

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2020

Vermont



PART C DUE
February 1, 2022

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

Vermont's Part C Early Intervention services are part of Vermont's statewide Children's Integrated Services (CIS) Program. CIS is administered by the Agency of Human Services, Department for Children and Families, Child Development Division. The Agency of Education is Vermont's co-lead for Part C services. This relationship is governed by an Interagency Agreement, revised March 2019, and subsequently approved by the Office of Special Education Programs (OSEP). CIS is a statewide health promotion, prevention and early intervention system of services intended to:

- Promote a child's healthy growth and development,
- Support parents/guardians and child care providers to prevent health or developmental challenges arising from social and environmental factors,
- Support families with a child from birth to three with a developmental delay or medical condition that may result in a developmental delay,
- Support families prenatally through age six to address factors that can put their child at risk for birth defects, or ongoing health, or developmental issues, including social or emotional health and development,
- Support families and early care and education programs so that children with special health or developmental needs, or involved with Vermont's child protection system, access high quality early care and education programs are able to achieve their full potential.

Vermont's Part C Early Intervention services are known as CIS Early Intervention services. The State of Vermont contracts with 12 regional non-profit, community-based organizations to deliver CIS services. Early Intervention services are most often provided by regionally based parent-child centers under those contracts. Vermont's CIS Early Intervention services are delivered as part of the broader CIS multidisciplinary service array.

CIS Services are provided to:

1. Pregnant/Postpartum people who desire to stay healthy, promote the health and development of their child, and/or have questions or concerns about a situation impacting their well-being.
2. Children whose parent or caregiver has questions or concerns about a suspected developmental delay or condition.
3. Families who have questions or concerns about their children's behavior, health, mental health, wellbeing, or providing a stable, healthy environment for their family.
4. Early Childhood/Child Care providers who enroll children with specialized health or developmental needs.

CIS provides a systematic referral and intake process that leads to:

1. multidisciplinary and consultative team review, linking with other community resources as needed;
2. comprehensive screening, connected to Vermont's Help Me Grow universal screening initiative and in compliance with Child Abuse Prevention and Treatment Act (CAPTA);
3. multidisciplinary assessment as needed or upon the request of a family;
4. identification of a primary service coordinator who works with families to develop functional outcomes, coordinate needed services, support access/referrals to additional resources as needed, and ensuring timelines and family rights are maintained;
5. regular, multi-disciplinary team reviews to assess progress and achievement of goals to promote better outcomes; and
6. supports for families transitioning from CIS services (such as when all outcomes are successfully met, for children at age 3 who have a disability needing Part B services, or for families whose children have aged out of CIS services but who may benefit from other community supports).

CIS services are provided by community-based organizations with qualified and supervised professionals. CIS Early Intervention practitioners have, at a minimum, a bachelor's degree in early childhood special education, social work, or another related human services field. CIS Early Intervention providers performing assessments maintain a CIS Early Intervention Credential.

CIS home visiting services include the use of evidence-based models. These models are delivered in accordance with standards adopted by Vermont's Home Visiting Alliance in response to Act 66: An Act Relating to Home Visiting Standards. They include Parents as Teachers and the Maternal Early Childhood Sustained Home Visiting model paired with the Family Partnership Model. CIS Early Intervention practitioners use a variety of evidence-based screening and assessment tools to support the identification of developmental delays, development of appropriate outcomes and delivery of strategies to support developmental gains. CIS Early Intervention practitioners may use the Brazelton Touchpoints method, Ages and Stages Learning Activities, and the Early Start Denver Model to support the development of infants and toddlers receiving Part C services.

CIS services, including CIS Early Intervention, are available year-round. Service delivery occurs in the natural environments of the family to the maximum extent possible. This may be the child's home or a community-based program or setting. Services delivered in the natural environment of the child are better able to support families' routines and children's inclusion with typically developing peers.

The purpose of Children's Integrated Services is to:

1. increase child and family access to high-quality child-development services;
2. promote the health, social and economic well-being of the recipients of these services;
3. provide performance-based contracts for the provision of services to pregnant/postpartum people, children from birth to age six and their families;
4. increase access to health insurance and a medical and dental home;
5. strengthen implementation of CIS with an emphasis on: infrastructure; outreach; referral and intake; multidisciplinary screening and assessment; integrated services planning; service delivery; and transition; and
6. support a more comprehensive approach to service delivery including: supporting timely delivery of direct services, consultation, group education, team and supervision time, documentation, other record keeping requirements, and data collection and reporting.

The CIS Program is overseen by a team that includes: The CIS Director, Data Manager, and Program Coordinators for home visiting (both nursing and family support), early intervention, early childhood and family mental health, and specialized child care services. Data are collected and monitored by this team. This team is responsible for the quality of service provision and general supervision for adherence to Part C of the Individuals with Disabilities Education Act federal regulations and State rules.

Vermont's Early Intervention Program utilizes technical assistance provided by the Office of Special Education Programs (OSEP) and OSEP-funded

technical assistance centers to support continuous quality improvement. Additionally, the strategies identified within the State Systemic Improvement Plan (Indicator 11 within the Annual Performance Report) provide a foundation for ongoing improvement. The Vermont Early Intervention Program adopted the following data statement to define the value of data to our ongoing improvement efforts: Data illuminates solutions to our challenges. We use data as an essential tool to see the big picture and make intentional decisions that enable us to focus our limited resources to promote positive outcomes for children, families and staff. We believe in all children reaching their developmental potential.

Additional information related to data collection and reporting

General Supervision System

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

CIS Early Intervention's system of payments adheres to Fiscal Certification 34 CFR §303.202 requirements. This includes ensuring that Part C funds are not used to satisfy a financial commitment for services that would otherwise have been paid for from another private or public source consistent with 34 CFR §303.510. Written parental consent to bill a child's public or private insurance is obtained from a child's family/guardian and a copy given to all service providers named in the child's individualized family services plan (IFSP) known as the One Plan. A copy of this consent is also kept in the child's file. Families with private insurance can request additional financial assistance to help cover co-pays or deductibles in order to ensure entitled services are provided at no cost to the family.

CIS contract monitoring includes client file reviews for adherence to contractual requirements and federal IDEA Part C timelines. Regions receive a monitoring summary including identified areas of strength and areas in need of improvement and are required to submit a Quality Improvement Plan to address any areas in need of improvement. This monitoring assures all CIS services are delivered in accordance with the CIS contract and that CIS Early Intervention services are delivered in accordance with IDEA Part C Regulations, and Vermont Special Education Rules.

CIS Early Intervention agencies must have copies on site of the current federal and state laws, regulations, rules and state policies and procedures related to Part C Early Intervention and Part B Special Education for Preschool Children for reference and guidance. As co-leads, CIS Early Intervention and Vermont's Part B (delivered by the Agency of Education) collaborate and review current rules, policies and procedures to ensure compliance with the Part C federal regulations and the State of Vermont Special Education Rules and provide training and technical assistance to CIS Early Intervention Programs.

