

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

**For reporting on
FFY 2023**

Alaska



**PART C DUE
February 3, 2025**

**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) and early intervention service (EIS) providers and EIS programs meet 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. 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. Children are eligible for Early Intervention services in Alaska if they have a qualifying diagnosed condition, 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.

The Early Intervention/Infant Learning Program (EI/ILP) Unit maintains a clear line of authority 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. The Alaska EI/ILP program provides fiscal oversight in partnership with several divisions, including:

1. SDS administrative staff, including Administrative Operations Manager
2. Department of Administration, Division of Finance State Single Audit
3. DOH, Audit Section
4. DOH, Division of Healthcare Services (Medicaid)
5. DOH, Grants and Contracts Unit
6. DOH, Finance and Management Services (FMS)
7. DOH, Information and Technology Unit

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>), which advises and assists the lead agency in providing oversight.

The State Lead Agency ensures the provision of EI/ILP services across the state through 15 Local EI/ILP Programs. These programs are contracted through a competitive process every 3-5 years. Programs agree to provide all required components for Part C IDEA services in their region with program staff who meet requirements and follow evidence-based practices. Programs are responsible for the coordination and delivery of all required activities and services outlined in the EI/ILP Program Goals & Anticipated Outcomes, included in the EI/ILP Contract. They are required to access all sources of funds for services, including Medicaid and private health insurance.

To address the various challenges 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 (System for Early Education Development) 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.

General Supervision and Integrated Monitoring

To ensure Alaska EI/ILP Providers are meeting the requirement of Part C of IDEA, the Alaska ILP has integrated monitoring procedures to include a combination of off-site and on-site procedures such as desk reviews, data verification, interviews, focus groups, record or document reviews, and program self-assessments. These tools ensure that the state has a reasonably designed system of general supervision and oversight that results in compliance with IDEA and improved results for children and families. The monitoring procedures identify the activities or combination of activities used to collect data for IDEA compliance and results indicators, and IDEA related requirements. Lead Agency staff determine whether Regional EI Programs are correctly implementing requirements for the coordination of resources, payor of last resort, and system of payments.

Integrated monitoring includes activities such as:

1. Data review and verification
2. Records review
3. Focus groups
4. Complaints (formal and informal)
5. Due process
6. Fiscal monitoring and review of audit findings
7. Review of contract performance and deliverables
8. Annual database reports
9. Annual self-assessment
10. Staff, family and provider interviews during on-site visits

Integrated monitoring procedures identify the activities or combination of activities used to collect data for IDEA compliance and results indicators, and related IDEA requirements. Lead Agency staff determine whether Regional EI Programs are correctly implementing requirements for the coordination of resources, payor of last resort, and system of payments.

Comprehensive Program monitoring is a process by which selected Regional EI Programs are more intensively monitored by Alaska ILP Part C staff using both off-site and on-site monitoring activities. Each Regional EI Program participates in comprehensive monitoring at least every six years. The state review team conducts record reviews, parent and provider interviews, and administrative, personnel and fiscal reviews. The process validates data from the ILP data system, evaluates documentation of services, and assesses the Regional EI Program's performance on quality measures and efforts

to improve outcomes for all infants and toddlers with disabilities or developmental delay and their families. Follow-up technical assistance is provided based on need. Comprehensive program monitoring also allows Alaska ILP staff to determine if the Regional EI Program's strategies have resulted in qualitative and quantitative improvements. It also helps create specific, tailored activities if improvement has not been achieved or sustained. The Lead Agency may also perform focused monitoring on emergent issues in a specific region if any are discovered through fiscal or programmatic data reviews, technical assistance, or informal and formal dispute resolution processes.

Fiscal Monitoring and Enforcement: Each EIS Program submits a quarterly and annual financial report to the Alaska DOH Lead Agency 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. If EI/ILP receives an informal complaint, the complainant is informed of their rights under Alaska's Dispute Resolution policies and offered assistance in enacting those rights.

Additional information related to data collection and reporting

Determinations of compliance for Indicators 1, 7, 8a, 8b and 8c and related requirements as well as local determinations are made shortly after the fiscal year closes. Findings of noncompliance from each year's data set are issued by October after the fiscal year closes. As an example, if noncompliance occurred in the FFY22 data set (July 1, 2022, to June 30, 2023), letters of finding were issued in FFY23 (October 2023) and correction of noncompliance from the FY22 data set was reported on in the FFY23 SPP/APR (February 2025). When reporting on "Correction of Findings of Noncompliance Identified in FFY2022" Alaska is reporting on correction of findings of noncompliance that occurred in the FFY2022 data set of services provided from July 1, 2022, to June 30, 2023.

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). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:

Describe the process the State uses to select EIS providers and/or EIS programs for monitoring, the schedule, and number of EIS providers/programs monitored per year.

Alaska ILP monitors each Regional EI Program annually for the SPP/APR Compliance and Results Indicators, Related Requirements, and Fiscal Measures, and conducts comprehensive program monitoring with data verification and community input once every six years. Additionally, the Lead Agency can choose to complete focused monitoring with a Regional EI Program at any time emerging issues are identified. The state identifies emergent issues using formal and informal dispute resolution processes, information gathered through technical assistance and professional development activities, and other components of the general supervision system.

All EIS programs and providers participate in the following integrated monitoring activities:

Annual Program Monitoring:

Within 30 days of the close of each state fiscal year, local programs are required to enter and verify accuracy of every child's 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, 7, 8A, 8B and 8C. Alaska EI/ILP utilizes a full year of data for every child referred, enrolled, and exited in each program to determine compliance with these compliance indicators and related requirements.

Annual 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 select related requirements and quality indicators. Associated child records are submitted to the ILP State Team for data validation and review. There are 20 questions on the Self-Assessment. A few examples of self-assessment review questions include:

1. Is there evidence that the parent was given written prior notice before each of the following events and that the content of the notice clearly described the action that will be taken and its purpose:
 - a. Developmental screening, if provided?
 - b. Initial evaluation?
 - c. Initial IFSP meeting?
 - d. Each subsequent IFSP meeting?
 - e. Each subsequent evaluation?
 - f. Transition Conference?
 - g. Discontinuing/exiting services?
2. Was parental consent obtained prior to the following:
 - a. Conducting screening, if completed?
 - b. Conducting the Initial evaluation and assessment?
 - c. Providing IFSP Services?
4. Is there evidence that two or more disciplines or professions were involved in provision of integrated and coordinated services, including each of the following:
 - a. Initial Evaluation?
 - b. Annual Evaluation/Assessment?
 - c. Development of the IFSP?
 - d. Service delivery?

5. Did the initial evaluation and assessment include a review of pertinent information from other sources in the following situations:
- If medical or other records were used to establish eligibility for services, including documentation of a diagnosed condition or a developmental delay, does the child's record contain medical records which reflect these conditions?
 - If Informed Clinical Opinion was used to establish eligibility, is the reason for eligibility clearly documented in the child's record, and supported by evidence such as team discussion, medical or other records, documented observations, or informal assessments?

14. Is there evidence that all services were provided and correctly documented on the IFSP as described below:

- Were all services provided as specified on the IFSP?
- Was the correct payor source identified on the IFSP for all services, ensuring that Part C funds were only utilized if no other payor source was available?
- Is there documentation in the child's chart that the correct payor source was billed?

20. Is there evidence the consent requirements were met when accessing a parent or child's public or private insurance to pay for early intervention services, as described in the following:

- Was parental consent obtained prior to the use of public or private insurance to pay for the initial provision of an early intervention service in the individualized family service plan?
- For children with private insurance, was parental consent obtained each time consent for services was required due to an increase (in frequency, length, duration, or intensity) in the provision of services in the child's individualized family service plan?
- Was parental consent obtained when the use of private insurance is a prerequisite for the use of public benefits or insurance?
- Were parents provided a copy of Alaska's System of Payment policies when parental consent is required for the use of their public or private insurance to pay for the initial provision of an early intervention service on an IFSP and each time consent is required due to an increase in the provision of services?

Annual 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. This is conducted annually August-October.

Comprehensive On-Site Monitoring:

Selection of EI/ILP Providers and frequency of comprehensive on-site monitoring: Two to three programs are selected per year for comprehensive 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. Each program participates in comprehensive on-site monitoring at least once every 6 years.

The Alaska ILP General Supervision System uses information from monitoring activities to:

- Support continuous improvement through technical assistance and professional development
- Identify noncompliance and performance issues on an ongoing basis
- Ensure that Regional EI Programs are compliant with IDEA, SPP/APR indicators, and state priority areas
- Correct and verify areas of noncompliance.

Describe how child records are chosen, including the number of child records that are selected, as part of the State's process for determining an EIS provider's and EIS program's compliance with IDEA requirements and verifying the EIS provider/program's correction of any identified compliance.

Annual Program Monitoring:

Each year Regional EI Programs enter data into the ILP data system for each and every child referred, enrolled and exited from their program. Every child record is monitored for compliance with indicators, related requirements, and data accuracy.

Annual Program Self-Assessment:

The number of files to be reviewed for each program's self-assessment is determined utilizing the Raosoft® Sample Size Calculator at <http://www.raosoft.com/samplesize.html>, with a margin of error of 15% and a confidence interval of 85%. The number of records to be reviewed is entered into the ILP database, which then randomly selects the indicated number of child records for review.

Comprehensive On-Site Monitoring

A set of child identification numbers from the ILP Database is generated as a list of child records to be reviewed during the on-site monitoring period. The number of files to be reviewed is determined utilizing the Raosoft® Sample Size Calculator at <http://www.raosoft.com/samplesize.html>, with a margin of error of 10% and a confidence interval of 90%, based on the program's most recent child count. A randomizer built into Appendix I – Record Selection Form randomly selects the appropriate number of child records for review.

While on-site for comprehensive monitoring, Lead Agency staff review children's records to examine original source documents. They validate whether the data in the child records matches the data the program has entered into the ILP Database utilizing the File Review Form (Appendix J of the General Supervision Manual). Regional EI Programs are responsible for providing selected child records on the first day of the monitoring. After the conclusion of on-site monitoring, Alaska ILP conducts a debrief meeting with the Regional EI Program, provides a summary of the visit, and identifies timelines for post-monitoring activities. A detailed monitoring report describes the program's performance related to data accuracy, data quality and documentation, and also addresses areas in need of improvement and actions that must be taken to make these improvements.

If noncompliance is identified through any monitoring activity, the Regional EI Program will be encouraged to correct the noncompliance as soon as possible but are required to correct within one year of the identification of the noncompliance. The date of the findings letter and monitoring report serve as the date of the identification of the noncompliance. The state uses updated and subsequent data collected through the ILP database or submitted by the Regional EI Program to verify correction of noncompliance. Timely correction of noncompliance is tracked in the ILP database, through corrective action plans and by utilizing tools for submission of evidence that demonstrates correction of noncompliance.

Describe the data system(s) the State uses to collect monitoring and SPP/APR data, and the period from which records are reviewed.

The Alaska EI/ILP web-based data system provides the EI/ILP state team with detailed information regarding each and 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.

Data is collected and reviewed on each and every child for the entire fiscal year. Data validation occurs as a component of on-site monitoring, at least every 6 years for each program, as well as during annual program self-assessments.

The data system described above is utilized for the purposes of cleaning data quarterly and analyzing on an annual basis. Programs submit quarterly financial reports to include spending of their Part C, state and local funds. In addition, to their self-assessment data, programs submit data on point-in-time child count, and child outcomes data annually. Multiple data sources are used to respond to the reported monitoring indicators. The EI/ILP web-based data system collects data on all IDEA Indicators. Other data sources, such as program self-assessment, program record review, and onsite data verification are used to ensure the integrity of local data. Data analysis at the state office is used to monitor all programs once annually on their performance with the SPP/APR required indicators and selected other state quality indicators and to identify noncompliance. On a quarterly basis, programs are required to ensure that their data is up to date and correct in the web-based data system and are provided feedback and assistance from Technical Assistant staff to identify any training or procedural updates that may be needed. Annual monitoring data is used to respond to SPP indicators, including the SSIP and SiMR, to develop the APR, and to update the SSIP.

Describe how the State issues findings: by EIS provider and/or EIS program; and if findings are issued by the number of instances or by EIS provider and/or EIS program.

Findings are issued by EIS Program and not by individual child.

Noncompliance is identified for each compliance indicator or related requirement where the program does not meet the target or compliance requirement. Programs are issued a separate, formal letter of finding when noncompliance is identified, within 90 days of identifying noncompliance, stating the required actions the EIS program must take to correct the noncompliance and that it must be corrected, no later than one year from the date of the letter. Findings may be issued as a result of a program's annual local identification of compliance (local determination) or at any time Alaska EI/ILP becomes aware of noncompliance.

