UT
Part C

FFY2017
State Performance Plan / Annual Performance Report

Executive Summary:

Role of Utah's Lead Agency:

As the Utah Part C Lead Agency (LA), the Baby Watch Early Intervention Program (BWEIP) oversees Early Intervention (EI) service activities in Utah for infants and toddlers up to three years of age. The BWEIP has multiple mechanisms in place to ensure the timely delivery of high quality, evidence-based technical assistance and support to contracted EI programs.

Lead Agency Engagement with Partners:

The BWEIP solicits ongoing stakeholder discussion and input from groups on setting of policies, development and tracking of data measures, as well as methods for ensuring family awareness, and is always engaging valuable partnerships. The BWEIP continues to be successful in its mission to provide individualized support and services to Utah children and their families.

Quality Performance:

As a goal, the BWEIP remains determined to meet or exceed indicator target levels. Program policies and processes focus on data is timely, complete, and accurate. The BWEIP contracts with EI programs to address data needs and follow through on non-compliance.

State-identified Measurements

The BWEIP tracks a State-identified Measurable Result (SiMR) indicator seeking an improvement in positive social-emotional skill development in enrolled children. In FFY 2017, this measure was determined to be 63.59 percent of children move closer in functioning to that of same-aged peers, as reflected in Summary Statement 1.

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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.

As the Utah Part C Lead Agency (LA), the Baby Watch Early Intervention Program (BWEIP) oversees Early Intervention (EI) service activities in Utah for infants and toddlers up to three years of age. BWEIP sub-contracts with 15 programs across Utah to provide EI services. BWEIP maintains and enforces policies to ensure programs are aware of proper processes for services and data tracking. On an ongoing basis, the program performs surveillance and monitoring of EI services performed and program compliance with regulation and data. BWEIP also evaluates family perceptions of services, as well as partners with stakeholders.

BWEIP compliance indicator levels and program quality are ascertained annually using state aggregated data, individual program data, input from partnering stakeholders, or other information. EI programs and the Interagency Coordinating Council (ICC) contribute to determining which focus activities will be reviewed. Focus activities may include off-site and on-site monitoring, as well as any additional activities that are deemed necessary and/or appropriate by the BWEIP. Off-site monitoring refers to the oversight of activities and technical assistance by BWEIP to EI programs to promote compliance, satisfactory performance, address improvement strategies or corrective actions, or other actions toward timely correction of noncompliance and performance.

On-site monitoring refers to any BWEIP oversight activities of EI programs provided at their locations and that may identify low performance, the need for technical assistance, or improvement strategies to ensure the programs are meeting required activities and timelines set by BWEIP. Intensive activities may be necessary based on issues identified through general or focused monitoring activities, the complaints/resolution system, or other means. On-site monitoring activities include interviews, follow-up monitoring visits as needed, quality assurance reports developed by the local program, and any additional activities determined necessary by the BWEIP.

Through relevant activities, noncompliance may be identified at all levels within the State General Supervision System Framework. If the BWEIP finds noncompliance with any compliance indicator, the EI program responsible is required to create a written notification of the finding of noncompliance. The BWEIP will then require a corrective action (CA) for full correction of all noncompliance from the individual EI program. All noncompliance, once it is identified and notification is given to the EI program, will be corrected as soon as possible, but in no case later than one year from the date of the written notification for findings of noncompliance. The BWEIP requires CA for all noncompliance. If noncompliance is not corrected within one year of the written finding of noncompliance, the BWEIP may impose sanctions and require that the EI program provide detail in the CA on how they will revise necessary policies, procedures, and/or practices that contributed to any noncompliance. The BWEIP will conduct several annual general supervision activities for each EI program to monitor the implementation of the Individuals with Disabilities Act (IDEA) and identify possible areas of noncompliance and low performance. The general activities include: (a) collection and verification of the Baby and Toddler Online Tracking System (BTOTS) data for the SPP/APR compliance and results indicators, (b) program determinations, (c) review of the program data accountability plan, (d) fiscal management, (e) collection and verification of 618 data in BTOTS, and (f) targeted technical assistance and professional development.

The BWEIP will ensure timely dispute resolution through mediation and/or due process. All parties will be allowed to dispute any matter under Part C, including matters arising prior to the filing of a due process complaint, through a mediation process. The mediation process may be requested at any time, and may not be used to deny or delay a parent's right to a due process hearing or to deny any other rights afforded under Part C. Upon resolution by parties, a legally binding written agreement will be created to enforce confidentiality of all discussions that happened during the mediation process. The agreement will

also prohibit the use of mediation documents to be used as evidence in any subsequent due process hearing or civil proceeding. This agreement will include signatures by the parent(s), as well as a representative from the BWEIP who is authorized to bind the agency. Finally, a written statement will be included, expressing that the written and signed agreement is enforceable in any state court of competent jurisdiction or in a district court of the United States.

Funding sources that support the BWEIP are the State Appropriation (State General Fund), IDEA Part C Grant Award, Medicaid, Children's Health Insurance Program (CHIP), and Family Cost Participation Fees. Utah ensures that Federal funds made available to the state under Part C are implemented and distributed in accordance with the provisions of Part C. The BWEIP provides grants to local programs in the state to support and carry out the purposes and requirements of Part C and state regulations. The BWEIP will utilize its established system of payments and fees for EI services under Part C, including a schedule of sliding fees. Fees collected from the child's family to pay for EI services under the BWEIP's system of payments will be considered as program income. Finally, if a child is eligible for Medicaid or CHIP, BWEIP can bill these public insurances for EI services received. EI services, as specified in the child's IFSP, cannot be denied due to a parent's refusal to allow their public insurance to be billed for such services.

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Technical Assistance System:

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

Lead Agency Technical Assistance. As the Utah Part C Lead Agency (LA), the Baby Watch Early Intervention Program (BWEIP) has multiple mechanisms in place to ensure the timely delivery of high quality, evidence-based technical assistance and support to early intervention (EI) programs. The Utah Part C Program Manager is the official LA liaison for all 15 EI program grantees and answers questions from program administrators related to Part C regulations and LA policy and procedures. LA staff are identified as points of contact based on their areas of knowledge and expertise and are the official contacts for program administrative and other staff to answer additional questions and concerns. In June, 2018, BWEIP hired Gregg Reed as the Part C Data Manager. Mr. Reed supports the processes used to collect and utilize valid and reliable data, and has worked with Utah's EI programs to provide them with program data profiles, compliance indicator determinations, and other technical assistance.

Data System. The LA's comprehensive, statewide, web-based data system, Baby and Toddler Online Tracking System (BTOTS), is used by all 15 BWEIP grantees and provides a detailed electronic child EI record from time of referral to exit. LA staff work closely with the BTOTS developer to ensure ongoing fidelity of the database with current Part C regulations, as well as LA policy and procedures. BTOTS generates alerts and reports to inform programs of timelines for events such as initial Individualized Family Service Plan (IFSP) meetings, new initial IFSP services, and transition conferences. Field definitions were recently written by LA staff and added throughout all areas of the database to include descriptions of the data entry field and associated regulatory and policy references. The LA supports grantees in their understanding and use of BTOTS through monthly conference calls. Training and support to EI program staff and EI program administrators provides updates on development progress, enhancement priorities, system security, etc. In addition, "Frequently Asked Questions" documents, a telephone helpline, and an electronic bug submission system are available to assist end users with the BTOTS system.

National and Local Technical Assistance Resources. LA staff access both national (e.g., Early Childhood Technical Assistance Center, The Center for IDEA Early Childhood Data Systems, University of Kansas Early Childhood Personnel Center) and local (e.g., Utah Parent Center) resources to stay current with and research questions about Part C regulations, evidence-based practices, etc.

Conferences and Trainings. The Utah Part C Program Manager, Compliance and Education Team Manager, and Data Team/618 Data Manager all attend OSEP leadership and conferences, as well as other relevant national and local conferences and trainings, to stay current with the field.

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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.

TRAINING TO ENSURE EFFECTIVE SERVICES

The Baby Watch Early Intervention Program (BWEIP) maintains policies and procedures to ensure that EI programs are aware of required regulations and service providers are qualified. These policies include the following:

1. A Comprehensive System of Personnel Development (CSPD) is the primary mechanism for improving the quality of services provided to young children and their families. The CSPD addresses the establishment and maintenance of education, licensing, and credentialing standards for employees delivering early intervention services.

2. The BWEIP has a child find system that provides primary referral sources with training and information about the EI services available to Utah infants and toddlers.

3. The CSPD is comprised of five components including:

a. Leadership, Coordination, and Sustainability: Coordination of training and resources with other early childhood special education agencies, including the Utah State Board of Education (USBE), and institutions of higher education

b. State Personnel Standards: An appropriate system of Utah EI standards, content, and support to assist programs in preparing qualified personnel

c. Preservice Personnel Requirement: A minimum of a bachelor's degree from an accredited higher education institution in a field of study related to EI.

d. In-service Personnel Development: An approved credentialing program for new employees, based on the Baby Watch Early Intervention Standards.

e. Recruitment and Retention: Training local EI programs to implement innovative employee recruitment and retention strategies and activities

EDUCATION AND LICENSING REQUIREMENTS

BWEIP is responsible for ensuring that all EI employees have appropriate and adequate job training. The following education and licensing requirements are consistent with the requirements set by the Utah Division of Occupational & Professional Licensing (DOPL), the Utah State Board of Education (USBE), and other licensing agencies. The requirements for new direct service personnel include:

a. As of October 1, 2016: before hire, direct service personnel must have a completed bachelor's degree in a field of study related to EI.

b. Before hire, direct service personnel must have current licensure or certification as required in their respective disciplines from one of the following agencies: • DOPL: Division of Occupational & Professional Licensing • USBE: Utah State Board of Education

CREDENTIAL OPTIONS

All new hires who will provide direct services or serve as program directors/coordinators are required to earn and maintain a BWEIP credential. Baby Watch has several categories of credentials for Early Intervention, including Early Intervention Specialist; Early Intervention Specialist (Provisional); Professional Authorization; Early Intervention Administrative Certificate; and Early Intervention Administrative Credential.

1. EARLY INTERVENTION SPECIALIST (EIS)

The Early Intervention Specialist (EIS) credential is the credential that most new direct service providers earn through the CSPD system, and is required for all service coordinators. EIS credential is required for all direct service providers, unless they meet the specific criteria for a Professional Authorization or a Provisional credential. The EIS must be renewed every five years.
Before hire, a completed bachelor's degree in a field related to early intervention is required. Employees are also required to successfully complete all online training topics provided by BWEIP, complete a self-assessment, and set learning priorities for the first six months of employment. They conduct 20+ observations of EI services across all disciplines. Employees are then observed as they conduct and participate in three service visits: eligibility evaluation, IFSP meeting, and a home visit. Pediatric CPR/First Aid certification is required within the first year of employment.

2. EARLY INTERVENTION SPECIALIST (EIS): PROVISIONAL

The Early Intervention Specialist (EIS) provisional credential is issued before hire to undergraduate or graduate students working in direct service roles, and to substitute employees hired on a temporary basis when colleagues are on leave (maternity, medical, disability, etc.). This credential is good for one year. The EI program seeking to employ the student/substitute must submit a provisional credential application, which must be approved by the BWEIP before hire.

3. PROFESSIONAL AUTHORIZATION

Professional Authorizations are issued to licensed direct service providers who work less than 0.5 FTE (20 hrs/wk). Due to the limited nature of their work hours, many EIS credentialing requirements are waived for Professional Authorization holders. Professional Authorization holders cannot provide service coordination and must be less than 0.5 FTE (half time or 20 hours/week). Prior to hire, a completed bachelor's degree in a field related to early intervention and current DOPL/USBE license must be obtained.

4. EARLY INTERVENTION ADMINISTRATIVE CERTIFICATE

The Early Intervention Administrative Certificate is a professional development option for any employee who does not provide direct services, and is required for all program directors or coordinators who do not have a current Early Intervention Specialist (EIS) credential. Certificate training offers the same foundational knowledge provided to Early Intervention Specialists, but does not require the employee to facilitate home visits and demonstrate service provision skills.

5. EARLY INTERVENTION ADMINISTRATIVE CREDENTIAL

The Early Intervention Administrative Credential is an optional credential available only to current EI program directors or coordinators. A completed master's degree or 30 semester hours in a field related to early intervention is required.

AUTHORITY

34 CFR §303.13: Early intervention services
34 CFR §303.118: Comprehensive system of personnel development (CSPD)
34 CFR §303.119: Personnel standards
Utah Code, Titles 53A and 58 and the Utah State Board of Education Certification Standards

RELATED DIRECTIVE

BWEIP Policy 1.A.2 Comprehensive System of Personnel Development (available on BWEIP website)

Attachments

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Stakeholder Involvement: ☑ apply this to all Part C results indicators

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

As the Utah Part C Lead Agency (LA), the Baby Watch Early Intervention Program (BWEIP) solicits ongoing stakeholder discussion and input from groups on setting of policies, development and tracking of data measures, methods for ensuring family awareness. BWEIP is always looking into valuable partnerships.

Stakeholders have provided input on targets and discussion on data results for indicators 2, 3, 4, 5, and 6 targets for the FFY 2013-2018 State Performance Plan/Annual Performance Report (SPP/APR). In January, 2018, the Interagency Coordinating Council (ICC) reviewed data findings for the FFY 2016 SPP/APR and providing supportive insight for the calculated data.

Meetings have been held to present data and seek involvement from stakeholder groups that are comprised of ICC members, parents, EI Provider Consortium members, and partnering agencies and programs including Utah State Office of Education, Migrant and Homeless, Utah Parent Center, Bureau of Child Development, Children with Special Health Care Needs, Early Head Start, Child Protection, The Utah Parent Center, the Office of Home Visiting, Utah Schools for the Deaf and the Blind, Medicaid, CHIP, University Personnel Preparation Centers, Center for Persons with Disabilities and Utah Department of Insurance, and early intervention service coordinators, specialists, therapists and administrators.

During extended ICC meetings, Baby Watch Staff have presented historical data and targets for APR indicators, as well as local and national comparisons and improvement activities that have contributed to statewide performance for each. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the six- year results indicator's targets.

On January 23, 2019 the Chair of the ICC signed and dated the *Annual Report Certification of the Interagency Coordinating Council Under Part C of the Individuals with Disabilities Education Act (IDEA)* asserting that the use of the State's Part C SPP/APR in lieu of submitting the ICC's own annual report, and confirms accuracy and completeness and provision to our Governor (attached).

Attachments

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icc certification.pdf	Gregg Reed	1/24/2019 11:57 AM	

Reporting to the Public:

How and where the State reported to the public on the FFY 2016 performance of each EIS Program or Provider 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 2016 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2016 APR in 2018, is available.

- The FFY 2016 APR along with the FFY 2005-2016 SPP have been posted on the BWEIP website at utahbabywatch.org under the Reporting tab, State Performance Plan/Annual Performance Reports
- The Baby Watch Early Intervention Program (BWEIP) worked with the Department of Health's Public Information Officer to distribute the FFY 2015 APR and the FFY 2013-2018 SPP to stakeholder groups and the media, as appropriate.
- Local program profiles of Indicators 1-8 were distributed to providers and posted to the BWEIP website under the local programs section in September 2018 http://health.utah.gov/cshcn/programs/babywatch.html. Local BWEIPs also received their program determinations and notifications of noncompliance in September 2018.
- Utah's Part C determination from OSEP was posted to the Baby Watch Website in August 2018 at http://health.utah.gov/cshcn/programs/babywatch.html.

Attachments

File Name	Uploaded By	Uploaded Date
No APR attachments found.		

Actions required in FFY 2016 response

OSEP Response

States were instructed to submit Phase III Year Three of the State Systemic Improvement Plan (SSIP) by April 1, 2019. The State provided the required information.

Required Actions

In the FFY 2018 SPP/APR, the State must report FFY 2018 data for the State-identified Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year 4; (2) measures and outcomes that were

implemented and achieved since the State's last SSIP submission (i.e., April 1, 2019); (3) a summary of the SSIP's coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short- and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities are impacting the State's capacity to improve its SiMR data.