The State CIS Early Intervention program posts for the public the Vermont Part C Early Intervention State Performance Plan and Annual Performance Report (https://dcf.vermont.gov/cdd/reports/part_c). The State CIS Lead Agency with the Vermont Interagency Coordinating Council hosts an annual Data, Determinations, and Continuous Quality Improvement meeting with all CIS EI providers. The State CIS Lead Agency and Vermont Interagency Coordinating Council reviews all annual data collected between July and the following June, including child and family outcomes, as well as findings data. The purpose of the meeting is to build data literacy among the CIS EI providers, conduct root cause analysis, and to facilitate data-based decision making for the development of regional Quality Improvement Plans.

All Monitoring Reports, letters of findings of noncompliance, determination letters, Quality Improvement Plans, and Regional Interagency Agreements are kept on file by the State CIS Early Intervention program. The CIS State administrative team and key partners review the publicly reported data and contract monitoring reports to ensure compliance with IDEA. Quality Improvement Plans created by the CIS Early Intervention agencies, including activities and evaluation measures, are reviewed to ensure all activities are carried out as planned.

The State CIS Data team ensures all monthly data submitted by the CIS Early Intervention agencies is complete, valid and reliable. The CIS Data team monitors these data to ensure any non-compliance is corrected within one year of identification. All data are submitted manually by CIS Early Intervention agencies by the 8th of each month and manually entered by State CIS Early Intervention Staff into the State's database. The State CIS Early Intervention data management system and process enables Vermont to review and verify each data element required for the APR and 618 (including Child Count) at the time of entry. If errors such as missing data, discrepancies, or unexplained anomalies are noted, regions are promptly provided technical assistance to validate their data or correct their interpretation of federal regulations to ensure compliance in the delivery of Part C services.

Child and family outcomes are reviewed annually as part of the State's determination process. Quality Improvement Plans, with advice and assistance from the Vermont Interagency Coordinating Council, and with technical assistance provided by the State CIS Early Intervention staff are required for CIS Early Intervention programs who have identified instances of non-compliance.

Procedural Safeguards, Complaints and Dispute Resolution

Vermont Part C has an agreement with the Vermont Agency of Education (AOE) to use the Part B Special Education Dispute Resolution process. This process is posted on the web at: <https://education.vermont.gov/student-support/vermont-special-education/resources-for-families/dispute-resolution>. In addition, information on submitting a complaint and due process rights are available at: http://dcf.vermont.gov/child-development/cis/IDEA_part_C/parental_rights#Complaint. A database managed by a representative of the AOE is used to track signed, written complaints, including complaints with reports issued, complaints withdrawn or dismissed, complaints pending, and the timelines each action was completed. The AOE database also includes tracking data for due process hearings and mediations.

The CIS contracts include language requiring CIS Early Intervention host agencies to assure and document that families are regularly informed of their rights under IDEA, Part C dispute resolution and that staff refer a family to the State office immediately if a complaint is not resolved by the Early Intervention supervisor/director to the family's satisfaction. CIS Early Intervention host agency staff inform families of their rights to file a formal complaint and/or request mediation or a due process hearing during the intake process, and at least at the initial IFSP/One Plan meeting, during annual reviews and at transition. Written materials are given to families at these times and additionally upon request.

Finally, families are informed by CIS Early Intervention host agency staff about and have access to information about Procedural Safeguards online from Vermont Family Network (VFN), Vermont's Parent Training Information Center (<https://www.vermontfamilynetwork.org/what-we-do/family-support/special-education/>). The link under the "Conflict Resolution" section. In addition to written information, VFN has produced a video to support parents' understanding on how to file an administrative complaint: <https://www.youtube.com/watch?v=10Lzcfg3Uil&feature=youtu.be>.

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.

Technical Assistance is provided to the regional CIS Early Intervention program staff as follows:

1. The State CIS Early Intervention hosts monthly video conferences with the regional CIS Early Intervention host agencies. These meetings are used to

disseminate information, gather regional feedback or input, and provide technical assistance related to interpretation of federal regulations and/or State Rules to ensure the provision of timely, high-quality Part C services in accordance with IDEA.

2. The State CIS Data Manager provides monthly technical assistance video conferences with each regional CIS Early Intervention program. The meetings are used to support regional understanding of and compliance with required child count data reporting, address any data discrepancies, and support regional correction of findings of non-compliance.

3. The State CIS Early Intervention staff provides ongoing technical assistance on site or virtually to CIS Early Intervention host agencies experiencing staff or leadership changes, determinations of non-compliance, or in response to questions asked by regional CIS Early Intervention practitioners to support understanding of federal regulations, State Rules, or State policies. Technical assistance includes the use of materials, trainings and technical assistance from the Early Childhood Technical Assistance center (ECTA), the Center for IDEA Early Childhood Data Systems (DaSy), IDEA Data Center (IDC), and the National Center for Systemic Improvement (NCSI).

4. The State CIS Early Intervention staff provides technical assistance to regions based on results of Family Outcomes and Child Outcomes. This includes the following steps:

- i. Inclusion of the regional CIS Early Intervention practitioners in a review of the Outcomes results, so that all practitioners and service coordinators are aware of their region's performance on child and family outcomes and can participate in quality improvement plan development.
- ii. Analysis of the data and identification of contributing factors with the regional CIS Early Intervention staff, using ECTA Contributing Factors tool (https://ectacenter.org/sysframe/resources_results.asp?sfc=AC&sfqi=AC0&sfq=AC). The link is under "Local Contributing Factor Tool for the SPP/APR Compliance Indicators...." Tools are also available for outcome indicators on this same site) and the Relationship of Quality Practices to Child and Family Outcome Measurement (https://ectacenter.org/~pdfs/eco/QualityPracticesOutcomes_2012-04-17.pdf).
- iii. Facilitated discussions with regional CIS Early Intervention practitioners during monthly video conferences around techniques used by CIS Early Intervention practitioners across the state for improving child and family outcomes.

Additionally, to provide effective, evidence-based technical assistance, the State Early Intervention Staff receives ongoing technical assistance from:

1. the Office of Special Education Program's (OSEP) technical assistance and through participation on webinars, at the OSEP Leadership Institute and the DaSy Improving Data, Improving Outcomes conference to improve understanding of federal regulations and improve Vermont's compliance with federal timelines and performance on Child Outcomes.
2. the Early Childhood Technical Assistance Center and the Center for IDEA Early Childhood Data Systems (DaSy) to improve Child and Family Outcomes.
3. the IDEA Data Center to support the State in identifying and implementing strategies to improve compliance with transition timelines, and performing data analysis and representation of Child Outcomes.
4. the Early Childhood Personnel Center through technical assistance to improve recruitment, retention and qualifications of Early Intervention staff.
5. the Center for IDEA Fiscal Reporting to understand fiscal requirements under the federal Part C grant.

Professional Development System:

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

The State CIS contract includes the following language related to professional development: "All CIS professionals demonstrate competence and adhere to current best practices by participating in ongoing, annual professional development and regular supervision. CIS supervisors will maintain a record of staff professional development for State review upon request. Staff can also elect to document their professional development through the Bright Futures Information System (BFIS). All professional development activities referenced in this contract count toward demonstration of competence."

