

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2021

Connecticut



PART C DUE
February 1, 2023

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

The Office of Early Childhood (OEC) is the state agency in Connecticut that is referred to as the "lead agency" for Part C of the Individuals with Disabilities Education Act (IDEA) or Birth to Three. During the year from 7/1/21 through 6/30/22, the OEC had contracts with a central intake office and 19 agencies to provide comprehensive Early Intervention Services (EIS). All referrals are received by the state's central intake office called 211 Child Development or 211CD. Staff at 211CD describe the Birth to Three System of supports for families to those who are referred to the system. The intake and any additional records for families that agree to have a Birth to Three evaluation are sent electronically to one of the EIS programs that serves the town where they live. Programs are required to complete all aspects of supporting families from referral through when the family exits Birth to Three. In combination with clear procedures, statewide forms, technical assistance, a centralized transactional database, and positive, trusting working relationships, these contracts allow the lead agency to verify that EIS programs consistently achieve high levels of compliance with the IDEA and positive outcomes for families and their children.

Additional information related to data collection and reporting

General Supervision System

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

General supervision for Part C in Connecticut includes all of the sections described in this introduction and other components such as policies and procedures, fiscal management, risk rubrics, and data on processes and results. The monitoring and dispute resolution components are integrated and include multiple mechanisms to identify and correct noncompliance with the Individuals with Disabilities Education Act (IDEA) and state requirements. Connecticut's general supervision system is comprised of universal, focused, and intensive activities. Universal Activities: The lead agency conducts several annual general supervision activities for each EIS program to monitor the implementation of the IDEA and identify possible areas of non-compliance and low performance. The annual activities include:

1. Collection and verification of data for the SPP/APR compliance and results from indicators;
2. Public Reporting of APR data;
3. Determinations about how local programs are meeting the requirements of the IDEA; and
4. Annual Risk Rubrics.

Other activities are completed on a cyclical basis, such as program self-assessments resulting in improvement plans with timelines for correction and fiscal monitoring that addresses the use of federal and state funds and the timeliness and accuracy of billing the lead agency and third-party payers. Finally, the state reissues Requests for Proposals (RFPs) every 5 years, which can help bring in new programs and increase the capacity and coverage for those with the best applications while reducing or eliminating those that do not stay current with evidence-based practices in early intervention.

Targeted Activities:

For programs identified as needing assistance based on the annual risk rubric, Technical Assistance (TA) plans are developed, and progress tracked based on timelines and outcomes for the year. As needed, Focused Monitoring is another component of Connecticut's system of general supervision and may include off-site activities such as desk audits or an in-depth review of available data, on-site monitoring activities such as file reviews, interviews with families and staff, and additional activities as determined necessary based on the identified issues. Reports include findings of noncompliance as well as strengths and areas that need improvement. The lead agency ensures the timely resolution of disputes related to the IDEA requirements through various means, including mediation, complaint investigation, and due process hearings. The effectiveness of dispute resolution is evaluated regularly, and issues are tracked to determine whether patterns or trends exist. This analysis is useful for prioritizing monitoring and technical assistance activities and for making changes to policies and procedures as needed.

Intensive Activities:

Intensive activities may be necessary based on issues identified through general or focused monitoring activities, complaints, or data analysis in the statewide database. Activities include on-site visits, targeted family and staff interviews, and required technical assistance.

Identification of Noncompliance:

Both systemic and child-specific noncompliance with state and federal regulatory requirements can be identified at all levels. All noncompliance is identified to the program in writing, including the details to support the finding (e.g., the measure, actual percentages, regulatory references). As part of the notification of findings of noncompliance, programs are informed that the lead agency must verify the correction of all noncompliance as soon as possible, but in no case later than one year from the date of the written notification. For child-specific noncompliance, the evidence needed to verify correction is described and includes a timeline for correction that is usually between 2-3 weeks. For systemic non-compliance, programs are encouraged to develop an improvement plan with timelines for correction and report progress and correction prior to the one-year deadline.

Technical Assistance System:

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

The Lead Agency (LA) team works with staff and contractors dedicated to Technical Assistance (TA). The LA also has a relationship with the University of Connecticut Center for Excellence in Developmental Disabilities (UCEDD) and a parent leadership contract with the state's Parent Training and Information Center (PTI). With assistance from the Connecticut Parent Advocacy Center (CPAC), parents are regularly included in providing TA. The UCEDD and LA staff provide an intensive year-long course on best practices in early intervention, including family-centered practices, evaluation and assessment, and intervention planning. While this course is part of the PD system, it also provides direct, timely technical assistance to participants based on the review of competencies they submit related to their work with families. The need for TA can be identified in the following ways:

- Risk Rubric,
- Staff or program request,
- As a result of program monitoring/self-assessment,

- Based on a complaint received by the system,
- Changes to policies or procedures, and
- Literature about evidence-based and promising practices.

TA topics include but are not limited to:

- Fiscal and insurance billing,
- Coaching methods,
- Natural Learning Environment Practices (NLEP),
- Using a primary provider approach,
- Supporting families in crisis,
- Using the data system and reporting tools, and
- Adherence to Connecticut Birth to Three System policies and procedures.

The LA offers follow-up support after 3-4 months to answer questions that arise. In addition to TA provided by lead agency staff and the UCEDD, the system has contracted with Dathan Rush and M'Lisa Shelden for the past 8 years to provide monthly TA for up to 15 multi-disciplinary teams at a time for a period of six to nine months each year. This TA addresses evidence-based practices in Early Intervention (called Activity-Based Teaming in CT). An evaluation follows each TA session so programs can rate the lead agency on the TA response's timeliness, the quality of the materials presented, and how the desired outcomes were met. The primary focus of TA in this reporting period has been Activity-Based Teaming (ABT). To learn more about ABT, visit Birth23.org/aboutb23/lookslike/

Professional Development System:

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

A Quality Practice Self-Assessment (QPSA) was developed to monitor the program's implementation of evidence-based practices as part of the State Systemic Improvement Plan (or SSIP / Indicator 11). Program directors receive de-identified results of their staff's self-assessment and then develop a plan for their agency to improve practices. Results are available to the State to monitor year-to-year change by the program. The LA expects to see that the "quality" of each program's practices improves from year to year. The LA offers training and technical assistance for cohorts on natural learning environment practices, coaching, and primary service provider. Following the training, providers receive 6-9 months of technical assistance in the form of coaching log reviews. Each log is reviewed, focusing on the types of questions asked, the joint plan's adequacy, use of activities versus focus on skills, capacity building, use of modeling observation, and so forth. These points are used to determine an individual provider's fidelity. The lead agency maintains a list of those who have reached fidelity as well as those who have done additional logs and training to be considered a "Mentor Coach." In addition to Koleen Kerski, Sabrina Crowe, and Linda Bamonte being 'Fidelity Coaches' in Connecticut.

The LA partners with the UCEDD to present the Early Intervention Specialist (EISP) course. The course coordinators work closely with the lead agency to present current best practice research and practical application to their work with families. This course changes the way people practice, describes an early intervention to families, and ensures that they are working to increase the family's capacity to meet their child's needs.

In addition to the EISP course during the last fiscal year the lead agency worked to revise the Infant and Toddler Family Specialist (ITFS) credentialing in order to provide a pathway for new staff to grow in the early intervention system. This is particularly true to staff who are not able to evaluate based upon their certifications. This course will provide the staff the resources needed to move from a paraprofessional in the system to a professional in the system and is comprised of coursework activities online and a credentialing exam. Additionally, the staff will have supervision and follow-up at the program level after credentialing to ensure fidelity to practices. More information on the ITFS coursework can be found below.

In August 2020, the State rolled out the first cohort of the OSEP/OSERS leadership grant (84.325L), which builds upon leaders' capacity throughout the Birth to Three and Preschool Special Education systems. The first cohort included 16 scholars who attended the class for five hours per week via Zoom and covered Early Childhood competencies and pedagogy. Additionally, the scholars are equipped to roll out a project to make a difference in their local system over the next year. There were several projects in which systematic local changes occurred throughout the first cohort. Participants presented their projects to the Interagency Coordinating Council (ICC), the 84.325L Advisory Board, and the Office of Early Childhood; feedback was well received. Two of cohort one participants volunteered to mentor the second cohort in 2022. The second cohort has 19 participants began in February 2022. The second cohort is beginning their capstone projects and will receive intensive Technical Assistance (TA) throughout the process over the coming months. The recruitment for the third cohort will begin in February 2023.