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)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		98.00%	95.00%	99.00%	98.00%	97.20%	99.50%	99.50%	98.89%	99.84%	100%

FFY	2015	2016
Target	100%	100%
Data	99.90%	99.10%

Key: ⬜ Gray – Data Prior to Baseline   🟨 Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 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 2016 Data	FFY 2017 Target	FFY 2017 Data
5858	6210	99.10%	100%	99.10%

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.*	296

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).

Timeline for Provision of Services:

Each EI service shall be provided as soon as possible and no later than within forty-five (45) days after the parent provides written consent for that service (Day one (1) of the forty-five (45) days being the day the consent is given).

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

○ **State monitoring**

◉ **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).

Full reporting period of July 1, 2017 - June 30, 2018

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

The data was collected for this indicator for all Baby Watch Early Intervention programs through the statewide database, the Baby Toddler Online Tracking Sysytem (BTOTS), and includes all children with IFSP's who have received individual early intervention (EI) services from July 1, 2017 to June 30, 2018.

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

Improvement Activities Completed in FFY 2017: During FFY 2017, the timely services indicator report composition and layout was vetted and updated to ensure ease and accuracy with reported requirements. Additional methodology revision was reviewed and anticipated during future SPP baselines and target establishment.

BWEIP encouraged EI providers to run and review BTOTS monitoring reports systematically for the timeliness indicators and bring alerts from the reports to their staff's attention. These activities were incorporated into all EI providers' required data accuracy plans. During FFY 2017, providers were encouraged to investigate cases by drilling down to the child level for reasons for delays and make necessary process adjustments to prevent future delayed service provision. During FFY 2017 contact logs were utilized and deployed through the BTOTS Web. The contact logs hold detailed information about family and provider circumstances, delays, and contact history.

Actions required in FFY 2016 response

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2016

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
31	31	null	0

FFY 2016 Findings of Noncompliance Verified as Corrected

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

BWEIP reviewed compliance indicator data and developed reports outlining targets, percentages, necessity of corrections, and determined level of compliance for each of the early intervention programs to review and verify that noncompliant cases be reviewed to determine causes. Please see tables below to understand Utah's templates for corrective action requirements.

The programs implemented plans to retain compliance, including regularly monitoring data reports and agreed to collaborate with the BWEIP Data Manager on future analyses and projects. The program plans and following actions affirmed that they had corrected each case of noncompliance. Each of the cases were listed with identified reasons for the noncompliance, steps to correct the error(s), and agreement to correctly implement the specific regularity requirements identified through reports and documentations.

Early Intervention Program Compliance Indicators					
	APR 1. Timely Services	APR 7. Timely IFSP	APR 8A. Transition	APR 8B. Notification	APR 8C. Timely Meeting
FFY 2016	97.5%	100%	100%	100%	100%
Compliance Level	100%	100%	100%	100%	100%
Indicator Level	4	5	5	5	5
Correction Needed	Yes	No	No	No	No

Determination Level

Determination Level	5	4	3	2	1
Compliance on Indicators (1, 7, 8A, 8B, 8C)	• Demonstrates 100% compliance on indicators	• Demonstrates 95%-99.9% compliance on indicators	• Demonstrates 80% - 94.99% compliance on indicators	• Demonstrates 70% - 79.99% compliance on indicators	• Demonstrates less than 70% compliance on indicators

Corrective Action Level Template

The Utah Department of Health, Baby Watch Early Intervention Program, reviews data submitted through BTOTS and informs early intervention programs of all noncompliance. We are requesting that your program implement corrective actions on noncompliant data listed below and prepare an implementation plan to prevent noncompliance in the future. Your response is requested as soon as possible, but no later than October 1, 2018.

Please see the template below to assist with this process. The template includes a determination level for each compliance indicator that is less than 100% for FFY 2016 and contains cells for you to respond with indicator data, analysis of the root cause(s) for noncompliance, and written implementation plan.

Determination Level 4 (95.0% to 99.9%): Does Not Meet Requirements

List Compliance Indicator(s):	
Review noncompliant cases and determine causes	
Update data to be in full compliance	
Implement plan to retain compliance	
Periodically monitor data reports	

BWEIP reviewed a subset of cases identified in FFY 2016 in order to verify that the program has corrected the cases and satisfactorily fulfilled the agreed upon plan for improvement. Please see FFY 2016 program determination correction plans, as found in the progress page attachments.

FFY 2017 cases were also reviewed to identify any continued noncompliance. FFY 2017 cases deemed to be provider-caused will be addressed during determinations and program compliance will be reviewed with plans for improvement. Analysis of indicator data suggests that service providers who were noncompliant in FFY 2016 were 50 percent less likely to do so in FFY 2017.

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

BWEIP contacted each of the early intervention programs to review data findings from FFY 2016. Noncompliant cases were reviewed to determine causes. The programs implemented plans to retain compliance, including regularly monitoring data reports and agreed to collaborate with the BWEIP Data Manager on future analyses and projects. Tracking determinations and showcasing compliance indicator data, targets, determination levels (1-5) to programs led to appropriate program response.

OSEP Response

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2016 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2016 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.

Because the State reported less than 100% compliance for FFY 2017, the State must report on the status of correction of noncompliance identified in FFY 2017 for this indicator. When reporting on the correction of non-compliance, the State must report, in the FFY 2018 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2017 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e. achieved 100% compliance) based on a review of the updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual

case of non-compliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2018 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Required Actions

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)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			76.00%	76.50%	77.00%	77.50%	78.00%	78.50%	79.00%	90.00%	91.00%
Data		77.90%	78.35%	71.00%	71.00%	84.30%	89.20%	87.40%	94.30%	95.42%	95.37%

FFY	2015	2016
Target ≥	92.00%	93.00%
Data	95.70%	95.59%

Key: ▉ Gray – Data Prior to Baseline   ▉ Yellow – Baseline   Blue – Data Update

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≥	94.00%	95.00%

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the introduction.

☐ Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	4,231	4230
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	Total number of infants and toddlers with IFSPs	4,481	4480

Explanation of Alternate Data

Data provided by our report of child count by settings and age, as of 12/1/2017, indicated an extremely minor decrease from previously reported counts.

FFY 2017 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 2016 Data	FFY 2017 Target	FFY 2017 Data
4,230	4,480	95.59%	94.00%	94.42%

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

Table 1. Indicator 2 Targets and Actual Target Data for Previous Ten Fiscal Years

FFY (December 1 Count) Indicator 2 Target Indicator 2 Actual Target Data

FFY 2006 (December 1, 2006) 76.00% 71.00%

FFY 2007 (December 1, 2007) 76.50% 71.00%

FFY 2008 (December 1, 2008) 77.00% 71.00%

FFY 2009 (December 1, 2009) 77.50% 84.30%

FFY 2010 (December 1, 2010) 78.00% 89.20%

FFY 2011 (December 1, 2011) 78.50% 87.40%

FFY 2012 (December 1, 2012) 79.00% 94.30%

FFY 2013 (December 1, 2013) 79.50% 95.44%

FFY 2014 (December 1, 2014) 91.00% 95.37%

FFY 2015 (December 1, 2015) 92.00% 95.69%

FFY 2016 (December 1, 2016) 93.00% 95.59%

FFY 2017 (December 1, 2017) 94.00% 94.42%

The Baby Watch Early Intervention Program (BWEIP) Indicator 2 targets for reporting years FFY 2005 through FFY 2010 were based "hand collected" data from years prior to the introduction of the Baby and Toddler Online Tracking System (BTOTS) database in 2005. For three of these ten reporting years (FFY 2006 through FFY 2008), the percentage of infants and toddlers with IFSPs receiving early intervention services primarily in home or community-based settings was static at approximately 71.00%. Since these early years, this indicator has successfully increased and consistently met targets.

At 94.42%, the FFY 2017 percentage of infants and toddlers with IFSPs receiving early intervention services primarily in home or community-based settings exceeded the FFY 2017 Indicator 2 state target of 94.00%. FFY 2013, FFY 2015, and FFY 2016 are the highest percentages in reporting years FFY 2006 through FFY 2017.

Actions required in FFY 2016 response

OSEP Response

Required Actions

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)

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)?   No

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A1	2013	Target ≥						81.00%	80.60%	80.60%		65.00%	65.50%
		Data					81.10%	80.62%	71.37%	69.18%	69.00%	68.18%	69.77%
A2	2013	Target ≥						65.00%	65.20%	65.20%		53.50%	54.00%
		Data					64.80%	65.21%	61.25%	59.54%	58.78%	55.40%	58.44%
B1	2013	Target ≥						85.00%	84.60%	84.60%		72.50%	73.00%
		Data					84.71%	84.69%	78.29%	78.14%	76.79%	75.44%	74.17%
B2	2013	Target ≥						60.00%	58.00%	58.00%		47.50%	48.00%
		Data					59.95%	58.02%	54.26%	55.23%	52.59%	50.88%	52.81%
C1	2013	Target ≥						84.00%	84.00%	84.00%		73.50%	74.00%
		Data					84.10%	84.09%	75.50%	77.06%	76.33%	76.17%	74.97%
C2	2013	Target ≥						68.00%	67.50%	67.50%		57.50%	58.00%
		Data					67.50%	67.54%	62.75%	62.81%	61.53%	59.19%	61.18%

	FFY	2015	2016
A1	Target ≥	66.00%	67.00%
	Data	67.45%	63.11%
A2	Target ≥	54.50%	55.00%
	Data	60.86%	57.91%
B1	Target ≥	73.50%	74.00%
	Data	70.56%	68.72%
B2	Target ≥	48.50%	49.00%
	Data	54.04%	52.87%
C1	Target ≥	74.50%	75.00%
	Data	73.13%	71.31%
C2	Target ≥	58.50%	59.00%
	Data	62.22%	60.88%

Key: ☐ Gray – Data Prior to Baseline   ☐ Yellow – Baseline   Blue – Data Update

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target A1 ≥	68.00%	69.00%
Target A2 ≥	55.50%	56.00%
Target B1 ≥	74.50%	75.50%
Target B2 ≥	49.50%	51.00%
Target C1 ≥	75.50%	76.20%
Target C2 ≥	59.50%	60.00%

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the introduction.

☐ Enter additional information about stakeholder involvement

FFY 2017 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	3040.00

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	19	0.63%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	740	24.34%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	460	15.13%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	909	29.90%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	912	30.00%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
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 (c+d)/(a+b+c+d).	1369.00	2128.00	63.11%	68.00%	64.33%
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 (d+e)/(a+b+c+d+e).	1821.00	3040.00	57.91%	55.50%	59.90%

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	20	0.66%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	787	25.89%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	637	20.95%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,147	37.73%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	449	14.77%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
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 (c+d)/(a+b+c+d).	1784.00	2591.00	68.72%	74.50%	68.85%
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 (d+e)/(a+b+c+d+e).	1596.00	3040.00	52.87%	49.50%	52.50%

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	17	0.56%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	671	22.07%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	498	16.38%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,197	39.38%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	657	21.61%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
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 (c+d)/(a+b+c+d).	1695.00	2383.00	71.31%	75.50%	71.13%
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 (d+e)/(a+b+c+d+e).	1854.00	3040.00	60.88%	59.50%	60.99%

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

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	4738
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.	175

Please note that this data about the number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program is optional in this FFY16 submission. It will be required in the FFY17 submission.

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? Yes

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

Utah's Part C early intervention programs used the Early Childhood Outcomes Center (ECO) method of assiging a score to each child outcome measure. The BWEIP Child Outcome Summary Form (BWEIP COS) is used to
document the process, and includes a rational statement that explains and supports the score given. The BWEIP COS is completed upon the child's entry and exit from EI services. Scores for the BWEIP COS are entered
into the Baby Toddler Online Tracking System (BTOTS) database, and used to calculate progress that each child makes. Child outcome entry data is collected for all children with an IFSP. Child outcome exit data is collected for all children under IFSP, provided that they have received six consecutive months of EI services at the time of exit from EI.

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

In regards to A1, B1, and C1 not meeting established targets, Utah will continue to address this through several means:

1) Discussion with stakeholders and programs

2) Change of tool used to complete the ECO rating

3) Emphasis on providing services to children whose functioning is at a level nearer to same-aged peers, but not quite meeting.

Actions required in FFY 2016 response

OSEP Response

Required Actions

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)

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2006	Target ≥					77.00%	78.00%	79.00%	80.00%	81.00%	84.00%	84.50%
		Data			76.00%	78.00%	84.00%	86.00%	87.00%	86.60%	86.58%	87.71%	87.73%
B	2006	Target ≥					74.00%	75.00%	76.00%	77.00%	78.00%	82.00%	82.25%
		Data			73.00%	74.00%	81.00%	84.00%	84.00%	84.90%	84.84%	86.13%	85.86%
C	2006	Target ≥					80.50%	81.00%	81.50%	82.00%	82.50%	92.00%	92.10%
		Data			83.00%	82.00%	91.00%	92.00%	93.00%	92.20%	92.26%	92.12%	92.45%

	FFY	2015	2016
A	Target ≥	85.00%	85.50%
	Data	88.56%	88.69%
B	Target ≥	82.50%	82.75%
	Data	86.62%	87.19%
C	Target ≥	92.20%	92.30%
	Data	94.08%	93.31%

Key: ☐ Gray – Data Prior to Baseline   ☐ Yellow – Baseline   Blue – Data Update

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target A ≥	86.00%	86.50%
Target B ≥	83.00%	83.25%
Target C ≥	92.40%	92.50%

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

☐ Enter additional information about stakeholder involvement

FFY 2017 SPP/APR Data

Number of families to whom surveys were distributed		3,808
Number of respondent families participating in Part C	46.72%	1,779
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights		1,317
A2. Number of responses to the question of whether early intervention services have helped the family know their rights		1,374
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		1,254
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs		1,338
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		1,304
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn		1,355

	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their	88.69%	86.00%	95.85%

	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
rights			
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	87.19%	83.00%	93.72%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	93.31%	92.40%	96.24%

Was sampling used? No

Was a collection tool used? Yes
Is it a new or revised collection tool? No

The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.
Yes

Include the State's analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.

NCSEAM Survey Utilized for FFY 2017 Data Collection

The Utah Department of Health adopted the standards recommended by NCSEAM as a way of obtaining the percentages to be reported for Indicators 4a, 4b, and 4c. To establish a recommended standard, NCSEAM utilized a group of nationally representative stakeholders, including parents of children with disabilities, state directors of special education, state early intervention coordinators, district and program personnel, advocates, attorneys, and community representatives.

Through April and May 2018, the Utah Department of Health, Babywatch Early Intervention Program (BWEIP), implemented a multilingual electronic survey using a tool developed by the National Center for Special Education and Accountability Monitoring (NCSEAM) to assess perceptions from family members of children enrolled in Part C early intervention. A link to the survey was distributed through electronic mail or web link means to 3,808 families of Utah children meeting certain criteria: being ages birth to three, having disabilities or delays, being under an individualized family service plan as of March 31, 2018, and having a documented email address or a meeting to facilitate hand delivery of the survey.

Of the delivered survey links, nearly half (46.7%) were accessed by the family members. Fewer surveys were applicable (1,429), meaning they consisted of at least one response to survey questions. The response rate of applicable responses was 37.5 percent.

The demographics of responding families appears to be representative of actively enrolled children in the Baby & Toddler Online Tracking System (BTOTS). The proportion of Spanish language respondents with applicable responses to the survey was 3.3 percent. The proportion of active children whose primarily language was Spanish and who meet criteria for electronic distribution of this survey as of March 31, 2018 was similar (4.4%). However, both of these percentages were lower than in previous years (9.3 percent in 2016 and 9.5 percent in 2017). Also, both are substantially lower than children of reported Hispanic/Latino ethnicity receiving services through BWEIP (20.4%).