All Staff and subcontractors funded through CIS must access the CDD CIS Website (<https://cispartners.vermont.gov/>) and CIS Guidance Manual (<http://cispartners.vermont.gov/manual>) for guidance, forms, and current information. All staff new to CIS shall successfully complete (with an 80% or better quiz score) on-line CIS training modules within 30 days of hire. These training modules are available on: <http://cispartners.vermont.gov/trainings>. These include but are not limited to: 1. CIS Orientation (3 modules); 2. One Plan [IFSP] Orientation (5 modules); 3. Mandated Reporter Training; 4. Early Intervention Orientation (8 modules) – Required for Early Intervention providers only; recommended for all other CIS service providers. 5. Basic Specialized Care Training required for Child Care Coordinators; and other modules as they become available. Additionally, CIS contracts require that contractors "Demonstrate competence with and adhere to current best practices by participating in ongoing professional development and regular supervision."

In addition to professional development required by the service provider's specialty, license or certification, and training required to meet Federal and state requirements, all CIS staff shall attend/complete at least 10 additional clock hours of professional development activities annually from the following;

1. the annual CIS Conference (attendance may be limited by the State);
2. participation in CIS Community of Practice Calls, which will be identified in advance as professional development by the State and will require attendees to complete an electronic evaluation at the conclusion of each call as requested by the State;
3. attendance at regional trainings provided by the State, with an electronic evaluation completed at the conclusion of the training;
4. completion of relevant on-line CIS training modules as they become available;
5. participation in other training and/or professional development opportunities required by CIS State staff based on contract monitoring activities; and
6. Engagement in other State-sponsored trainings, both core and discipline-specific trainings including, but not limited to:
 - i. Parents as Teachers (PAT);
 - ii. Maternal Early Childhood Sustained Home-visiting (MECSH); and
 - iii. Trainings related to the Early Intervention Certificate and IDEA Part C rules and regulations

CIS Early Intervention host agencies are required to submit proof of the staff qualifications the State to assure that all Early Intervention staff meet the Vermont Part C requirement of holding a bachelor's degree in early childhood or a related field. CIS maintains a list of all CIS practitioners who have attained and maintain a Vermont CIS Early Intervention Certificate.

The State CIS Early Intervention program provides direct training to regional CIS Early Intervention staff and early childhood professionals as needed related to new initiatives such as the use of Ages and Stages Questionnaire (ASQ), and Ages and Stages Social Emotional (ASQ-SE) to implement the screening requirement for Part C. The State contracts with the Community College of Vermont to provide training in the State-approved, evidence-based five-domain assessment tools. The State CIS Early Intervention program provides joint training and Memos to the Field with our Part B/619 co-lead to address inclusion practices, Child Find, and Transitions requirements within the federal regulations and State rules. The State partners with the Vermont Department of Health to provide training for the evidence-based home visiting models used by CIS. Trainings are provided in person or via webinars.

The State supports the University of Vermont (UVM), Vermont's University Center for Excellence in Developmental Disabilities (UCEDD), to pursue grants that support students attaining special education degrees. The most recent award, which began in 2019, supports master's-level interprofessional education across speech language pathology and early intervention/early childhood special education. Students receiving tuition assistance through this grant have a service obligation following graduation to work in the early intervention field. It is hoped that this will support a much-needed gap in capacity

for both speech and early intervention. The State Part C Coordinator also presents at UVM to bachelor's and master's students on understanding the documentation requirements for Part C. The State provides a contract to the UVM Center for Disability and Community Inclusion (CDCI) to provide training and consultation to regional early intervention teams, including families, to support the development of medically complex infants and toddlers.

The Vermont early childhood system has the following additional resources for professional development: 1. The Child Development Division's Bright Futures Child Care Information System is being examined as an option for tracking CIS professional development in the future; 2. The Vermont Higher Education Collaborative and Castleton Summer Institute; 3. Early Multi-Tiered System of Supports, in collaboration with Part B/619; 4. VT LEND (Leadership Education in Neurodevelopmental and Related Disabilities) program, which provides long-term, graduate level interdisciplinary training and interdisciplinary services and care.

The State CIS program collaborates with the Child Development Division's Statewide Systems and Community Collaboration unit, Northern Lights Career Development Center, and the Agency of Education, with technical assistance from the Early Childhood Personnel Center (ECPC), to optimize Vermont's Comprehensive System of Personnel Development (CSPD). A significant activity of Vermont's CSPD is an annual recruitment and retention survey. This survey helps Vermont gain an understanding of the demographics, needs, and pressures of regional practitioners to support professional development and ongoing strategies for the recruitment and retention of the workforce.

The State hosts a CIS Institute annually. The topic(s) of the institute and follow-up supports to support integration of information into practice are selected with significant input from CIS practitioners. The State seeks to be responsive to the needs of practitioners while providing a high-quality learning opportunity that incorporates best practices in adult learning modalities.

CIS Early Intervention Credential Certification:

The State CIS Early Intervention program has an Early Intervention Certificate. As of June 30, 2016, all regional CIS Early Intervention staff who wish to conduct evaluations for determining eligibility for Part C, are required to hold a CIS Early Intervention Certificate or a Special Education Endorsement. The State CIS Early Intervention program, with input from regional CIS Early Intervention providers and other stakeholders developed a renewal process for this certification, which was implemented in 2020. The renewal requirements align with opportunities for professional growth and ongoing supervision. The renewal process approach was informed by evidence-based effective personnel recruitment and retention practices learned from technical assistance provided by the Early Childhood Personnel Center.

Broad Stakeholder Input:

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

The State Children's Integrated Services (CIS) Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report (APR) for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice, and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State's twelve Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other stakeholders who attend, to review their annual data, determinations, and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. These are the data that Vermont prepares for the Annual Performance Report due to the Office of Special Education Programs (OSEP) in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies complete and submit a Continuous Quality Improvement Plan using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of CIS. This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues. VICC workgroups meet monthly and focus on advising and assisting the State Systemic Improvement Plan Evidence-based Practices and Fostering Family Connections activities.

The State CIS Early Intervention program has a Family Engagement Coordinator position focused on recruitment and retention of members (especially parents) of the VICC. As a result of this work, the VICC now has met its target of having 20% of the Council comprised of families. The Family Engagement Coordinator and VICC also focus on engagement with parents at a regional level. The VICC has produced an updated outreach rack card, VICC Orientation Manual, and publicly reports VICC information on a VICC website (<http://cispartners.vermont.gov/icc>). Further, with additional financial resources through the American Rescue Plan Act funding, the VICC will be implementing targeted activities, which align with Vermont's State Systemic Improvement Plan Fostering Family Connections activities, which will be discussed in more detail in the Indicator 11 Section of this report.

In addition to leading the VICC and CIS family engagement efforts, Vermont's CIS Family Engagement Coordinator works with Vermont's Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented. In coordination with BBF, the Family Engagement Coordinator has begun identifying and meeting with cultural brokers to understand how to better serve the needs of families from historically marginalized or underserved populations.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the State Systemic Improvement Plan process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation

of identified strategies and ongoing evaluation of progress. For example, as the State examined investments of the American Rescue Plan funds awarded to Early Intervention, the State hosted meetings with the VICC for their input, and then held three virtual focus group sessions open to all Early Intervention Program staff to gather input into their needs resulting from the pandemic.

