Division of Behavioral Health; University of Alaska; Public Health; Child Protection; DEED 619 Coordinator; Medicaid; Health Insurance; Head Start. Seven meetings with the public and committees with a total of 72 attendees were conducted to discuss ILP SPP/APR and SSIP data.

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

The Alaska Part C System works on an ongoing basis with community partners to collaborate on the development and implementation of key improvement activities related to the SSIP. During ongoing meetings with key partners including the ILP Service Delivery Committee, ILP Coordinators, ILP Leadership Team, Alaska Early Childhood Coordinating Council, MIECVH, and the IECMH Conference Planning Committee, we engage in work supporting the SSIP Action plan and provide updates on our progress in completing them. Partners provided information about the regional and statewide needs of infants and toddlers and their families. Conversations and feedback from stakeholders were considered in the revision of the Theory of Action, Logic Model and SSIP Action Plan for the current 6-year cycle. Ongoing, continuous feedback and communication occurs in meetings through our committee structure and monthly ILP Coordinator meetings.

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

NO

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

See Action Plan for detailed information regarding all activities, data collection and analysis, evaluation plan measures and timelines related to activities and outcomes. <https://health.alaska.gov/dsds/Pages/infantlearning/reports/default.aspx>

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

See Action Plan for detailed information regarding all activities, data collection and analysis, evaluation plan measures and timelines related to activities and outcomes. <https://health.alaska.gov/dsds/Pages/infantlearning/reports/default.aspx>

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

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

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:

Anthony Newman

Title:

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