Programs must complete a corrective action plan in the EI/ILP database for any indicator which is found to have non-compliance. All findings of noncompliance must be corrected within one year of the date of the notification letter from the state to the local program. Timely correction of noncompliance is tracked in the EI/ILP database, through corrective action plans, and by submission of evidence that supports correction of both programmatic and individual instances of noncompliance. The state verifies correction (e.g., that the program is implementing the requirements in accordance with IDEA at 100% and that each individuals' child's noncompliance has been corrected) and then sends a letter to the program documenting that they are now considered to be correctly implementing the requirement.

If applicable, describe the adopted procedures that permit its EIS providers/ programs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).

Alaska does not allow pre-finding corrections.

Describe the State's system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need of improvement, used as necessary and consistent with IDEA Part C's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State policies.

Enforcement of correction of non-compliance is done in a systematic, progressive manner to address areas in need of improvement. The following describes the progressive nature of enforcement of non-compliance based on annual determinations. Programs that demonstrate non-compliance will be placed into one of the following categories:

Needs assistance:

If DOH determines, for two consecutive years, that an EIS Program needs assistance in implementing the requirements of Part C of IDEA, DOH EI/ILP takes one or more of the following actions:

- a. Advises the EIS Program of available sources of technical assistance that may help the EIS Program address the areas in which the EIS Program needs assistance, which may include assistance from DOH EI/ILP and technical assistance providers including Federally funded nonprofit agencies and requires the EIS Program to work with appropriate entities. This technical assistance may include:
 - i. The provision of advice by experts to address the areas in which the EIS Program needs assistance, including explicit plans for addressing the areas of concern within a specified period of time.
 - ii. Assistance in identifying and implementing professional development, early intervention service provision strategies, and methods of early intervention service provision that are based on scientifically based research.
 - iii. Designating and using administrators, service coordinators, service providers, and other personnel from the EIS Program to provide advice, technical assistance, and support; and
 - iv. Devising additional approaches to providing technical assistance, such as collaborating with institutions of higher education, educational service agencies, national centers of technical assistance supported under Part D of IDEA, and private providers of scientifically based technical assistance.
- b. Identifies the EIS Program as a high-risk grantee and imposes special conditions on the EIS Program's grant under Part C of IDEA.

Needs intervention:

If DOH EI/ILP determines, for three or more consecutive years, that an EIS Program needs intervention in implementing the requirements of Part C of IDEA, the following apply:

- a. DOH EI/ILP may take any of the actions described in paragraph (1) of this section.
- b. DOH EI/ILP takes one or more of the following actions:
 - i. Requires the EIS Program to prepare a corrective action plan or improvement plan if DOH EI/ILP determines that the EIS Program should be able to correct the problem within one year.
 - ii. Seeks to recover funds under section 452 of GEPA, 20 U.S.C. 1234a.
 - iii. Withholds, in whole or in part, any further payments to the EIS Program under Part C of IDEA.
- c. Refers the matter for appropriate enforcement action.

Needs substantial intervention:

Notwithstanding (1) or (2) above, at any time that DOH EI/ILP determines that an EIS Program needs substantial intervention in implementing the requirements of Part C of IDEA or that there is a substantial failure to comply with any requirement under Part C of IDEA by the EIS Program, DOH EI/ILP takes one or more of the following actions:

- a. Recovers funds under section 452 of GEPA, 20 U.S.C. 1234a.
- b. Withholds, in whole or in part, any further payments to the provider agency under Part C of IDEA.
- c. Refers the matter for appropriate enforcement action.

Describe how the State makes annual determinations of EIS program performance, including the criteria the State uses and the schedule for notifying EIS programs of their determinations. If the determinations are made public, include a web link for the most recent determinations.

Components of the annual Local Determinations scoring process include information from the desk audit and information, general requirements, and performance on SPP/APR compliance indicators, self-assessment data and related IDEA requirements

DOH EI/ILP annually determines, in accordance with 34 CFR §§303.700 - 303.703, whether each EIS Program:

1. Meets the requirements and purposes of Part C of IDEA;
2. Needs assistance in implementing the requirements of Part C of IDEA;
3. Needs intervention in implementing the requirements of Part C of IDEA; or
4. Needs substantial intervention in implementing the requirements of Part C of IDEA.

A Local Determination letter is sent to each Regional EI Program, by October 30th of each year, explaining the reasons for their determination and any steps that need to be taken as a result of the determination. The program's data and scoresheet accompany the letter. The letter provides a summary of each program's performance on each Alaska monitoring indicator and related requirements. Regional EI Programs are requested to confirm the data or provide copies of documentation that substantiate that data entry was not correct if the program does not agree with the data as reported. This information must be submitted within 30 days of receiving the determination from the state. Following confirmation or correction of the Regional EI Program data, the state uses the data to:

1. Make status determinations of local program performance
2. Select programs for on-site monitoring visits
3. Identify areas of noncompliance and low performance
4. Notify programs of these findings and decisions
5. Use these data to respond to the SPP/APR in the subsequent year
6. Identify areas for technical assistance

By compiling and reviewing all the relevant data at one point in time annually, Alaska ILP staff ensures the consistency in their use and application to each Regional EI Program.

Notice and opportunity for a hearing

1. Alaska ILP provides reasonable notice and an opportunity to appeal local determinations.
2. In order to appeal, the program must submit a written statement of appeal to the Part C Coordinator within 14 days.
3. Review of appeal consists of a review of the written statement of appeal and any documentation submitted with the appeal that demonstrates why Alaska ILP should not make the determination described.
4. The Part C Coordinator will make a final determination and inform the Regional EI Program.

The following criteria are used to make annual program local determinations:

Element A – General Requirements – 1 to 4 points each

1. Meet EDGAR requirements with no significant audit findings
2. Correct noncompliance within one year, with no uncorrected noncompliance
3. Submit timely, complete, and accurate data in quarterly narrative and revenue reports, cumulative fiscal reports, self-assessment, and child count, and annual reports
4. Data quality score

Element B – Compliance Reporting Indicators - 1 to 4 points each

1. Indicator 1: Timely Services
2. Indicator 7: 45-Day Timeline
3. Indicator 8A: Steps and services
4. Indicator 8B: LEA Notification
5. Indicator 8C: Transition conference

Element C – Self-Assessment questions and sub-questions – 1 to 4 points each

1. Prior Written Notice
2. Parental Consent
3. Family Native Language
4. Multidisciplinary Service Providers
5. Parent Observations in Assessment Reports
6. Quality Child Outcome Ratings
7. Family Assessment Completed or Declined
8. Evaluation Diagnosis and ICO
9. All Domains Evaluated
10. IFSP - Social Emotional Goals Met (SSIP)
11. Annual Assessment Focuses on Strengths & Needs
12. Quality IFSP Goals
13. Appropriate IFSP Services and Outcomes
14. All IFSP Services Provided and Billed
15. Activity Notes Reflect Routines Based Interventions
16. Missed services Rescheduled
17. Primary Provider Supports Family
18. Evidence Based Practices Implemented
19. Timely Transition Conference Scheduling
20. System of Payment Consent Signed - Public/Private

Element D Results Data – 1 to 4 points each

1. Services in Natural Environments
2. 3A1. S/E increased growth
3. 3B1. Knowledge increased growth

4. 3C1. Behavior increased growth
5. 3A. S/E increased growth
6. 3B. Knowledge increased growth
7. 3C. Behavior increased growth
8. 3. Percent entry/exit ratings
9. 4A. Knows rights
10. 4B. Communicate Needs
11. 4C. Help Child Learn
12. Percent of enrolled age birth to 1
13. Percent of population enrolled birth to 3

Scores for each element are weighted and calculated into an average score, used below.

Local Determination Scoring Rubric:

Meets Requirements (MR) (Any score greater than 3.5 and conditions below considered) > 3.5

1. Agency has no audit findings
2. Agency has no uncorrected noncompliance
3. Agency has substantial compliance with timely and accurate data
4. Agency has no or isolated compliance concerns
5. Agency has 100-90% compliance on related and results

Needs Assistance (NA) (Score below 3.5 but above 2.5 and conditions below considered) < 3.5

1. Agency may have audit findings of low concern
2. Agency has uncorrected noncompliance
3. Agency has less than substantial compliance with timely and accurate data (score of 2 or 1)
4. Agency has systemic compliance concerns
5. Agency has below 90% compliance on related and results

Needs Intervention (NI) (Any score AND conditions below are met) < 2.5

1. Agency has significant audit findings (*NI or NSI required)
2. Agency has uncorrected noncompliance of 2 years (*NI required)
3. Agency has less than substantial or minimal compliance with timely and accurate data (score of 2 or 1)
4. Agency has significant systemic compliance concerns
5. Agency has <80% compliance on related and results

Needs Substantial Intervention (NSI) (Any score AND conditions below are met < 2.5) Program must have been in Needs Intervention for 2 consecutive years

1. Agency has significant audit findings 2 years or more (*NSI required)
2. Agency has uncorrected noncompliance of 3 years (*NSI required)
3. Agency has minimal compliance with timely and accurate data (1) (*NSI required)
4. Agency has significant and ongoing systemic compliance concerns
5. Agency has a performance of < 70% on related and results

Levels of Concern:

1. Isolated Compliance Concerns: limited number of instances related to 1 requirement
2. Systemic Compliance Concerns: numerous instances related to 1 requirement; limited number of instances related to two or three requirements
3. Significant Systemic Compliance Concerns: many instances related to 1 requirement; limited or many instances related to three or more requirements
4. Significant and Ongoing Systemic Compliance Concerns: many instances related to three or more requirements; persistent unresolved correction of instances of noncompliance.

In accordance with federal requirements, the Alaska EI/ILP annually reports both state and regional program performance data (e.g., 618 and SPP/APR data) to the public. At a minimum the SPP/APR and each regional program's performance on SPP/APR indicators 1 through 8 (timely services, natural environments, child outcomes, family outcomes, children serviced birth to age one and birth to age three, 45-day timeline and transition steps, notification, conference) are publicly reported on the web. The report on program performance includes state targets and each regional program's percentage (and numbers) in comparison to the targets. The Alaska ILP makes every effort to ensure the data are understandable to a wide variety of audiences (e.g., parents, advocates, administrators, state policy makers, service providers).

Alaska ILP/Part C Early Intervention local program performance on SPP/APR indicators 1-8 is available on Alaska Department of Health website, within 120 days of submitting the state's SPP/APR to OSEP each year, at: <https://health.alaska.gov/en/senior-and-disabilities-services/early-intervention-infant-learning/ilp-public-reporting/>

Provide the web link to information about the State's general supervision policies, procedures, and process that is made available to the public.

<https://health.alaska.gov/en/senior-and-disabilities-services/early-intervention-infant-learning/ilp-public-reporting/>

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 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 provide technical assistance (TA) to the 15 Local EI/ILP Programs. Each year, the Alaska ILP informs and provides TA to Regional EI Program administrators and staff regarding expectations, procedures and tools that will be used for:

1. Collecting data
2. Monitoring programs,
3. Correcting noncompliance, and
4. Providing TA during the next fiscal year.

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.

General Technical Assistance: TA staff meet with each program at least monthly by phone or videoconferencing to discuss program successes, challenges and needs, review and clean 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 and 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. Technical Assistance is provided for each monitored program if they enter a Corrective Action Plan (CAP) and for the duration of the CAP, until it is demonstrated that the identified noncompliance has been corrected, and no later than one-year following the post-monitoring letter. TA staff also provide guidance and technical assistance before, during and after a program on-site monitoring visit. TA is focused on areas of non-compliance identified during the visit and/or any areas of program improvement noted in the post-monitor letter.

Technical Assistance Portal: TA staff have developed a Technical Assistance Portal in the Learning Management System. Organized by topic area, local Program Coordinators and providers can access policies, guidance documents, meeting notes, monthly coordinator emails, current forms, program resources, and links to outside resources in one central place.

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. Two additional workgroups are currently meeting: Database, SEED Career Ladder, and Low Incidence Disabilities. 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 MOE Procedures Workshop.

Technical Assistance with Regional EI Programs is an important source of information for TA staff when they consider what procedural trainings and resource to provide programs each year, as well as to inform the selection of professional development topics for state-hosted training.

Professional Development System:

The mechanisms the State has in place to ensure that service providers have the skills to effectively provide 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. When a participant completes the COS Process Modules, they are directed to the COS:KC for a final check of their knowledge.

Universal Online Early Intervention Curriculum:

Alaska has added this curriculum to its Learning Management System (LMS) and it is being utilized to train new local Program Coordinators and direct service staff. It is a meaningful addition to the Alaska Part C Credential.