In September 2020, the LA was awarded an OSEP/OSERS recruitment and retention grant (84.325P). The purpose of this grant is to address CT identified needs for retention and recruitment of early intervention (EI) and early childhood special education (ECSE) to work with infants and young children with disabilities and their families; and ensure that that person has the necessary skills and knowledge, derived from practices that have been determined through scientifically based research, to be successful leaders in programs serving such children. Doing so by revising the State's Infant Toddler Family Specialist (ITFS) course, providing support to master coaches, and collecting workforce data to identify the reasons individuals leave early intervention. The first cohort of "Mentor Coaches" participated in this grant and have reported to the Lead Agency growth within their practices when fidelity checks were submitted. A second cohort completed their TA in summer of 2022 and the final cohort began TA in December 2022. The two-day family coach training for participants was hosted in August and the one-day mentor coach training followed. As part of this grant the lead agency is rebuilding its data system and the new system will be released in the coming fiscal year. This system will not only allow to accurately and timely collect workforce data at the statelevel it will improve the data that is collected throughout the system. This system includes various business rules so that the state can better track families and their outcomes.

Broad Stakeholder Input:

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

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2022, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, www.Birth23.org, in December 2022. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. The APR was also sent directly to State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

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

YES

Number of Parent Members:

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.

Parent members of the Interagency Coordinating Council, parent center staff, and parents from local and statewide advocacy and advisory committees were engaged in target setting, analyzing data, and developing improvement strategies, and evaluating progress in several ways. One way in which parents were involved in target setting included when the Lead Agency sought out feedback from the ICC for target setting during an ICC meeting. Parents who are on the ICC weighed in on the targets and provided valuable feedback. Additionally, parents who are on ICC subcommittees have reviewed multiple sets of data and have provided feedback. Including the fiscal subcommittee reviewing fiscal data, the professional development committee reviewing professional development surveys and recruitment and retention, and education and outreach reviewing enrollment data and other trend data throughout the system. Each of these subcommittees who review data for the Lead Agency, also weigh in on improvement strategies.

Outside of the SPP, stakeholders were also included in goal setting, analyzing data, developing improvement strategies, and evaluating progress by reviewing and providing comments on the priority rubric, in person versus virtual trainings and the impact that would have on the system as a whole, quality remote practices within early intervention, and strategic planning for improvement to the Part C system within the State of Connecticut and their external partners. Additionally the Office of Early Childhood has created a Parent Cabinet that includes families who are receiving Part C supports throughout the state of Connecticut. These families provide support and comments to all child serving systems and are working to advocate and share information from a family perspective. The Part C coordinator has begun attending a sub-committee from the parent cabinet focused on equity throughout the Part C system and addressing equity for children with disabilities throughout the educational systems.

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.

During FFY20, Connecticut began a Part C Equity Sub-Committee to evaluate equity data throughout the system. This group is responsible for increasing the capacity of diverse groups at a systematic level and throughout the system by ensuring programs are equitable across race/ethnicity, gender, and disability. The Part C Equity Sub-Committee is comprised of Program Directors, Early Interventionists, and Lead Agency staff. With help from the Part C Equity Sub-Committee, the ICC hosted a retreat in October 2022, that looked to identify opportunities for access to the Part C system in Connecticut. The retreat was facilitated by an external member who collected ideas and provided a report out for next steps. These steps were divided by the ICC and Part C Equity Sub-Committee and the work to implement recommendations will begin in January 2023. The hope is that parents will become involved in this work and assist the group in building the capacity of a diverse group of parents to support the implementation of activities during FFY21.

Further, there has been a focus on connecting parents with CPAC throughout the system in increasing their capacity. CPAC is a valuable resource for the Lead Agency, and the Part C system in Connecticut. Additionally, during FFY21 new parents joined the ICC and have provided valuable feedback on implementation activities in improving outcomes for infants and toddlers with disabilities and their families already. For these newly engaged parents the Lead Agency met with the parents and helped them understand the Annual Performance Report (APR), target setting, and the implementation of Part C in IDEA in Connecticut. This included presenting to parents with CPAC on the process to increase their capacity and understanding. Additionally, the Lead Agency shared a video that was developed a few years ago on the family survey and analysis. This video is posted on the website and helps stakeholders better understand Indicator 4 and 11 and how the information from the family survey is used in federal reporting at both the system and local level.

Soliciting Public Input:

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

The Lead Agency has sent blog postings which go to anyone who signs up to receive blog notifications through the website. Those who signed up to receive the blog include parents, Early Interventionists, school system employees, legislators, and others who are involved in the Early Intervention system. Blog posts are sent out on a weekly basis. Additionally, through ICC meetings, provider meetings, and various Community of Practices the Lead Agency collected feedback on improvement strategies, and evaluation strategies of the system. Timelines for feedback are at a minimum of 30 days, however, it is typical that timelines range from 60-90 days for stakeholder feedback.

Making Results Available to the Public:

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

Data analysis and target settings occurred throughout the Federal Fiscal Year and all determinations were posted to the website here: <https://www.birth23.org/how-are-we-doing/apr/> and here: <https://www.birth23.org/how-are-we-doing/gensup/>.

At a State Interagency Coordinating Council (ICC) meeting in December 2022, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, www.Birth23.org, in December 2022. The link was sent to the PTI, CPAC, Inc., Access to EMAPS was given directly to several State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions.

Reporting to the Public:

How and where the State reported to the public on the FFY 2020 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 2020 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2020 APR in 2022, is available.

The results for the FFY2020 APR were posted at <https://www.birth23.org/how-are-we-doing/pr/> within 1 week of submitting the APR. The results for the FFY2021 APR will replace those tables when they are posted in February 2022.

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

The State attached its 2022 Annual Report Certification of the State Interagency Coordinating Council (SICC) Form. The State must submit its 2023 SICC form to confirm that the SICC is supporting the State's submission of the FFY 2021 SPP/APR.

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	97.40%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.65%	99.88%	100.00%	99.62%	99.94%

Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
3,490	3,517	99.94%	100%	99.94%	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.

25

Provide reasons for delay, if applicable.

Using its statewide data system, Connecticut reviewed service data for all children with Individual Family Service Plans (IFSPs) on 12/1/21 that had at least one new service listed on the IFSP in effect on 12/1/21. A point in time was used for this indicator and is representative of the reporting period. All missing and late first services were identified to programs, the data were verified via email exchanges, and two instances of non-compliance were confirmed, letters were mailed to programs identifying the findings. During FFY21, there were two instances of infants and toddlers not receiving services on their IFSPs in a timely manner. Both instances were due to program errors.

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).

Timely are those new Early Intervention (EI) services that are planned to start within 45-days and are initiated within 45-days of the IFSP meeting when the parent signed the plan consenting to the services as written.

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).

Selection from the full reporting period with a point in time count of 12/1/21.

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

Data accurately reflects infants and toddlers with IFSPs for the full reporting period as the point in time selected encompasses over 50% of all children served.

Provide additional information about this indicator (optional)

During FFY21, two instances of noncompliance were identified at two programs. In each case where the new service data was missing, the state verified, using the statewide database, emails, and phone calls with local programs, that the new service was ultimately provided or that the family exited Birth to Three before the new service could be started. A finding letter was sent to the programs, which were identified as non-compliant.

Correction of Findings of Noncompliance Identified in FFY 2020

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

FFY 2020 Findings of Noncompliance Verified as Corrected

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

During FFY20, two instances of noncompliance were identified at one program. In each case where the new service data was missing the state determined that the service was ultimately provided or the family exited Birth to Three before the new service could be started, using the statewide database, emails and phone calls with local programs. A finding letter was sent to the program. The program was issued a finding letter, and the state determined that this program was in compliance and delivering timely new services, achieving 100% compliance, through subsequent data runs, using a randomized selection of 10% of that programs data, using the statewide database.