The Vermont Family Network, Vermont's Parent Training and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont's Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Deaf, Hard of Hearing, DeafBlind Council; Autism Workgroup; Early Childhood Multi-Tiered System of Supports; Universal Screening; Building Bright Futures Council and workgroups; Vermont Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

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

YES

Number of Parent Members:

5

Parent Members Engagement:

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

In preparation for our 2020 Family Survey Spring Active period (March- July 2021), changes were made to the CIS Early Intervention Family Survey. These changes were made in partnership with the Vermont Interagency Coordinating Council Family Engagement Workgroup, a subset of the full Council, including family, provider, and community agency representatives. Changes included the addition of a question asking families if they would like to learn more about how they could get involved with improving Children's Integrated Services programs and service delivery. Other changes also included modifications to the comment boxes of the survey, asking questions about families' experience with CIS generally, as well as their experience during the COVID-19 pandemic specifically. Since these survey modifications were made, the CIS state team has received an increase in family comments and the Family Engagement Coordinator has been able to conduct direct outreach to families interested in learning more about how they can get involved. These changes have provided not only a vital mechanism to connect directly with families but also the chance for the CIS State Administrative Team to better build out a continuum of opportunities for families to be partners in systems improvement processes.

Over the 2021 survey period:

Four hundred seventy (470) survey comments were shared by families highlighting areas of opportunity to focus improvement efforts such as: family engagement, families knowing their rights, timeliness of service delivery, provider coaching, and tele-health visits. A selected subset of comments, representing the overall themes across the comments, were shared with the full Council during the September 2021 Council meeting as priority areas were set for the 2021-2022 council year.

Seventy (70) families indicated an interest in learning more about ways to get involved with providing input into the CIS and CIS Early Intervention system

Eighteen (18) families responded to direct follow up from the Family Engagement Coordinator and learned more about the ways CIS and CIS early intervention partners with families in systems improvement work.

Nine (9) families shared more about their personal experience receiving CIS Early Intervention services with the Family Engagement Coordinator, further detailing the successes and challenges in their connection to CIS Early Intervention that felt most impactful. These in-depth conversations have allowed the State team to track trends and document family feedback for use in future improvement initiatives.

Five (5) parents participated in focus group sessions. Information gathered was synthesized and shared with the VICC to aid in their advising and assisting.

Two (2) families became active partners in updating the CIS-EI Systems of Payments resource to support families in understanding how a child's services are paid for. Family feedback from two (2) additional families who shared their experience was also used.

Five (5) families became active family representative members on the Vermont Interagency Coordinating Council over the 2021 calendar year.

Families connected in these ways have made vital contributions to the state's program improvement. Their insights and partnership have been critical to supporting the Vermont Interagency Coordinating Council in their advising and assisting work. Parent/family representatives meet regularly with the Family Engagement Coordinator to review council meeting materials ahead of time to ensure they have an opportunity to ask questions and feel fully prepared to be active council members in monthly meetings. Family council representatives were facilitation partners in the December Data, Determinations and Continuous Quality Improvement meeting, and have advised on the use of Vermont's Part C American Rescue Plan Act funding.

While Vermont CIS has made progress in outreaching to and building strong partnerships with families and providers within historically marginalized populations, there is still a lot of work to do. The Family Engagement Coordinator has worked with the Vermont Interagency Coordinating Council to explore additional appointments to the council, including representatives from the Vermont Migrant Education Program, and Vermont New American Advisory Council. With partner input and the use of national technical assistance resources from the Early Childhood Technical Assistance Center, the Council plans to explore its diversity and recruitment processes over the 2021-2022 council year.

Activities to Improve Outcomes for Children with Disabilities:

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

The State Part C Administrator hosts monthly meetings with the regional early intervention programs to discuss issues affecting the field or service delivery (such as staffing challenges), provide guidance around emerging (such as COVID) or ongoing (such as adherence to policies) issues, share program performance data, and review progress on regional Continuous Quality Improvement Plans. Regional early intervention program providers also participate on the Vermont Interagency Coordinating Council and various workgroups to provide input and feedback on current issues facing the field or planned improvement activities related to professional development and service delivery to enrolled children and their families.

The Vermont Interagency Coordinating Council meets virtually each month either for workgroup activities or full Council business associated with the State's Systemic Improvement Plan, reviewing family engagement materials (such as the family survey), and identifying improvement strategies (such as planning future professional development opportunities). The Vermont Interagency Coordinating Council's advice and input is sought around continuous improvement activities, such as how to improve response rates to the family survey, especially among historically marginalized or underrepresented populations, or address staff shortages across the state.

The Family Engagement Workgroup of the Vermont Interagency Coordinating Council is focusing on equity and inclusion activities to improve the participation of historically marginalized or underrepresented populations on the Council or in other forms of family input and leadership at the regional and statewide level.

The Family Engagement Coordinator reaches out, as needed, to engage families who are not members of the Council, but who have expressed and interest and desire to provide input into improvement activities. Families give input into outreach and informational materials being developed for families to ensure that the language is understandable and engaging for families.

Soliciting Public Input:

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

The Vermont Interagency Coordinating Council, with participation from many early intervention providers, met throughout the summer of 2020 to set targets for the next five years. This process was focused on reviewing data trends, discussing values of families and providers, and identifying achievable but aggressive targets to ensure that Vermont provides high quality services that best support children and their families throughout the coming years.

The State CIS Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The Vermont Interagency Coordinating Council co-hosts, with the State CIS Early Intervention team, the annual Data, Determinations, and Continuous Quality Improvement Meeting held at the end of each calendar year. This meeting includes representation from each of the State's twelve Regional CIS Early Intervention host agencies. Throughout the meeting, Council-members support the CIS Early Intervention agency staff, CIS Coordinators, and other stakeholders who attend, to review their annual data, determinations and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. These are the data that Vermont prepares for the Annual Performance Report due to OSEP in February. These data also inform the regional early intervention program determinations. The Council and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the Council, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies work on Quality Improvement Plan development using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The Vermont Interagency Coordinating Council members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, improvement strategies, and interim evaluation measures to track progress.

In addition to this work, the State Part C Administrator hosts monthly meetings with the regional early intervention programs to discuss issues affecting the field or service delivery (such as staffing challenges), provide guidance around emerging issues (such as COVID) or ongoing issues (such as adherence to policies, State rules, and federal regulations), share and discuss program performance data, and review progress on regional Continuous Quality Improvement Plans.

Making Results Available to the Public:

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

The State CIS Early Intervention publicly publishes data for all indicators, including annual targets and program performance trends annually on the State's website at: https://dcf.vermont.gov/cdd/reports/part_c#Public_Reporting. This Public Reporting contains data from each regional CIS Early Intervention (EI) Program related to compliance and results indicators contained in the State Performance Plan. By clicking the "VT Part C report data" link, the public reporting page opens in a separate tab/window. This new tab/window provides a link to the "Compiled Data for all indicators, by region, from 2014 to present." These data tables list the annual targets at the top of each table for each indicator. Data prior to 2014 is broken out by indicator on the "Public Reporting" link as well. These data can be accessed by clicking each indicator to view that indicator's historical data.