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, Parents as Teachers, and Head Start). Statewide training and conferences are designed to support SSIP goals.

Topics for personnel development are selected based on several contributing factors: patterns and/or trends amongst program local determinations and findings of noncompliance, patterns and/or trends identified in the informal and/or formal dispute resolution system, areas of training requested by EI providers, evidenced-based practices identified on the SSIP, Anchor Tools selected to support Indicator 3 COS ratings, and/or other areas identified as needing additional training through program technical assistance. An annual training survey is conducted with EI Program Coordinators and providers, and Indicator 3 COS data is analyzed to determine training needs to support children who are not making progress.

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); ICC Fiscal Subcommittee; 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); Pyramid Model Leadership Team.

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; Public stakeholder meetings via Zoom; 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; Senior and Disabilities Services, Stone Soup Group Parent Training and Information Center (SSG); Early Hearing Detection and Intervention Program; Southcentral Foundation; Help Me Grow; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Alaska Mental Health Trust Authority; University of Alaska; Public Health; Child Protection; DEED 619 Coordinator; Health Insurance; Head Start.

The ICC has taken an active role in advising and assisting the Lead Agency in addressing fiscal and child find related improvements. A subcommittee

focused on finance was formed 2 years ago and has contributed to a report on recommendations to expand eligibility and funding for the Alaska Infant Learning Program.

A focus on child find outreach activities in three areas, social media, developmental screening, and partnerships to assist the Lead Agency in developing new ideas for outreach statewide, in particular in the birth to one year old age group.

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

YES

Number of Parent Members:

6

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, Early Intervention Providers, Stone Soup Group Parent Training and Information Center (SSG), and other partners. These groups have members who are parents of children with disabilities who previously or currently access EI/ILP services. Several of these program staff are parents of children who experience disabilities. Staff from the 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.

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. 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 supporting their community events and planning 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.

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. 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 implemented systems to ensure we have information about the representativeness of members of the ICC. Information collected through a voluntary survey has assisted the ICC in targeting recruitment of members who are representative of diverse racial and ethnic groups, regions, communities, and other groups in our state. This information is now collected on each new member.

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 2022 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 2022 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 2022 APR in 2024, is available.

A complete copy of the State's findings regarding the performance of each EIS program related to Indicators 1-8 on the SPP/APR can be found at the following website: <https://health.alaska.gov/en/senior-and-disabilities-services/early-intervention-infant-learning/ilp-public-reporting/>

A complete copy of the State's SPP/APR can be found under the reporting section of the state's website at : <https://health.alaska.gov/en/senior-and-disabilities-services/early-intervention-infant-learning/ilp-public-reporting/>

Intro - Prior FFY Required Actions

The State's IDEA Part C determination for both 2023 and 2024 is Needs Assistance. In the State's 2024 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2023 SPP/APR submission, due February 1, 2025, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Response to actions required in FFY 2022 SPP/APR

Alaska makes strong use of and appreciates the supports offered by OSEP-funded technical assistance centers. This year, we took part in the following technical assistance to gain knowledge and strategies which will improve our performance.

AEM Family Outcome Survey assistance - Tony Ruggiero
AEM Data Manager calls
AEM Data Office Hours
CADRE/ECTA Dispute Resolution Learning Community
CIFR 2.0 Community of Practice calls - monthly
CIFR Part C MOE Procedures Workshop
DaSy Attended Improving Data, Improving Outcomes Conference
DaSy COS:KC calls - Lauren Barton
DaSy data manager calls - monthly
DaSy Office Hours
ECTA Center TA calls - monthly - Anne Lucas
EdPass training webinars and office hours.
Fiscal Academy
ITCA Coordinator Meeting - annual in-person
ITCA Coordinator Meetings - monthly
ITCA Finance Academy
OSEP 2024 Conference
OSEP Call with Janette Guerra to discuss data related to Indicator 3 Child Outcomes
OSEP Dispute Resolution office hours
OSEP lead calls - monthly - Jennifer Miley

As a result of the technical assistance we received, Alaska has made significant progress with several important projects, such as:

Worked to improve family outcome survey, bringing it in-house in order to reach more families and improve our data.
Developed procedures for estimating and tracking Maintenance of Effort.
Successfully prepared for EdPass modernization data uploads.
Partnered with Alaska Medicaid to explore enhanced Medicaid billing for developmental therapy.
Developed a General Supervision manual and updated our comprehensive program monitoring procedures.
Improvement of SPP/APR data quality, such as improved race/ethnicity data collection and reporting methods.
Guidance to local EI programs related to strategies for improving collection of COS exit rating data.

We are confident that these activities will support Alaska Part C in meeting requirements.

Intro - OSEP Response

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

The State's determinations for both 2023 and 2024 were Needs Assistance. Pursuant to Sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 18, 2024 determination letter informed the State that it must report with its FFY 2023 SPP/APR submission, due February 3, 2025, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	84.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.47%	100.00%	100.00%	98.18%	98.82%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,307	1,432	98.82%	100%	99.16%	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.

113

Provide reasons for delay, if applicable.

12 children had late start of services across 4 programs due to provider issues which were not related to exceptional family circumstances. Reasons visits were late: (8) lack of provider availability to meet timeline, (1) provider scheduling miscommunication, (1) provider emergency (COVID), (2) start date for services was recorded as date IFSP was developed, with service not provided on that date.

113 children had documented delays attributed to exceptional family circumstances. Review of 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, extreme weather, illness, preferences, or other reasons related to the family. Family circumstances are documented in notes in the statewide ILP data system and in the child record.

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, 2023 to June 30, 2024

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 each and every child referred and enrolled into programs 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 2022

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	0

FFY 2022 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 15 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 11 instances, the IFSP service was not provided by the date listed on the IFSP but was completed late. In 4 instances, the IFSP service was not provided before the child exited and was out of the jurisdiction of the program. Each of these 15 children was considered to be corrected.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 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 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 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 2022.

1 - OSEP Response**1 - Required Actions**

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

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	2018	2019	2020	2021	2022
Target>=	97.00%	97.00%	97.00%	97.00%	97.00%
Data	99.53%	99.46%	99.88%	99.32%	99.43%

Targets

FFY	2023	2024	2025
Target >=	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); ICC Fiscal Subcommittee; 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); Pyramid Model Leadership Team.

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; Public stakeholder meetings via Zoom; 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; Senior and Disabilities Services, Stone Soup Group Parent Training and Information Center (SSG); Early Hearing Detection and Intervention Program; Southcentral Foundation; Help Me Grow; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Alaska Mental Health Trust Authority; University of Alaska; Public Health; Child Protection; DEED 619 Coordinator; Health Insurance; Head Start.

The ICC has taken an active role in advising and assisting the Lead Agency in addressing fiscal and child find related improvements. A subcommittee focused on finance was formed 2 years ago and has contributed to a report on recommendations to expand eligibility and funding for the Alaska Infant Learning Program.

A focus on child find outreach activities in three areas, social media, developmental screening, and partnerships to assist the Lead Agency in developing new ideas for outreach statewide, in particular in the birth to one year old age group.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	927
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Total number of infants and toddlers with IFSPs	931

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
927	931	99.43%	97.00%	99.57%	Met target	No Slippage

Provide additional information about this indicator (optional).

4 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 = $\left[\frac{\text{(\# of infants and toddlers who did not improve functioning)}}{\text{(\# of infants and toddlers with IFSPs assessed)}} \right] \text{ times } 100$.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $\left[\frac{\text{(\# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers)}}{\text{(\# of infants and toddlers with IFSPs assessed)}} \right] \text{ times } 100$.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $\left[\frac{\text{(\# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it)}}{\text{(\# of infants and toddlers with IFSPs assessed)}} \right] \text{ times } 100$.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $\left[\frac{\text{(\# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers)}}{\text{(\# of infants and toddlers with IFSPs assessed)}} \right] \text{ times } 100$.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $\left[\frac{\text{(\# of infants and toddlers who maintained functioning at a level comparable to same-aged peers)}}{\text{(\# of infants and toddlers with IFSPs assessed)}} \right] \text{ times } 100$.

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 = $\left[\frac{\text{(\# of infants and toddlers reported in progress category (c) plus \# of infants and toddlers reported in category (d))}}{\text{(\# of infants and toddlers reported in progress category (a) plus \# of infants and toddlers reported in progress category (b) plus \# of infants and toddlers reported in progress category (c) plus \# of infants and toddlers reported in progress category (d))}} \right] \text{ times } 100$.

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 = $\left[\frac{\text{(\# of infants and toddlers reported in progress category (d) plus \# of infants and toddlers reported in progress category (e))}}{\text{(total \# of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))}} \right] \text{ times } 100$.

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); ICC Fiscal Subcommittee; 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); Pyramid Model Leadership Team.

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; Public stakeholder meetings via Zoom; 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; Senior and Disabilities Services, Stone Soup Group Parent Training and Information Center (SSG); Early Hearing Detection and Intervention Program; Southcentral Foundation; Help Me Grow; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Alaska Mental Health Trust Authority; University of Alaska; Public Health; Child Protection; DEED 619 Coordinator; Health Insurance; Head Start.

The ICC has taken an active role in advising and assisting the Lead Agency in addressing fiscal and child find related improvements. A subcommittee focused on finance was formed 2 years ago and has contributed to a report on recommendations to expand eligibility and funding for the Alaska Infant Learning Program.

A focus on child find outreach activities in three areas, social media, developmental screening, and partnerships to assist the Lead Agency in developing new ideas for outreach statewide, in particular in the birth to one year old age group.

During stakeholder feedback sessions Alaska’s significant progress was noted. We discussed the improvement efforts that have been made over the last few years, potential reasons for improvement, and the impact Alaska’s high eligibility criteria has on supporting children in making progress. Reasons for less progress with Indicator 3C2 were discussed and it was surmised that children with more significant delays may be less independent in this area.

Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2019	Target>=	65.20%	65.10%	52.61%	53.53%	54.45%
A1	51.69%	Data	Not Valid and Reliable	51.69%	56.57%	57.57%	65.37%
A2	2019	Target>=	59.00%	54.00%	40.80%	41.60%	42.40%
A2	40.00%	Data	Not Valid and Reliable	40.00%	44.76%	40.21%	45.45%
B1	2019	Target>=	79.00%	67.40%	55.87%	56.71%	57.56%
B1	55.02%	Data	Not Valid and Reliable	55.02%	59.10%	63.41%	67.78%
B2	2019	Target>=	62.00%	54.00%	29.91%	30.67%	31.43%
B2	29.15%	Data	Not Valid and Reliable	29.15%	35.45%	32.16%	34.04%
C1	2019	Target>=	75.00%	67.90%	62.15%	63.00%	63.85%
C1	61.30%	Data	Not Valid and Reliable	61.30%	62.62%	63.07%	68.87%
C2	2019	Target>=	56.00%	48.90%	43.77%	44.57%	45.38%
C2	42.96%	Data	Not Valid and Reliable	42.96%	44.56%	38.56%	42.75%

Targets

FFY	2023	2024	2025
Target A1>=	55.36%	56.28%	57.20%
Target A2>=	43.20%	44.00%	44.80%
Target B1>=	58.41%	59.25%	60.10%
Target B2>=	32.18%	32.94%	33.70%
Target C1>=	64.70%	65.55%	66.40%
Target C2>=	46.19%	46.99%	47.80%

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	2	0.31%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	173	26.82%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	151	23.41%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	180	27.91%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	139	21.55%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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	331	506	65.37%	55.36%	65.42%	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	319	645	45.45%	43.20%	49.46%	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	0.16%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	182	28.22%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	219	33.95%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	197	30.54%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	46	7.13%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	416	599	67.78%	58.41%	69.45%	Met target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	243	645	34.04%	32.18%	37.67%	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	0.31%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	180	27.91%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	179	27.75%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	210	32.56%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	74	11.47%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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	389	571	68.87%	64.70%	68.13%	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	284	645	42.75%	46.19%	44.03%	Did not meet target	No Slippage

FFY 2023 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	984
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.	256
Number of infants and toddlers with IFSPs assessed	645

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 from 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).

The online COS Process Modules are 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.

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	2018	2019	2020	2021	2022
A	2006	Target>=	100.00%	100.00%	100.00%	100.00%	100.00%
A	92.00%	Data	91.78%	91.25%	91.14%	89.09%	93.75%
B	2006	Target>=	98.00%	98.00%	98.00%	98.00%	98.00%
B	97.00%	Data	90.41%	93.75%	92.41%	90.91%	95.83%
C	2006	Target>=	96.25%	96.25%	96.25%	96.25%	96.25%
C	96.00%	Data	90.41%	90.00%	92.41%	90.91%	95.83%

Targets

FFY	2023	2024	2025
Target A>=	100.00%	100.00%	100.00%
Target B>=	98.00%	98.00%	98.00%
Target C>=	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); ICC Fiscal Subcommittee; 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); Pyramid Model Leadership Team.