Survey question response identifying agreement with indicator 4A, 4B, and/or 4C

4A: A response of "agree," "strongly agree," or "very strongly agree" with this item on the NCSEAM survey's Impact of EI Services on Your Family scale: "Over the past year, Early Intervention services have helped me and/or my family: know about my child's and family's rights concerning Early Intervention services." In 2018, 1,317 of 1,374 (95.9%) responded with agree, strongly agree or very strongly agree to this question.

4B: A response of "agree," "strongly agree," or "very strongly agree" with this item on the NCSEAM survey's Impact of EI Services on Your Family scale: "Over the past year, Early Intervention services have helped me and/or my family: communicate more effectively with the people who work with my child and family." In 2018, 1,254 of 1,338 (93.7%) responded with agree, strongly agree or very strongly agree to this question.

4C: A response of "agree," "strongly agree," or "very strongly agree" with this item on the NCSEAM survey's Impact of EI Services on Your Family scale: "Over the past year, Early Intervention services have helped me and/or my family understand my child's special needs." In 2018, 1,304 of 1,355 (96.2%) responded with agree, strongly agree or very strongly agree to this question.

Actions required in FFY 2016 response

OSEP Response

Required Actions

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			0.80%	0.82%	0.84%	0.86%	0.88%	0.90%	0.92%	0.83%	0.84%
Data		0.66%	0.72%	0.64%	0.57%	0.59%	0.65%	0.80%	0.87%	0.86%	0.84%

FFY	2015	2016
Target ≥	0.85%	0.86%
Data	1.01%	0.94%

Key: ☐ Gray – Data Prior to Baseline   ☐ Yellow – Baseline   Blue – Data Update

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≥	0.87%	0.88%

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the introduction.

☐ Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	Number of infants and toddlers birth to 1 with IFSPs	530	529
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2017	6/12/2018	Population of infants and toddlers birth to 1	51,401	null

Explanation of Alternate Data

The number of infants and toddlers birth to 1 with IFSPs is obtained from the BTOTS Child Count data, indicating that it decreased by one child as of 12/1/2017.

FFY 2017 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
529	51,401	0.94%	0.87%	1.03%

Compare your results to the national data

According to IDEA 2017 Part C Child Count and Settings data (published December 2018), the national average percentage of all children under the age of one receiving early intervention services was 1.25%, slightly higher than FFY 2016 (1.24%).The percentage of infants birth to 1 receiving early intervention services in Utah in 2017 was 1.03%. Utah's 2017 percentage is 0.22% below the national average. This percentage difference is congruent with the 2016 and 2015 data, when Utah was 0.30% and 0.19% below the national average, respectively.

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

Indicator data for FFY 2017 identified the highest trended percentage of infants and toddlers birth to one with IFSPs, as well as the highest target. The Baby Watch Early Intervention Program established a new goal to increase referrals for this age group and worked with other programs to understand potential ways to be increasingly successful at finding children.

Actions required in FFY 2016 response

OSEP Response

Required Actions

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			1.88%	1.86%	1.90%	1.92%	1.95%	1.96%	1.97%	2.10%	2.15%
Data		1.90%	1.84%	1.92%	1.88%	1.96%	2.13%	2.17%	2.34%	2.37%	2.55%

FFY	2015	2016
Target ≥	2.20%	2.25%
Data	2.75%	2.79%

Key: Gray – Data Prior to Baseline   Yellow – Baseline   Blue – Data Update

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≥	2.30%	2.35%

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the introduction.

☐ Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	Number of infants and toddlers birth to 3 with IFSPs	4,481	4480
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2017	6/12/2018	Population of infants and toddlers birth to 3	153,019	

Explanation of Alternate Data

Data counts for the number of infants and toddlers birth to 3 with IFSPs is obtained from the BTOTS Child Count data, indicating that it decreased by one child as of 12/1/2017.

FFY 2017 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
4,480	153,019	2.79%	2.30%	2.93%

Compare your results to the national data

According to IDEA 2017 Part C Child Count and Settings data (published December 2018), the national average percentage of all children under the age of three receiving early intervention services was 3.26%. The percentage of infants birth to 3 receiving early intervention services in Utah in 2016 was 2.93%. Utah's 2017 percentage is 0.34% below the national average. This percentage difference is consistent with average of the 2016 and 2015 data, which was 0.33% below the percentage of children served nationwide.

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

Data trends indicate that FFY 2017 was the highest percentage of infants and toddlers birth to three with IFSPs. Utah has had success at increasing this over the past several years. The Baby Watch Early Intervention Program regularly collaborates with workgroups, the public, and service programs to develop targets and dedicate SSIP activities. These efforts may have increased referrals and retention of some families in the target population.

Actions required in FFY 2016 response

OSEP Response

Required Actions

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)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		96.60%	98.00%	96.50%	97.00%	98.80%	99.60%	99.70%	100%	100%	100%

FFY	2015	2016
Target	100%	100%
Data	100%	100%

Key:　　Gray – Data Prior to Baseline　　Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 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 2016 Data	FFY 2017 Target	FFY 2017 Data
4,639	5,263	100%	100%	99.47%

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.*	596

Reasons for Slippage

During FFY 2016, cases of infants and toddlers with IFSPs not receiving a timely initial IFSP were reviewed and corrected by programs prior to calculation of the APR. At the conclusion of FFY 2017, in preparation for the APR, programs had not completed a timely IFSP for 33 cases.

Reasons for slippage were acquired through stakeholder feedback. Feedback on this indicator during FFY 2017 included program lacking staff due to turnover or long-term leave, staff inability to establish eligibility due to communication challenges, and lack of coordination among early intervention staff due to misunderstanding within the program.

What is the source of the data provided for this indicator?
○ **State monitoring**
● **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).

Full reporting period of July 1, 2017 to June 30, 2018

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

The data was collected for this indicator for all Baby Watch Early Intervention programs through the statewide database, the Baby and Toddler Online Tracking System (BTOTS), and includes all newly- referred children who were found eligible and for whom an initial IFSP was required to be conducted during the time period July 1, 2017 through June 30, 2018.

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

A family circumstance causing a documented delay as the last point of contact was counted as "exceptional family delay". Contact logs indicate that reasons for family-caused delays include missed appointment, family

cancelling/rescheduling the service, family not responding to contact attempts, and others.

Actions required in FFY 2016 response

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2016

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

OSEP Response

Required Actions

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)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		97.00%	90.00%	98.70%	97.00%	95.60%	100%	100%	100%	100%	100%

FFY	2015	2016
Target	100%	100%
Data	100%	100%

Key: Gray – Data Prior to Baseline   Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 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

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
3,786	3,803	100%	100%	99.66%

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.*	4

Reasons for Slippage

In FFY 2016, there were no noted provider-caused delays. In FFY 2017, there were 17 noted cases with delays, four of which were due to family circumstances, leaving 13 cases with provider-caused delays. In these 13 cases, the case notes that the transition conference did not occur (without any other notes or indicating the provider was responsible), or there was not documentation as of transition conference status.

Reasons for slippage were acquired through stakeholder feedback. Feedback on this indicator during FFY 2017 include the transition form not being completed, staff were unable to make successful contact due to family challenges, and early intervention staff did not understand how to complete documentation for early intervention transition.

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

○ State monitoring
◉ 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).

Full reporting period of July 1, 2017 to June 30, 2018.

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

The data was collected for this indicator for all Baby Watch Early Intervention programs through the statewide database, the Baby Toddler Online Tracking System (BTOTS), and includes all children with IFSP's who have received early intervention (EI) services from July 1, 2017 to June 30, 2018.

Actions required in FFY 2016 response

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2016

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
9	9	0	0

FFY 2016 Findings of Noncompliance Verified as Corrected

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

BWEIP reviewed compliance indicator data and developed reports outlining targets, percentages, necessity of corrections, and detemined level of compliance for each of the early intervention programs to review and verify that noncompliant cases be reviewed to determine causes. Please see inserted tables below to understand Utah's templates for corrective action requirements. All instances of non-compliance were corrected within the guidelines of the 09-02 memo.

The programs implemented plans to retain compliance, including regularly monitoring data reports and agreed to collaborate with the BWEIP Data Manager on future analyses and projects. The program plans and following actions affirmed that they had corrected each case of noncompliance. Each of the cases were listed with identified reasons for the noncompliance, steps to correct the error(s), and agreement to now correctly implement the specific regularity requirements identified through reports and documentations.

Early Intervention Program Compliance Indicators					
	APR 1. Timely Services	APR 7. Timely IFSP	APR 8A. Transition	APR 8B. Notification	APR 8C. Timely Meeting
FFY 2016	100%	100%	97.5%	100%	100%
Compliance Level	100%	100%	100%	100%	100%
Indicator Level	5	5	4	5	5
Correction Needed	No	No	Yes	No	No

Determination Level

Determination Level	5	4	3	2	1
Compliance on Indicators (1, 7, 8A, 8B, 8C)	• Demonstrates 100% compliance on indicators	• Demonstrates 95%-99.9% compliance on indicators	• Demonstrates 80% - 94.99% compliance on indicators	• Demonstrates 70% - 79.99% compliance on indicators	• Demonstrates less than 70% compliance on indicators

Corrective Action Level Template

The Utah Department of Health, Baby Watch Early Intervention Program, reviews data submitted through BTOTS and informs early intervention programs of all noncompliance. We are requesting that your program implement corrective actions on noncompliant data listed below and prepare an implementation plan to prevent noncompliance in the future. Your response is requested as soon as possible, but no later than October 1, 2018.

Please see the template below to assist with this process. The template includes a determination level for each compliance indicator that is less than 100% for FFY 2016 and contains cells for you to respond with indicator data, analysis of the root cause(s) for noncompliance, and written implementation plan.

Determination Level 4 (95.0% to 99.9%): Does Not Meet Requirements

List Compliance Indicator(s):	
Review noncompliant cases and determine causes	
Update data to be in full compliance	
Implement plan to retain compliance	
Periodically monitor data reports	

Please see FFY 2016 program determination correction plans, as found in the progress page attachments. Analysis of indicator data suggests that service providers who were noncompliant in FFY 2016 were 37 percent less likely to do so in FFY 2017.

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

BWEIP contacted each of the early intervention programs to review data findings from FFY 2016. Noncompliant cases were reviewed to determine causes. The programs implemented plans to retain compliance, including regularly monitoring data reports and agreed to collaborate with the BWEIP Data Manager on future analyses and projects. Tracking determinations and showcasing compliance indicator data, targets, determination levels (1-5) to programs led to appropriate program response.

BWEIP reviewed a subset of cases identified in FFY 2016 in order to verify that the program has corrected the cases and satisfactorily fulfilled the agreed upon plan for improvement. FFY 2017 cases were also reviewed to identify any continued noncompliance. FFY 2017 cases deemed to be provider-caused will be addressed during determinations and program compliance will be reviewed with plans for improvement.

OSEP Response

The State reported that there were 9 findings of noncompliance identified and verified as corrected in FFY 2016. However, it is is unclear how the State is reporting on FFY 2016 findings of non compliance since the State reported data for FFY 2016 is 100%. The State must explain how it identified FFY 2016 findings when the FFY 2016 data are 100%.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2016 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2016 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.

Required Actions

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)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		93.00%	97.87%	94.70%	94.80%	99.30%	100%	100%	100%	100%	100%

FFY	2015	2016
Target	100%	100%
Data	100%	100%

Key: ☐ Gray – Data Prior to Baseline   ☐ Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 SPP/APR Data

Data include notification to both the SEA and LEA

- ⦿ Yes
- ◯ No

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 2016 Data	FFY 2017 Target	FFY 2017 Data
3,685	3,803	100%	100%	100%

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.*	118

Describe the method used to collect these data

The data for the FFY 2017 APR submission for this indicator includes all children 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 exiting Part C where these children that were at least 33 months old and exited EI from July 1, 2017 though June 30, 2018.

Do you have a written opt-out policy? Yes

Is the policy on file with the Department? Yes

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

○ State monitoring
◉ 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).

Full reporting period of July 1, 2017 to June 30, 2018

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

The data was collected for this indicator for all Baby Watch Early Intervention programs through the statewide database, the Baby Toddler Online Tracking Sysytem (BTOTS), and includes all children with IFSP's who have received early intervention (EI) services from July 1, 2017 to June 30, 2018.

Actions required in FFY 2016 response

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2016

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

OSEP Response

Required Actions

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)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		86.00%	92.00%	100%	95.00%	93.00%	97.00%	99.60%	99.51%	100%	99.37%

FFY	2015	2016
Target	100%	100%
Data	99.10%	100%

Key: ☐ Gray – Data Prior to Baseline   ☐ Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 SPP/APR Data

Explanation of Alternate Data

The prepopulated number from Indicators 8a and 8b represent children enrolled at and before 27 months of age with transition steps started. Many of those children exited Part C services after 27 months of age, but before 33 months of age, when the transition conference was due.

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

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least 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 2016 Data	FFY 2017 Target	FFY 2017 Data
2,124	3,068	100%	100%	99.52%

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.*	385
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 at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.*	546

Reasons for Slippage

During FFY 2016, cases of toddlers with disabilities not receiving a timely transition conference were reviewed and corrected by programs prior to calculation of the APR. At the conclusion of FFY 2017, in preparation for the APR, programs had not completed a timely transition conference for seven cases caused by providers and six cases caused by school district circumstances.

Reasons for slippage were acquired through stakeholder feedback. Feedback on this indicator during FFY 2017 included program staff turnover or long-term leave and an inability of early intervention staff to establish successful communication about the conference due to individual family challenges.

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

○ State monitoring

◉ 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).

Full reporting period of July 1, 2017 - June 30, 2018

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

The data was collected for this indicator for all Baby Watch Early Intervention programs through the statewide database, the Baby Toddler Online Tracking Sysytem (BTOTS), and includes all children with IFSPs who have received early intervention (EI) services from July 1, 2017 to June 30, 2018.

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

Reasons for program-caused delay/no completion of a timely transition conference include inavailability of staff, scheduling difficulties, seasonal breaks, as well as cases where the transition was not seen through to completion with the school district. These reasons will be appropriately addressed during the 2018-2019 FFY.

Actions required in FFY 2016 response

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2016

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

OSEP Response

Because the State reported less than 100% compliance for FFY 2017, the State must report on the status of correction of noncompliance identified in FFY 2017 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2018 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2017 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 2018 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 2017, although its FFY 2017 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2017.

Required Actions

Explanation of why this indicator is not applicable

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)

This indicator is not applicable, as described above.

This indicator is not applicable, as described on the Historical Data Page.

This indicator is not applicable, as described on the Historical Data Page.

OSEP Response

This Indicator is not applicable to the State.

Required Actions

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)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			0%	0%	0%	0%	0%	0%	0%	0%	0%
Data		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

FFY	2015	2016
Target ≥	0%	0%
Data	0%	0%

Key:　Gray – Data Prior to Baseline　　Yellow – Baseline　　Blue – Data Update

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≥	0%	0%

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the introduction.

☐ Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	2.1.a.i Mediations agreements related to due process complaints	n	null
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	2.1.b.i Mediations agreements not related to due process complaints	n	null
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	2.1 Mediations held	n	null

FFY 2017 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
0	0	0	0%	0.00%	

Actions required in FFY 2016 response

OSEP Response

The State reported fewer than ten mediations held in FFY 2017. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

Required Actions

Monitoring Priority: General Supervision

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

Reported Data

Baseline Data: 2013

FFY	2013	2014	2015	2016	2017
Target		65.00%	65.00%	65.00%	66.00%
Data	65.00%	70.78%	67.11%	60.55%	63.59%

Key: Gray – Data Prior to Baseline   Yellow – Baseline
Blue – Data Update

FFY 2018 Target

FFY	2018
Target	67.00%

Key:

Description of Measure

Utah's State-Identified Measureable Result (SIMR)
To substantially increase the rate of growth in positive social-emotional skills (including social relationships) for culturally diverse infants and toddlers with disabilities in Utah by the time they exit Part C. These children will move closer in functioning to that of same-aged peers, as reflected in Summary Statement 1.

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the introduction.

☑ Enter additional information about stakeholder involvement

Please see attached document for additional details.