Reporting to the Public:

How and where the State reported to the public on the FFY 2019 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.

The State CIS Early Intervention develops all reports and publishes them online as follows:

1. January: Review the Draft Annual Performance Report with the Vermont Interagency Coordinating Council and finalize with their input for submission to the Office of Special Education Programs in February.
2. February: complete copies of Vermont Part C's State Performance Plan and Annual Performance Report to the Agency of Human Services/Child Development Division's website: https://dcf.vermont.gov/cdd/reports/part_c#APR. This website link is forwarded to the Vermont Agency of Education and Vermont Family Network for posting on their respective websites and newsletters.
3. March/April: The State publishes data for all indicators, including annual targets and program performance trends annually on the State's website at: https://dcf.vermont.gov/cdd/reports/part_c#Public_Reporting. This Public Reporting contains data from each regional CIS Early Intervention Program related to compliance and results indicators contained in the State Performance Plan. By clicking the "VT Part C report data" link, the public reporting page opens in a separate tab/window. This new tab/window provides a link to the "Compiled Data for all indicators, by region, from 2014 to present." These data tables list the annual targets at the top of each table for each indicator. Data prior to 2014 is broken out by indicator on the "Public Reporting"

link as well. These data can be accessed by clicking each indicator to view that indicator's historical data.

4. August/September: The State provides all regional Early Intervention Programs with statewide and regional data results from the annual family survey conducted between March and June of the current year.

5. December: The Vermont Interagency Coordinating Council, State Lead Agency, and representatives from each of the state's twelve (12) regional Early Intervention Programs meet together. The purpose of this meeting is to discuss progress on the State Performance Plan including statewide and regional Early Intervention Program data collected between July 1st the previous year through June 30th of the current year. These are the data that Vermont prepares for the Annual Performance Report due to OSEP in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the Vermont Interagency Coordinating Council, work together to develop continuous quality improvement plans.

6. April and November: Publicly report Vermont Part C 618/Child Count data on Agency of Human Services/Child Development Division's website: https://dcf.vermont.gov/cdd/reports/part_c#Child_Count, https://dcf.vermont.gov/cdd/reports/part_c#618_Reports, and https://dcf.vermont.gov/cdd/reports/part_c#Complaints.

Intro - Prior FFY Required Actions

OSEP notes that the State submitted verification that the attachment(s) complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the Indicator 11 attachments included in the State's FFY 2019 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

Response to actions required in FFY 2019 SPP/APR

Intro - OSEP Response

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

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	86.40%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	93.00%	88.08%	89.51%	96.66%	96.60%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,042	1,262	96.60%	100%	91.92%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

In an analysis of the state's slippage, we note that sixty-one percent (61%) of the slippage occurred in one region of the state. This slippage is disproportionate to the percentage of the population served by this region, which, though the largest region in the state, is responsible for just under 20% of the early intervention population. In September of 2020, the contract for the early intervention services was awarded to a new agency. During the transition between these two agencies, many services were delayed as staff at the prior agency left before September, finding other employment. Meanwhile, the new agency sought to hire sufficient staff to cover the caseload. As this transition occurred during the pandemic, hiring, onboarding, and retaining new staff proved challenging. The State worked closely with the new agency to onboard staff and ensure the agency understood the early intervention federal regulations and State rules.

The remaining slippage was shared across the other eleven regions of the state. In December 2021, the State and Vermont Interagency Coordinating Council met with all of the Early Intervention Program staff to review the data and discuss root causes behind the slippage. Regions shared the following challenges they faced this year:

* Slightly more staff left their positions over this reporting period than in previous years. This turnover is tied largely to the pandemic. Some providers struggled with satisfaction in their work as they provided services mostly via telehealth. Others left the work due to concerns over their health as services would ultimately return to being required to be provided in person in families' homes. Finally, providers continue to cite rates of pay as being a reason why they may or do choose to leave providing early intervention services. When staff turnover, this causes the retained providers to have increases to their caseloads, creating difficulties for them to schedule all activities timely, resulting in delays. In addition, onboarding new staff creates additional delays as they seek to understand and implement services in accordance with federal timelines. Throughout this reporting year onboarding was done almost entirely by virtual means. This created difficulty in new staff being able to ask questions timely of seasoned staff, to be mentored effectively by seasoned staff, or to be supervised effectively to ensure they understood all federal regulations and State rules.

In the 2020 Recruitment and Retention Survey, over 50% of respondents cited low wages and high stress as primary reasons why they would leave their positions. Seventy percent (70%) of respondents stated that increasing wages would help improve their job satisfaction, while sixteen percent (16%) and twenty-two percent (22%) cited reducing stress and caseloads respectively would improve job satisfaction. Interestingly, eighty-five percent (85%) of respondents indicated that they felt they received adequate support from their employer to do their jobs and fifty-seven percent (57%) felt satisfied with their job. Sixty-eight percent (68%) of CIS staff earn between thirty-five and fifty-five thousand dollars per year, but only nineteen percent (19%) indicated that they are able to live on their salary. We know anecdotally that many early intervention providers must hold a second job, adding to their stress levels.

To address turnover, regions recommended to the State that additional on-line modules would be helpful to support efficiencies in onboarding of new staff. The State is looking into solutions related to this recommendation. In the meantime, throughout FFY 2020, the State provided onboarding meetings to the agency that took over the contract from the largest region of the State, to support them with ensuring new staff understood the federal regulations and State rules for delivering early intervention services timely.

* Regions cited that technology challenges, which persist in Vermont, continue to hamper efforts to communicate case details across providers and data back to the State Lead Agency. The State does not provide early intervention providers with a web-based data reporting solution. However, as part of our ongoing improvement activities, the State has provided regions with a uniform spreadsheet tool, which includes calculations to help them ascertain their degree of compliance for each client. This spreadsheet has helped to some degree, according to providers. However, as it is not a case management solution, it doesn't assist with gathering data in real time, nor does it assist with data reporting or case management across teams, including private therapy providers.

* The pandemic was cited as being the most significant reason behind this slippage as, not only has it contributed to slightly elevated rates of staff turnover, but it has also contributed to delays due to provider illnesses. These may be provider's themselves contracting COVID, or due to family members becoming ill. It was noted that many of our providers have school-age children of their own and, since public schools were closed throughout this reporting period, and children were participating in school via video, child illness added an additional burden on providers as they were unable to conduct their telehealth visits while tending to their own child(ren). Regions received ongoing technical assistance and guidance throughout the year from the State to ensure they understood the requirements to deliver all planned services within thirty (30) days of a family's signed consent.

In response to this data analysis, conducted in coordination with the Vermont Interagency Coordinating Council, five (5) regions developed improvement strategies focused on improving their process for data collection and reporting, two (2) indicated strategies focused on improving their administrative systems to help providers anticipate and meet required timelines. Three (3) regions identified strategies for recruiting therapy providers to provider services to children enrolled in Early Intervention. Three (3) regions will be pursuing strategies in FFY 2021 to reduce provider stress. The State uses the CIS Early Intervention Monthly Calls throughout the federal fiscal year to support regions to continuously examine progress on implementing and measuring success of their identified improvement strategies. The State believes these strategies, along with continuing to provide technical assistance and monitoring in the state's largest region with the new provider agency, will support the state in improving compliance with this indicator.