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; Public stakeholder meetings via Zoom; 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; Senior and Disabilities Services, Stone Soup Group Parent Training and Information Center (SSG); Early Hearing Detection and Intervention Program; Southcentral Foundation; Help Me Grow; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Alaska Mental Health Trust Authority; University of Alaska; Public Health; Child Protection; DEED 619 Coordinator; Health Insurance; Head Start.

The ICC has taken an active role in advising and assisting the Lead Agency in addressing fiscal and child find related improvements. A subcommittee focused on finance was formed 2 years ago and has contributed to a report on recommendations to expand eligibility and funding for the Alaska Infant Learning Program.

A focus on child find outreach activities in three areas, social media, developmental screening, and partnerships to assist the Lead Agency in developing new ideas for outreach statewide, in particular in the birth to one year old age group.

During stakeholder review of this indicator, Alaska described the current process in place to solicit data for the Family Outcome Survey. We reviewed the history over time of the percentages for 4A, 4B and 4C. Stakeholders expressed especial concerns related to 4A - families who report that early intervention services have helped the family know their rights. We discussed ideas for upcoming changes to the Family Outcome Survey in Alaska, bringing the survey in-house to the Part C office, surveying all families enrolled on December 1, and utilizing local providers to encourage families to engage in the survey. Stakeholders believe that changes are necessary for the FFY24 Family Outcome Survey and would like to increase the number of families who participate.

FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	127
Number of respondent families participating in Part C	39
Survey Response Rate	30.71%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	31
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	37
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	33
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	37
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	33
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	37

Measure	FFY 2022 Data	FFY 2023 Target	FFY 2023 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)	93.75%	100.00%	83.78%	Did not meet target	Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	95.83%	98.00%	89.19%	Did not meet target	Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	95.83%	96.25%	89.19%	Did not meet target	Slippage

Provide reasons for part A slippage, if applicable

Slippage on Indicator 4a was analyzed on a local program level as well as a regional level. However, as item data is broken down by region and further by local program, the results are increasingly less reliable due to small "N" size.

The Southcentral region of the state returned the strongest results, with a score of 3.67 out of 4 points. Southeast scores were second with 3.57 of 4. The Anchorage region, with 2 urban programs, scored 3.18 of 4 and the Northern region was lowest with 3.14 of 4. The Anchorage region experienced a significant drop from the previous year. In the Northern region, there is one urban program, which scored 3.6 of 4, and 3 rural regions, two of which scored 2.0 of 4 and one of which had no respondents.

In rural programs of our state, families often have intensive first visits with intake, evaluation and IFSP all happening in one or possibly 2 visits. The cost of travel makes it difficult to schedule more than one enrollment visit and still meet the 45-day timeline. This can result in more difficulty for the families to take in all of the information presented, such as family rights. We believe that scores in the Anchorage region fell significantly due to staff turnover, vacant positions, difficulties hiring, and time needed to train new staff.

Provide reasons for part B slippage, if applicable

Slippage on Indicator 4b was analyzed on a local program level as well as a regional level. However, as item data is broken down by region and further by local program, the results are increasingly less reliable due to small "N" size.

The Southeast region of the state returned the strongest results, with a score of 3.71 out of 4 points. Southcentral scores were second with 3.58 of 4. The Northern region scored 3.43 of 4. There is one urban program in this region, which scored 3.6 of 4, and 3 rural regions, one of which scored 4.0 of 4, another 2.0 of 4, and one of which had no respondents. The Anchorage region, with 2 urban programs, was lowest scoring 3.27 of 4, a significant decrease from the previous year.

Scores on this indicator were generally good, with one rural program scoring 2.0 of 4 and the rest 3.0 or above. We believe that lowered scores in the Anchorage region are the main cause of slippage. These scores fell significantly due to staff turnover, vacant positions, difficulties hiring, and time needed to train new staff.

Provide reasons for part C slippage, if applicable

Slippage on Indicator 4c was analyzed on a local program level as well as a regional level. However, as item data is broken down by region and further by local program, the results are increasingly less reliable due to small "N" size.

The Southeast region of the state returned the strongest results, with a score of 3.71 out of 4 points. Southcentral scores were second with 3.58 of 4. The Anchorage region, with 2 urban programs, scored 3.36 of 4 and the Northern region was lowest with 3.29 of 4. The Anchorage region experienced a significant drop from the previous year. In the Northern region, there is one urban program, which scored 3.6 of 4, and 3 rural regions, one of which scored 3.0 of 4, one of which scored 2.0 of 4 and one which had no respondents.

Scores on this indicator were generally good, with one rural program scoring 2.0 of 4 and the rest 3.0 or above. We believe that lowered scores in the Anchorage region are the main cause of slippage. These scores fell significantly due to staff turnover, vacant positions, difficulties hiring, and time needed to train new staff.

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.

Participants & Selection Procedures for FFY2023:

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 2024 survey consisted of 737 families.

A sample group comprised of 127 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 multiracial= 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. Some race/ethnic categories had fewer 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. A postcard containing a QR code and weblink was mailed on February 13, 2024. The information letter, survey, and an envelope were mailed out to those who had not completed the survey, on March 6, 2024.

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 March 29, 2024, April 22, 2024, and May 9, 2024.

The survey was closed on May 20, 2024.

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO

Response Rate

FFY	2022	2023
Survey Response Rate	39.68%	30.71%

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

Alaska considers race/ethnicity and urban/rural location in determining the representativeness of the survey. 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 these factors. In determining the representativeness of the survey, we compare the characteristics of the survey responders to the sample group and to Part C enrolled families as a whole. Race/ethnicity and urban/rural location are each analyzed separately for representativeness, then we determine whether, taken as a whole, the responders are representative of the target group.

In order to determine the representativeness of the responders we utilized the ECTA Center Response Rate and Representativeness Calculator - Version January 2024, found at <https://ectacenter.org/eco/pages/familyoutcomes-calc.asp>. 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, there are groups within the table that are under or overrepresented. The calculator uses an accepted formula (z test of proportional difference) to determine whether the difference between the expected percentage and the observed percentage within a category (e.g. Hispanic) is statistically significant (or meaningful), based upon the 95% confidence intervals for each table (significance level = 0.05).

Differences that are statistically significant are marked as 'No' in the row labeled 'Are your data representative?' "The calculator uses the Bonferroni method to correct for the increased probability of finding a significant difference that results from conducting multiple significance tests on a table of dependent data. This method divides the significance level (i.e. $p < .05$) by the number of tests conducted on the table (overall Chi Square test plus all pairwise tests of individual categories).

However, due to our small survey sample this year, we have followed the instructions to "Use caution when interpreting results that yield small cell sizes when broken out by subgroup, which in this calculator is most likely to occur with fewer than 35 total survey respondents."

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 survey respondents (n=39) to the sample group (n=129) to Part C Enrolled families (n=737):

Race/Ethnicity

Race/ethnicity of the survey respondents, the families who received surveys, and the families who were in the survey target group were analyzed for representativeness using the ECTA Center Response Rate and Representativeness Calculator - January 2024 Version, which uses an accepted formula (Chi-square test) to evaluate the statistical significance of the data. Results are as follows:

- * Survey respondents' race/ethnicity was representative of the sample group
- * Survey respondents' race/ethnicity was NOT representative of the Part C Enrolled families as a whole.
- * There were three race/ethnicity values which were too small to include in the calculations.
- * American Indian or Alaska Native families were representative of both the sample group and of Part C Enrolled families as a whole.
- * White families were underrepresented compared to both the sample group and to the Part C Enrolled families as a whole.
- * Non-Hispanic families were determined to be representative, however due to the small number of Hispanic families responding to the survey, these results should be interpreted with caution.

Urban/Rural: Children in families enrolled in programs serving Anchorage, Eagle River, Fairbanks, and Juneau were defined as urban, and the remaining families rural. Urban/rural status of the survey respondents, the sample group, and Part C Enrolled families were analyzed for representativeness using the ECTA Center Response Rate and Representativeness Calculator - January 2024 Version, which uses an accepted formula (Chi-square test) to evaluate the statistical significance of the data. Results are as follows:

- * Survey respondents' urban/rural status was representative of the sample group.
- * Survey respondents' urban/rural status was NOT representative of Part C Enrolled families as a whole.
- * Urban families were underrepresented in the survey.
- * Rural families were overrepresented in the survey.

The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. (yes/no)

NO

If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

Alaska has been participating in one-on-one Technical Assistance with Tony Ruggiero of AEM Corp to update our survey methodology. For the coming year, we have brought the survey in-house, are implementing the national survey, and are eliminating sampling. Having direct access to our data, rather than working through a contracted surveyor, will allow us to fine-tune our outreach to populations which are underrepresented, whether that is by race/ethnicity or rural/urban status. A more detailed analysis will help us work with individual local programs to determine the best strategies for increasing responsiveness in the populations we are not hearing from now. The Part C Data Manager and TA staff will work with local programs so that they can learn to educate families about the importance of the survey, encourage responsiveness, and give us feedback on the best methods to reach out to families in their region. In addition, we will consider the best ways to determine representativeness of our results.

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

By bringing our survey in-house, implementing a shorter national survey, and eliminating both sampling and the requirement that families be enrolled in ILP for 6 months in order to participate, we are certain we will increase the number of respondents. Working in-house will allow us to utilize the relationships local programs have with families to encourage broad survey participation. We will include the logo/name of the family's local ILP program to increase survey recognition, use the familiar software Survey Monkey, and provide an array of options for survey completion. We will build on the strong relationship programs have, especially with underrepresented families, in order to increase responses from these populations.

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 both urban and rural areas 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.

In analyzing the 2024 Family Outcome Survey response rate for non-response bias, we looked for data that would indicate whether there were some segments of the population whose response rate was significantly different from the overall rate. The overall survey response rate in the 2024 Family Outcome Survey was 30.71%.

Response rates for racial/ethnic and rural/urban responders are below:

American Indian/Alaska Native Response rate: 36.3%
Asian or Pacific Islander Response rate: 34.2%
Black/African American Response rate: 23.5%
White Response rate: 40.0%

Hispanic Response rate: 27%
Urban Response rate: 22.89%
Rural Response rate: 40.7%

Based on analysis of the above data, there is indication of non-response bias due to the low response numbers and overall response rate. Steps we will take to promote responses from a broad cross-section of families that received Part C services and reduce potential non-response bias include adopting a survey that is engaging and not overly time-consuming, ensuring respondents' privacy, contacting families in multiple ways (email, text, mail, and phone call), providing multiple options for responding (online, paper and phone), and sending multiple follow-up reminders in multiple ways. In addition, we will utilize relationships with existing providers to promote participation. There is especially significant concern about non-response bias in Black/African American, Hispanic, and Urban families.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

The State submitted its sampling plan for this indicator with its FFY 2022 SPP/APR. OSEP has responded to the State under separate cover regarding the submission and the State is currently working to revise its sampling plan. The State must submit by September 1, 2024 its revised sampling plan that the State intends to use for its FFY 2024-2025 data collections and indicate how the revised plan addresses the concerns identified in OSEP's evaluation.

Response to actions required in FFY 2022 SPP/APR

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. Although that feedback arrived too late for us to redesign our FFY2023 Survey, we have decided to eliminate the use of sampling for our FFY2024 Survey. Along with elimination of sampling, Alaska is making other significant changes in the survey for FFY2024, such as moving the survey process in-house, removing the 6-month enrollment requirement, and adopting the nationally developed survey. Alaska notified OSEP on June 14, 2024, by email that we decided to withdraw our sampling plan and will no longer utilize sampling for our survey.

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.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g., geographic location, family income, primary language, etc.). The State should report the results of this analysis under the "Additional Information" section of this indicator. If the State is required to report on the reasons for slippage, the State must include the results of its analyses under the "Additional Information" section of this indicator.

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.90%

FFY	2018	2019	2020	2021	2022
Target >=	1.89%	1.89%	1.89%	1.89%	1.89%
Data	1.71%	1.73%	1.61%	1.84%	2.03%

Targets

FFY	2023	2024	2025
Target >=	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); ICC Fiscal Subcommittee; 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); Pyramid Model Leadership Team.