Stakeholder Involvement in the SSIP Evaluation

Throughout the current reporting year, stakeholders have continued to be involved in Utah's ongoing development and implementation of the SSIP. Stakeholders are informed about SSIP work and processes through webinars, as well as from state and nationally organized trainings. Stakeholder survey responses provide valuable feedback regarding decision making and implementation for the state's SSIP work.

Stakeholder work groups have been organized to participate in and support decision-making processes. Activities have resulted in identifying a variety of social-emotional screeners, assessments, and evaluations that are sensitive to infants and toddlers social-emotional development, are culturally appropriate, as well as focus on parent-child relationships. Work groups have continued to promote social-emotional outcomes for the development of infants and toddlers that also improve social-emotional relationships for children of culturally diverse backgrounds. In addition, community partners have collaborated with Baby Watch to participate in and increase child-find activities, as well as identify resources and create materials to support families who have children with special needs. Details of how stakeholders have been informed, contributed to, and are actively involved in the ongoing implementation of the SSIP are described throughout this report.

Overview

Please see attached document for SSIP details.

Executive Summary

The third year of the Implementation and Evaluation phase of Utah's State Systemic Improvement Plan (SSIP) began January 1, 2018 and ended February 28, 2019. During the past year, the Baby Watch Early Intervention Program (BWEIP) has been able to fully staff Utah's lead agency, which included hiring a second Compliance & Monitoring Specialist and a Part C Data Manager. With a fully staffed team, Baby Watch has been able to successfully move forward with Utah's SSIP work, including significant utilization of stakeholder input. In April 2018, Baby Watch appointed leads for each of the SSIP strands: Assessment, Professional Development, Family Engagement, Collaboration, and Compliance and Quality Assurance. For the current reporting year, the Baby Watch team has provided a SiMR evaluation and data report, qualitative and quantitative data for the SSIP strands, as well as support evaluation and presentation of other program data.

In alignment with Utah's SSIP, Baby Watch strives to ensure that Utah continues to provide high-quality Part C services for all eligible children throughout the state, regardless of the geographic region their family lives in. During 2018, Baby Watch has been able to optimize program resources to have a positive impact on the State-identified Measurable Result (SiMR).

Data Analysis

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

1a/b How key data were identified, disaggregated, and analyzed.

In April 2014, we began intensive data analysis for the SSIP by re-reviewing state (aggregate) child outcomes data that had been previously submitted for Indicator 3 in our FFY11 and FFY12 Annual Performance Reports (APR). These data are summarized in Table 1 below.

Table 1. APR Indicator 3 Targets and Actual Data for Part C Children Exiting in FFY11 and FFY12

Summary Statements	FFY11		FFY12	
	Target (%)	Actual % (n=2,447)	Target (%)	Actual % (n=2,698)
Outcome A: Positive social-emotional skills (including social relationships)				
1. 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 exited the program.	80.60%	69.18%	80.90%	69.06%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program.	65.20%	56.54%	65.50%	57.47%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)				
1. 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 exited the program.	84.60%	78.14%	84.90%	77.25%
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program.	58.00%	54.23%	58.30%	51.68%
Outcome C: Use of appropriate behaviors to meet needs				
1. 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 exited the program.	84.00%	77.06%	84.30%	76.30%
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program.	67.50%	62.81%	67.80%	60.79%

FFY11 was the first year since child outcomes data collection began in FFY07 that Utah's data reflected a full cohort of children exiting Part C with child outcomes ratings. In FFY12, there was a slight increase in the number of children with entry and exit scores at exit, which paralleled the child count increase observed during this time period. Targets were not met in any outcome areas for both summary statements in FFY11 and FFY12, and were reset in FFY13.

Although there was non-significant slippage across the actual summary statement data in all outcome areas from FFY11 to FFY12, the same two trends were observed each year. First, Summary Statement 1 percentages were higher than Statement 2 percentages in all three outcome areas. This pattern is not unexpected, given the population of infants and toddlers in early intervention, many of whom are more likely to increase their rate of growth while served but may still not be functioning within age expectations at exit. Second, for Summary Statement 1, Outcome A percentages were lower than either Outcomes B or C percentages, while for Summary Statement 2, Outcome B percentages were lower than either Outcomes A or C percentages. Utah's EIS providers report that assessments for young children are lacking in sensitivity in the measurement of social/emotional development. In a recent needs assessment of Utah's Comprehensive System of Personnel Development (CSPD), EIS providers report feeling inadequately prepared to recognize and address developmental delays and progress in this area. In summary, this review of aggregate data identified Outcomes A and B as being possible areas of focus for further drill down.

We also reviewed aggregate national and Utah child outcome trends for FFY12 across all outcome areas for both summary statements. These data are shown in Figures 1 and 2. Following the trend observed for Utah's Table 1. data for FFY11 and FFY12, national FFY12 percentages were higher for Summary Statement 1 than Summary Statement 2. Comparing Utah to national FFY12 data, Utah's Summary Statement 1 percentages in the three outcome areas were approximately 1-2% higher than the corresponding national average percentages. For Summary Statement 2, Utah's data were 5-9% higher in all outcome areas than the national data.

Figure 1. Comparison of FFY12 National and Utah Summary Statement 1 Child Outcomes Data

Figure 2. Comparison of FFY12 National and Utah Summary Statement 2 Child Outcomes Data

The next step in our SSIP data analysis process was to select variables by which to disaggregate FFY12 and FFY13 child outcomes data. When child outcomes reporting was introduced in FFY07, Utah's statewide data system, the Baby and Toddler Tracking System (BTOTS), was enhanced to enable the collection of child outcome entry and exit ratings, and the calculation and reporting of progress categories and summary statement percentages. These data can be run for any desired time period, both in aggregate, i.e., state, for the Annual Performance Report (APR), and disaggregated by EIS provider, for public reporting of program profiles. Because each of our 15 EIS providers has non overlapping service boundaries, our program level data is equivalent to disaggregating by geographic region. We did consider several other variables, however, for disaggregation: (1) primary setting; (2) race/ethnicity; (3) gender; (4) primary language; (5) age; and (6) child/family socioeconomic status. The first five variables were readily available in BTOTS, however, socioeconomic status was not.

Disaggregating child outcomes data by the child's primary service setting was eliminated immediately as a possibility. Our settings data would have shown too little variability to have been informative as most of our 15 EIS providers deliver the majority of IFSP services, as measured using the December 1 child count, in the natural environment.

Race/ethnicity, gender, and primary language variables were identified as viable options for disaggregation, particularly because they are all "static" child characteristics across enrollment and a specified time period such as a fiscal year. They also lend themselves easily to dichotomization for disaggregation. For race/ethnicity, we were interested in examining child outcomes for White children vs. children of all other races and ethnicities. Gender is, of course, already a dichotomous variable (i.e., male, female) so no further adjustment was necessary. [Given that almost twice as many boys as girls are enrolled in Part C services in Utah, we wondered if there might be differences in developmental progress by gender but also wondered how we could address such differences in our SSIP and SiMR.] Thirty-two primary languages are currently reported for children served in Utah Part C in a "typical" year, with English being the most frequently occurring and Spanish, a distant second most frequently occurring, primary language. We considered disaggregating primary language using three categories—English, Spanish, and "all other languages"—but the frequencies of each of the Spanish and "all other languages" categories were low or zero in some EIS programs so it did not make sense to examine them separately. We thus decided to dichotomize primary language into "English" and "non-English" categories only.

We also considered, but decided against, disaggregating our child outcomes data by child age because it is also a non-static child characteristic over time. Using age as a variable would have required a rule to determine what age or age range to assign to a child in a specified time period such as a fiscal year. This exact issue was raised by the Infant Toddler Coordinators' Association in 2014 when OSEP proposed that states begin reporting cumulative child count data by child age. OSEP decided against disaggregating cumulative child count data by age.

Finally, examining child outcomes by child/family socioeconomic status was of interest and we spent a great deal of time investigating the viability of disaggregating child outcomes in this manner. Only the annual family fee amount was captured electronically in BTOTS, with family income and family size variables available only on paper. We attempted to create a proxy variable for child/family socioeconomic status by using the annual family fee amount in conjunction with the child public insurance eligibility status, which is also in BTOTS. We were hoping to be able to identify a child/family for a specified fiscal year in one of three ways: having no fee; having a fee between $10 and $200; or being public insurance-eligible. We encountered two main setbacks. First, in many cases, a child may be public insurance-eligible in the first year of life based on medical conditions and/or diagnoses rather than because of family income, and we could not distinguish definitively between the two possibilities from information currently in BTOTS. The second issue was that a child's public insurance eligibility status is not always static over a specified time period such as a fiscal year; it is determined using family income on a month-to-month basis if a child is not eligible due to medical conditions. Thus we needed an algorithm to flag a child/family as

public insurance-eligible or not for a specified time period. In addition, the annual family fee amount might change over the course of a year if a family's income changed or they encountered extenuating circumstances that would alter the fee, resulting in the dilemma of which fee amount to choose to represent the child/family's socioeconomic status in the time period of interest. We discussed the merits of several rules, but in the end, concluded we did not have sufficient or reliable data to disaggregate child outcomes data by socioeconomic status at this point in time.

In summary, we chose to disaggregate child outcomes data in four ways for our SSIP data analysis: 1) by EIS program; 2) by race/ethnicity (White vs. all other races/ethnicities); 3) by primary language (English vs. non English); and 4) by gender (male vs. female).

Given the significant amount of data to review—three child outcome areas with two summary statements each for four disaggregated variables and 15 EIS providers in two time periods—we put considerable thought into how to compile, analyze, and present the data in a coherent manner before any preparation began. We anticipated making the data available to three main audiences—BWEIP office staff; individual EIS providers; and the broader stakeholder group (which included EIS providers)—all of whom might have slightly different needs and interests. We did not think it was necessary to de-identify data, i.e., remove provider names and the number of children exiting with outcome scores for each provider, for internal BWEIP use or when we gave EIS providers their own child outcomes data. However, we did want to anonymize information shared publically with the broader stakeholder group, at least until EIS providers had had the opportunity to review and digest their own data and decide whether full disclosure was appropriate. To anonymize our data, we randomly assigned each EIS provider a letter that was used consistently instead of the program name and removed n's throughout all analyses.

We selected different approaches to analyze our disaggregated child outcomes data. We used histograms to examine child outcomes data disaggregated by EIS providers. Figure 3 shows an example of year-to-year comparisons of one EIS provider's data—percentages for Outcome A, Summary Statement 2—for the time period FFY09-12 to corresponding state (aggregate) data. Histograms such as the one shown in Figure 3 were created for each EIS provider compared to aggregate data for the FFY09-12 time period for all of the six possible child outcome area-summary statement combinations.

Figure 3. Example of Year-to-Year Comparisons for a Single EIS Provider

Figure 4 is an example of side-by-side comparisons of multiple EIS providers in FFY12 showing percentages for Outcome A for Summary Statement 2. The EIS provider data is ordered from lowest to highest and the state average is included as the right-most percentage as a reference point. Histograms such as the one shown in Figure 4 were created showing all 15 EIS providers' FFY12 data compared to aggregate data for all of the six possible child outcome area-summary statement combinations.

Figure 4. Example of Side-by-Side Comparisons of Multiple EIS Providers' Data for FFY12

We used both histograms and the "meaningful differences" calculator to examine differences in the categories of each disaggregated variable—race/ethnicity, primary language, and gender—across EIS providers and state by outcome area and summary statement. Figure 5 is an example of side-by-side comparisons of multiple EIS providers in FFY12 showing percentages for Outcome A for Summary Statement 2, disaggregated by race/ethnicity. For each EIS program, the blue histogram bar represents the percentage for White children who exited within age expectations for Outcome A, while the red diamond represents the corresponding percentage of children of all other races and ethnicities. The EIS provider data is ordered by the randomly-assigned letter ID and the state average is included as the right-most percentage in the histogram, as a reference point. Histograms such as the one shown in Figure 5 were created showing all 15 EIS providers' FFY12 data compared to aggregate data for the three disaggregated variables for all of the six possible child outcome area-summary statement combinations.

Figure 5. Example of Side-by-Side Comparisons of Multiple EIS Providers' Data Disaggregated by Race/Ethnicity for FFY12

We used the ECO Center's Meaningful Differences Calculator in our data analysis in several ways: (1) to compare state (aggregate) child outcomes data year to year for multiple years (FFY11 to FFY12, FFY12 to FFY13); (2) to compare EIS program data to state data for FFY12 and FFY13; and (3) to compare state and EIS program data for the disaggregated variables for FFY12 and FFY13. After reviewing histograms for state and EIS program data disaggregated by gender and acknowledging our discomfort writing a SiMR and implementing improvement strategies targeted at either boys or girls, we decided not to analyze this variable using the Meaningful Differences Calculator. Table 2 is an example of how the Meaningful Differences Calculator was used with FFY12 state data, disaggregated by race/ethnicity, to determine whether there were differences by outcome area and summary statement.

Results of the meaningful differences analyses were summarized and shared with EIS providers and the broader stakeholder group in the format shown in Table 2, which is an example of FFY12 state end EIS program data disaggregated by race/ethnicity. Summary tables such as the one shown in Table 3 were distributed for all time periods and disaggregated variables.

Table 2. Example of Analyzing FFY12 State Data Disaggregated by Race/Ethnicity Using the Meaningful Differences Calculator

Table 3. Example of a Summary of Meaningful Differences Results for State and EIS Program Data Disaggregated by Race/Ethnicity

	Child Outcome	FFY12 State Summary Statement Percentages, Disaggregated by Race/Ethnicity						Meaningful **difference** between White and All Other Races/ **Ethnicities?**
		White			All Other Races/Ethnicities			
		The number of children the summary statement is based on	SS %	**Confidence** interval Summary Statement	The number of children the summary statement is based on	SS %	**Confidence** interval Summary Statement	
SS 1	Outcome A	1,705	69.81%	± 1.83%	644	67.09%	± 3.04%	No
	Outcome B	1,705	77.14%	± 1.68%	644	77.53%	± 2.71%	No
	Outcome C	1,705	76.61%	± 1.69%	644	75.45%	± 2.79%	No
SS 2	Outcome A	1,705	58.06%	± 1.97%	644	55.90%	± 3.22%	No
	Outcome B	1,705	51.26%	± 1.99%	644	52.80%	± 3.23%	No
	Outcome C	1,705	59.94%	± 1.95%	644	63.04%	± 3.13%	No

	Summary of Meaningful Differences Results for FFY12 State and EIS Program Child Outcomes Data, Disaggregated by Race/Ethnicity					
	Summary Statement 1			Summary Statement 2		
	Outcome A	Outcome B	Outcome C	Outcome A	Outcome B	Outcome C
State						
Program A						
Program B						
Program C		X			X	X
Program D					X	X
Program E	X					
Program F				X	X	X
Program G						
Program H	X					
Program I	X	X	X	X	X	X
Program J		X				
Program K			X	X		
Program L						

Program M						X
Program N						X
Program O	X			X		

Note: "X" denotes a meaningful difference between White children and children of all other races and ethnicities.

Another piece of the SSIP data analysis we undertook was a review of how many children exiting Part C had higher child outcome exit scores than entry scores to identify any differences across outcome areas. We were interested whether children entered early intervention services in any outcome area functioning at age level, which we defined as having an entry rating of a 6 or a 7, but exited not having made developmental progress, which we defined as having an exit rating of 5 or below. We examined this data in aggregate and disaggregated by EIS program for FFY11 and FFY12. The aggregate data for this analysis is presented in Table 4, and shows the number of children in each outcome area whose entry-exit rating pattern was high to low. (Note a child could show this pattern of scores in one outcome area or in all three.) In both time periods, many more children exited early intervention with a lower exit rating than their entry rating in Outcome A than either Outcome B or Outcome C. This result was very intriguing and we will be undertaking further analysis in Phase 2 of the SSIP to look at child age at the time the entry score was generated, how the child qualified for early intervention (standard score, qualifying medical condition, or informed clinical opinion), race/ethnicity, primary language and gender. Although only FFY11 and FFY12 data were available at the time we ran this analysis, we have subsequently run FFY13 data and found similar trends across the three outcome areas.