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

In each of the two individual cases where the new service data was missing, the state verified, using the statewide database, emails and phone calls with the local program, that the new service was ultimately provided to the family.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory

requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

1 - Required Actions

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	99.60%

FFY	2016	2017	2018	2019	2020
Target>=	95.00%	95.00%	95.00%	95.00%	95.00%
Data	99.98%	99.98%	100.00%	99.97%	99.98%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	95.00%	95.00%	95.00%	95.00%	95.00%

Targets: Description of Stakeholder Input

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2022, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, www.Birth23.org, in December 2022. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. The APR was also sent directly to State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	6,034
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Total number of infants and toddlers with IFSPs	6,034

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
6,034	6,034	99.98%	95.00%	100.00%	Met target	No Slippage

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2022, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, www.Birth23.org, in December 2022. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. The APR was also sent directly to State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

Historical Data

Outcome	Baseline	FFY	2016	2017	2018	2019	2020
A1	2014	Target>=	67.00%	67.00%	73.00%	73.00%	74.00%
A1	73.80%	Data	73.56%	74.83%	73.80%	73.65%	73.80%
A2	2014	Target>=	59.00%	59.00%	60.00%	60.00%	60.00%
A2	59.60%	Data	60.90%	60.17%	60.21%	56.36%	60.21%
B1	2014	Target>=	82.00%	82.00%	83.00%	83.00%	82.00%
B1	83.00%	Data	83.53%	80.87%	80.57%	79.02%	80.57%
B2	2014	Target>=	52.00%	52.00%	53.00%	53.00%	53.00%
B2	50.95%	Data	52.72%	51.82%	52.90%	47.29%	52.90%
C1	2014	Target>=	82.00%	82.00%	84.00%	84.00%	82.00%
C1	83.65%	Data	85.69%	84.41%	84.86%	81.03%	83.87%
C2	2014	Target>=	65.00%	65.00%	72.00%	73.00%	73.00%
C2	73.00%	Data	74.20%	71.36%	72.04%	67.27%	70.89%

Targets

FFY	2021	2022	2023	2024	2025
Target A1>=	74.00%	74.00%	74.00%	74.00%	75.00%
Target A2>=	60.00%	60.00%	61.00%	61.00%	62.00%
Target B1>=	82.00%	83.00%	83.00%	84.00%	84.00%
Target B2>=	53.00%	53.00%	53.00%	54.00%	54.00%
Target C1>=	82.00%	82.00%	83.00%	83.00%	84.00%
Target C2>=	73.00%	73.00%	73.00%	74.00%	74.00%

FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

3,153

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	16	0.51%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	602	19.09%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	676	21.44%

Outcome A Progress Category	Number of children	Percentage of Total
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,039	32.95%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	820	26.01%

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 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	1,715	2,333	73.80%	74.00%	73.51%	Did not meet 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	1,859	3,153	60.21%	60.00%	58.96%	Did not meet target	Slippage

Provide reasons for A2 slippage, if applicable

To understand why slippage has occurred during the reported-on cycle we began to seek out anecdotal data to identify barriers in child outcomes across all summary statements. After compiling this data, we began looking to the meaningful difference calculator to determine statistically significant results and were able to identify no meaningful difference occurred in Outcome A2 from last fiscal year to the current reported on year. Through anecdotal data, the meaningful difference calculator, and by looking into trending data reported here, we were able to determine that the number of referrals has increased significantly within the last fiscal year. Many families held off or did not make referrals or consent to services during the bulk of the COVID-19 pandemic, and as a result, these children are less likely to maintain age level functioning or reach age level functioning before exiting Part C.

Our team has already begun to seek out additional training and technical assistance around child outcomes, our data manager has joined the Learning Community through DaSy around the Child Outcomes Summary. The focus of this group is building high quality practices to best interpret and use the child outcome data and its results. Additionally, we plan to meet with DaSy and ECTA to understand how to best support providers and ensure that children are continuing to grow and make strides towards meeting their age – expected skills.

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	14	0.44%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	615	19.51%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	955	30.29%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,214	38.50%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	355	11.26%

Outcome B	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 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	2,169	2,798	80.57%	82.00%	77.52%	Did not meet target	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	1,569	3,153	52.90%	53.00%	49.76%	Did not meet target	Slippage

Provide reasons for B1 slippage, if applicable

To understand why slippage has occurred during the reported-on cycle we began to seek out anecdotal data to identify barriers in child outcomes across all summary statements. After compiling this data, we began looking to the meaningful difference calculator to determine statistically significant results. We were able to identify that meaningful difference (CI ± 1.37% / ± 1.48%) occurred for Outcome B1 from last fiscal year to the current reported on year. Through both this anecdotal data and the meaningful difference calculator we were able to determine that the COVID-19 pandemic and its necessary public health measures impacted Connecticut's systems. Social distancing, reduced in-person interactions, and remote services were a struggle for providers, families, and the children within the Birth to Three System. Many families did not make referrals or consent to services during the bulk of the COVID-19 pandemic, and as a result, these children are less likely to maintain age level functioning or reach age level functioning before exiting Part C.

Our team has already begun to seek out additional training and technical assistance around child outcomes, our data manager has joined the Learning Community through DaSy around the Child Outcomes Summary. The focus of this group is building high quality practices to best interpret and use the child outcome data and its results. Additionally, we plan to meet with DaSy and ECTA to understand how to best support providers and ensure that children are continuing to grow and make strides towards meeting their age – expected skills.

Provide reasons for B2 slippage, if applicable

In order to understand why slippage has occurred in this reporting cycle we began to seek out anecdotal data to identify barriers in child outcomes across all summary statements. After compiling this data, we began looking to the meaningful difference calculator to determine statistically significant results. We were able to identify that meaningful difference (CI ± 1.99% / ± 2.08%) occurred for Outcome B2 from last fiscal year to the current reported on year. Through both this anecdotal data and the meaningful difference calculator we were able to determine that the COVID-19 pandemic and its necessary public health measures impacted Connecticut's systems. Social distancing, reduced in-person interactions, and remote services were a struggle for providers, families, and the children within the Birth to Three System. Many families did not make referrals or consent to services during the bulk of the COVID-19 pandemic and as a result, these children are less likely to maintain age level functioning or reach age level functioning before exiting part C.

Our team has already begun to seek out additional training and technical assistance around child outcomes, our data manager has joined the Learning Community through DaSy around the Child Outcomes Summary. The focus of this group is building high quality practices to best interpret and use the child outcome data and its results. Additionally, we plan to meet with DaSy and ECTA to understand how to best support providers and ensure that children are continuing to grow and make strides towards meeting their age – expected skills.

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	17	0.54%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	391	12.40%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	497	15.76%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,363	43.23%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	885	28.07%

Outcome C	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 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	1,860	2,268	83.87%	82.00%	82.01%	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	2,248	3,153	70.89%	73.00%	71.30%	Did not meet target	No Slippage

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	5,784
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.	2,631

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

The instruments used to gather data for this indicator include the Carolina, HELP, AEPS and procedures are posted to our website and can be found here: https://www.birth23.org/wp-content/uploads/procedures/eval_assessment.docx

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

The State has provided baselines using data from FFY 2013 for A1, A2, B1, and B2, and using data from FFY 2014 for C1 and C2. The State must revise baselines to use data from the same year across summary statements in the FFY 2021 SPP/APR, and with stakeholder input, revise any targets as appropriate to ensure the FFY 2025 targets reflect improvement over baseline.

Response to actions required in FFY 2020 SPP/APR

3 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2014, and OSEP accepts that revision.

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

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

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

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

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

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

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and 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	2016	2017	2018	2019	2020
A	2006	Target>=	86.00%	86.00%	86.00%	90.00%	91.00%
A	79.00%	Data	89.17%	90.93%	91.22%	90.86%	89.86%
B	2006	Target>=	85.00%	85.00%	85.00%	91.00%	90.00%
B	75.00%	Data	86.56%	88.67%	89.28%	89.56%	89.53%
C	2006	Target>=	93.00%	93.00%	93.00%	93.00%	97.00%
C	87.00%	Data	95.69%	96.13%	96.27%	96.61%	95.70%

Targets

FFY	2021	2022	2023	2024	2025
Target A>=	91.00%	91.00%	91.00%	91.00%	91.00%
Target B>=	90.00%	90.00%	90.00%	90.00%	90.00%
Target C>=	97.00%	97.00%	97.00%	97.00%	97.00%

Targets: Description of Stakeholder Input

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2022, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, www.Birth23.org, in December 2022. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. The APR was also sent directly to State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

FFY 2021 SPP/APR Data

The number of families to whom surveys were distributed	2,729
Number of respondent families participating in Part C	1,204
Survey Response Rate	44.12%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,096
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,204
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	1,075
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1,204
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	1,143
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1,204

Measure	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	89.86%	91.00%	91.03%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	89.53%	90.00%	89.29%	Did not meet target	No 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)	95.70%	97.00%	94.93%	Did not meet target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

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

If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

Survey Response Rate

FFY	2020	2021
Survey Response Rate	66.54%	44.12%

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

Strategies that will be implemented moving forward includes translating the NCSEAM survey into the top ten languages for the families that we serve, which Connecticut expects to increase the response rate year over year. Connecticut also plans to continue having service coordinators hand-deliver surveys to families and explain the survey with families with a newly created one page document explaining the process and use of the survey data. Families will continue to be able to respond via paper copy or online. The survey in its entirety will be translated into at least the top ten languages in our state. Supports will also be available through the CT Advisory Parent Cabinet to assist families as they complete the survey in their native language. There will also be supports for service coordinators to understand the purpose and better explain the survey and its impact while working with families. These supports will include a recorded webinar providing an overview of the family survey, its importance, and a review of the state's data and several 'lunch and learn' sessions for service coordinators to join and ask questions and share anecdotally why they believe the response rate is going down. In addition to service coordinators the trainings will be open to Connecticut's Parent Advocacy Center (CPAC), Interagency Coordinating Council (ICC) members, and program administrative staff for a well rounded stakeholder focused discussion. Programs are also instructed to follow their response rate to ensure all families who are eligible to complete the survey have the tools to complete the survey and do so. In the coming year to increase the response rate of Connecticut's family survey, the state plans to include a QR code on the family survey to take families directly to the family survey.