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.

118

Provide reasons for delay, if applicable.

One hundred eighteen (118) delays were attributable to exceptional family circumstances. These circumstances included families canceling or not attending scheduled services, or requesting delays in scheduling (or needing to reschedule) services due to illness or other family health issues, family

vacations, or other conflicts.

One-hundred two (102) delays attributable to providers and one hundred (100) of these services was ultimately delivered to the child enrolled in the program. The reasons for delay were as follows:

Forty-four (44) did not provide a reason for the delay. In these instances, the State's policy is to determine these delays as being non-compliant due to the provider. Twenty-six (26) of these instances occurred in the region where one agency was ending their provision of early intervention services and another agency was taking over those services in September 2020. Therefore, the State believes that this degree of non-compliance will be mitigated with the new provider agency. The State has been working with the new agency to ensure they understand the timelines and reporting requirements for the early intervention program..

Forty-five (45) delays were due to providers not being available timely to deliver services due to high caseloads because of staff vacancies. Thirty-four (34) of these were directly attributable to the change in agencies that occurred in the state's largest region in September of 2020. As such, the State believes these delays were anomalous and likely to not recur as agency changes are unusual in our small state and the new agency reaches full staffing.

Five (5) delays were due to provider illness or vacations delaying scheduling.

Six (6) delays were due to systems issues. Each of these systems issues have since been resolved by the State providing guidance and technical assistance to the region and therapy providers to ensure they understand the requirements for providing services timely.

The remaining two (2) delays were instances where private providers failed to give the service coordinators start dates of service. These children have subsequently exited the program and are therefore no longer under the program's jurisdiction.

Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

Timely receipt of services is calculated from the date a parent/guardian signs their consent for services to begin and the actual first date each service from the One Plan (IFSP) is provided.

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

State database

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

July 1, 2020 through June 30, 2021.

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

In calculating this indicator, the State conducts a desk audit of all services for every enrolled child for which a parent/caregiver has provided their consent for services on a One Plan (IFSP) between July 1, 2020 and June 30, 2021. The State reports a client case as 'compliant' for this indicator if all services on the child's One Plan (IFSP) have been delivered within 30 days of the date the parent/caregiver provided consent for those services to be initiated. For services planned to begin later than 30 days, the State also conducts a desk audit to determine that those services were delivered as planned and consented to by the family. The timeliness of these services is also a factor in determining compliance within this indicator.

In cases where a service was not delivered timely, the State gathers data on the reason for delay from the service coordinator of each case. If the reason is attributable to the family (ex. family illness or other family cancellation), these are designated as exceptional family circumstances, and therefore compliant, as long as the service was ultimately delivered. If the reason is attributable to the provider (ex. provider scheduling or availability) or no explanation is given to the State by the service coordinator, these are designated as non-compliant for this indicator.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
52	52	0	0

FFY 2019 Findings of Noncompliance Verified as Corrected

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

1. Each instance of non-compliance must be corrected within 90 days of the date of the State's letter providing the formal written notification in November. Verification of correction must be submitted in writing, using appropriate State documentation tools, via secure data transmission to the State by February 8th. These findings of non-compliance will be used to support the State's determinations along with the APR data compiled for the period of July 1-June 30 of the preceding Federal Fiscal Year.

2. For each region where findings have been identified, those regions must submit an updated Quality Improvement Plan (QIP) by January 15th. The QIP is a document developed to respond to the root causes that have contributed to the region's non-compliance (as identified in the preceding APR period and the State's formal Findings period). The regional QIP update must contain:

- 1) a description of the root cause analysis of the noncompliance;
- 2) progress made on the implementation of previously planned strategies, any adjustments to any strategies, or new strategies introduced to address root causes to improve compliance with the indicators in which any findings were made in the areas of the Contributing Factors Tool:
 - a. Policy and Procedures
 - b. Infrastructure
 - c. Data
 - d. Training and Technical Assistance
 - e. Supervision
 - f. Provider Practices

3) Implementation timelines, interim evaluation measures, and data from previous measures.

4) Verification of Correction of Noncompliance and Demonstration of Ongoing Compliance.

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

Prong 1: Following the identification of Findings and notifications to regions (November) requiring their correction, the State performed a desk audit of the State's data system for all regional Early Intervention Programs where there were identified Findings of non-compliance. During this desk audit the State verified that the regional CIS Early Intervention Programs corrected each instance of identified noncompliance for each infant/toddler. These corrections were verified by the State confirming that each service that was not provided timely was ultimately provided (i.e. a start date for the service was submitted by the region and entered into the State's database), was removed from the child's service grid because the parent acknowledged they actually did not want to the service, even though they had initially consented (this happens only rarely and requires the region to clearly document the parent's choice of this change in the child's record, as well as obtaining the parent's signed consent on an updated One Plan), or that the child had exited the program prior to the service being able to be provided (by the region submitting all required exit data and documentation for entry into the State's database) meaning the child is no longer in the jurisdiction of the program.

The State verified, from a desk audit of the State's database, that the 52 instances of noncompliance were corrected within one year of the findings. In each instance where the service was ultimately delivered, the regional providers submitted actual start dates of service to the State for every individual service that was identified as being late. These dates were used to confirm that these thirty-six (36) instances of delayed starts of service were ultimately provided to the children for which they were planned within one year of the formal findings documented by the State. Three (3) findings were ultimately considered corrected as the children exited the program prior to the service being delivered as confirmed by the State receiving all exit documentation and data. Thirteen (13) findings were corrected as they were verified as not being accurate findings due to the regional providers submitting clarifying data as evidence to the State that the documented delays were due to families choosing to have services begin later than thirty days after their signed consent, declining providers or services they had originally consented to on their child's One Plan, or the family canceling multiple scheduled services.

Prong 2: The State reviewed data from January 1 – January 31. The purpose of this data review was to ensure that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements for indicators where there had been demonstrated non-compliance. The State is able to determine that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements when the data show 100% compliance for each indicator where there was previously identified noncompliance.

In any case where a regional CIS Early Intervention Program is unable to demonstrate 100% compliance, the State performs data reviews on the first month of each quarter until both prongs are satisfied as evidenced by: 100% correction of every finding of noncompliance or the child is no longer enrolled in the program, as well as demonstration 100% compliance during an updated period.