Table 4. Frequency of High Child Outcome Entry vs. Low Child Outcome Exit Ratings,
FFY11 and FFY12

Child Outcome Exit Rating	Child Outcome Entry Rating											
	FFY11						FFY12					
	Outcome A		Outcome B		Outcome C		Outcome A		Outcome B		Outcome C	
	6	7	6	7	6	7	6	7	6	7	6	7
5	79	20	23	9	42	6	63	14	32	5	45	10
4	19	7	6	3	6	1	15	6	9	2	6	2
3	8	5	5	7	1	0	8	2	4	1	4	1
2	3	1	1	2	0	0	3	1	1	0	0	0
1	2	0	1	1	0	0	1	0	0	0	0	0
Totals	111	33	36	15	49	7	90	23	46	8	55	13
	144		51		56		113		54		68	

1c Data quality

We have very few concerns about how child outcomes data is entered in BTOTS, however, because of the "human element" involved in generating child outcomes entry and exit ratings, we are more focused on the impact of data quality.

Overall, BTOTS is a robust data system that supports child outcomes data entry very well.

Several database processes are in place to ensure child outcomes data are collected for the children of the appropriate age.

a. Child outcome entry ratings are required for children between six and thirty months of age at the time an initial Individualized Family Service Plan (IFSP) is entered in BTOTS. Children older than 30 months of age at the time of the initial IFSP are flagged as not needing any child outcome ratings. BTOTS generates an alert to remind the user to add the entry rating for children who were younger than six months of age at the initial IFSP as soon as the six-month age criterion is met.

b. The child outcomes decision tree is embedded in BTOTS to assist the user in entering and generating ratings. It is also included it as part of the paper "Child Outcomes Summary Form" for easy reference in the field.

c. A child outcomes calendar graphic is included in the data system that shows the user which months a child has received one or more IFSP services that count toward the "six consecutive months of IFSP services" definition. It indicates whether an exit rating would be required for a child, if he or she exited early intervention at the point of time the calendar is being viewed. The calendar graphic is displayed during the exit/deactivation process in BTOTS to alert the user that the child being exited needs an exit rating. BTOTS allows the user to finish the exit/deactivation process without entering a child outcomes exit rating but generates an alert to remind the user that it must be entered within 30 days of exit.

We have state and program-level aggregate child outcomes reports that can be run by both state and EIS program staff for any time period of interest.

a. Missing child outcomes exit ratings are monitored using a report that identifies which children have exited Part C services in a specified time period and do not have but require a child outcomes exit rating. This report must be run by programs regularly as they are required to have no missing child outcomes data for every APR and program profile reporting period.

b. Reports showing progress categories and summary statement percentages are used for APR reporting and generating program profiles.

As part of our SSIP activities this year, we added in BTOTS state and program-level disaggregated (by race/ethnicity, primary language, and child gender) child outcomes reports that are available state and at the program level.

This year, we reevaluated our child outcomes policy and decided to change BTOTS so that EIS providers were required to generate exit ratings for all children transferring in-state who met the criterion of having received "six consecutive months of IFSP services" at the time of transfer. In reviewing our child outcomes data, we had identified many children whose families did not want to continue Part C services or who were lost to contact after transfer without child outcome exit ratings, despite having received sufficient months of IFSP services. The BTOTS process as we had set it up initially reduced the total number of exiting children for whom we were to be able to measure developmental progress. Under the new BTOTS process, if a child continues in early intervention services in the receiving program after transferring, then we label the child outcomes exit rating generated by the sending program at the time of transfer as an interim or "ongoing" exit rating and require that the receiving program generate an exit rating when the child turns three or exits the program.

Due to EIS program staff turnover, we are aware of data quality issues arising from lack of familiarity with and understanding of both our data system and the child outcomes philosophy and methodology. During the preparation of our February 2014 APR, we noticed that child outcomes Summary Statement 2 percentages for four EIS providers were in the 80% to 92% range and were higher than the corresponding state Summary Statement 2

percentages in all three outcome areas. We reviewed their SFY13 618 exiting data and found that in each program, the highest percentage of children had exited from Part C services eligible for Part B. We then discussed each EIS provider's child outcomes and exiting data with the EIS director and compliance staff and noted the lack of correspondence between having exiting children who are Part B eligible and having child outcomes progress ratings in all areas for these same children showing they are functioning within age expectations at the time of exit. We asked them to review with their staff the child outcomes methodology, including using the decision tree to generate ratings, and then to review entry and exit ratings for all children who had exited Part B eligible and report back to us on their findings and strategies to address.

In our follow-up conversations with these EIS providers, we concluded there were multiple issues affecting programs' understanding of the child outcomes methodology that were impacting data quality. We noted that program staff often did not "think functionally" but focused primarily on developmental testing instead of considering all data sources when they were generating child outcome ratings. Next, some staff did not understand key terms such as "foundational skills" and "intermediate foundational skills" from the child outcomes decision tree. They also told us they had a hard time judging the frequency of a child's skill use and level of functioning across settings and situations. Finally, when thinking about progress over time, they were more apt to compare a child's functioning at the time of exit to his or her functioning at the time of entry rather than to the functioning of a typically developing child of the same age.

Although these child outcomes data quality issues were most obviously apparent with the four EIS providers, we surmised that similar issues were likely to be occurring to some degree with other providers. We believed that all EIS providers, as well as BWEIP state office staff, could benefit from a child outcomes "refresher." We worked extensively with Kathy Gillespi from ECTA to prepare a two-hour statewide mandatory child outcomes training that addressed the issues identified and many others. Materials were shared with all EIS provider staff prior to the two sessions in June 2014, one of which was recorded for future reference. One of the strategies we have discussed is to use this training to develop a CSPD credentialing requirement for all new early intervention staff.

1d Considering compliance data

This section addresses: "As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement." (Indicator 11)

SPP/APR compliance data obtained from the BTOTS for FFY10-13 show a high level of statewide compliance for the timeliness Indicators 1 (Timely Services); 7 (Timely Initial IFSP); 8a (Transition Steps and Services); 8b (Notification to the SEA/LEA); and 8c (Timely Transition Conference). BWEIP has a system in place that identifies and corrects non-compliance, ensuring any individual instance of noncompliance is corrected in a timely manner, and is currently being implemented appropriately. APR Indicator 2 (IFSP Services in the Natural Environments) has steadily increased and from FFY08 low of71% to the FFY13 high of 95.4%.

The performance on these SPP/APR indicators and the monitoring of fiscal contract requirements, all contribute to maintaining a high level of compliance. These program structures ensure there are rules, processes, and methods in place that support compliance and improve performance.

The lack of administrative complaints, requests for mediation, and/or requests for due process hearings further supports the notion that these structures are sufficient, and that minimal noncompliance at the local EIS level should not be a barrier to the effective implementation of SSIP improvement activities.

1e Additional Data

Fishbone Analysis
Through broad data and infrastructure analysis, as well as stakeholder input, primary concerns and a potential focus for improving child outcomes were selected. Specific improvement strategies were chosen following the determination of SiMR. The SiMR was determined by disaggregating state and local Child Outcome Summary Form (COSF) data by race/ethnicity, primary language, and gender. After reviewing the data, the following SiMR was determined: By FFY18, BWEIP will increase child social relationships (Outcome A) by substantially increasing rate of growth (SS1) for children of culturally diverse backgrounds, which will be measured by child outcomes ratings.

After further discussion by the SSIP Core Work Team, it was concluded that a root cause analysis be conducted in order to identify local EIS program infrastructure and practices contributing to the low performance of the selected SiMR. The SSIP Core Work Team invited all 15 EIS providers to participate in a root cause analysis to address the identified SiMR. The chosen method of root cause analysis was a Fishbone Diagram (see attachment). Training on how to conduct a Fishbone Analysis was presented to EIS programs at their consortium on December 10, 2014. Six of the 15 local EIS programs chose to participate in the Fishbone Diagram activity, and included representation from both large and small EIS programs. When the Fishbone analysis process was finished, conclusions about the common causes and contributing factors for the SiMR were drawn, as shown in Table 1. The common identified causes were: (1) culture; (2) socioeconomic status; (3) education level of the family; (4) staff training; and (5) evaluation tool. Next EIS providers outlined contributing factors for each of the five causal areas.

Culture: Language barriers, traditions, role identities, religious differences, limited networking opportunities, relationship building/trust, and decreased acceptance and tolerance from family and/or providers.

Socioeconomic Status: Poverty, high stress, transportation issues and distance from services, unstable housing, and access to fewer resources (i.e. daycare, toys, food, etc.).

Education Level of the Family: Low motivation, fewer opportunities, limited financial resources, literacy barriers, lack of follow through with activities, and decreased parental understanding.

S*taff*: Cultural experiences, biases, extent of training on functional social emotional outcomes and evidence based practices, on the evaluation tool, and flexibility in schedule to meet family's needs.

Assessment Tool: Parent vs. provider report, variation of tools, lack of culturally appropriate and social emotional sensitive assessment tools, evaluator personalities during the initial vs. exit COSF, culturally and language inappropriateness, over vs. under reporting, and subjectivity of assessment tool.

The SSIP Core Work Team participated in a telephone/webinar discussion on March 5, 2015 to review the root causes, strengths and weaknesses from infrastructure analysis and the CSPD needs assessment results. The review resulted in grouping the coherent improvement strategies into focus areas of action that should result in a positive impact on the SiMR. The specific focus areas included: (1) assessment; (2) professional development; (3) family engagement; and (4) collaboration.

The coherent improvement strategies within the Theory of Action were presented to the SSIP Broad Stakeholder Group at the March 25, 2015 ICC meeting.

Table 1. Causes and Contributing Factors

Culture	SES Status	Education Level of the Family	Staff	Assessment Tool
Language Barriers	Poverty	Low Motivation	Cultural Experiences	Parent Report vs. Provider Report
Traditions	High Stress	Fewer Opportunities	Biases	Variation of Tools Used
Role Identities	Transportation Issues and Distance from Available Services	Limited Financial Resources	Training on the Evaluation Tool(s)	Evaluator Personalities during the Initial vs. Exit COSF
Religious Differences	Unstable Housing	Literacy Barriers	Flexibility in Schedule to Meet Family's Needs	Culturally and Language Inappropriateness
Limited Networking Opportunities	Fewer Available Resources	Lack of Follow-Through with Activities		Over vs. Under Reporting
Relationship Building/Trust		Decreased Parental Understanding		Subjectivity of the Tool
Decreased Acceptance/Tolerance from Family and/or Providers				

1f Stakeholder involvement in data analysis

In early April 2014, Baby Watch Early Intervention Program (BWEIP) staff attended ECTA regional SSIP Kickoff in Arizona. During the meeting ECTA and OSEP staff worked closely with the BWEIP to form a plan for SSIP Phase I. When we returned to Utah the SSIP BWEIP Team, drafted the SSIP Phase I. timeline, planned for broad data analysis and enhanced stakeholder involvement detailed in the preceding Overview section. SSIP BWEIP Team and our ECTA advisor decided it would be best to take a first pass and compile the data in a manageable form to present to the stakeholders.

SSIP Leadership Team Meeting – July 14, 2014

Prior to the SSIP Leadership Team meeting, data packets we compiled and sent to attendees. A conference call was held on June 26, 2014 to prepare attendees for an initial meeting of the SSIP Leadership Team.
Our ECTA advisor traveled to Utah to facilitate the activities planned for the day-long working meeting which included: a detailed overview of SSIP process; review of broad data analysis; identification of current practices and initiatives; identification of system strengths and challenges; an opportunity to provide input on a potential measureable result focus; and delineation of next steps, including forming a core work team.
As detailed in the previous section, the broad data review focused Utah APR Indicator 3(a) social-emotional skills and relationships, (b) knowledge and skills, and (c) action to meet needs. The participants also discussed progress data reflected in child outcomes Summary Statement 1,the percentage of children that substantially increased their rate of growth; and Summary Statement 2,the percentage of children that exit at age expectations. The data sparked many lively debates and the agenda was continued on two subsequent conference calls. At the end of the day, the SSIP Leadership Team concluded from this broad data analysis of child outcome data to:

- Consider disaggregating data by (1) primary setting; (2) race/ethnicity; (3) gender; (4) primary language; (5) age; and (6) child/family socioeconomic status;

- Look more closely at the differences between SS1 and SS2; and, that

- Family outcome data would not be included in the analysis as it could not be linked with child outcome data.

State Leadership Team Call – July 30, 2014 continuation of data discussion

State Leadership Team Call – August 14, 2014 continuation of data discussion

Core Work Team Call – September 9, 2014 continuation of data discussion

SSIP Broad Stakeholder Group Meeting - October 21, 2014

SSIP Stakeholder Meeting - SSIP Core Work Team presented the "meaningful differences" results to guide a discussion on recommendation for the SiMR. Each EIS program was given a packet with the "meaningful differences" data for their program and the state. As noted above, an extensive amount of data analysis had been conducted during the last seven months with no clear path to the SiMR. A sense of frustration was evident. Overall to date the data had revealed the following:

Utah percentages are higher than the national averages on all three SS1 (Greater than expected growth);
Utah percentages are lower than the national averages on all three of the SS2 (Exited within age expectations)(although almost same for Outcome C (Action to Meet Needs);
All 6 Summary Statements decreased from 2012-2013 to 2013-2014 but there were no statistically meaningful differences identified;
Statewide there are differences when comparing white to all other races; specifically there was a statistically meaningful difference for Outcome A, SS1 when comparing white to all other races; local meaningful differences were also identified but we a cautious interpreting because the numbers of children are smaller and therefore the confidence interval is rather wide; and,
Statewide there are differences when comparing English to Non English; specifically there was a statistically meaningful difference for Outcome B for both Summary Statements and for Outcome C for SS2 (Exited within age expectations). Local meaningful differences were also identified but we were cautious in interpreting it because the numbers of children are smaller and therefore the confidence interval is rather wide.

As discussed in the data analysis section, the ECO "meaningful differences calculator" revealed information that we could use to develop our SiMR. The SSIP Stakeholder Group discussed the feasibility of selecting: Statewide - Child Outcome A. Social Emotional (SS2); or Statewide - Child Outcome B. Knowledge and Skills (SS2); or, Subpopulation - Child Outcome A. Social Emotional (SS1) culturally diverse children

The group reached the conclusion that trying to make substantial gains in (SS2) exiting within age expectations would be very difficult given the nature of the population in early intervention. The Broad Stakeholder Group recommended the Subpopulation - Child Outcome A. Social Emotional (SS1) culturally diverse children as the focus for the SiMR.

In conclusion Stakeholders were involved in the data analysis in a variety of ways. The ECTA advisor and SSIP BWEIP Team worked together to plan activities, assemble resources, summarize and analyze information gathered, and facilitate SSIP Leadership Team meetings and calls. The SSIP Leadership Team also actively engaged in data analysis two in meetings and several calls. The SSIP Core Work Team trained the EIS programs to conduct the root cause analysis on cultural differences. Six local EIS programs participated in that process. The SSIP Leadership Team, through their representation on the SSIP Core Work Team, provided input and direction on data analysis, data disaggregation, infrastructure analysis, SIMR, root cause analysis, hypothesis, coherent improvement strategies and the theory of action. Over 340 EIS providers and administrators responded to the Comprehensive System Personnel Development (CSPD) Redesign Needs Assessment. The broad stakeholder groups at their respective EIS and ICC quarterly meetings received updates on the SSIP progress.

Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

SSIP Component 2: Analysis of State Infrastructure to Support Improvement and Build Capacity

2(a) How Infrastructure Capacity was Analyzed

The systematic process used to analyze our infrastructure included a broad analysis of the strengths, weaknesses, opportunities, and threats (SWOT) of each OSEP-recommended system component (e.g., Accountability, Data System, Fiscal, Governance, Quality Standards, Professional Development, and Technical Assistance). After the key factors for each component were listed, the SSIP Leadership Team discussed each factor in terms of whether it was a strength or a challenge in our early intervention system toward the goal of increasing positive child outcomes. At the time of that discussion, our SiMR had not yet been finalized. The strengths and challenges were further delineated into strengths that could be built upon and challenges that could be mitigated.