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.

Connecticut interprets "enrolled in the Part C program" as those families who had an IFSP on 2/1/22, having been in Early Intervention for at least six months. All of those families are sent surveys (census). The state analyzed the response rate by comparing how many surveys were returned versus how many were sent out, the response rate of this year's family survey was 44.12%, this survey response rate is lower than the FFY20 family survey response rate of 66.54%. The Lead Agency furthered the analysis by comparing the survey respondents to the census data to identify if the rate was relevant for all in the target population. This was completed by comparing respondents to number of enrollment and census data in Connecticut. Connecticut has also reached out to Dr. Bonnie Keilty, an educational consultant, to review the family survey methodology and methods for distribution. Dr. Keilty and her team were able to run nonresponse bias analysis and offer recommendations on the overall structure of the family survey and the questions used to collect all necessary data. Moving forward Connecticut will work to incorporate her recommendations and ensure that a broad cross section of families that received services are represented.

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.

The state used the the calculator to compared to race, ethnicity, language, insurance type, and length of time in EI in the calculator to the best of our ability. Due to a number of surveys missing the correct identifying information the state was unable to reliably report out valid comparison level data. Moving forward, in order to address this in FFY 22 the state will utilize lunch and learns to track that agencies have an understanding of their case ID numbers and are properly directing users on how to submit their completed survey so that this issue does not continue moving forward. The lead agency team has also worked with the online survey platform used to build in business rules that would prevent someone from incorrectly entering an ID and prompt along the way to ensure for correct data entry. In early 2023 the lead agency team worked to apply for a technical assistance opportunity with Early Childhood Technical Assistance (ECTA) center on the family survey outcomes and their use within our system. In April 2023, we learned that we were awarded this opportunity and will use this new knowledge to improve our data collection, analysis, and survey distribution methodology for the future.

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

The demographics of the response pool (those that completed the survey) were compared to the census using a representativeness calculator created by the Early Childhood Technical Assistance Center (http://ectacenter.org/eco/assets/xls/Representativeness_calculator.xlsx).

Provide additional information about this indicator (optional).

We received 1204 completed surveys in FFY21, of these surveys 256 (21%) had an unusable identifier and could not be included in the race/ethnicity calculator.

4 - Prior FFY Required Actions

None

4 - OSEP Response

The State analyzed the response rate to identify potential nonresponse bias; however, the State did not identify steps to reduce any identified bias and promote response from a broad cross section of parents of children with disabilities, as required by the Measurement Table.

The State reported that the response data for this indicator were representative of the demographics of families participating in early intervention services. However, in its narrative, the State reported "Due to a number of surveys missing the correct identifying information the state was unable to reliably report out valid comparison level data." Therefore, it is unclear whether the response data were representative. OSEP notes that the State did not describe the strategies to address this issue in the future.

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.93%

FFY	2016	2017	2018	2019	2020
Target >=	1.21%	1.21%	1.21%	1.21%	1.20%
Data	1.29%	1.36%	1.19%	1.48%	1.39%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	1.30%	1.40%	1.40%	1.40%	1.50%

Targets: Description of Stakeholder Input

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2022, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, www.Birth23.org, in December 2022. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. The APR was also sent directly to State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 1 with IFSPs	468
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 1	32,573

FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
468	32,573	1.39%	1.30%	1.44%	Met target	No Slippage

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

6 - Indicator Data

Baseline Year	Baseline Data
2005	3.16%

FFY	2016	2017	2018	2019	2020
Target >=	3.87%	3.87%	3.87%	4.00%	4.80%
Data	4.36%	4.56%	4.94%	5.39%	4.81%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	4.90%	5.00%	5.10%	5.20%	5.30%

Targets: Description of Stakeholder Input

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2022, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, www.Birth23.org, in December 2022. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. The APR was also sent directly to State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 3 with IFSPs	6,034
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 3	103,827

FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
6,034	103,827	4.81%	4.90%	5.81%	Met target	No Slippage

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	95.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.98%	99.98%	100.00%	99.92%	99.84%

Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
4,805	5,980	99.84%	100%	99.93%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

1,171

Provide reasons for delay, if applicable.

There were 4 children with late IFSPs at one program due to program error including staff scheduling difficulties. Findings of non-compliance were sent to the program. The most common reason for exceptional family circumstance was COVID-19 concerns. In an effort to clean data and maintain consistency across statewide providers the lead agency worked to create a document detailing the process to determine family reason versus provider reason and provided Technical Assistance across programs outlining the Part C of IDEA regulations regarding timeliness.

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).

The full reporting period of July 1, 2021 through June 30, 2022.

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

Data are from the Connecticut Birth to Three data system for the entire reporting year and verified using a variety of general supervision components, including emails, ad hoc, standard data reports, on-site monitoring, self-assessments, and verification visits, and complaint data.

Provide additional information about this indicator (optional).

During FFY21, four instances of noncompliance were identified at one program. In each case where the new IFSP data was missing, the state verified, using the statewide database, emails, and phone calls with local programs, that the new service was ultimately provided or that the family exited Birth to Three before the new service could be started. A finding letter was sent to the program, which was identified as non-compliant.

Correction of Findings of Noncompliance Identified in FFY 2020

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 2020 Findings of Noncompliance Verified as Corrected

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

The correction of all findings and the correct implementation of the regulatory requirements were verified for each program using subsequent data runs and monitoring at least 10% of the programs data from the statewide centralized transactional data system combined with data verification emails and phone calls with the program directors.

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

In each case where the new service data was missing, the state verified, using the statewide database, emails and phone calls with local programs, that the IFSP was ultimately written.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

7 - OSEP Response

The State did not provide valid and reliable data for this indicator. These data are not valid and reliable because the State reported that data were collected from the reporting period of July 1, 2020 through June 30, 2021. Therefore, OSEP could not determine whether the State met its target.

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	99.90%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

FFY 2021 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
3,723	3,723	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.

Provide reasons for delay, if applicable.

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).

The full reporting period of July 1, 2021 through June 30, 2022.

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

Data are from the Connecticut Birth to Three data system for the entire reporting year and were verified using a variety of general supervision components, including emails, ad hoc and standard data reports, on-site monitoring, self-assessments, data verification visits, and complaint data

Provide additional information about this indicator (optional)

While the families of 5784 children exited Part C between July 1, 2021, and June 30, 2022, only 4082 exited after the 90-day deadline for this indicator. Of those, 359 had their initial IFSP meeting within 90 days of age three. This leaves 3723 children for whom there has been an IFSP with transition steps and services at least 90 days before the toddler's third birthday.

Correction of Findings of Noncompliance Identified in FFY 2020

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 2020

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

8A - Prior FFY Required Actions

None

8A - OSEP Response

The State did not provide valid and reliable data for this indicator. These data are not valid and reliable because the State did not report whether the data only include those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. Additionally, the State indicated that data are from the July 1, 2020 through June 30, 2021 reporting period. Therefore, OSEP could not determine whether the State met its target.

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
3,918	3,918	100.00%	100%	100.00%	Met target	No Slippage

Number of parents who opted out

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

0

Provide reasons for delay, if applicable.

Describe the method used to collect these data.

Since notification data is transmitted electronically from the Part C data system to the Part B (SEA and LEA) data system every night for all children with IFSPs who are over the age of 30 months, the denominator for this indicator was collected from the Part C statewide transactional database and is greater than the Indicator 8A and 8C data.

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

NO

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

State database

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

The full reporting period of July 1, 2021 through June 30, 2022.

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

Data are from the Connecticut Birth to Three data system for the entire reporting year and were verified using a variety of general supervision components, including emails, ad hoc and standard data reports, on-site monitoring, self-assessments, data verification visits, and complaints.

Provide additional information about this indicator (optional).