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; Public stakeholder meetings via Zoom; 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; Senior and Disabilities Services, Stone Soup Group Parent Training and Information Center (SSG); Early Hearing Detection and Intervention Program; Southcentral Foundation; Help Me Grow; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Alaska Mental Health Trust Authority; University of Alaska; Public Health; Child Protection;

The ICC has taken an active role in advising and assisting the Lead Agency in addressing fiscal and child find related improvements. A subcommittee focused on finance was formed 2 years ago and has contributed to a report on recommendations to expand eligibility and funding for the Alaska Infant Learning Program.

A focus on child find outreach activities in three areas, social media, developmental screening, and partnerships to assist the Lead Agency in developing new ideas for outreach statewide, in particular in the birth to one year old age group.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 1 with IFSPs	195
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, 2023	06/25/2024	Population of infants and toddlers birth to 1	9,224

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
195	9,224	2.03%	1.89%	2.11%	Met target	No Slippage

Provide results of the root cause analysis of child find identification rates.

Alaska has met our Indicator 5 target. Regardless, child find identification and enrollment rates for Indicator 5 were reviewed with each regional ILP program who has identification rates at 75% or less of the statewide average (3 programs). Programs are reviewing the questions below with their TA staff in order to better understand and improve referral and enrollment processes of children below age 1 in their regions.

The three programs with lower Indicator 5 rates serve rural areas of the state and have expected total enrollment of fewer than 15 children each. Several factors have been identified in these programs which could be impacting Indicator 5 enrollment. One factor is difficulties with the NICU referral process. Since families often stay in an urban hub for an extended time after a NICU stay, they are often referred to another regional ILP program out of the NICU. It is easy to lose track of these families as they change residences and move back to their villages. In addition, two of these programs have regional hospitals who provide most of the therapies for young children and may not be referring early to ILP. We have identified these partnerships as a primary area to strengthen for these programs and for all regions of the state. We have observed that several regional hospitals have built pediatric therapy programs and provide significant levels of therapy services outside of the Part C system, resulting in some "territoriality" that appears to be related to financial factors.

Root Cause Program Questions:

1. Was a service coordinator assigned as soon as possible after receiving the referral?
2. What child find/public awareness materials and strategies are specifically designed for finding the youngest children under 1 year?
3. What are referral sources most likely to refer the youngest children?
4. How frequently and appropriately do they refer infants?
5. Looking at the data on numbers of children under 1 referred to your agency, it appears you are not able to identify infants as are other agencies in your state. What are the reasons?
6. Describe any strategies you've tried that have improved appropriate referrals from various sources.
7. How are professionals educated about referral, screening and eligibility in your area?
8. What child find/public awareness materials and strategies are specifically designed for finding the youngest children under 1 year?
9. Do you feel that the public awareness materials are effective? Why or why not?
10. Tell me how you and others from your agency participate in screenings for children.
11. Tell me about the screening process -- Which agencies are involved? Is it timely? Have you received any feedback on effectiveness?
12. Do you feel that the screening process in this area is truly interagency? Why or why not? What suggestions would you have for improvement?
13. How are you and others from your agency educated about eligibility requirements and keep abreast of any new developments or changes?
14. Tell me about the referral process. Who are the most important sources of referrals of infants? How appropriate are the referrals you receive? Are most infants eligible? What happens after a referral is made? How is the process documented?
15. What factors affect your ability to identify the youngest children? Do you have suggestions for how the program might improve the identification process?

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.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g. geographic location, family income, primary language, etc.). The State should report the results of this analysis under the "Additional Information" section of this indicator. If the State is required to report on the reasons for slippage, the State must include the results of its analysis under the "Additional Information" section of this indicator.

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	2.10%

FFY	2018	2019	2020	2021	2022
Target >=	3.00%	2.70%	2.70%	2.70%	2.70%
Data	2.66%	3.06%	2.75%	2.59%	3.12%

Targets

FFY	2023	2024	2025
Target >=	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); ICC Fiscal Subcommittee; 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); Pyramid Model Leadership Team.

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; Public stakeholder meetings via Zoom; 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; Senior and Disabilities Services, Stone Soup Group Parent Training and Information Center (SSG); Early Hearing Detection and Intervention Program; Southcentral Foundation; Help Me Grow; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Alaska Mental Health Trust Authority; University of Alaska; Public Health; Child Protection; DEED 619 Coordinator; Health Insurance; Head Start.

The ICC has taken an active role in advising and assisting the Lead Agency in addressing fiscal and child find related improvements. A subcommittee focused on finance was formed 2 years ago and has contributed to a report on recommendations to expand eligibility and funding for the Alaska Infant Learning Program.

A focus on child find outreach activities in three areas, social media, developmental screening, and partnerships to assist the Lead Agency in developing new ideas for outreach statewide, in particular in the birth to one year old age group.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 3 with IFSPs	931
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, 2023	06/25/2024	Population of infants and toddlers birth to 3	27,441

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
931	27,441	3.12%	2.70%	3.39%	Met target	No Slippage

Provide results of the root cause analysis of child find identification rates

Alaska has met our Indicator 6 target. Regardless, child find identification and enrollment rates for Indicator 6 were reviewed with each regional ILP program who has identification rates at that did not meet the statewide target (6 programs). Programs are reviewing the questions below with their TA staff in order to better understand and improve referral and enrollment processes of children below age 3 in their regions. Of the six programs with lower Indicator 6 rates, 4 serve more rural areas of the state, 1 serves an urban region with primarily military families, and 1 serves a mixed urban/rural region. One program also has below expected results on Indicator 5 enrollment.

Root Cause Questions:

1. Was a service coordinator assigned as soon as possible after receiving the referral?
2. What child find/public awareness materials and strategies are designed for finding young children birth to age 3?
3. What are referral sources most likely to refer children?
4. How frequently and appropriately do they refer children?
5. Looking at your agency data compared to other agencies in the state, it appears that you are not identifying as many children as other agencies in your state. What barriers or challenges do you see to identification?
6. Describe any strategies you've tried that have improved appropriate referrals from various sources.
7. How are professionals educated about referral, screening and eligibility in your area?
8. What child find/public awareness materials and strategies are designed for finding young children birth to age 3?
9. Tell me how you and others from your agency participate in screenings for children.
10. Do you feel that the public awareness materials are effective? Why or Why not?
11. Tell me about the screening process -- Which agencies are involved? Is it timely? Have you received any feedback on effectiveness?
12. Do you feel that the screening process in this area is truly interagency? Why or why not? What suggestions would you have for improvement?
13. How are you and others from your agency educated about eligibility requirements and keep abreast of any new developments or changes?
14. Tell me about the referral process. Who are the most important sources of referrals of infants? How appropriate are the referrals you receive? Are most infants eligible? What happens after a referral is made? How is the process documented?
15. What factors affect your ability to identify young children? Do you have suggestions for how the program might improve the identification process?

Several factors have been identified in these programs which could be impacting Indicator 6 enrollment. These include changes in providers and processes with referral sources, lack of interagency cooperation around screening and referrals, and the need for training to ensure all programs are utilizing and documenting eligibility through Part C diagnosis and Informed Clinical Opinion consistently. Another factor that has been identified in several regions of the state is a strong push from referral sources toward clinical therapeutic services rather than a family- centered model. Programs are also reporting that some referral sources (audiology in particular) are reluctant to refer to ILP due to our high bar for eligibility.

Provide additional information about this indicator (optional).

ILP training has been focusing on utilization of Part C diagnoses for eligibility and use of Informed Clinical Opinion consistently across programs. The state office is assisting regions in building interagency cooperation around screening and referrals. In addition, Alaska ILP is working with the All Alaska Pediatric Partnership (A2P2) to engage pediatric practices in our ASQ online system, with training provided related to both screening and referrals to ILP. We are partnering with our state Early Hearing Detection and Intervention Program (EHDI) in order to encourage referrals from audiologists. Through our upcoming 5-year Statewide Equity Project, we are supporting rural programs' access to hearing and vision specialists in order to support identification of more hearing and vision impaired children who may be eligible for Part C services in Alaska under Informed Clinical Opinion or other eligibility categories.

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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	88.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.81%	99.67%	100.00%	99.46%	98.93%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
818	1,039	98.93%	100%	98.56%	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.

206

Provide reasons for delay, if applicable.

15 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: (4) poor enrollment activity timeline tracking, (5) provider scheduling issues, (3) lack of provider availability due to high caseloads (1) confusion with out of state transfer process, (2) provider accidents or emergencies.

206 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, extreme weather, 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.

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, 2023, to June 30, 2024

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 2022**

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

FFY 2022 Findings of Noncompliance Verified as Corrected**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

Four 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 their 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 11 individual instances of non-compliance identified. To verify that each child who did not have their 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 11 instances, the initial evaluation, assessment and IFSP were completed, but were outside of the appropriate timeline. Each of these 11 children was considered to be corrected.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 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 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 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 2022.

7 - OSEP Response

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

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 = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C at age 3)}} \right] \text{ times } 100.$
- B. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \text{ times } 100.$
- C. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \text{ times } 100.$

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

Instructions

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

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

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

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

Indicator 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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 consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	94.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C at age 3 for whom the Lead Agency was required to develop an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
338	365	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.

27

Provide reasons for delay, if applicable.

27 children had documented delays attributable to exceptional family circumstances. Exceptional family circumstances 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, extreme weather, 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, 2023, to June 30, 2024

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

This data represents each applicable child for the entirety of the reporting period and is complete and accurate. Contact records are compared with the ILP database as a component of monitoring to ensure that the transition plan for eligible children was timely and compliant.

The number of children exiting Part C who have an IFSP with transition steps and services field includes all toddlers with disabilities who exited Part C services at age 3 who had 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 during the reporting period.

The number of toddlers with disabilities exiting Part C field includes all children who exited Part C services at age 3 who should have had an IFSP with transition steps and services developed between 2 years and 3 months and 2 years and 9 months. Children referred and found eligible less than 90 days before the child's third birthday are not included in the data.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 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:

- 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 = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C at age 3)}} \right] \text{ times } 100.$
- B. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \text{ times } 100.$
- C. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \text{ times } 100.$

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

Instructions

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

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

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

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

Indicator 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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 consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	86.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	97.52%	98.76%	96.00%	0.00%	90.98%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
575	618	90.98%	100%	98.63%	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.

35

Provide reasons for delay, if applicable.

SEA Notifications:

All SEA Notifications were timely.

LEA Notifications:

Four EIS Programs had a total of 8 instances of noncompliance with LEA Notifications, with 7 late LEA Notifications, and 1 LEA Notification that did not occur. All noncompliance in this indicator was due to delayed or missing LEA notification. Reasons for late notification include (4) children who had late notification due to timing of program pulling and sending notification data report to LEA. (3) children had late notification due to staff failure to track notification due dates and confusion between notification and transition conference scheduling. (1) child had no notification due to staff failure to document notification due to confusion between notification and transition conference scheduling.

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 the 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.

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, 2023, to June 30, 2024

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

This data represents each applicable child for the entirety of the reporting period and is complete and accurate. Contact records are compared with the ILP database as a component of monitoring to ensure that notification for eligible children was timely and compliant.

The number of toddlers with disabilities exiting Part C who were potentially eligible for Part B includes all Part C children who exited Part C services at age 3 but does not include those children whose families opted out of notification. Children referred and found eligible less than 90 days before the child's third birthday are not included in the data.

The 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 includes all Part C children who were age 33 months or less when referred and determined eligible and who were potentially eligible for Part B. The data counts infants and toddlers exiting Part C who both SEA and LEA notification sent 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. Children referred and found eligible less than 90 days before the child's third birthday are not included in the data.

Children included in the count had exit reasons of Attempts to contact unsuccessful, Completion of IFSP prior to age 3, Deceased, Withdrawal by parent/guardian, Moved out of State, Part B eligible, Not Part B eligible - exit to other program, Not Part B eligible - exit with no referrals, or Part B eligibility not determined (referred to Part B but determination of eligibility not met by third birthday),

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

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

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Seven programs had noncompliance with LEA notification requirements, for a total of 47 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 LEA notification for each of the 47 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 14 instances, the LEA notification was completed but was outside of the appropriate timeline. In 33 instances, the LEA notification was never provided, but the child had exited and was out of the jurisdiction of the program. Each of these 47 children was considered to be corrected.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
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8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 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 2022.

8B - OSEP Response

8B - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

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:

- 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 = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C at age 3)}} \right] \text{ times } 100.$
- Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \text{ times } 100.$
- Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \text{ times } 100.$

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

Instructions

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

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

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

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

Indicator 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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 consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	85.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	100.00%	99.73%	100.00%	99.56%	99.60%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency was required to conduct 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
449	494	99.60%	100%	98.79%	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.