Calls were held during April, May, and June 2014 with our national TA expert and the SSIP Leadership Team to plan an in-person stakeholder workshop and pre-workshop conference call. All stakeholders, including ICC members and EIS providers, were invited to participate in the SSIP Leadership Team. The pre-workshop conference call was held on June 21, 2014, with the stakeholder workshop facilitated by the national TA expert occurring July 15, 2014. At the workshop, approximately 26 stakeholders participated in a facilitated activity in which small groups discussed each system component, asked questions and gave input to other workshop attendees and the SSIP

BWEIP Team. In addition, participants were asked for information about any state and local initiatives they thought might relate to the SSIP work. Participants had a large amount of information to discuss and share on the day of the workshop. The SSIP BWEIP Team consolidated and compiled the results of the SWOT analysis from the July 2014 workshop, identifying themes for each system component. In a call on August 14, 2014, facilitated by ECTA personnel, the SSIP Leadership Team identified those ideas that they felt would influence or impede improvement strategies in social-emotional development of culturally diverse children. During the call, some very encouraging initiatives were highlighted, while some of the most common barriers to improvements were acknowledged.

The SSIP BWEIP Team compiled and shared results on the SSIP Core Work Team call on September 3, 2014. The infrastructure analysis summary was reviewed to assess whether there were other hypotheses in addition to those developed in the data analysis (1a) regarding possible root causes for challenges in social-emotional development of culturally diverse children. As a result of the call, an infrastructure analysis summary was developed identifying the issues raised by stakeholders as most likely to leverage and hinder SiMR improvement activities for social-emotional development of culturally diverse children.

This analysis was also used by members of the SSIP Core Work Team in presentations for SSIP Leadership Team and the SSIP Broad Stakeholder Group to the ICC in November 2014 and an EIS provider consortium meeting in December 2014. The EIS provider consortium meets bi-monthly without BWEIP to discuss relevant early intervention topics and to share strategies. EIS provider consortium was also asked to participate and train members of the SSIP Core Work Team "fish bone" methodology to analyze root causes of factors might be influencing the social-emotional development of children from diverse cultural backgrounds to inform possible SiMR improvement strategies. "Fish bone" methodology Figure 1.

When to Use a Fishbone Diagram

When identifying possible causes for a problem.

Especially when a team's thinking tends to fall into ruts.

Fishbone Diagram Procedure

Materials needed: flipchart or whiteboard, marking pens.

1. Agree on a problem statement (effect). Write it at the center right of the flipchart or whiteboard. Draw a box around it and draw a horizontal arrow running to it.

2. Brainstorm the major categories of causes of the problem. If this is difficult use generic headings:

· Methods

· Machines (equipment)

· People (manpower)

· Materials

· Measurement

· Environment

3. Write the categories of causes as branches from the main arrow.

4. Brainstorm all the possible causes of the problem. Ask: "Why does this happen?" As each idea is given, the facilitator writes it as a branch from the appropriate category. Causes can be written in several places if they relate to several categories.

5. Again ask "why does this happen?" about each cause. Write sub–causes branching off the causes. Continue to ask "Why?" and generate deeper levels of causes. Layers of branches indicate causal relationships.

6. When the group runs out of ideas, focus attention to places on the chart where ideas are few.

Fishbone Diagram Example

This fishbone diagram was drawn by a manufacturing team to try to understand the source of periodic iron contamination. The team used the six generic headings to prompt ideas. Layers of branches show thorough thinking about the causes of the problem.

Fishbone Diagram Example

Fishbone Diagram Example

For example, under the heading "Machines," the idea "materials of construction" shows four kinds of equipment and then several specific machine numbers.

Note that some ideas appear in two different places. "Calibration" shows up under "Methods" as a factor in the analytical procedure, and also under "Measurement" as a cause of lab error. "Iron tools" can be considered a "Methods" problem when taking samples or a "Manpower" problem with maintenance personnel.

Excerpted from Nancy R. Tague's *The Quality Toolbox*, Second Edition, ASQ Quality Press, 2005, pages 247–249.

SSIP Component 2: Analysis of State Infrastructure to Support Improvement and Build Capacity

2(b) Description of State Systems

Governance

Utah's Part C Early intervention program, BWEIP, is housed within the Bureau of Child Development the Utah Department of Health. BWEIP operates under federally-approved policies and procedures and Utah Administrative Code that are in compliance with IDEA Part C Regulations. At the local EIS level, collaboration in delivering early intervention services, including social-emotional supports, is supported in communities by strong local interagency agreements. The mission of the Bureau of Child Development is to support the health and development of Utah families and their children, birth through seven, and is accomplished through the following programs and activities:

· Baby Watch Early Intervention Program;

· Child Care Licensing Program;

· Office of Home Visiting; and

· Early Childhood Utah – Developmental Screening.

This governance structure promotes ongoing partnerships between the statewide programs providing services to young children and their families.

Fiscal

The BWEIP administers all funds received for the delivery of EI services. Funding is received from various sources, creating a system of payments and fees. The State has in place interagency agreements, contracts, and grants establishing financial responsibility and funding sources for BWEIP services. Funding sources that support the BWEIP are:

a. State Appropriation (State General Fund);

b. IDEA Part C Grant Award;

c. Medicaid;

d. Children's Health Insurance Program (CHIP); and,

e. Family Cost Participation Fees.

The BWEIP ensures that Federal funds made available to the State under Part C are implemented and distributed in accordance with the provisions of Part C. BWEIP provides grants to agencies in the state to support and carry out the purposes and requirements of Part C and state regulations. Grants are awarded yearly to EI agencies providing services throughout the state by way of an annual application process. If the need arises to identify a new EI provider agency, the BWEIP develops and disseminates a Request for Application to any interested party in the state. Prospective agencies submit a response to the Request for Application for approval through a competitive review process conducted by the BWEIP. A grant is developed with an agency who has received an approved application through this process. The General and Special Provisions of each EI grant include specifications that cover: a. Submission of Reports and Payment; b. Record Keeping, Audits, & Inspections; c. Federal OMB Cost Principles and Accounting Procedures; d. Requirements to abide by all pertinent State and Federal regulations including Part C of IDEA. BWEIP is required to ensure that only individuals or organizations with a legal status recognized by the State of Utah may provide EI services. BWEIP is allowed to access other responsible sources for payment for specific EI services such as Medicaid, CHIP and parent fees BWEIP's methods for state interagency coordination to ensure payor of last resort include interagency and intra-agency agreements that ensure the provision of and financial responsibility for EI services provided under Part C. BWEIP is housed within the Utah Department of Health, which is responsible for entering into formal interagency agreements with other State public agencies involved in the State's EI system. Each agreement defines the financial responsibility of each agency for paying for EI services, and the resolution of disputes BWEIP's interagency agreements include a mechanism to ensure that no services that a child is entitled to receive under Part C are delayed or denied because of disputes between agencies regarding financial or other responsibilities, and are consistent with the BWEIP policies, including those regarding the use of insurance to pay for Part C services. The BWEIP assures that federal funds are not comingled with BWEIP funds and are used to supplement the level of BWEIP and local EI funds expended for infants and toddlers with disabilities and their families and in no case to supplant those State and local funds. BWEIP tracks the total amount of BWEIP and local EI funds budgeted for expenditures in the current fiscal year for EI services for children eligible under this part and their families to assure that they are at least equal to the total amount of BWEIP and local funds actually expended for EI services for these children and their families in the most recent preceding fiscal year. The Utah Department of Health charges indirect costs to the Part C grant as approved by a current indirect cost Negotiation Rate Agreement with the U.S. Department of Health & Human Services. The Utah Department of Health does not charge rent, occupancy, or space maintenance costs directly to the Part C grant.

BWEIP utilizes a system of payments and fees for EI services, including a schedule of sliding fees as a cost participation fee. Fees collected from a parent or the child's family to pay for EI services. Fees are considered as EIS program income.

Quality Standards
BWEIP uses OSEP and ETCA guidance documents such as the Individualized Family Service Plan (IFSP) Process and Resource Guide, the Procedural Safeguards Technical Assistance Guide, and various practice guides to set quality standards. BWEIP also relies on the Division of Early Childhood (DEC) Recommended Practices and the "Seven Key Principles of Early Intervention" to assist in setting standards for service provision.
Professional Development
EIS providers assure BWEIP, through contracts and participation in the CSPD credentialing system, that all Part C providers, including service coordinators, are highly qualified personnel. BWEIP's policy and guidance on the CSPD Credentialing System and personnel standards (the minimum education and state licensure/certification/registration) is posted on the BWEIP website, which can be found at http://utahbabywatch.org/docs/foreiproviders/policies /Final%20Policies/Comprehensive%20System%20of%20Personnel%20Development%207%2013.pdf The BWEIP CSPD Coordinator oversees the credentialing of EIS providers in Utah. Utah's statewide database, the Baby and Toddler Online Tracking System (BTOTS), provides a statewide registration and tracking system for EIS staff credentials, renewals, and ongoing professional development.
BWEIP has designed nine early intervention modules for EIS providers and coordinators. The modules include an overview of early intervention; evaluation and assessment/eligibility determination; IFSP development and review; cognitive development, social emotional development; motor development; communication development; family partnerships/service coordination; and health. These topics impact the identification, service provision, and outcomes of infants and toddlers with delays in the area of social-emotional development.

BWEIP offers ongoing professional development to local EIS providers statewide through mandatory quarterly meetings, topical webinars, and national training brought to Utah (e.g., Routines Based Interviewing (RBI), Pip Campbell, the Play Project, etc.). BTOTS training videos and topical community training opportunities are announced through the BWEIP listserv. BWEIP presented an interactive webinar for the Summary of Functional Performance and the COSF Rating Process. The training, which was specialized to Utah Part C, was developed in collaboration with ECTA. The first presentation was geared for EIS administrators and was presented during an April 2014 EIS grantee meeting. The presentation was further refined for EIS providers and was delivered through two additional statewide webinars. A recording of the webinar, "Child Outcomes Rating Refresher" was posted in June 2014 http://utahbabywatch.org/foreiproviders/training/cosf/intro.htm.

Curriculum developed by the Utah Parent Center (UPC) explaining Part C and transition are on the UCP and BWEIP websites. BWEIP staffs assist EIS providers and their staff in identifying state and national resources for local training needs, as well as tailoring resources to help communities improve child outcomes including social-emotional development. BWEIP is also a co-sponsor, participant, and planner for the statewide BCD Home Visitors Conference each year, where a variety of Part C and Early Childhood topics are presented by state and national experts. IFSP development using Routines Based Assessments (RBI) has been a focus at the 2013 and 2014 conferences.

Data
The BWEIP's comprehensive, statewide, web-based data system, BTOTS, is used by all EIS providers and includes a detailed electronic child record from referral to exit. BWEIP staff work closely with the BTOTS contractor to ensure ongoing fidelity of BTOTS with current Part C regulations and BWEIP policy and procedures. BTOTS generates alerts and reports for timelines of events such as initial IFSP meetings, new initial IFSP services, and transition conferences. Field definitions were recently added throughout all areas of BTOTS and include descriptions of the data entry field and associated regulatory and policy references. BWEIP supports EIS providers and staff in their understanding and use of BTOTS through monthly teleconferences to train them and answer questions. At BWEIP's quarterly Grantee Meetings with EIS administrators, updates are given about development progress, enhancement priorities, system security, etc. In addition, "Frequently Asked Questions" documents, a telephone helpline, and an electronic bug/error submission system are available to assist EIS providers with BTOTS.

Technical Assistance
National and Local Technical Assistance Resources. BWEIP staff access both national (e.g., ECTA, DaSy, and University of Kansas Early Childhood Personnel Center) and local (e.g., UPC) resources to stay current with and research questions about Part C regulations, evidence-based practices, etc.

Lead Agency Technical Assistance. The Utah Part C Program Manager is the official liaison for all 15 EIS providers and answers questions from administrators related to Part C regulations and BWEIP policy and procedures. BWEIP staff offers EIS providers assistance by email, telephone, and on-site, depending on the request. BWEIP staff members are identified as points-of-contact based on their areas of knowledge and expertise and are the official contacts to answer additional EIS provider questions and concerns. Targeted technical assistance is provided to an individual, a selected group of EISs, or on a statewide basis as needs are identified. Monitoring data and areas of concern may be used to identify and provide TA. On-site targeted technical assistance is provided more frequently when BWEIP or an EIS has identified an issue or set of issues that require focused attention. The TA visit may center on the exploration of factors that may be contributing to the presenting performance or system concern/issue. Information, resources, and supports are provided based on the contributing factors or identified concerns and issues.

Conferences and Trainings. In order to stay current with the field the Utah Part C Program Manager, Compliance and Education Team Manager, and Data Team/618 Data Manager all attend OSEP Leadership conferences, workshops, and webinars, as well as other relevant national and local conferences and trainings.

In addition to the quarterly BWEIP EIS Grantee Meeting, the bi-monthly EIS Provider Consortium meetings occur statewide on a rotating host/location schedule. Updates on implementing evidence-based practices in Part C, discussion, and resource sharing occur at these meetings. These meetings are expected to be one of the main venues for assisting with implementing improvement strategies in social-emotional development and cultural sensitivity.
EIS providers assure BWEIP through grant provisions that their service providers are appropriately supervised. BWEIP provides a variety of written guidance, electronic training, webinar recordings, and state and national resources on the website that can be used as the basis for topical TA. These mechanisms will be used to guide implementation of improvements in culturally-sensitive service toward social-emotional development.

Accountability and Monitoring
BWEIP conducts annual focused monitoring activities with selected EIS providers. The selection of EIS programs and areas of focus are determined annually, based on state aggregated data, individual program data, and other information. Focus activities may include off-site and on-site monitoring, as well as any additional activities that are deemed necessary and/or appropriate by BWEIP. Off-site monitoring refers to the oversight of EIS provider activities by BWEIP to promote compliance, technical assistance, improvement strategies, corrective actions, sanctions or incentives to ensure timely correction of noncompliance and performance. On-site monitoring refers to any BWEIP oversight activities of EIS providers conducted at their locations to promote compliance and performance that may identify noncompliance, the need for corrective action (CA) TA, improvement strategies, and incentives or sanctions to ensure timely correction of all instances of noncompliance. Intensive activities may be necessary based on issues identified through general or focused monitoring activities, the complaints/resolution system, or other means, and may also include off-site and on-site monitoring, interviews, follow-up monitoring visits, and any additional activities, as determined necessary by BWEIP.
Noncompliance may be identified at all levels within the State General Supervision System Framework through relevant activities. If BWEIP finds noncompliance with any compliance indicator, The BWEIP will create a written notification of the finding of noncompliance and will then require a CA for full correction of all noncompliance from the individual EIS. All noncompliance, once it is identified and notification is given to the EIS provider, will be corrected as soon as possible, but in no case later than one year from the date of the written notification for findings of noncompliance. BWEIP requires CA for all noncompliance. BWEIP may impose sanctions if noncompliance is not corrected within one year of the written finding of noncompliance, and require that the EIS provide detail in the CA on how they will revise necessary policies, procedures, and/or practices that contributed to any noncompliance. BWEIP will conduct several annual general supervision activities for each EIS to monitor the implementation of IDEA and identify possible areas of noncompliance and low performance. The general activities include (1) collection and verification of BTOTS data for the SPP/APR compliance and results indicators; (2) program determinations; (3) review of the program data accountability plan; (4) fiscal management; (5) collection and verification of 618 data in BTOTS; and (6) targeted TA and/or professional development.

Annual Determination Process
BWEIP makes an annual determination of EIS programs' efforts in implementing the requirements and purposes of IDEA, Part C. Each EIS provider's APR data is aggregated by BWEIP for annual reporting purposes. This aggregated data is used by OSEP to make BWEIP's annual determination. BWEIP disaggregates and evaluates the APR data to make EIS annual determinations based on the criteria established in the federal regulations. The enforcement actions and sanctions applied to BWEIP are also applied to EIS programs.