Over the course of the '21-'22 year, 5784 children exited Birth to Three. 359 of those children were determined to be eligible for Part C within 90 days of age 3, so the timeline for this indicator had already passed. The families of an additional 1507 children exited Birth to Three before the child reached age 30 months, so notification data was not sent about them, and they were not considered to be potentially eligible for Part B early childhood special education. The remaining 3918 children that exited in the '21-'22 year after turning age 30 months were considered to be potentially eligible because they had reached age 30 months and were still eligible for Part C. Notification data was transmitted to the SEA and LEAs nightly for all 3918 children. Potentially eligible for Part B at 30 months does not mean that the family stayed in Birth to Three until the child was 33 months old nor that the family approved including their LEA in transition planning. For these reasons, the number for this indicator is higher than the number used for transition plans (8a) and transition conferences (8c).

Correction of Findings of Noncompliance Identified in FFY 2020

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 2020

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

8B - Prior FFY Required Actions

None

8B - OSEP Response

The State did not provide valid and reliable data for this indicator. These data are not valid and reliable because the State reported that data were collected from the reporting period of July 1, 2020 through June 30, 2021. Therefore, OSEP could not determine whether the State met its target.

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	98.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.55%	99.58%	NVR	99.66%	99.93%

Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

FFY 2021 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
2,957	3,460	99.93%	100%	99.91%	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.

500

Provide reasons for delay, if applicable.

While Connecticut did not meet its target of 100%, the state data for FFY21 was 99.93% and Connecticut continues to demonstrate high levels of compliance within this indicator. There were only 3 late conferences at 1 of the 19 programs due to program error (one Early Intervention Services (EIS) program had a total of 2 late transition conferences, due to waiting on the Local Education Agency (LEA) to attend and had an inaccurate count of days for the final late conference) a finding of non-compliance was issued to the program.

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).

The full reporting period of July 1, 2021 through June 30, 2022.

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

Data are from the Connecticut Birth to Three data system for the entire reporting year and verified using a variety of general supervision components, including emails, ad hoc, standard data reports, on-site monitoring, self-assessments, and data verification visits, and complaints.

Provide additional information about this indicator (optional).

In '21-'22, one Early Intervention Services (EIS) program had a total of 2 late transition conferences. Findings were issued to the program and subsequent data runs in '21-'22 will evaluate the correction of non-compliance

Correction of Findings of Noncompliance Identified in FFY 2020

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

FFY 2020 Findings of Noncompliance Verified as Corrected

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

In '20-'21, one Early Intervention Services (EIS) program had a total of 2 late transition conferences, due to waiting on the Local Education Agency (LEA) to attend. The lead agency provided Technical Assistance to the program to clarify that the program should invite the LEA, and schedule the conferences at a mutually agreeable time, but the program needs to provide timely transition conferences to families regardless of the LEA being able to attend. In each case where the transition conference was late the state determined that the conference was ultimately provided or the family exited Birth to Three before the transition conference could be held, using the statewide database, emails and phone calls with local programs. A finding letter was sent to the program. The one program that was issued a finding letter, the state determined that this program was in compliance and delivering timely transition conferences, achieving 100% compliance, through subsequent data runs monitoring 10% of the individual programs data, using the statewide database

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

This is an indicator with a timeline. In each case where the transition data was late or missing, the state verified, using the statewide database, emails and phone calls with local programs, that the conference was ultimately held if the child did not exit before it could be held.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

8C - OSEP Response

The State did not provide valid and reliable data for this indicator. These data are not valid and reliable because the State did not report that data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. Additionally, the State indicated that data are from the July 1, 2020 through June 30, 2021 reporting period. Therefore, OSEP could not determine whether the State met its target.

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

This is not applicable at this time due to zero cases of resolution over the federal fiscal year.

9 - Prior FFY Required Actions

None

9 - OSEP Response

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and targets 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 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1 Mediations held	0
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.a.i Mediations agreements related to due process complaints	0
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2022, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, www.Birth23.org, in December 2022. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. The APR was also sent directly to State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2016	2017	2018	2019	2020
Target>=					.00%
Data					

Targets

FFY	2021	2022	2023	2024	2025
Target>=	0.00%	0.00%	0.00%	0.00%	0.00%

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
0	0	0		0.00%		N/A	N/A

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2021. 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 that must be 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 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 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 2021 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 2021 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, 2022). 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 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

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 (i.e., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (i.e., 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 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) 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)?

Connecticut's State-identified Measurable Result is "Parents of children who have a diagnosed condition will be able to describe their child's abilities and challenges more effectively as a result of their participation in Early Intervention."

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://www.birth23.org/how-are-we-doing/ssip/>

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	89.56%

Targets

FFY	2021	2022	2023	2024	2025
Target>=	90.00%	90.00%	90.00%	90.00%	90.00%

FFY 2021 SPP/APR Data

Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs.	Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs.	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
1,075	1,204	89.53%	90.00%	89.29%	Did not meet target	No Slippage

Provide the data source for the FFY 2021 data.

Using data from the FFY20 (July 1, 2021 - June 30, 2022) NCSEAM Family Survey.

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

Using the Indicator 4 data from the FFY21 APR, Connecticut analyzes the SiMR by addressing which families answered that they agreed as a result of Early Intervention they were better able to talk about their child's needs and abilities. Indicator 4 of the APR evaluates the percentage of parents who (A) know their rights; (B) can effectively communicate their child's needs; and (C) help their child develop and learn. Using the NCSEAM Family Survey Connecticut is able to identify the percentage to which families in Early Intervention know their rights, effectively communicate their child's needs, and

are able to develop and learn. In order to do this, Connecticut selects a group of families, who have been enrolled in the system for at least 6-months and have not yet exited, to distribute the survey. Connecticut also has service coordinators hand-deliver surveys to families and explain the survey with families with a newly created one page document explaining the process and use of the survey data. Families are able to respond via paper copy or online.

Of the survey respondents, there were 342 families with children who were determined to be eligible for Part C based on a diagnosed condition that has a high likelihood of resulting in developmental delays. 267 of those families did not answer "Very Strongly Agree" to all the items on the self-assessment. Of those 267 families, 237 or 88.76% had a pattern of responses that resulted in a measure that met or exceeded the national standard for SPP/APR Indicator 4b: "Early Intervention services helped the family communicate effectively about the child's needs".

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.

Connecticut developed a Quality Practices Self-Assessment (QPSA) with input from stakeholders and several TA centers (ECTA, NCIS, ECPC, and SRI). Development of the self-assessment aimed to help practitioners identify their strengths and areas for potential growth in fidelity to quality and best practices in Early Intervention. Data collected from this annual survey will be linked to the SiMR and help programs and the Lead Agency determine professional development needs. The self-assessment is comprised of five sections: Involving Families, Natural Learning Environment Practices, Coaching, Teaming, and Disposition Knowledge and Values. FFY20 was the third year of data collection; therefore, Connecticut is just beginning to be able to evaluate system trends.

Connecticut used Electronic Coaching Logs (ECL) to gather data and assess fidelity among practitioners trained in Evidence-Based Practices (EBP) in Early Intervention combined with a minimum of six months of technical assistance. The ECL calculates fidelity to EPBs based on coding from Mentor Coaches, with specific formulas built into the ECL that determine the level of fidelity linked to those practices. Connecticut refers to the EBPs as Activity-Based Teaming (ABT)

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

NO

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

YES

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.

Historically, Connecticut has had very high NCSEAM Family Survey response rates for Indicator 4 of the APR. Due to the ongoing COVID-19 pandemic the state experienced a decline in the response rate. Thus, impacting the number of families who are included in the analysis for that indicator and for the SiMR. During FFY19, the state noted the significant decline in responses due to families moving or dropping out of the program. To achieve a higher response rate in the previous reporting period of FFY20, Connecticut sent the surveys out earlier and during a time when Early Interventionists were able to see families predominantly in-person. However, there was still a small response rate for the survey. During the current reporting period of FFY21, the state sent surveys out earlier during a time when Early Interventionists were able to see families in-person, and provided a longer collection time to allow programs to hand the surveys out to families. This longer collection period was implemented after stakeholder feedback to extend the survey period. These strategies helped the state double the response rate from FFY19 to FFY21. The state will continue to work with programs, the ICC, and families in order to reach pre-pandemic response rates.

Section B: Implementation, Analysis and Evaluation

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

As Connecticut works to scale up the evidence-based practices and scale up coaching as a style of interaction, the state decided to not revise the evaluation plan. The Birth to Three system in Connecticut began experiencing staffing shortages as a result of the COVID-19 pandemic. Therefore, staff have left the field and new staff were recruited. With this, there is still a need for new staff to complete intensive training and TA while scaling up ABT and better guide families to describe their Child's abilities and challenges. The current evaluation plan can be found here: <https://www.birth23.org/ssip/>.