Through a desk audit of the State's full database for January 2020, the State verified that eight (8) regional Early Intervention Programs demonstrated 100% compliance with delivering services timely. In four (4) regional programs, the State identified twenty-one (21) instances where the regions had not provided data on the actual start dates of service for this indicator. As a result, the State provided technical assistance and support to the regions to ensure they understood the requirements under IDEA Part C to provide services timely. The State verified that these regions had included strategies within their regional Continuous Quality Improvement Plans that demonstrated their understanding of regulations and supported improvement in their compliance. The State requested the regions provide the data on the actual start dates of service for each of these twenty-one (21) instances. The regions provided the requested information and the State used these dates to confirm the following regarding these twenty-one (21) instances; Eleven (11) instances were compliant as the actual start date was provided within the federal guidelines for timely delivery of service. Eight (8) instances were delivered more than thirty days after signed consent. However, these are compliant as each was delayed due to family circumstances (eg. family illness). Six (6) services were ultimately provided and in two (2) instances the families determined they no longer wished to receive the service. The State identified only two (2) instances of non-compliance with federal timelines. In these instances, one (1) service was delayed due to a provider being ill with COVID. The State verified that service was delivered one hundred thirty-one (131) days after parental signed consent. The remaining instance was delayed due to provider scheduling challenges. The State verified that the delay was tied to staff turnover and the service was ultimately delivered one hundred eleven (111) after signed parental consent. The State provided intensive technical assistance to the region where this delay occurred. Ultimately, in FFY 2020, there was a change in contracted providers in this region due to on going issues of non-compliance as described throughout this report. The State continued to monitor these region's data monthly to identify areas in need of technical assistance when 100% compliance with this indicator is not demonstrated.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

1 - OSEP Response

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2019 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 it verified that each EIS program or provider with noncompliance identified in FFY 2019 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.

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the 52 uncorrected findings of noncompliance identified in FFY 2019 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	98.00%

FFY	2015	2016	2017	2018	2019
Target>=	96.80%	97.00%	97.20%	97.30%	97.30%
Data	96.54%	97.18%	97.88%	96.14%	96.49%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	97.30%	97.30%	97.30%	97.30%	97.30%	97.30%

Targets: Description of Stakeholder Input

The State Children's Integrated Services (CIS) Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report (APR) for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice, and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State's twelve Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other stakeholders who attend, to review their annual data, determinations, and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. These are the data that Vermont prepares for the Annual Performance Report due to the Office of Special Education Programs (OSEP) in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies complete and submit a Continuous Quality Improvement Plan using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of CIS. This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues. VICC workgroups meet monthly and focus on advising and assisting the State Systemic Improvement Plan Evidence-based Practices and Fostering Family Connections activities.

The State CIS Early Intervention program has a Family Engagement Coordinator position focused on recruitment and retention of members (especially

parents) of the VICC. As a result of this work, the VICC now has met its target of having 20% of the Council comprised of families. The Family Engagement Coordinator and VICC also focus on engagement with parents at a regional level. The VICC has produced an updated outreach rack card, VICC Orientation Manual, and publicly reports VICC information on a VICC website (<http://cispartners.vermont.gov/icc>). Further, with additional financial resources through the American Rescue Plan Act funding, the VICC will be implementing targeted activities, which align with Vermont's State Systemic Improvement Plan Fostering Family Connections activities, which will be discussed in more detail in the Indicator 11 Section of this report.

In addition to leading the VICC and CIS family engagement efforts, Vermont's CIS Family Engagement Coordinator works with Vermont's Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented. In coordination with BBF, the Family Engagement Coordinator has begun identifying and meeting with cultural brokers to understand how to better serve the needs of families from historically marginalized or underserved populations.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the State Systemic Improvement Plan process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress. For example, as the State examined investments of the American Rescue Plan funds awarded to Early Intervention, the State hosted meetings with the VICC for their input, and then held three virtual focus group sessions open to all Early Intervention Program staff to gather input into their needs resulting from the pandemic.

The Vermont Family Network, Vermont's Parent Training and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont's Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Deaf, Hard of Hearing, DeafBlind Council; Autism Workgroup; Early Childhood Multi-Tiered System of Supports; Universal Screening; Building Bright Futures Council and workgroups; Vermont Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	873
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Total number of infants and toddlers with IFSPs	899

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
873	899	96.49%	97.30%	97.11%	Did not meet target	No Slippage

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

The State Children's Integrated Services (CIS) Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report (APR) for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice, and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State's twelve Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other stakeholders who attend, to review their annual data, determinations, and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. These are the data that Vermont prepares for the Annual Performance Report due to the Office of Special Education Programs (OSEP) in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies complete and submit a Continuous Quality Improvement Plan using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of CIS. This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues. VICC workgroups meet monthly and focus on advising and assisting the State Systemic Improvement Plan Evidence-based Practices and Fostering Family Connections activities.

The State CIS Early Intervention program has a Family Engagement Coordinator position focused on recruitment and retention of members (especially parents) of the VICC. As a result of this work, the VICC now has met its target of having 20% of the Council comprised of families. The Family Engagement Coordinator and VICC also focus on engagement with parents at a regional level. The VICC has produced an updated outreach rack card, VICC Orientation Manual, and publicly reports VICC information on a VICC website (<http://cispartners.vermont.gov/icc>). Further, with additional financial resources through the American Rescue Plan Act funding, the VICC will be implementing targeted activities, which align with Vermont's State Systemic Improvement Plan Fostering Family Connections activities, which will be discussed in more detail in the Indicator 11 Section of this report.

In addition to leading the VICC and CIS family engagement efforts, Vermont's CIS Family Engagement Coordinator works with Vermont's Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented. In coordination with BBF, the Family Engagement Coordinator has begun identifying and meeting with cultural brokers to understand how to better serve the needs of families from historically marginalized or underserved populations.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the State Systemic Improvement Plan process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress. For example, as the State examined investments of the American Rescue Plan funds awarded to Early Intervention, the State hosted meetings with the VICC for their input, and then held three virtual focus group sessions open to all Early Intervention Program staff to gather input into their needs resulting from the pandemic.

The Vermont Family Network, Vermont's Parent Training and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont's Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Deaf, Hard of Hearing, DeafBlind Council; Autism Workgroup; Early Childhood Multi-Tiered System of Supports; Universal Screening; Building Bright Futures Council and workgroups; Vermont Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

Historical Data

Outcome	Baseline	FFY	2015	2016	2017	2018	2019
A1	2009	Target>=	61.60%	61.60%	61.60%	61.60%	61.60%
A1	60.80%	Data	65.13%	60.06%	63.66%	64.36%	67.28%
A2	2009	Target>=	60.00%	60.00%	60.00%	60.00%	60.00%

A2	59.40%	Data	60.90%	57.43%	64.92%	64.54%	59.84%
B1	2009	Target>=	69.10%	69.30%	69.50%	69.70%	69.70%
B1	67.90%	Data	66.07%	65.45%	71.95%	70.63%	73.38%
B2	2009	Target>=	54.20%	54.20%	54.20%	54.20%	54.20%
B2	53.40%	Data	49.21%	46.42%	53.90%	50.99%	44.25%
C1	2009	Target>=	73.50%	73.50%	73.50%	73.50%	73.50%
C1	72.90%	Data	72.98%	69.15%	71.95%	73.88%	73.16%
C2	2009	Target>=	61.40%	61.40%	61.40%	61.40%	61.40%
C2	60.60%	Data	64.01%	66.61%	67.80%	67.88%	61.10%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A1>=	62.00%	62.50%	63.00%	63.50%	63.50%	63.50%
Target A2>=	61.00%	61.50%	62.00%	62.50%	62.50%	62.50%
Target B1>=	69.70%	70.00%	70.00%	70.00%	70.00%	70.00%
Target B2>=	54.50%	54.50%	54.50%	54.50%	54.50%	54.50%
Target C1>=	73.50%	74.00%	74.50%	75.00%	75.00%	75.00%
Target C2>=	67.00%	67.00%	67.50%	68.00%	68.00%	68.00%