Dispute Resolution Options

BWEIP will ensure timely dispute resolution through mediation and/or due process. All parties will be allowed to dispute any matter under Part C, including matters arising prior to the filing of a due process complaint, through a mediation process. The mediation process may be requested at any time, and may not be used to deny or delay a parent's right to a due process hearing or to deny any other rights afforded under Part C. Upon resolution by parties, a legally binding written agreement will be created to enforce confidentiality of all discussions that happened during the mediation process. The agreement will also prohibit the use of mediation documents to be used as evidence in any subsequent due process hearing or civil proceeding. This agreement will include signatures by the parent(s), as well as a representative from the BWEIP who is authorized to bind the agency. Finally, a written statement will be included, expressing that the written and signed agreement is enforceable in any state court of competent jurisdiction or in a district court of the United States.

SSIP Component 2: Analysis of State Infrastructure to Support Improvement and Build Capacity

2(c) Systems Strengths and Areas for Improvement

The Infrastructure Analysis Summary included ideas that stakeholders (SSIP Core Work Team and SSIP Leadership Team) felt would immediately or indirectly influence or impede improvement in relationship to our SiMR, social-emotional development for culturally diverse infants and toddlers. The direct influences and impediments are discussed here as the main strengths and areas for improvement that were identified.

Accountability/Monitoring
Strengths. BWEIP's web-based database, BTOTS, gives staff the ability to monitor progress towards improved social-emotional development for different sub-populations by EIS, and statewide levels at any interval needed. Reports on COSF rating progress are also immediately available on all these levels. Technical assistance is available to EIS programs from BWEIP down to the individual child level progress toward social-emotional development. Written practice guides in the form of web tutorials provide a mechanism for gathering and using data to inform the COSF rating and write functional outcomes.

Areas for Improvement. Challenges to improve social-emotional development in this infrastructure area were cited as limitations of tools used for assessment of social-emotional development, cultural diversity, and quality and consistency of data entry and COSF ratings.
Data
Strengths. BTOTS is a comprehensive database that contains all children's records and provides real-time information on progress toward improved social-emotional development, including IFSP services, IFSP outcomes, IFSP outcomes progress, all assessment scores, visit notes, and entry and exit COSF scores including a written rationale.
Areas for Improvement.
Additional data reports and prompts could easily be added.
Governance
Strengths.
BWEIP sits in the Bureau of Child Development (BCD) in the Utah Department of Health. The mission of the BCD is to support the health and development of Utah families and their children. The bureau also houses the Utah evidenced-based Home Visiting Program, a Developmental Screening program, Early Childhood Utah – a statewide interagency body whose function is to work to improve Utah's early childhood system, the Longitudinal Data System Project, the Child Care Licensing Program, and the Strengthening Families Protective Factors project. BWEIP has many natural and planned opportunities to interface with these programs and projects. BWEIP is a partner on the activities of all these projects. These partnerships allow us to maximize the use of resources and funding and facilitates interagency agreements.
BWEIP enjoys a very close working relationship with the Utah Schools for the Deaf and the Blind (USDB). USDB receives funds from the Utah Legislature to provide vision and hearing services to children birth to three in Utah. USDB works in conjunction with EIS providers by providing hearing and vision specialist staff for BWEIP children. USDB and the local EIS provider use the same Individualized Service Plan. USDB also uses BWEIP's date database - BTOTS - to enter information such as evaluations, assessments, and services delivered. BWEIP is able to use BTOTS to monitor the USDB program in the same way as it does for the EIS programs.
Areas for Improvement. Several team members mentioned that it would be nice to determine a way to share resources more easily and have a method for keeping agencies and programs up dated as to availability and qualifications.
Fiscal
Strengths. In 2014, OSEP funded, for the first time, a fiscal TA initiative that provided resources and assistance to selected state Part C programs. Twenty-eight states applied for this opportunity and BWEIP was one of 10 states accepted. Some of the areas that were addressed during the year-long finance project were an in-depth articulation of major funding sources with successful state examples of utilization; business case development; and knowledge of insurance terminology and billing. The 10 states participated in two off-site meetings, webinars, phone calls, and were assigned a fiscal mentor. The fiscal TA initiative application required each state to conduct an in-depth self-assessment of the service delivery structure, current finance system, funding sources, data system, challenges, current initiatives, and expectations. BWEIP organized a State Finance Team consisting of state, UDOH Finance, Medicaid, and a local EIS provider staff as well as a group of fiscal collaborators as key informants to work on the BWEIP finance plan.
Areas for Improvement. Many concerns for improvement were cited in this discussion. Sources of public funding such as the State General Fund are not systematically automatically available to keep up with the growth and cost of the BWEIP. The Utah Department of Health must decide if a request can or should be made and then a complicated rationalization process takes place. Although child count and costs continue to rise BWEIP cannot automatically see an increase from the State General Fund. The Utah Legislature is now requiring additional information such as the cost of services. For this purpose, BWEIP secured an outside evaluator to conduct a cost study of intervention services in each location of the state. The results are pending, but it is anticipated that the information will provide data to demonstrate the need for additional funding. It will also inform BWEIP as to the differing costs of doing business in various areas of the state. This will be used in providing grants to EIS programs in the future as well as information for BWEIP to help determine the viability of billing parents' private insurance; something BWEIP would like to consider as an additional funding source. Increasing caseloads with static federal funding was an issue brought up by the stakeholders. In addition, providers are implementing the new fee scale for the System of Payment and Fees policy and some families choose to reduce or refuse services rather than pay a fee.
Quality Standards
Strengths. The team approach to early intervention, serves as a check for appropriate high-quality services for each child and family. The standardized system supports quality standards across EIS programs. Monitoring reports on many quality standards are available at the BWEIP and EIS level.
Areas for Improvement. Due to lack of governance over developing quality standards in early intervention, concerns discussed were inconsistency in access and delivery of services. Also, lack of financial resources were an issue in providing any standard of evidence-based practices and quality trained culturally competent staff, especially in infant mental health. Expectations for enhanced high quality standards, must be supported by mechanisms including, policy, contracts, practice guides and training.
Professional Development
Strengths. EIS providers have a basic understanding of typical child development necessary for developing COSF ratings. BWEIP has recently focused attention to the implementation and availability of refresher COSF training. BWEIP and the ICC formed a subcommittee for the redesign and enhancement CSPD system in January 2014. BWEIP's Redesigned EI Credential project will facilitate the acquisition of initial competence and confidence of an early intervention provider through 1) Standardized Timely Orientation, 2) Individualized, Accountable Mentoring, and 3) Enhanced Competencies. Examples of enhanced competencies: Depth of training in the areas of social–emotional development including infant mental health, cultural competency and, the COSF process, philosophy, methodology, and scoring.

Technical Assistance
Strengths. Immediate TA is available at the state, EIS program, and EIS provider level to support improving progress in the area of social-emotional development for culturally diverse children.
Areas for Improvement. There were concerns about accuracy and consistency of COSF ratings due to inconsistent technical assistance. BWEIP would like to create standards for general TA and focus monitoring as well travel to onsite locations statewide at regular intervals.

SSIP Component 2: Analysis of State Infrastructure to Support Improvement and Build Capacity

2(d) State-level Improvement Plans and Initiatives

The most often cited statewide programs and initiatives that may assist with improving social-emotional development were the UDOH/BCD home visiting program that includes the Parents as Teachers (PAT) and the Nurse Family Partnership (NFP) models.

The Bureau of Child Development (BCD) is also developing a home visiting plan that will involve the broader early learning community, including the BWEIP to set standards and offer resources for all home visitors. This is part of BCD's overall Child Development Plan. There will be opportunities for collaboration when home visitors and child care providers participate in training in how to support. social-emotional development for young children.

The BWEIP coordinator is on the Board of the Utah Association of Infant Mental Health (UAIMH), an affiliate of the World Association of Mental Health. UAIMH provides support to all public agencies, providers, and parents in regards to topics related to the social-emotional health of infants and toddlers. The purpose of UAIMH is to support and assist with the integration of provider mental health competencies into practice.

SSIP Component 2: Analysis of State Infrastructure to Support Improvement and Build Capacity

2(e) Representatives Involved

Stakeholders involved in developing SSIP thus far include:

- National TA center consultants
- BCD administration
- BWEIP staff, including administration, program, data, compliance, child find/education, personnel development, finance, parent participation and ICC support staff
- SSIP Work Group and Core Work Team, including representatives of county health departments, school districts, universities, nonprofit agencies, parent resource center, human services, EI service providers, family service

coordinators and program administrators, and parents

- ICC participants including representatives of state government, state agencies such as Dept. of Health (DOH), Dept. of Human Services, higher education, Part B 619 Coordinator, family advocates, community support agencies, health care providers, and family members

Additional stakeholders that will participate in Phase II include representatives from:

- Autism Utah
- Utah Children
- Parent groups
- Infant Mental Health
- The Children's Center
- University of Utah
- Utah Valley University
- Primary Children's Hospital
- DOH Maternal Child Health Program
- Early Childhood Utah
- Medical Home Partnerships
- BCD Office of Home Visiting
- DOH Family Support
- Autism Project staff – Utah Regional Leadership Education in Neurodevelopmental and Related Disabilities program at Utah State University

SSIP Component 2: Analysis of State Infrastructure to Support Improvement and Build Capacity

2(f) Stakeholder Involvement in Infrastructure Analysis

The stakeholders above were involved in the infrastructure analysis in a variety of ways. The SSIP Core Work Team members, consisting of BWEIP staff, representatives from and EISs and the ICC worked together to plan activities, assemble resources, summarize and analyze information gathered. The SSIP Core Work Team kept the SSIP Leadership Team, SSIP Broad Stakeholder Group, and BCD administrators informed. The SSIP Core Work Team assisted in planning and analysis of information on calls and helped update stakeholders at ICC and EIS meetings. The broad stakeholders generated state and local information and reviewed SSIP progress at the May 2014, September 2014, November 2014, and January 2015 meetings.

State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

Statement

Component 3: State Identified Measurable Result (SIMR)

3(a) SIMR Statement:

State Identified Measureable Result (SIMR)

As a result of data analysis and in-depth discussion that has occurred over the past year by the SSIP Core Work Team, SSIP Leadership Team, and the SSIP Broad Stakeholder Group, Utah's SIMR is to "substantially increase the rate of growth in positive social-emotional skills (including social relationships) for culturally diverse infants and toddlers with disabilities in Utah by the time they exit Part C." These children will move closer in functioning to that of same-aged peers, as reflected in Summary Statement 1.

Description

Component 3: State Identified Measurable Result (SIMR)

3(b) Data and Infrastructure Analysis Substantiating the SIMR:

Multiple data sources were used to inform the SiMR, including multiple BTOTS COSF data reports, statewide and local, aggregated and disaggregated at the program level and sub-populations; analyses using the Meaningful Differences Calculator;, discussion with all 15 EIS providers regarding implementation and ongoing Child Outcomes Summary Form process; statewide data illustrating statewide areas of risk; and multiple meetings, teleconferences and electronic communication with the SSIP Core Work Team, SSIP Leadership Team, and the SSIP Broad Stakeholder Group.

State infrastructure analysis was also used to identify the SiMR. Infrastructure analysis activities included a SWOT analysis with EIS providers and ICC members; identification of potential strengths and challenges by the SSIP Leadership Team, EIS providers and the SSIP Core Work Team; and a statewide CSPD needs assessment survey that 340 respondents (Utah EIS administrators and providers) regarding their readiness and competence to implement potential improvement strategies.

The SSIP Core Work Team generated a list of current initiatives and priorities to share with the SSIP Leadership Team. The SSIP Leadership Team then reviewed the initiatives and priorities within the SSIP Core Work Team to analyze which activities have a similar focus and could be leveraged within the areas of social-emotional development, and cultural sensitivity in family-centered EI services.

The process used to identify and develop the SiMR solicited input from a variety of stakeholder groups, including: BWEIP and UDOH staff, national TA providers, the SSIP Leadership Team, the SSIP Core Work Team, including parents, local EIS providers, the ICC, other state agencies and parent support programs. The activities used to guide this process are identified in the section above on multiple data sources.

Component 3: State Identified Measurable Result (SIMR)

3(c) SIMR as Child-Family Level Outcome

By utilizing Summary Statement 1 of APR Indicator 3, the progress achieved in the SiMR will be a direct result of the developmental gains made by individual children. While the focus of implementation in Utah is a sub-population of children from diverse cultures, all children and families should benefit from the improved training and competence of early intervention providers. Additionally, the focus on cultural diversity regarding assessment, family engagement, communication, and IFSP services and goals should substantially increase the rate of growth in acquisition of knowledge and skills; and use of appropriate behavior to meet a child's needs for the culturally diverse subpopulation.

Component 3: State Identified Measurable Result (SIMR)

3(d) Stakeholder involvement in Selecting SIMR

Both internal and external stakeholders were recruited to participate in the development and selection of the SiMR. BWEIP shared information about the SSIP with internal and external stakeholders and gathered input and feedback regarding details of current work in other programs and agencies statewide. Stakeholders with knowledge and expertise in early intervention were invited to participate on the SSIP Leadership and Core Work Teams.

Additional external stakeholders including parents and the ICC participated in the infrastructure analysis activities.

Component 3: State Identified Measurable Result (SIMR)

3(e) Base line Data and Targets

Baseline data and targets are also described in Component 2 Data.

2014 Baseline 65%

2015 Target 65%

2016 Target 65%

2017 Target 66%

2018 Target 67%

Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Component 4:

Selection of Coherent Improvement Strategies

4(a) How Improvement Strategies were Selected

The following root causes for Utah's lower Summary Statement 1 (SS1) data in child outcome 1a (social-emotional skills and social relationships) for children from diverse cultural backgrounds were identified through the broad and in-depth data analysis that occurred from April 2014 through March 2015:

The SSIP Core Work Team invited each EIS program in a root cause analysis to address the identified SiMR. The chosen method of root cause analysis was a Fishbone Diagram. Training on how to conduct a Fishbone Analysis was presented at an EIS provider meeting. Six of the fifteen local EIS programs chose to participate in the Fishbone Diagram activity, and included representation from both large and small programs within the state. Upon completion of the Fishbone analysis process, common causes and contributing factors for the SiMR were concluded (Table 1). The common identified causes were: 1) culture; 2) SES status; 3) education level of the family; 4) staff training; and 5) evaluation tool. Next, the programs outlined contributing factors for each of the five identified causal areas.

1. *Culture*: Language barriers, traditions, role identities, religious differences, limited networking opportunities, relationship building/trust, and decreased acceptance and tolerance from family and/or providers.
2. *SES Status*: Poverty, high stress, transportation issues and distance from services, unstable housing, and access to fewer resources (i.e. daycare, toys, food, etc.).
3. *Education Level of the Family*: Low motivation, fewer opportunities, limited financial resources, literacy barriers, lack of follow through with activities, and decreased parental understanding.
4. *Staff*: Cultural experiences, biases, extent of training on the evaluation tool, and flexibility in schedule to meet family's needs.
5. *Assessment Tool*: Parent vs. provider report, variation of tools, evaluator personalities during the initial vs. exit COSF, culturally and language inappropriateness, over vs. under reporting, and subjectivity of assessment tool.

The SSIP Core Work Team then brainstormed barriers that could be changed by BWEIP and EIS providers to address the root causes.

The minimal use of a sensitive assessment tool to identify social-emotional concerns, including language, and culture barriers could cause the following:

- Limited writing of functional Individualized Family Service Plan (IFSP) outcomes for social-emotional concerns for children from diverse backgrounds
- Insufficient training and use of evidence-based practices
- Communication issues between provider and family
- Need for increased parent involvement during assessments
- Inconsistent team knowledge of typical social-emotional development
- Need for culturally competent staff and services
- Knowledge and access to inclusive community resources
- Insufficient understanding of the Child Outcome Summary (COSF) rating process

During a Core Work Team call in March 2015, the root causes analysis was reviewed and the group began to think about general improvement strategies. Current improvement strategies and ongoing initiatives and their potential impact on social emotional development for children from diverse cultures were reviewed. The team was asked to continue to brainstorm and send back to the group additional strategies based on the trends from the root cause analysis and the strengths in the infrastructure analysis. BWEIP staff subsequently added elements to the list of improvement strategies that incorporated where appropriate the DEC recommended practices.