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

NO

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

Education and Outreach:

1) Throughout the year, Connecticut faced several challenges, including a public health emergency (PHE). During the PHE, challenges included a significant increase in referrals and moving to a blend of in-person and remote supports that Connecticut refers to as Remote Early Intervention (EI). As the changes continued, Part C Coordinator, Nicole Cossette, presented on Remote EI at national conferences outlining the steps the state was taking to implement the procedure and monitor the procedure. Additionally, the state read literature on the efficacy of remote supports and polled parents on what works best for them. The OEC built a parent cabinet where parents of children enrolled in Part C participate.

Through this there was a sub-committee of parents to provide reviews on the formal Remote EI procedure and provided the state with feedback on remote supports through roundtable discussions with Part C and MEICHV staff. This will help the state achieve its SiMR by allowing families to better understand the process between transition and what to expect from both Part C and Part B. When all families have this understanding they are better able to describe their child's needs and abilities measured by Indicator 4 data.

2) In FFY19, The Office of Early Childhood rolled out a new app called SPARKLER in which the Ages and Stages Questionnaires (ASQ) are housed for families to track their child's development. It is anticipated that the app will result in more referrals earlier to Part C. Additionally, with Governor's Education Emergency Relief (GEER) funding, the OEC was able to provide technical support and resources to families enrolled in the Part C to participate in Remote EI when technology was a barrier. In FFY21 the OEC began looking to track children across systems and better track families who

are referred to Connecticut's Part C system. For children who are not eligible for Part C, there are better informed referrals to other programs to support the family and internally at the OEC work will begin to have interagency collaborations. With all of this families have a deeper understanding on child development and when families have this understanding, they are better able to describe their child's needs and abilities as exemplified by Indicator 4 data. Additionally, the SPARKLER app will help families track their child's development.

3) Professional Development lead and staff member who is responsible for both PD and education and outreach presented at multiple seminars, round tables and held trainings. One accomplishment included presenting at the Yale Autism Center of Excellence 2022 Autism Summer Institute for an in-person audience which was also livestreamed to national and international participants. This presentation included an overview of what Birth to Three looks like and what supports look like for children who are diagnosed with Autism. This impacted our SiMR by better informing referrals to Connecticut's Early Intervention system including earlier referrals to the system, and allows for families to understand the importance of early intervention sooner.

4) In FFY21, PD staff presented to several community partners including Department of Children and Families (DCF) regional resource groups, Family Based Recovery Network, and the HV Meeting. These presentations included an overview of Birth to Three, child development, and when and how to make a referral to the system.

Professional Development:

1) Since 2014, the State contracted with Dathan Rush & M'lisa Shelden to provide annual training plus 6-10 months of monthly TA. In 2022, training and TA were provided to one cohort of EIS program staff. As part of the TA, the team members write coaching logs detailing their conversations with families. The logs serve as the basis of an hour-long TA session each month with a national or State level expert who is a Fidelity Coach. The logs and TA sessions are used to determine fidelity with coaching practices. Stakeholder input was gathered from those using the ECLs, as well as from the Lead Agency Mentor Coach and two Fidelity Coaches, that led to further modifications of the ECLs during 2020, and during 2020 the final versions of the ECL's were used. ECLs use precise formulas to determine the level of fidelity in 15 aspects related to coaching and natural learning environment practices and include comments from the national and state experts. The ECLs resulted in increased feedback to learners and increased objectivity and clarity of the rating of fidelity. The ECLs have led to significantly more team members achieving fidelity more quickly than in years past. During 2022 the ECLs were utilized to assess the growth of practitioners throughout the system who were part of the discretionary grant 84.325P. This will help the state achieve its SiMR as exemplified by the Quality Practices Self-Assessment (QPSA) data when a practitioner is at fidelity across practices families rate themselves higher on the family survey. Therefore, measuring Mentor Coaches fidelity and utilizing Fidelity Coaches to support Mentor Coaches and Family Coaches will sustain the practices and enable families of children with diagnosed conditions will better be able to describe their child's needs and abilities.

2) Connecticut continued to collect data using a QPSA. 652 practitioners (94%) completed the self-assessment in 2022, and each discipline working in the system was represented. Results indicate that those who completed the various training addressing the EBPs and who also received technical assistance in the form of coaching rated themselves at a much higher level of fidelity to EBPs than those lacking the training and technical assistance. The QPSA takes roughly ten minutes to complete and all staff in the system are required, this is further compared to coaching logs to compare the self-assessment to the log data on fidelity. The QPSA is used annually to provide the data Connecticut needs to measure change over time. De-identified results are shared with programs, and statewide results are presented to programs and the Interagency Coordinating Council (ICC). The analysis continues to incorporate stakeholder input and contribution from the ICC regarding which data points the system should include. Using unique staff IDs, the Lead Agency is able to link the QPSA data to child and family outcomes, demographics, IFSP, and service delivery data from the Birth to Three Data System. This will help the state measure progress on the practices needed to achieve the SiMR.

Fiscal and System Enhancements:

1) The Lead Agency (LA) updated the risk rubric it uses to assess the risk posed to the system by each EIS program as part of its general supervision system. The leadership team completed the rubric in May of 2022 in order to prioritize those programs that might need more TA than others. Risks included fiscal measures as well as how the program was implementing the EBPs. This will help the state achieve its SiMR because the system overall will improve based on individualized, data-informed decisions about the TA that programs need related to the SSIP.

2) Additionally, the LA required each program to complete an updated IDEA Compliance Self-Assessment (ICSA) which reviews measures at the programmatic level to ensure compliance to IDEA. Within this ICSA if a program is found to be out of compliance with IDEA the program findings are issued and the program is required to develop an improvement plan to reach 100% compliance so that the LA can verify correction within one year. If the program continues to be out of compliance on that indicator they will be asked to develop a Corrective Action Plan with the LA which may include fiscal sanctions if outcomes are not met.

3) During FFY21, Connecticut worked on contracting with Public Consulting Group (PCG) to initiate a rate study cost/analysis of the Part C system. This work will begin in early 2023.

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.

Connecticut's Part C Early Childhood Systems Framework Self-Assessment is regularly updated with stakeholder involvement.

Education and Outreach:

1) The training about Remote EI relates to the governance and finance and quality standards areas in the Early Childhood Systems Framework with short-term outcomes of sustaining the system in the height of the COVID-19 pandemic, ensure children were being adequately supported throughout the system, and align Remote EI with the vision, mission, and purpose statements of Connecticut's Early Intervention systems, which were necessary for because as the state switched from in-person to remote supports and then a mix of both the Lead Agency wanted to continue to measure the SiMR and continue to work towards it. Connecticut used child and family outcome data to evaluate this along with anecdotal data from families who sit on the OEC's Parent Cabinet. Another data point the state used to address adequately supporting children and their families included looking at timelines and evaluating if there was a decline in the timeliness of services. For example, the state monitored timelines associated with Indicators 1 and 7 in order to analyze if there was slippage from previous years. Not only did the state look for compliance but looked at trend data which evaluates timelines on a 25 to 30 day timeline from referral to IFSP. The state analyzed this data to be sure families were supported timely and there was not slippage in comparison to the historical data.

2) The roll out of SPARKLER relates to the building stronger early childhood systems, and data governance areas in the Early Childhood Systems

Framework with short-term outcomes of connecting children with supports both within Early Intervention or for ineligible children connections to community supports. In 2023 CT will work with tracking this data linking families with the B23 QR code and comparing that to those enrolled in the system.

3) The OEC continued working with the UConn University Center for Excellence in Developmental Disabilities (UCEDD) on a second cohort in the leadership academy as part of the 84.325L grant, working closely with Part B and CPAC to develop leaders in early childhood from birth through age five. This supports the SSIP and SiMR by connecting Part B staff with Part C in building valuable relationships. These relationships will enable families to continue to receive supports through Part C, and, if eligible, Part B supports through a smooth transition process. Additionally, these relationships help support EIS Over Three.

4) Through the use of Education and Outreach to Connecticut libraries, the Lead Agency continued to build relationships in order to support a unified message communicated through both formal and informal processes. Including but not limited to, mobile resources about what birth to three looks like, family rights, system of payments, and Local Education Agencies (LEA's). Additionally, during FFY20, the Lead Agency modified resources and posted flyers on social media outlining these processes. This impacts the states SiMR as families understanding their rights, and what Birth to Three looks like enables them to better understand the system and describe their child's needs and abilities.

Professional Development:

1) Individualized training and TA plans each EIS program and TA plans for programs identified by the lead agency through the use of the Risk Rubric. Having an additional Lead Agency, staff trained, as a Fidelity Coach will enhance the LA's capacity to support Mentor Coaches at EIS programs. The Lead Agency continued to collect and analyze the new Quality Practice Self-assessment (QPSA) data and connect it with family and child outcomes and programmatic and demographic data.