0

Number of documented delays attributable to exceptional family circumstances

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

39

Provide reasons for delay, if applicable.

Four EIS Programs had 6 children had 90-day transition conferences due to provider issues which were not related to exceptional family circumstances. Reason transition conference was late: (1) the provider did not plan ahead with school district to ensure that the meeting would be scheduled on time. Reasons transition conferences were not provided: (5) Parent did not provide approval for transition conference, but staff did not document this decision appropriately.

39 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, extreme weather, illness, preferences, or other reasons related to family circumstances. These family circumstances are documented in notes in the statewide ILP data system and in the child record.

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, 2023, to June 30, 2024

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

This data represents each applicable child for the entirety of the reporting period and is complete and accurate. Contact records are compared with the ILP database as a component of monitoring to ensure that notification for eligible children was timely and compliant.

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. Children referred and found eligible less than 90 days before the child's third birthday are not included in the data.

From the pool of exiting children who are potentially eligible for Part B services, the data counts all infants and toddlers exiting Part C who 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. 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 within the jurisdiction of the program.

Children included in the count had exit reasons of Part B eligible, Not Part B eligible, exit to other program, Not Part B eligible, exit with no referrals, or Part B eligibility not determined (referred to Part B but determination of eligibility not met by third birthday),

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Two programs had one instance each of noncompliance on this indicator - early childhood transition conference - and were issued a letter of finding within 90 days of the identification of noncompliance. The letter required the program to correct noncompliance as soon as possible, but no longer 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.

In order to verify that each of the two noncompliant programs were now correctly providing timely early childhood transition conferences, the TA staff and Data Manager conducted a review of data system reports comparing the date of birth of the child with the date of the child's transition conference during each subsequent quarter. 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 (100%) had an early childhood transition conference prior to age 33 months. At that time, 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.

This data was used to verify that a program had reached 100% compliance in a quarter subsequent to their noncompliance and that compliance was corrected for each previously non-compliant child, the program was

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 were considered to be corrected.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 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 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

8C - OSEP Response**8C - Required Actions**

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

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 baselines 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 baselines 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 2022 SPP/APR

9 - OSEP Response

9 - Required Actions

OSEP notes that this indicator is not applicable.

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 = $[(2.1(a)(i) + 2.1(b)(i)) \text{ divided by } 2.1] \text{ times } 100$.

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 baselines 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 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1 Mediations held	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.a.i Mediations agreements related to due process complaints	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	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); ICC Fiscal Subcommittee; 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); Pyramid Model Leadership Team.

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; Public stakeholder meetings via Zoom; 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; Senior and Disabilities Services, Stone Soup Group Parent Training and Information Center (SSG); Early Hearing Detection and Intervention Program; Southcentral Foundation; Help Me Grow; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Alaska Mental Health Trust Authority; University of Alaska; Public Health; Child Protection; DEED 619 Coordinator; Health Insurance; Head Start.

The ICC has taken an active role in advising and assisting the Lead Agency in addressing fiscal and child find related improvements. A subcommittee focused on finance was formed 2 years ago and has contributed to a report on recommendations to expand eligibility and funding for the Alaska Infant

Learning Program.

A focus on child find outreach activities in three areas, social media, developmental screening, and partnerships to assist the Lead Agency in developing new ideas for outreach statewide, in particular in the birth to one year old age group.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2018	2019	2020	2021	2022
Target>=					
Data					

Targets

FFY	2023	2024	2025
Target>=			

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 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

The State reported fewer than ten mediations held in FFY 2023. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2024). 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 2023 APR, report on anticipated outcomes to be obtained during FFY 2024, i.e., July 1, 2024-June 30, 2025).

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 2023 APR, report on activities it intends to implement in FFY 2024, i.e., July 1, 2024-June 30, 2025) 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/en/senior-and-disabilities-services/early-intervention-infant-learning/ilp-public-reporting/>

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	2023	2024	2025
Target	Data must be greater than or equal to the target	55.36%	56.28%	57.20%

FFY 2023 SPP/APR Data

Of those children who entered the program below age expectations in the Social-Emotional Outcome Area, the number who substantially increased their rate of growth by the time they exit the program.	The number of children who entered the program below age expectations in the Social-Emotional Outcome Area and had both entry and exit COS ratings completed.	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
331	506	65.37%	55.36%	65.42%	Met target	No Slippage

Provide the data source for the FFY 2023 data.

Child Outcome Summary rating data is collected from local ILP Program data entered into 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 3.54, n = 37, SD = .803. 86% of responding families indicated the ILP had done an excellent job helping them enjoy relationships with their children most (15.4%) or all (66.7%) of the time. This result was slightly lower than the previous year (M = 3.73, n = 48). 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 109 child records reviewed showed that 53% of children had a social-emotional goal which had been reviewed and rated. 100% of these ratings indicated that the child had made progress toward the goal. 6% of children reviewed had a social-emotional goal but had been enrolled less than 6 months and had not yet had IFSP goals reviewed and rated. 33% did not have a goal related to social-emotional development on their IFSP.

Did the State identify any general data quality concerns, unrelated to COVID-19, which 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/en/senior-and-disabilities-services/early-intervention-infant-learning/ilp-public-reporting/>

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, rollout of additional course in the Learning Management System, consideration of new evidence-based practices such as the Pyramid model, results of data analysis of C3A children who have not made progress, and development of the new General Supervision manual.

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 and make necessary changes to move the plan forward.

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 ensuring the quality of COS ratings for children exiting the program and 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. Our LMS then links to the COS: Knowledge Check and providers take this as a final test. 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 and regional data. This has given us new insights into the needs of children who are not making progress. Last year we focused analysis on whether children were enrolled with a Part C Diagnosis, Developmental Delay, or Informed Clinical Opinion. This year we added the categories of CAPTA and children with birthweight of <2500g. We looked at the list of diagnoses children experienced when eligible by diagnosis. 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 last year were Autism, Cerebral Palsy, and Down Syndrome. This year top diagnoses included Autism, Cerebral Palsy, Deaf/Hard of Hearing, Blind/Visually Impaired, and congenital heart disease. Program Technical Assistants will review data with each local program. We are using this information, along with surveys and local program input, to inform our PD planning for the year.

Professional development activities continue to be both virtual and in-person. EI/ILP was again a partner in organizing the Infant, Child and Youth (ICY) Conference, which was in person this year, and supported attendance of 41 ILP Providers statewide.

Scholarships were also provided to support continuing education for 7 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, Social Work, and Deaf/Hard of Hearing. The Learning Management System (LMS) work continued, with the Alaska Part C Credential, Child Outcomes Process Online Modules (linking to the COS:KC), Universal Online Part C Curriculum, and ILP TA Portal fully implemented.

Data and Accountability (DA) Summary:

The ILP Database is fully functional and capable of providing all necessary data for federal reporting. Program Training and Technical Assistance continues to focus on supporting high quality, timely data from local programs through training and data analysis. The required Quarterly Data Cleaning Report has been updated with new data cleaning instructions, new narrative reporting categories, and streamlined requests for Technical Assistants. 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 continues to meet quarterly to discuss system functionalities.

ILP stakeholder committees are fully engaged. State staff have worked with committees and workgroups including Service Delivery, Finance, Policy, Professional Development, and Data, as well as Data 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, representative, and knowledgeable about ILP Data, the SPP/APR, and the SSIP. Annual analysis of data related to the SiMR continues to allow us to better identify 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. In addition, the ICC Fiscal Subcommittee utilizes data from the SSIP and SiMR as they discuss the prospect of expanding eligibility categories for Part C services in Alaska.

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; 23 ILP Providers completed the COS Process Modules on the ILP Learning Management System (LMS) this year, with passing scores of 80% or higher on all quizzes. The LMS links providers directly to the COS: Knowledge Check, and 10 providers received a passing score on the online quiz. Technical Assistant staff are working with programs to ensure that all providers taking the COS Process Modules pass the COS-KC.

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%, Informed Clinical Opinion, CAPTA and birthweight <2500g. Part C Diagnoses occurring in the highest numbers last year included Autism, Down Syndrome, Cerebral Palsy, and "Other" diagnoses which result in significant developmental concerns. This year the highest numbers included Autism, Cerebral Palsy, Congenital Heart Disease, Deaf/HOH, Blind/VI, and Down Syndrome. 12% of children had birthweight <2500g and 13.71% were CAPTA referrals. We are focusing increasingly on supports for children on the Autism Spectrum, developing a statewide consultation program for Deaf/Hard of Hearing and Blind/Visually Impaired children and considering changes to our established conditions list to include low birthweight children. We worked hard over the past year to develop a Memorandum of Agreement with the Office of Children's Services (child protection) to guide practices related to CAPTA referrals and successful engagement of CAPTA families.

Social Emotional Practices: This year, 13 ILP supervisors participated in the Facilitating Attuned Interactions (FAN) Supervisor training and 9 participated in a reflective supervision group. 41 ILP providers attended the in-person Infant, Child, Youth (ICY) Mental Health Conference and 37 participated in the Virtual Home Visitor Conference. 11 Occupational and Physical therapists received training in the General Movement Assessment, a

tool aimed at early identification of very young medically fragile infants who may need motor supports and are at risk of Cerebral Palsy. 7 ILP providers received scholarships in the fields of SLP, Social Work and Special Education. Other specific professional development supports provided by the Part C Program this year include Online Part C Credential Modules and COS-KC, the Universal Early Intervention Curriculum, 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 continue to utilize 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 13 ILP Providers who have completed the COS Process Modules.

Practice Knowledge and Use of Evidence Based Practices: 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). However, the pilot sites have had mixed results utilizing this form. It has been noted that the SEPRS requires a supervisor with a high level of knowledge on S/E practices, which is not in place for all programs. The process contains a high level of qualitative interpretation and may not yield valid results. Alaska is considering changes in training and measurement of evidence-based practices.

Meeting IFSP Goals: Measurement of this outcome is integrated into our annual program self-assessment in June 2023. This year, results show that 58 children met their Social Emotional IFSP goals, 44 children reviewed did not have a Social Emotional goal, and 7 goals had not yet been reviewed. This information is available on the program level. ILP Technical Assistants will work with each program to ensure they have the support needed to discuss and write social emotional goals with families.

Data and Accountability (DA) progress:

ILP Database: The ILP database is fully functional and provides all data needed for federal reporting, compliance monitoring and data analysis. The ILP Database manual is available for program reference and ILP Database training is available for new coordinators, providers and local programs. The ILP Quarterly Data Cleaning report has been updated, with clear instructions on quarterly data cleaning, streamlined procedures for requesting Technical Assistance, and new sections for quarterly narrative reporting.

Data Entry: All programs enter program data in real time. Data is cleaned quarterly, with TA provider assistance and training provided as needed. The Data Manager and TA providers conduct additional quarterly reviews of data quality utilizing built-in data reports. The annual program self-assessment is completed in the database, and data is used to help inform Local Determinations.

SSIP Measures and Program Performance: The Program Self-Assessment was updated last year, including expanded questions related to Child Outcome rating processes. Training and technical assistance continues related to the COS process based on this data.

Stakeholder Engagement and Coordinated Stakeholder System: The ICC is fully functioning, and all positions are filled. The ICC is continuing to help with work with stakeholder groups. This year, several stakeholder meetings were held to gather input on the potential of expanding eligibility for ILP services in Alaska. Several presentations were made this year to stakeholder groups, including SPP/APR data, Family Outcome Survey data and potential 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. There is new functionality for programs to upload child records in 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):

The COS Process training modules became a required component for all providers who participate in the COS process last year. Technical Assistants are working to enter provider data into the ILP data system in order to provide easy state and program tracking. This year, programs will continue to complete questions related to high quality COS processes on their annual program Self-Assessment and state TA providers will provide training to programs who have low rates of Social Emotional outcomes on IFSPs. Alaska will continue to consider an internal substitution for the COS-KC that is more responsive to Alaska's needs.

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: Next cycle we will continue to utilize SSIP data to give input to the trainings the state offers, along with program surveys. We will engage several local programs to pilot the Pyramid Home Visiting modules so that they can report back to stakeholders and other providers on their fit for our state.

Support Early Intervention provider's learning and implementation of evidence-based practices: Professional development training will continue to focus Autism with the Hanen 4 I's to Socialize training made available for 50 state providers. Other training will include the Advanced General Movement Assessment to support documentation of eligibility for very young medically fragile children, and introductory modules through the Pyramid. We will once again 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, Youth, and Child (ICY) 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: Implementation of the new General Supervision manual, including Comprehensive Program Monitoring with on-site visits will be the primary focus for the coming year, with 2 monitoring visits planned. The ILP team and ICC will continue to work with stakeholders to consider changes to the Alaska Part C Program, including potential changes to funding mechanisms and eligibility.