Through phone calls and email the SSIP Core Work Team generated some specific improvement strategies that were organized under the following categories:

1. **Assessment**

Identify and establish the use of valid, reliable, culturally sensitive assessment measure and methods that ensure an accurate assessment of social emotional skills needs of children ages birth to three.

2. **Professional Development and Qualified Personnel**

Strive to retain and educate early intervention staff by redesigning and enhancing the CSPD system to support the creation of high quality, functional IFSP outcomes and strategies related to social emotional skills and relationships, and implementation of evidence based practices that address family centered routines based early intervention services, and family engagement including cultural competence training in the Four Areas of Resiliency.

3. **Family Engagement**

Develop a role/job description for "cultural guides" who work in conjunction with the EI team during assessment and intervention.

4. **Collaboration**

Identify agencies at the state and local levels that already provide support and information for diverse cultures in Utah, sharing resources with Early Head Start (EHS), evidenced-based home visiting.

These broad improvement strategies generated by the SSIP Core Work Team were presented to the SSIP Broad Stakeholders Group in March, 2015. The implementation of these strategies will lead to the following: 1) BWEIP enhancing infrastructure to support EIS's, then 2) EIS's supporting and supervising personnel to provide appropriate assessments, evidence-based services, family supports, then 3) providers implementing, appropriate assessments evidence-based services and culturally appropriate supports for all children and families, then 4) all families increasing their capacity to support their children's social-emotional development, resulting in 5) improved social-emotional outcomes for all children regardless of cultural background.

4(b) How Improvement Strategies are Sound, Logical and Aligned

The improvement strategies are sound and logical because they were created based on the root cause and infrastructure analyses. The SSIP Core Work Team with the guidance of technical assistance, spent time developing solid strategies that should lead to improvement of children's social-emotional development regardless of culture.

The strategies are aligned because each strategy interrelates with all the others. The fidelity of implementation will be supported through a redesigned and enhanced system of professional development. Joining with other state initiatives that support social-emotional development will help BWEIP leverage resources for training and the preparation of qualified personnel. Through these qualified personnel, assessment processes will be improved, evidence-based practices will be implemented, families will receive culturally appropriate supports and accountability measures focusing on a well-qualified workforce, improved results will be strengthened. Individual strategies will not be carried out in isolation.

In addition, stakeholders identified current state and local initiatives that address children's social-emotional and cultural diversity concerns. Partnering with existing initiatives was identified as an improvement strategy.

During the infrastructure analysis, stakeholders identified existing state and local initiatives that could support SSIP efforts. Also, during an ICC meeting in November 2014, members identified additional initiatives. State initiatives and programs that include infant and toddler's social-emotional development and cultural sensitivity include the following:

- Home visiting
  - Parents as Teachers
  - Nurse Family Partnerships
- Early Head Start
- Head Start
- Infant Mental Health
- Autism Screening/ URLEND
- Early Childhood Utah
- Help Me Grow
- Universal Developmental Screening efforts
- Utah – Governor's Success Initiative

Representatives from a number of these initiatives have been invited and have agreed to participate in Phase II SSIP activities.

4(c) Strategies that Address Root Causes and Build Capacity

1. **Assessments** were chosen as an improvement strategy because there were a number of concerns about assessment practices identified through the root cause and infrastructure analyses.

   The following are the root causes that this strategy addresses:

- Minimal use of a sensitive assessment tool to identify social-emotional concerns
- Lack of culturally sensitive assessment tools
- Insufficient understanding of the COSF rating process
- Need for increased parent involvement during assessment

   In addition, the infrastructure analysis identified the following needs in this area:

- Concerns about accuracy and consistency of COSF ratings
- Limitations of tools used for assessment of social-emotional development
- Limitations of culturally sensitive assessment tools

Cultural competency

2. **Professional Development** was chosen as an improvement strategy because it was identified in both the root cause and infrastructure analyses that more training is needed in a variety of topics.

The specific root causes this strategy addresses are:

- Cultural competency
- COSF rating process
- Need for culturally competent staff and service

In addition, the infrastructure analysis identified the following training needs:

- Limited writing of functional IFSP outcomes for social emotional concerns
- Typical social-emotional development of children
- Desire for statewide mentorship program
- Inconsistent team knowledge of typical social-emotional development
- Insufficient knowledge and use of evidence based practices

3. **Family Engagement** was selected as a strategy because.

The specific root causes this strategy addresses are provider and family:

- Understanding and communication
- Scheduling flexibility
- Trust
- Motivation and follow through
- Role identities and traditions
- Literacy and language

In addition, the infrastructure analysis identified the following needs in this area:

- Fee structure
- Expectations

4. **Collaboration** was identified as a strategy because, as indicated in section 4(b), there are a number of state and local initiatives that align with the SSIP efforts toward improvement. By partnering with existing initiatives, BWEIP will be able to utilize these resources to work toward improved child outcomes.

4(d) Strategies Based on Data and Infrastructure Analyses

As reflected in section 4(a), through the data and infrastructure analyses, root causes were identified which informed the selection of improvement strategies.

For example, one theme that emerged from both the root cause and infrastructure analyses was the need for an enhanced CSPD system and more training. The following topics were identified:

1. Assessments for social-emotional development
2. Well qualified, stable workforce through orientation, mentoring, and training
3. Cultural competency
4. Family engagement
5. Writing functional outcomes specific to social-emotional development
6. Evidence-based practices that address social-emotional concerns
7. COSF rating process
8. Community collaboration

As a result, these topics are embedded in the broad improvement strategies.

Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Submitted Theory of Action: No Theory of Action Submitted

☑ **Provide a description of the provided graphic illustration (optional)**

Description of Illustration

Component 5: Theory of Action

5(a) Graphic Illustration

The Theory of Action is divided into four focus areas of action:

1. Assessment
2. Professional Development/Qualified Personnel
3. Family Engagement
4. Collaboration

The focus areas of action are a starting point for the Theory of Action that originated from the broad improvement strategies. The Theory of Action describes a flow of action steps from the Baby Watch Early Intervention Program (BWEIP), to local Early Intervention Service (EIS) programs, to EIS providers, to children and families, to the State Identified Measurable Result.

5(b) How Improvement Strategies will Lead to Improved Results

The first focus of action of the Theory of Action is Assessment. BWEIP will identify and enhance statewide implementation of culturally appropriate functional assessments that are sensitive to a child's social emotional development. EIS program administrators will be better able to provide ongoing support and supervision of these processes for their providers. EIS providers will be equipped to appropriately assess a child's social emotional development to inform the COSF rating process and IFSP development. Families will be able to participate in intervention services that will increase their capacity to support their child's social-emotional development. Children will demonstrate improvement in their social-emotional skills and social relationships.

The second focus of action is Professional Development and Retention of Qualified Early Intervention Professionals. The BWEIP/ICC/EIS committee will redesign and enhance the comprehensive system of professional development (CSPD) to include a standard orientation process, an individualized mentorship plan and instruction of evidenced based practices that support cultural diversity and social emotional development. EIS program administrators will utilize a system to ensure that practices are implemented with fidelity, and assure ongoing support and supervision of providers. EIS providers will receive the necessary training and follow-up support to provide evidence-based practices. As a result, families will receive culturally competent, evidence-based services, which will lead to children demonstrating improvement in their social-emotional skills and social relationships.

The third focus of action is Family Engagement. BWEIP and EIS's will develop a role/job description for "cultural guides" who work in conjunction with EI team during assessment and intervention. EIS providers will be able to recognize a family's needs, strengths, and natural skills. Language and cultural barriers will be reduced, more natural networking opportunities will occur, and there will be increased trust and acceptance between families and providers. Children will demonstrate improvement in their social-emotional skills and social relationships.

The fourth focus of action is Collaboration. BWEIP and EIS's will identify agencies and programs at the state and local levels who currently provide support to diverse cultures in Utah. EIS providers will have community resources to support infants, toddlers and their families of various cultural backgrounds. Families will utilize community resources to address their needs, resulting in decreased family stressors allowing them to better support their child's social emotional development. As a result, children will demonstrate improvement in their social-emotional skills and social relationships.

5(c) Stakeholder Involvement in Developing the Theory of Action

The Theory of Action was developed based on the input stakeholders provided regarding root cause and infrastructure analysis, CSPD needs assessment, and improvement strategies. The SSIP Core Work Team, mapped the elements for the Theory of Action from the focus areas, to the initial broad strategies, the immediate improvement products, and the intended outcome for children and families. The Theory of Action was presented to the Broad Stakeholders Group at an ICC meeting on March 25, 2015.

Infrastructure Development

(a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
(b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.

(c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
(d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

See attached documents:

Theory of Action

Utah SSIP Phase II Logic Model

Introduction, WorkTeams, Strategies Overview

Improvement Strategy 1. Assessment Implementation and Evaluation Plan

Improvement Stategy 2. Professional Development Implementation and Evaluation Plan

Improvement Strategy 3. Family Engagement Implementation and Evaluation Plan

Improvement Strategy 4. Community Collaboration Implementation and Evaluation Plan

Support for EIS programs and providers Implementation of Evidence-Based Practices

(a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.
(b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.
(c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

See attached documents:

Theory of Action

Utah SSIP Phase II Logic Model

Introduction, WorkTeams, Strategies Overview

Improvement Strategy 1. Assessment Implementation and Evaluation Plan

Improvement Strategy 2. Professional Development Implementation and Evaluation Plan

Improvement Strategy 3. Family Engagement Implementation and Evaluation Plan

Improvement Strategy 4. Community Collaboration Implementation and Evaluation Plan

Evaluation

(a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
(b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
(c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).
(d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

See attached documents:

Theory of Action

Utah SSIP Phase II Logic Model

Introduction, WorkTeams, Strategies Overview

Improvement Strategy 1. Assessment Implementation and Evaluation Plan

Improvement Strategy 2. Professional Development Implementation and Evaluation Plan

Improvement Strategy 3. Family Engagement Implementation and Evaluation Plan

Improvement Strategy 4. Community Collaboration Implementation and Evaluation Plan

Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

See attached documents:

Theory of Action

Utah SSIP Phase II Logic Model

Introduction, WorkTeams, Strategies Overview

Improvement Strategy 1. Assessment Implementation and Evaluation Plan

Improvement Strategy 2. Professional Development Implementation and Evaluation Plan

Improvement Stategy 3. Family Engagement Implementation and Evaluation Plan

Improvement Stategy 4. Community Collaboration Implementation and Evaluation Plan

Phase III submissions should include:

• Data-based justifications for any changes in implementation activities.
• Data to support that the State is on the right path, if no adjustments are being proposed.
• Descriptions of how stakeholders have been involved, including in decision-making.

A. Summary of Phase 3

1. Theory of action or logic model for the SSIP, including the SiMR.
2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies.
3. The specific evidence-based practices that have been implemented to date.
4. Brief overview of the year's evaluation activities, measures, and outcomes.
5. Highlights of changes to implementation and improvement strategies.

See attachement:

A. SSIP Phase III Summary and Program Update, Utah Part C

B. Progress in Implementing the SSIP

1. Description of the State's SSIP implementation progress: (a) Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed and (b) Intended outputs that have been accomplished as a result of the implementation activities.
2. Stakeholder involvement in SSIP implementation: (a) How stakeholders have been informed of the ongoing implementation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP.

See attachments:

B1. Progress in Implementing the SSIP Assessment Strand, Utah Part C

    and PD7. PD8. PD9.

B2. Progress in Implementing the SSIP Professional Development Strand, Utah Part C

    and PD1. PD2. PD3. PD4. PD5. PD6. PD7. PD8. PD9. PD10. PD11. PD12. PD13.

B3. Progress in Implementing the SSIP Family Engagement Strand, Utah Part C

    and FE1. FE2. FE3.

B4. Progress in Implementing the SSIP Community Strand, Utah Part C

C. Data on Implementation and Outcomes

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan: (a) How evaluation measures align with the theory of action, (b) Data sources for each key measure, (c) Description of baseline data for key measures, (d) Data collection procedures and associated timelines, (e) [If applicable] Sampling procedures, (f) [If appropriate] Planned data comparisons, and (g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements
2. How the State has demonstrated progress and made modifications to the SSIP as necessary: (a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR, (b) Evidence of change to baseline data for key measures, (c) How data support changes that have been made to implementation and improvement strategies, (d) How data are informing next steps in the SSIP implementation, and (e) How data support planned modifications to intended outcomes (including the SIMR)—rationale or justification for the changes or how data support that the SSIP is on the right path
3. Stakeholder involvement in the SSIP evaluation: (a) How stakeholders have been informed of the ongoing evaluation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

See attachments:

A. SSIP Phase III Summary and Program Update, Utah Part C

B1. Progress in Implementing the SSIP Assessment Strand, Utah Part C

    and PD7. PD8. PD9.

B2. Progress in Implementing the SSIP Professional Development Strand, Utah Part C

    and PD1. PD2. PD3. PD4. PD5. PD6. PD7. PD8. PD9. PD10. PD11. PD12. PD13.

B3. Progress in Implementing the SSIP Family Engagement Strand, Utah Part C

    and FE1. FE2. FE3.

B4. Progress in Implementing the SSIP Community Strand, Utah Part C

D. Data Quality Issues: Data limitations that affected reports of progress in implementing the SSIP and achieving the SIMR

1. Concern or limitations related to the quality or quantity of the data used to report progress or results
2. Implications for assessing progress or results
3. Plans for improving data quality

See attachments:

A. SSIP Phase III Summary and Program Update, Utah Part C

B1. Progress in Implementing the SSIP Assessment Strand, Utah Part C

    and PD7. PD8. PD9.

B2. Progress in Implementing the SSIP Professional Development Strand, Utah Part C

    and PD1. PD2. PD3. PD4. PD5. PD6. PD7. PD8. PD9. PD10. PD11. PD12. PD13.

B3. Progress in Implementing the SSIP Family Engagement Strand, Utah Part C

    and FE1. FE2. FE3.

B4. Progress in Implementing the SSIP Community Strand, Utah Part C

E. Progress Toward Achieving Intended Improvements

1. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up
2. Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects
3. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SIMR
4. Measurable improvements in the SIMR in relation to targets

See attachments:

A. SSIP Phase III Summary and Program Update, Utah Part C

B1. Progress in Implementing the SSIP Assessment Strand, Utah Part C

    and PD7. PD8. PD9.

B2. Progress in Implementing the SSIP Professional Development Strand, Utah Part C

    and PD1. PD2. PD3. PD4. PD5. PD6. PD7. PD8. PD9. PD10. PD11. PD12. PD13.

B3. Progress in Implementing the SSIP Family Engagement Strand, Utah Part C

    and FE1. FE2. FE3.

B4. Progress in Implementing the SSIP Community Strand, Utah Part C

F. Plans for Next Year

1. Additional activities to be implemented next year, with timeline
2. Planned evaluation activities including data collection, measures, and expected outcomes
3. Anticipated barriers and steps to address those barriers
4. The State describes any needs for additional support and/or technical assistance

See attachments:

A. SSIP Phase III Summary and Program Update, Utah Part C

B1. Progress in Implementing the SSIP Assessment Strand, Utah Part C

    and PD7. PD8. PD9.

B2. Progress in Implementing the SSIP Professional Development Strand, Utah Part C

    and PD1. PD2. PD3. PD4. PD5. PD6. PD7. PD8. PD9. PD10. PD11. PD12. PD13.

B3. Progress in Implementing the SSIP Family Engagement Strand, Utah Part C

    and FE1. FE2. FE3.

B4. Progress in Implementing the SSIP Community Strand, Utah Part C

OSEP Response

Required Actions

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.

Selected: 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: Lisa Davenport

Title: Program Manager, Part C Coordinator

Email: lisadavenport@utah.gov

Phone: 801-584-8209