2) The OEC reviewed the outcome of supporting mentor coaches at local EIS programs 84.325P grant. Additionally, the OEC will begin revising the Infant Toddler Family Specialist (ITFS) course and will develop a data system that can track recruitment and retention in the field during FFY21. Supporting these evidence-based practices (EBPs) supports the sustainability of programs and supporting staff through fidelity coaching furthers the system of improvement efforts.

Fiscal:

1) The ICSA relates to the governance and accountability areas in the Early Childhood Systems Framework with short-term outcomes of ensuring state and local statutes, regulations, and agreements, are being implemented throughout the statewide system. These are necessary as it allows the system to continue to track compliance and outline indicators related to administrative structures throughout the system.

2) Connecticut continued to participate in the Center for IDEA Fiscal Reporting (CIFR) CoP. Through this participation, the Lead Agency continues to gain a deeper understanding of fiscal priorities including indirect cost/cost allocation plans and the use of funds. Additionally, the Lead Agency will utilize the tools created by CIFR and their partners in order to track the use of funds.

2a) The participation in the CIFR CoP relates to the finance areas in the Early Childhood Systems Framework with short-term outcomes of forecasting and accessing fiscal data throughout Connecticut's Early Intervention System which were necessary for budgeting and fiscal planning as part of the Part C application. Additionally, this allows the team to have an understanding of allocating, using, and disbursing funds in a timely and allowable manner to meet the systems needs. This is essential as there have been leadership changes within Connecticut's Early Intervention System. Outcomes will be evaluated in 2023.

Technical Assistance:

Subject matter experts coordinate the technical assistance (TA) provided to programs and staff within the system. The lead agency also has a relationship with the University of Connecticut Center for Excellence in Developmental Disabilities (UCEDD) and a parent leadership contract with the state's Parent Training and Information Center (PTI). With assistance from the Connecticut Parent Advocacy Center (CPAC), parents are regularly included in TA. Parents attend meetings and are involved with report out from TA. Parents also provide the system with valuable input on next steps in implementing change. The UCEDD, along with lead agency staff provide an intensive yearlong course on best practices in early intervention including family centered practices, evaluation and assessment, and intervention planning. While this course is part of the PD system it also provides direct, timely technical assistance to participants based on review of competencies they submit related to their work with families.

The need for TA can be identified in the following ways:

- Staff or program request,
- as a result of program monitoring/self-assessment,
- based on a complaint received by the system,
- changes to policies or procedures,
- and literature about evidence-based and promising practices.

TA topics include but are not limited to:

- fiscal and insurance billing,
- coaching methods,
- natural learning environment practices,
- using a primary provider approach,
- supporting families in crisis,
- using the data system and reporting tools,
- and adherence to Connecticut Birth to Three System policies and procedures.

Programs requesting TA are responsible for developing their outcomes. The lead agency offers a follow-up support after 3-4 months to answer questions that arise.

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.

The implementation of evidence-based practices (EBP) with fidelity continued to increase over FFY21. As addressed in the logic model, the EBPs are woven throughout the three strands of education and outreach, professional development, and fiscal enhancements. During the upcoming year,

Connecticut will continue to focus on increasing fidelity to evidence-based practices, while using funding from discretionary grant 84.325P, and build upon leadership skills throughout the system with our partners at the UCONN's Center for Excellence in Developmental Disabilities (UCEDD) through discretionary grant 84.325L.

Connecticut will also seek out further TA on systems building and improving systems. The state will also request TA as needed when evaluating and preparing for DMS2.0. While this is still a ways out since the state is not in cohorts 1-3 the state recognizes the value in preparing early and requesting TA. The state has a request in for an onsite TA in order to help the agency align internal policies and procedures.

During FFY22, the NCSEAM family survey will be sent to families during the months of April and June, family surveys will be due in August and analyzed during the months of September and October. Public report out will occur during the October Interagency Coordinating Council (ICC) meeting and individual program responses will be sent to the program directors. It is expected that during FFY22 Connecticut will have an increase in survey responses and continue to meet the target for this indicator in FFY22.

Additionally, during FFY22 the Quality Practices Self-Assessment will be sent out in August and analyzed in September. The results of the QPSA will be reported out the the ICC at the October ICC Meeting. The expected outcomes of the QPSA are that members who have attended trainings and received mentor coaching will have an increase to fidelity in their EBPs as outlined in the QPSA. Additionally, there will be a 90 percent response rate of practitioners who submit the QPSA.

Throughout FFY22, Connecticut will continue to use Electronic Coaching Logs (ECLs) to assess fidelity among practitioners trained in EBPs. These ECLs will be tracked and analyzed on a quarterly basis.

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

During this reporting period Connecticut worked on the following evidence-based practices and supports are based on the following practices:

(1) Natural Learning Environment Practices; (2) Coaching as a style of interaction with families and team members; and (3) Primary Service Provider Approach to teaming

Provide a summary of each evidence-based practice.

Natural Learning Environment Practices (NLEP):

Through this practice supports are delivered in natural environments outlined as places where children live, learn, and play. NLEPs begin with looking for activities children participate in during their everyday life both at home and in the community. These activities provide learning opportunities which lead to further engagement of the child and increased skill development. These practices are goal-directed activities and engagement is defined as the amount of time children spend interacting appropriately with their environment. Ultimately, the goal is to increase the child's participation, enable families to support their child in everyday activities, begin with the activity and not the skill, and embed learning opportunities for all areas of development that are present. This practice leads to building the caregivers competence with strategies which aligns with Connecticut's SiMR.

Coaching as a style of interaction with families and team members:

Coaching, as a style of interaction, looks like a practitioner and parent working together, beginning with an everyday activity. This practice supports parents in their everyday activities, and parents are using these strategies with their child during the visit. The practitioner builds upon parent ideas and will share information and even model for the parent throughout the supports. The key elements of the practice should include:

- (1) being consistent with adult learning
- (2) capacity building
- (3) nondirective
- (4) goal oriented
- (5) solution focused
- (6) performance based
- (7) reflective, collaborative
- (8) context driven
- (9) as hand-on as it needs to be

As outlined by Rush and Shelden (2011) there are five key characteristics of coaching that builds the confidence and competence in parents including:

- 1: Joint Planning : to collaboratively determine the specific activities and strategies the parent will focus on during and between visits, and for parents to determine the specific activity that will be the focus of the next visit
- 2: Observation: of the parent and child by the interventionist during the visit
- 3: Action: taken by the parent with the child during the visit and between visits
- 4: Reflective questions: to determine what the parent already knows and is doing, as well as to foster analysis of information and generation of alternative ideas by the parent
- 5: Feedback: from the interventionist that is affirmative and informative, including sharing research-based knowledge and hands-on modeling followed by practice by the parent

Primary Service Provider Approach to teaming:

Primary Service Provider approach to teaming means that every child and every family has a full team with one interventionist functioning as the primary support for the family. This primary provider and the family receive support from other team members on joint visits as needed. Ultimately the goal of PSP is to strengthen parents' confidence and competence in promoting child learning and development. As described by Rush and Shelden (2013) a PSP approach to teaming includes an established team consisting of multiple disciplines, meeting regularly and selecting one member to act as the PSP to the family, using coaching as an interaction style with parents, caregivers and other team members, strengthening parents confidence and competence in promoting child learning and development, supporting parents competence in obtaining desired supports, and resources providing all services and supports within the natural learning opportunities/activities of the family. The PSP is selected with parent feedback based on who is the best match for the child and family.

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.

Education and Outreach:

Training for new Service Coordinators and all staff new to Birth to Three was revised entirely and included more emphasis on the EBPs in Early Intervention. During FFY19 the training shifted to online entirely due to the Public Health Emergency and continued to be online during FFY20. During FFY21 the training shifted back to in-person. Feedback from evaluations about the changes and content was extremely positive. Updating service

coordination training and adding an Initial Birth to Three Certificate is a strategy noted in Connecticut's logic model and speaks to the sustainability of the programs by attracting new talent to the field and retaining staff. Better hiring and retention of staff training on the EBPs 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 Lead Agency continued to meet with United Way of Connecticut (UWCT) and a contractor, Linchpin, to discuss enhancements to the Birth23.org website. Priorities include file management, menus and navigation, and correctly listing one program by towns by specialty. The website is a critical tool in scaling up the EBPs and the communities understanding about what Birth to Three hopes to accomplish (SiMR). Improving the website is intended to impact the SiMR by changing allowing programs to easily access procedures, and/or research supporting evidence-based practices, and data related to parent/caregiver outcomes, and/or child/outcomes.