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

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.

This year, Alaska has looked for other evidence-based practice systems and fidelity assessments which would provide training that is accessible to all programs and data that is reliable in assessing the fidelity of practices across the state. We have identified the Pyramid Model as a potential program and the Early Intervention Pyramid Practice Fidelity Instrument (EIPPF) as a potential tool. Stakeholder engagement has begun to move forward with implementation of this change.

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

N/A

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

The state ILP office and local programs plan to continue to provide 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. The state is considering further training in this model if it can be focused on use in home settings.

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. No state sponsored training is planned in this model.

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. No state sponsored training is planned in this model.

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 the applications of 2 additional trainers to ensure the continuance of our network of FAN training within the state ILP system. Our partners in the MIECVH home visiting program have agreed to allow ILP Providers to attend their training next year.

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. The state will provide training for 50 participants in this model next year.

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 will provide introductory "First Steps" training in this model next year for 20 participants.

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

NO

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

The state is considering closing out the Data section of the SSIP, as most goals have been met.

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); ICC Fiscal Subcommittee; 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); Pyramid Model Leadership Team.

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; Public stakeholder meetings via Zoom; 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; Senior and Disabilities Services, Stone Soup Group Parent Training and Information Center (SSG); Early Hearing Detection and Intervention Program; Southcentral Foundation; Help Me Grow; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Alaska Mental Health Trust Authority; University of Alaska; Public Health; Child Protection;

The ICC has taken an active role in advising and assisting the Lead Agency in addressing fiscal and child find related improvements. A subcommittee focused on finance was formed 2 years ago and has contributed to a report on recommendations to expand eligibility and funding for the Alaska Infant Learning Program.

A focus on child find outreach activities in three areas, social media, developmental screening, and partnerships to assist the Lead Agency in developing new ideas for outreach statewide, in particular in the birth to one year old age group.

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 ICY 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/en/senior-and-disabilities-services/early-intervention-infant-learning/ilp-public-reporting/>

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/en/senior-and-disabilities-services/early-intervention-infant-learning/ilp-public-reporting/>

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

Barriers include the difficulty of selecting one evidence-based practice and fidelity measure that will meet the needs of our diverse state. We are exploring the Pyramid Model to fill this need.

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

Compliance indicator: This SPP/APR indicator focuses on the State lead agency's exercise of its general supervision responsibility to monitor its Early Intervention Service (EIS) Providers and EIS Programs for requirements under Part C of the Individuals with Disabilities Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1416(a) and 1435(a)(10); 34 C.F.R. §§ 303.120 and 303.700). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

Percent = [(b) divided by (a)] times 100

States are required to complete the General Supervision Data Table within the online reporting tool.

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage. OSEP assumes that the State's FFY 2023 data for this indicator is the State's baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

Starting with the FFY 2023 SPP/APR, States are required to report on the correction of noncompliance related to compliance indicators 1, 7, 8a, 8b, and 8c based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 12, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

In the last row of this General Supervision Data Table, States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (2, 3, 4, 5, 6, 9, 10, and 11), fiscal and other areas.

If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	100.00%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

Indicator 1. 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)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
6	0	6	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 1 due to various factors (e.g., additional findings related to other IDEA requirements).

There are no differences.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

To verify that each of the 6 programs with noncompliance is now correctly providing timely start of services, the TA staff and Data Manager conducted quarterly review of updated data system reports pulled for the subsequent fiscal year and compared the start date of the service on the IFSP with the date the service was first provided. Programs were considered to be correctly implementing the regulatory requirements related to timely start of services once they demonstrate that every child with a new service start date during one quarter of the subsequent fiscal year has received that service by the date listed on the IFSP (100%). 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 and was considered to be correctly implementing this requirement.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

To verify that each of the 15 individual case of noncompliance related to timely start of services has been corrected, the Alaska Part C office completed a review of correction of noncompliance for each non-compliant case identified. To verify that each child who did not have timely start of services has been 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 has either received the services listed on the IFSP, although late, or has exited and is no longer in the jurisdiction of the program.

Indicator 7. Percent of eligible infants and toddlers with IFSPs for whom initial evaluation, initial assessment, and the initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
4	1	4	1	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 7 due to various factors (e.g., additional findings related to other IDEA requirements).

Indicator 7 had one additional finding from IDEA related requirements. One program was given a finding related to Indicator 7 due to noncompliance identified on their annual program self-assessment. The self-assessment question "Did the initial evaluation/assessment identify present levels of functioning and the unique needs of the child in each of the following developmental domains (cognitive, physical, communication, social emotional, adaptive)?" was scored at less than 100% on this item by one program, resulting in a finding.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

To verify that each of the 4 noncompliant programs are now correctly meeting the 45-day timeline, the TA staff and Data Manager conducted a quarterly review of data system reports that compared the referral date for the child with the dates of initial evaluation, assessment and initial IFSP meeting during the subsequent fiscal year. Programs were considered to be correctly implementing the regulatory requirements related to the 45-day timeline when they demonstrated that every child with a new IFSP (100%) in one quarter of the subsequent fiscal year 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 and was considered to be correctly implementing this requirement.

To verify that the 1 program with noncompliance on requirements related to Indicator 7 from the self-assessment or other additional measure, is now correctly implementing this requirement, they were required to complete a self-assessment review of the noncompliant question on one additional randomly selected child record during the subsequent fiscal year. When the program demonstrated that the additional record was compliant with the related requirement, the program was considered to be correctly implementing the regulatory requirements related to the indicator.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

To verify that each of the 11 children 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 each 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.

To verify that the one child whose record did not meet the requirements related to Indicator 7 measured on the self-assessment or other additional measure was now compliant, 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 corrected activity, or had exited and was no longer in the jurisdiction of the program. Once it was verified that this child had been corrected, the program was considered to be correctly implementing the regulatory requirements related to the indicator.

Indicator 8A. 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. (20 U.S.C. 1416(a)(3)(B) and 1442).

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8A due to various factors (e.g., additional findings related to other IDEA requirements).

There are no differences.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Indicator 8B. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

B. Notified (consistent with any opt-out policy) the SEA and LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
7	0	7	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8B due to various factors (e.g., additional findings related to other IDEA requirements).

There are no differences.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

To verify that each of the 7 programs with noncompliance is now correctly meeting the LEA and SEA notification requirement, the TA staff and Data Manager conduct a quarterly review of data system reports that compare the birthdate of the child with the date of LEA and SEA notifications and determined whether the LEA and SEA notifications occurred prior to 33 months of age. Programs were considered to be correctly implementing the regulatory requirements related to LEA and SEA Notifications when they demonstrated that the program provided LEA and SEA notifications prior to age 33 months for every child who transitioned in one quarter of the subsequent fiscal year. Children of families who opted out of transition notification or were found eligible for services after age 33 months were not included in the data set. After it was found that a program had reached 100% compliance in one quarter of the subsequent fiscal year 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.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

To verify that each of the 47 children 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.

Indicator 8C. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

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)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
2	1	2	1	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8C due to various factors (e.g., additional findings related to other IDEA requirements).

Indicator 8C had 1 additional finding from related IDEA requirements. One program was given a finding related to Indicator 8C as a result of the scoring of their annual program self-assessment. The self-assessment question was "Does the child record reflect coordination of schedules with the school district, family, and other invited participants that provides the school district with at least 2 weeks' notice of invitation to the 90-day transition conference, unless the child's eligibility was determined less than 2 weeks prior to age 33 months?" One program scored less than 100% on this item, resulting in a finding.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

To verify that the 2 programs with findings are now correctly providing timely early childhood transition conferences, the TA staff and Data Manager conducted a quarterly review of data system reports that compared 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 (100%) 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.

To verify that the one program with noncompliance on requirements related to Indicator 8C from the self-assessment or other additional measure, the program was required to complete a self-assessment review of the noncompliant question on one additional randomly selected child record during the subsequent fiscal year. When the program demonstrated that the additional record was compliant with the related requirement, the program was considered to be correctly implementing the regulatory requirements related to the indicator.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

To verify that each of the 2 children 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.

To verify that the one child whose record did not meet the requirements related to Indicator 7 measured on the program self-assessment or other additional measure, 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 corrected activity, or had exited and was no longer in the jurisdiction of the program.

Optional for FFY 2023, 2024, and 2025:

Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).

Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected
0	0	0

Explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

N/A

Total for All Noncompliance Identified (Indicators 1, 7, 8A, 8B, 8C, and Optional Areas):

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
19	2	19	2	0

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
21	21		100%	Not Valid and Reliable	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	0.00%
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Provide additional information about this indicator (optional)

Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023).	21
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding)	21
3. Number of findings <u>not</u> verified as corrected within one year	0

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	0
5. Number of written findings of noncompliance (Col. A) the State has verified as corrected beyond the one-year timeline ("subsequent correction") - as reported in Indicator 1, 7, 8A, 8B, 8C	0
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 1	0
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 7	0
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8A	0
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8B	0
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8C	0
6f. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Other Areas - <u>All other findings</u>	0
7. Number of findings <u>not</u> yet verified as corrected	0

Subsequent correction: If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

N/A

12 - OSEP Response

OSEP cannot determine whether the data are valid and reliable. The State reported 100% of its findings of noncompliance were corrected within one year of identification. However, the State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2022 related to: timely provision of services; 45-day timeline; transition notification; and transition conferences because **it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2022 has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.**

The State has established baseline for this indicator using data from FFY 2023, but OSEP cannot accept that baseline data because it cannot determine whether the State's FFY 2023 data are valid and reliable, as noted above.

12 - Required Actions

The State must provide valid and reliable data for FFY 2024 in the FFY 2024 SPP/APR.

The State must establish baseline for this indicator in the FFY 2024 SPP/APR.

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:

Director, Division of Senior and Disabilities Services, Alaska Department of Health

Email:

anthony.newman@alaska.gov

Phone:

19074655481

Submitted on:

04/21/25 9:00:17 PM

Determination Enclosures

RDA Matrix

Alaska

2025 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
81.25%	Meets Requirements

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	6	75.00%
Compliance	16	14	87.50%

2025 Part C Results Matrix

I. Data Quality

(a) Data Completeness: The percent of children included in your State's 2023 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	645
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	984
Percentage of Children Exiting who are Included in Outcome Data (%)	65.55
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	2

(b) Data Anomalies: Anomalies in your State's FFY 2023 Outcomes Data

Data Anomalies Score (please see Appendix B for a detailed description of this calculation)	2
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II. Child Performance

(a) Data Comparison: Comparing your State's 2023 Outcomes Data to other States' 2023 Outcomes Data

Data Comparison Score (please see Appendix C for a detailed description of this calculation)	1
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(b) Performance Change Over Time: Comparing your State's FFY 2023 data to your State's FFY 2022 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	1
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2023	65.42%	49.46%	69.45%	37.67%	68.13%	44.03%
FFY 2022	65.37%	45.45%	67.78%	34.04%	68.87%	42.75%

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2025: Part C."

2025 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2022 (3)	Score
Indicator 1: Timely service provision	99.16%	YES	2
Indicator 7: 45-day timeline	98.56%	YES	2
Indicator 8A: Timely transition plan	100.00%	N/A	2
Indicator 8B: Transition notification	98.63%	YES	2
Indicator 8C: Timely transition conference	98.79%	YES	2
Indicator 12: General Supervision	Not Valid and Reliable	NO	0
Timely and Accurate State-Reported Data	97.30%		2
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

(2) The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at:

<https://sites.ed.gov/idea/files/FFY2023-Part-C-SPP-APR-Reformatted-Measurement-Table.pdf>

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

Appendix A

I. (a) Data Completeness:

The Percent of Children Included in your State's 2023 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2023 Outcomes Data (C3) and the total number of children your State reported in its FFY 2023 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2023 in the State's FFY 2023 IDEA Section 618 Exit Data.

Data Completeness Score	Percent of Part C Children included in Outcomes Data (C3) and 618 Data
0	Lower than 34%
1	34% through 64%
2	65% and above

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2023 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2023 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2019 – FFY 2022 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e (numbers are shown as rounded for display purposes, and values are based on data for States with summary statement denominator greater than 199 exiters). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2023 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

Outcome A	Positive Social Relationships
Outcome B	Knowledge and Skills
Outcome C	Actions to Meet Needs

Category a	Percent of infants and toddlers who did not improve functioning
Category b	Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers
Category c	Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it
Category d	Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers
Category e	Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers

Expected Range of Responses for Each Outcome and Category, FFY 2023

Outcome\ Category	Mean	StDev	-1SD	+1SD
Outcome A\ Category a	1.52	3.25	-1.74	4.77
Outcome B\ Category a	1.34	2.98	-1.64	4.32
Outcome C\ Category a	1.25	2.62	-1.37	3.87

Outcome\ Category	Mean	StDev	-2SD	+2SD
Outcome A\ Category b	24.44	8.87	6.69	42.19
Outcome A\ Category c	21.76	13.64	-5.52	49.04
Outcome A\ Category d	26.56	9.69	7.17	45.94
Outcome A\ Category e	25.72	15.93	-6.14	57.59
Outcome B\ Category b	26.16	9.47	7.23	45.1
Outcome B\ Category c	30.12	12.97	4.17	56.07
Outcome B\ Category d	30.25	8.17	13.92	46.59
Outcome B\ Category e	12.12	8.46	-4.79	29.04
Outcome C\ Category b	21.94	9.15	3.64	40.24
Outcome C\ Category c	23.99	13.89	-3.8	51.77
Outcome C\ Category d	32.49	8.51	15.48	49.51
Outcome C\ Category e	20.33	14.99	-9.66	50.31

Data Anomalies Score	Total Points Received in All Progress Areas
0	0 through 9 points
1	10 through 12 points
2	13 through 15 points

Anomalies in Your State's Outcomes Data FFY 2023

Infants and Toddlers with IFSP's Assessed in your State	Number
Alaska	645

Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	2	173	151	180	139
Performance (%)	0.31%	26.82%	23.41%	27.91%	21.55%
Scores	1	1	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	1	182	219	197	46
Performance (%)	0.16%	28.22%	33.95%	30.54%	7.13%
Scores	1	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	2	180	179	210	74
Performance (%)	0.31%	27.91%	27.75%	32.56%	11.47%
Scores	1	1	1	1	1

	Total Score
Outcome A	5
Outcome B	5
Outcome C	5
Outcomes A-C	15

Data Anomalies	
Score	2

Appendix C

II. (a) Data Comparison:

Comparing Your State's 2023 Outcomes Data to Other States' 2023 Outcome Data

This score represents how your State's FFY 2023 Outcomes data compares to other States' FFY 2023 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement (values are based on data for States with a summary statement denominator greater than 199 exiters). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

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

Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2023

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	46.08%	34.56%	54.67%	27.46%	53.10%	33.55%
90	80.98%	70.42%	82.41%	58.27%	84.63%	73.68%

Data Comparison Score	Total Points Received Across SS1 and SS2
0	0 through 4 points
1	5 through 8 points
2	9 through 12 points

Your State's Summary Statement Performance FFY 2023

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	65.42%	49.46%	69.45%	37.67%	68.13%	44.03%
Points	1	1	1	1	1	1

Total Points Across SS1 and SS2	
Points	6

Your State's Data Comparison	
Score	1

Appendix D

II. (b) Performance Change Over Time:

Comparing your State's FFY 2023 data to your State's FFY 2022 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2022) is compared to the current year (FFY 2023) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of $p \leq .05$. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

Test of Proportional Difference Calculation Overview

The summary statement percentages from the previous year's reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of $p \leq .05$. The statistical test has several steps. All values are shown as rounded for display purposes.

Step 1: Compute the difference between the FFY 2023 and FFY 2022 summary statements.

e.g., $C3A \text{ FFY}2023\% - C3A \text{ FFY}2022\% = \text{Difference in proportions}$

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on

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

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

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

Step 4: The statistical significance of the z score is located within a table and the p value is determined.

Step 5: The difference in proportions is coded as statistically significant if the p value is less than or equal to .05.

Step 6: Information about the statistical significance of the change and the direction of the change are combined to arrive at a score for the summary statement using the following criteria

0 = statistically significant decrease from FFY 2022 to FFY 2023

1 = No statistically significant change

2 = statistically significant increase from FFY 2022 to FFY 2023

Step 7: The score for each summary statement and outcome is summed to create a total score with a minimum of 0 and a maximum of 12. The score for the test of proportional difference is assigned a score for the Indicator 3 Overall Performance Change Score based on the following cut points:

Indicator 3 Overall Performance Change Score	Cut Points for Change Over Time in Summary Statements Total Score
0	Lowest score through 3
1	4 through 7
2	8 through highest

Summary Statement/ Child Outcome	FFY 2022 N	FFY 2022 Summary Statement (%)	FFY 2023 N	FFY 2023 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	436	65.37%	506	65.42%	0.05	0.0311	0.0155	0.9877	NO	1
SS1/Outcome B: Knowledge and Skills	481	67.78%	599	69.45%	1.67	0.0284	0.5887	0.5561	NO	1
SS1/Outcome C: Actions to meet needs	469	68.87%	571	68.13%	-0.74	0.0289	-0.2570	0.7971	NO	1
SS2/Outcome A: Positive Social Relationships	517	45.45%	645	49.46%	4.00	0.0294	1.3593	0.174	NO	1
SS2/Outcome B: Knowledge and Skills	517	34.04%	645	37.67%	3.63	0.0283	1.2854	0.1987	NO	1
SS2/Outcome C: Actions to meet needs	517	42.75%	645	44.03%	1.28	0.0292	0.4391	0.6606	NO	1

Total Points Across SS1 and SS2	
Points	6

Your State's Performance Change Score	
Score	1

Data Rubric

Alaska

FFY 2023 APR (1)

Part C Timely and Accurate Data -- SPP/APR Data

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	N/A	0
10	1	1
11	1	1
12	0	0

APR Score Calculation

Subtotal	12
Timely Submission Points - If the FFY 2023 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	17

(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 7/31/24	1	1	1	3
Exiting Due Date: 3/5/25	1	1	1	3
Dispute Resolution Due Date: 11/13/24	1	1	1	3

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

Indicator Calculation

A. APR Grand Total	17
B. 618 Grand Total	19.00
C. APR Grand Total (A) + 618 Grand Total (B) =	36.00
Total N/A Points in APR Data Table Subtracted from Denominator	1
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	37.00
D. Subtotal (C divided by Denominator) (3) =	0.9730
E. Indicator Score (Subtotal D x 100) =	97.30

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2.11111111 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.11111111.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

SPP/APR Data

1) Valid and Reliable Data - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement and are consistent with previous indicator data (unless explained).

Part C 618 Data

1) Timely – A State will receive one point if it submits all *EDFacts* files or the entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

618 Data Collection	EDFacts Files/ EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	7/31/2024
Part C Exiting	FS901	3/5/2025
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/13/2024

2) Complete Data – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

Dispute Resolution

IDEA Part C

Alaska

Year 2023-24

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	0
(1.1) Complaints with reports issued.	0
(1.1) (a) Reports with findings of noncompliance.	0
(1.1) (b) Reports within timelines.	0
(1.1) (c) Reports within extended timelines.	0
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	0

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	0
(2.1) Mediations held.	0
(2.1) (a) Mediations held related to due process complaints.	0
(2.1) (a) (i) Mediation agreements related to due process complaints.	0
(2.1) (b) Mediations held not related to due process complaints.	0
(2.1) (b) (i) Mediation agreements not related to due process complaints.	0
(2.2) Mediations pending.	0
(2.3) Mediations not held.	0

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	0
Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)?	PARTC
(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures).	N/A
(3.1) (a) Written settlement agreements reached through resolution meetings.	N/A
(3.2) Hearings fully adjudicated.	0
(3.2) (a) Decisions within timeline.	0
(3.2) (b) Decisions within extended timeline.	0
(3.3) Hearings pending.	0
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	0

This report shows the most recent data that was entered by:

Alaska

These data were extracted on the close date:

11/13/2024

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2025 will be posted in June 2025. Copy and paste the link below into a browser to view.

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



United States Department of Education Office of Special Education and Rehabilitative Services

Final Determination Letter

June 18, 2025

Honorable Anthony Newman
Lead Agency Director
Alaska Department of Health and Social Services
P.O. Box 110680
Juneau, AK 99811

Dear Director Newman:

I am writing to advise you of the U.S. Department of Education's (Department) 2025 determination under Sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Alaska meets the requirements and purposes of Part C of the IDEA. This determination is based on the totality of Alaska's data and information, including the Federal fiscal year (FFY) 2023 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Alaska's 2025 determination is based on the data reflected in Alaska's "2025 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for Alaska and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) a Results Matrix (including Components and Appendices) that include scoring on Results Elements;
- (3) a Compliance Score and a Results Score;
- (4) an RDA Percentage based on both the Compliance Score and the Results Score; and
- (5) Alaska's Determination.

The RDA Matrix is further explained in a document, entitled "How the Department Made Determinations under Sections 616(d) and 642 of the Individuals with Disabilities Education Act in 2025: Part C" (HTDMD-C).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making the Department's determinations in 2025, as it did for Part C determinations in 2016-2024. (The specifics of the determination procedures and criteria are set forth in the HTDMD-C document and reflected in the RDA Matrix for Alaska.) For the 2025 IDEA Part C determinations, OSEP also considered performance on timely correction of noncompliance requirements in Indicator 12. While the State's performance on timely correction of noncompliance was a factor in each State or Entity's 2025 Part C Compliance Matrix, no State or Entity received a Needs Intervention determination in 2025 due solely to this criterion. However, this criterion will be fully incorporated beginning with the 2026 determinations. For 2025, the Department's IDEA Part C determinations continue to include consideration of each State's Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

- positive social-emotional skills;
- acquisition and use of knowledge and skills (including early language/communication); and
- use of appropriate behaviors to meet their needs.

Specifically, the Department considered the data quality, and the child performance levels in each State's Child Outcomes FFY 2023 data. You may access the results of OSEP's review of Alaska's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your State-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Alaska's SPP/APR on the site, you will find, in Indicators 1 through 12, the OSEP Response to the indicator and any actions that Alaska is required to take. The actions that Alaska is required to take are in the "Required Actions" section of the indicator.

It is important for your State to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

Your State will also find the following important documents in the Determinations Enclosures section:

- (1) Alaska's RDA Matrix;
- (2) the HTDMD link;
- (3) "2025 Data Rubric Part C," which shows how OSEP calculated the State's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and

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The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

- (4) "Dispute Resolution 2023-2024," which includes the IDEA Section 618 data that OSEP used to calculate the State's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, Alaska's 2025 determination is Meets Requirements. A State's 2025 RDA Determination is Meets Requirements if the RDA Percentage is at least 80%, unless the Department has imposed Specific Conditions on the State's last three IDEA Part C grant awards (for FFYs 2022, 2023, and 2024), and those Specific Conditions are in effect at the time of the 2025 determination.

The Secretary is considering modifying the factors the Department will use in making its determinations in June 2026 and beyond, as part of the Administration's priority to empower States in taking the lead in developing and implementing policies that best serve children with disabilities, and empowering parents with school choice options. As we consider changes to data collection and how we use the data reported to the Department in making annual IDEA determinations, OSEP will provide parents, States, entities, and other stakeholders with an opportunity to comment and provide input through a variety of mechanisms.

For the FFY 2024 SPP/APR submission due on February 1, 2026, OSEP is providing the following information about the IDEA Section 618 data. The 2024-25 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2024 SPP/APR and the 2026 IDEA Part C Results Matrix and data submitted during correction opportunities will not be used for these purposes. States will not be able to resubmit their IDEA Section 618 data after the due date. The 2024-25 IDEA Section 618 Part C data that States submit will automatically be prepopulated in the SPP/APR reporting platform for Part C SPP/APR Indicators 2, 5, 6, 9, and 10 (as they have in the past). Under EDFacts Modernization, States are expected to submit high-quality IDEA Section 618 Part C data that can be published and used by the Department as of the due date. States are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. States will be unable to submit the IDEA Section 618 Part C data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part C data.

As a reminder, Alaska must report annually to the public, by posting on the State lead agency's website, on the performance of each early intervention service (EIS) program located in Alaska on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Alaska's submission of its FFY 2023 SPP/APR. In addition, Alaska must:

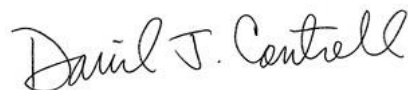
- (1) review EIS program performance against targets in Alaska's SPP/APR;
- (2) determine if each EIS program "meets the requirements" of Part C, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part C of the IDEA;
- (3) take appropriate enforcement action; and
- (4) inform each EIS program of its determination.

Further, Alaska must make its SPP/APR available to the public by posting it on the State lead agency's website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

- (1) includes Alaska's determination letter and SPP/APR, OSEP attachments, and all State attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
- (2) will be accessible to the public via the ed.gov website.

OSEP appreciates Alaska's efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with Alaska over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,



David J. Cantrell
Deputy Director
Office of Special Education Programs

cc: State Part C Coordinator