Professional Development:

The specific EBPs targeted for the past six years have been Natural Learning Environment Practices (NLEP), coaching as a style of interaction, and a Primary Service Provider (PSP) approach to teaming. Fidelity with these practices builds the confidence and competence of caregivers in assessing their child's strengths, abilities, and challenges. More importantly, the EBPs help families identify successful activities and strategies to address challenges, which makes them the experts and aligns perfectly with Connecticut's Part C SiMR. The higher the fidelity with implementing the EBPs at the practitioner level, the more likely the State's SiMR will be achieved. In FFY20, the Office of Early Childhood (OEC) offered a two-day team training plus one-day Mentor Coach training in conjunction with mandatory six months of monthly technical assistance. Several EIS programs used their Mentor Coaches to provide monthly TA with their family coaches using the Electronic Coaching Logs (ECLs) described earlier to advance coaching practices. This method for reaching fidelity is labor-intensive. Data about how Master Coaches are used at the EIS programs was collected through interviews of program directors and revealed that many programs were not using Mentor Coaches in this capacity due to the change to a fee-for-service reimbursement system. The ICC PD committee and other interested stakeholders formed a workgroup that is exploring manageable solutions to this problem in implementation. To address this issue in the short term, in August 2020, the lead agency applied for and was awarded an OSEP Recruitment and Retention Grant, 84.325P. Since Mentor Coaching is one strategy to help retain staff, a portion of the funding from this grant will be applied to support the use of a program's Mentor Coaches in advancing the fidelity of additional staff in the program.

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

Connecticut refers to the EBPs as Activity-Based Teaming (ABT). There are several indicators to monitor fidelity of implementation and to assess practice changes including, ABT Fidelity Checklist, Electronic Coaching Logs (ECLs, QPSA, and reports submitted to the Lead Agency for the 84.325P grant. The purpose of the Activity-Based Teaming Fidelity Checklist is for Birth to Three providers to gauge fidelity with activity based teaming practices. The indicators found on this checklist are similar to those that will eventually make up the program self-assessment. It is designed to serve as a tool for providers to reflect upon their effectiveness as early interventionists using Activity-Based Teaming, consisting of measures that are consistent with NLEPs, coaching as a style of interaction, and PSP approach to teaming.

Connecticut used ECLs to assess fidelity among practitioners trained in Evidence-Based Practices (EBP) in Early Intervention combined with a minimum of six months of technical assistance. The ECL calculates fidelity to EPBs based on coding from Mentor Coaches, with specific formulas built into the ECL that determine the level of fidelity with the practices.

The Quality Practices Self-Assessment (QPSA) focuses on practitioners identifying strengths and areas of growth in fidelity to quality, best practices in Early Intervention. This survey outlines and assesses the fidelity to practices within five areas (1) involving families, (2) natural learning environment practices, (3) coaching, (4) teaming, and (5) disposition, knowledge, and values. Results from this survey are analyzed and reported out as a system wide report with individual programmatic data de-identified and sent to the programs

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.

Additional data that was collected which supports the decision to continue the ongoing use of each evidence-based practice include risk rubric data which evaluates programmatic data. Each year Connecticut sends out a Risk Rubric to our programs that is focused on an area of interest or need. This includes collecting data on initiatives or other activities the system is implementing. The rubric is developed with stakeholder feedback including our ICC, CPAC, and the OEC leadership team. For each data point the state creates a rubric and evaluates data that is included in the data system or at the provider level. Additionally, Connecticut collects data through an IDEA Compliance Self-Assessment (ICSA) from programs which outlines measures such as ensuring documentation of Prior Written Notice being provided to families, consent forms and evaluations, visit notes matching the service data within the data system, and compliance measures. Through this ICSA programs evaluate a total number of records which encompass 10 percent of the children enrolled in their program. This relates to evidence-based practices as there are questions part of the ICSA that look to evaluate the rate to which the state is successfully implementing the EBPs.

Additionally, through the discretionary grant 84.325L, the Lead Agency is collecting leadership training data. This data evaluates what leaders need in order to inform local systemic changes. Currently, there have been 27 Part C staff who have enrolled in the Leadership Academy (through 84.325L).

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

Education and Outreach:

The OEC will continue working with the UConn University Center for Excellence in Developmental Disabilities (UCEDD) on a third cohort in the leadership academy as part of the 84.325L grant, working closely with Part B and CPAC to develop leaders' early childhood from birth through age five. This will support the SSIP and SiMR by connecting Part B staff with Part C in building valuable relationships. These relationships will enable families to continue to receive supports through Part C, and, if eligible, Part B supports through a smooth transition process.

The OEC will work with Connecticut Children's Medical Center (CCMC) on a grant project Bridging the Gap which looks to equitably identify Autism sooner. With this project Connecticut anticipates an increase in referrals, therefore, the state began planning ahead and meeting with programs who have an autism designation in order to ensure children are supported in compliance with IDEA and also receive supports bedded in evidence-based practices. The OEC and CCMC have regular meetings on the calendar to discuss this grant project and any impacts it will have to the Birth to Three system. Additionally, the ICC medical advisor is an advocate for this project and has been involved in the development.

The OEC will work with the UCEDD to work collaboratively with MEICHV programs, SPARKLER, and local programs to better track children across systems in Connecticut. Through funding, the UCEDD has pulled together a stakeholder group to track children across systems in a pilot city. This will

support the SSIP by providing better quality referrals to the Part C system. This work is part of the child find model demonstration project, which is related to child find and to better track children across the state.

Professional Development:

The OEC will review the outcome of supporting mentor coaches at local EIS programs 84.325P grant. Additionally, the OEC will begin revising the Infant Toddler Family Specialist (ITFS) course and will develop a data system that can track recruitment and retention in the field. Reliable Accountable Integrated Network: Building Our Workforce (RAINBOW) system.

FIPP modules educating on EBPs will be post to the new LMS as the new training system CANVAS will be rolled out. This training system will streamline modules for program staff including prerequisite modules for service coordination, activity-based teaming, and modules around equity. With the new data system, it is the goal of OEC to link data from CANVAS to RAIN to evaluate which practitioners are completed standardized training with materials, activities, and progression throughout ABT. Additionally, the OEC will work with partners to host in-person trainings and bring expertise into the various community of practices.

Fiscal:

Connecticut will continue to participate in the Center for IDEA Fiscal Reporting (CIFR) CoP. Through this participation, the Lead Agency will gain a deeper understanding of fiscal priorities including indirect cost/cost allocation plans and the use of funds. Additionally, the Lead Agency will utilize the tools created by CIFR and their partners in order to track the use of funds. Connecticut will continue to participate in a TA plan with CIFR while it scales up the general supervision revision and implements new strategies for supervision.

Additionally, Connecticut will engage in a rate study/cost analysis during FFY22.

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

YES

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

Given all of the information and feedback received by stakeholders and through analyzing the data the state decided to continue working on the previous SSIP. The state has made great improvements over the last several years including adopting evidence based practices and evaluating those practices through newly developed tools such as the QPSA and priority/risk rubric. In order to continue to evaluate the implementation the state needs to track trend data which will continue over the next year of analyzing the current SSIP. Therefore, the state will not modify the current SSIP.

Section C: Stakeholder Engagement

Description of Stakeholder Input

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2022, the members reviewed results from FFY21 (7/1/21-6/30/22) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, www.Birth23.org, in December 2022. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. The APR was also sent directly to State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

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

Throughout FFY21 Connecticut involved stakeholders in every process. Stakeholder engagement in key improvement efforts was attained through meeting with Interagency Coordinating Council (ICC), provider meetings, bi-monthly community of practices (CoP), bi-monthly Part C Equity Subcommittee, advisory boards for both the 84.325P and 84.325L grants, and including other state agencies for items that may impact their operation or billing, for example, including Department of Social Services (DSS) in Remote Early Intervention (EI) discussions as they are the agency where Connecticut's Medicaid office is housed. Families were also involved in the feedback loops and stakeholder engagement. Families included those who are ICC members and families who are part of the OEC parent cabinet. In order to solicit feedback the Lead Agency described the tool or strategy and provided resources so that stakeholders had all of the necessary information. Once the information was provided listening sessions or meetings were held to gather feedback from all stakeholders, including families. Once feedback was received the OEC implemented the feedback and revised anything as necessary.

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.

N/A

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

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

The post COVID-19 pandemic continues to present barriers. The state is planning on how to meet families' needs and best deliver Early Intervention both in-person and remotely, doing so with fidelity to practices. However, there are barriers and challenges as there is not yet much research on the best blend of remote versus in-person Early Intervention. The state is continuing to keep up to date regarding current research and practices on the new methods of delivering supports.

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

Designated Lead Agency Director

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

Name:

Amanda Kach

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04/24/23 9:59:33 AM