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

619

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	100	16.16%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	116	18.74%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	200	32.31%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	203	32.79%

Outcome A	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	316	416	67.28%	62.00%	75.96%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	403	619	59.84%	61.00%	65.11%	Met target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	103	16.64%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	184	29.73%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	243	39.26%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	89	14.38%

Outcome B	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	427	530	73.38%	69.70%	80.57%	Met target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	332	619	44.25%	54.50%	53.63%	Did not meet target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	77	12.44%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	114	18.42%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	243	39.26%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	185	29.89%

Outcome C	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	357	434	73.16%	73.50%	82.26%	Met target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	428	619	61.10%	67.00%	69.14%	Met target	No Slippage

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	981

Question	Number
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.	278

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

Regional CIS Early Intervention contracted providers were required to submit child outcomes summary ratings using the decision tree based on the decision tree developed by the Early Childhood Outcomes Center. This rating form and decision tree are available on Vermont's website at: https://cispartners.vermont.gov/sites/cis/files/Forms/COS_Rating_Form_Decision_Tree.doc

These data are reported by regional Early Intervention programs for every infant and toddler who is active in the early intervention program, regardless of the length of time they are served. The State reports data in the Annual Performance Report on those infants and toddlers who have received at least six (6) months of services within Vermont's CIS Early Intervention Program. The data on infants and toddlers in this cohort are taken from a desk audit of the State's CIS database. These data are then compiled within the Early Childhood Outcomes Child Outcomes Rating Calculator tool developed by the Early Childhood Technical Assistance Center. The results of this compilation are used to develop this report, as well as to inform the root cause analysis performed with stakeholders.

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

None

3 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2015	2016	2017	2018	2019
A	2011	Target>=	78.40%	78.40%	78.50%	78.50%	78.50%
A	78.10 %	Data	85.27%	81.68%	87.19%	92.74%	88.70%
B	2011	Target>=	86.10%	86.10%	86.10%	86.10%	86.10%
B	85.90 %	Data	88.96%	87.99%	92.48%	94.61%	92.81%
C	2011	Target>=	81.20%	81.20%	81.20%	81.20%	81.20%
C	80.80 %	Data	84.21%	84.98%	87.47%	91.33%	87.67%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A>=	87.00%	89.00%	81.00%	93.00%	93.00%	93.00%
Target B>=	92.00%	93.50%	95.00%	96.50%	96.50%	96.50%
Target C>=	90.00%	90.50%	91.00%	91.50%	91.50%	91.50%

Targets: Description of Stakeholder Input

The State Children's Integrated Services (CIS) Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report (APR) for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice, and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State's twelve Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other stakeholders who attend, to review their annual data, determinations, and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. These are the data that Vermont prepares for the Annual Performance Report due to the Office of Special Education Programs (OSEP) in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies complete and submit a Continuous Quality Improvement Plan using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of CIS. This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues. VICC workgroups meet monthly and focus on advising and assisting the State Systemic Improvement Plan Evidence-based Practices and Fostering Family Connections activities.

The State CIS Early Intervention program has a Family Engagement Coordinator position focused on recruitment and retention of members (especially parents) of the VICC. As a result of this work, the VICC now has met its target of having 20% of the Council comprised of families. The Family Engagement Coordinator and VICC also focus on engagement with parents at a regional level. The VICC has produced an updated outreach rack card, VICC Orientation Manual, and publicly reports VICC information on a VICC website (<http://cisparkers.vermont.gov/icc>). Further, with additional financial resources through the American Rescue Plan Act funding, the VICC will be implementing targeted activities, which align with Vermont's State Systemic Improvement Plan Fostering Family Connections activities, which will be discussed in more detail in the Indicator 11 Section of this report.

In addition to leading the VICC and CIS family engagement efforts, Vermont's CIS Family Engagement Coordinator works with Vermont's Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented. In coordination with BBF, the Family Engagement Coordinator has begun identifying and meeting with cultural brokers to understand how to better serve the needs of families from historically marginalized or underserved populations.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the State Systemic Improvement Plan process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress. For example, as the State examined investments of the American Rescue Plan funds awarded to Early Intervention, the State hosted meetings with the VICC for their input, and then held three virtual focus group sessions open to all Early Intervention Program staff to gather input into their needs resulting from the pandemic.

The Vermont Family Network, Vermont's Parent Training and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont's Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Deaf, Hard of Hearing, DeafBlind Council; Autism Workgroup; Early Childhood Multi-Tiered System of Supports; Universal Screening; Building Bright Futures Council and workgroups; Vermont Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

FFY 2020 SPP/APR Data

The number of families to whom surveys were distributed	606
---	-----

Number of respondent families participating in Part C	371
Survey Response Rate	61.22%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	305
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	365
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	323
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	364
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	301
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	364

Measure	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	88.70%	87.00%	83.56%	Did not meet target	Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	92.81%	92.00%	88.74%	Did not meet target	Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	87.67%	90.00%	82.69%	Did not meet target	Slippage

Provide reasons for part A slippage, if applicable

Throughout the summer of 2020, the Vermont Interagency Coordinating Council met and determined new targets for the Early Intervention Program. These new targets were set aggressively, based on a review of data for the past five (5) years. Council members, including families and early intervention providers, felt it was important to set targets that reflected what we wanted to achieve as a program providing the best possible services to Vermont's families, infants, and toddlers with disabilities, not just what we thought we could achieve. While a balance was struck, the predominant guiding principle was identifying targets that at least half of the regions had been performing to over the past several years. As a result, Vermont's family outcomes targets for determining how well the program helped families to know their rights increased eight and a half (8.5) percentage points over last year.

It is important to note that all but two (2) regions would have exceeded targets if the FFY 2019 target was maintained. However, with the new FFY 2020 targets, set with the goal of improving performance across all regions to the levels of those achieved by at least half of the regions, Vermont saw that those same six (6) high-performing regions continued to improve and exceed the target, with the remaining six (6) regions did not meet the target.

In December 2021, the State and Vermont Interagency Coordinating Council met with all of the Early Intervention Program staff to review the data and discuss root causes behind the slippage. Regions discussed the following:

Throughout this reporting year, services were primarily provided via telehealth. Meetings were almost exclusively provided via telehealth. This means that family rights were mailed to families, or links to the parental rights were emailed to families, prior to meetings. Then these rights were discussed with families during the video conference. (Note: the State's link to the parental rights is: https://dcf.vermont.gov/child-development/cis/IDEA_part_C/parental_rights).

Regional providers cited that families may have been less likely to indicate they didn't understand their parental rights when they were discussed during the video conference. Without being able to read the families' body language, providers indicated they had less information to recognize if a family did truly understand or were feeling reluctant to share when they did not. Regions indicated they understood the importance of ensuring the families understand their rights and the State's procedural safeguards, as well as the process for filing an administrative complaint if needed.

One region noted, "Meetings held virtually seemed to lack the depth of face-to-face meetings." Another region noted, "Survey responses were up, but we question if parents were fully understanding the questions and how EI might support them. Are we having enough conversations about the survey?" As a result of these sentiments, regions discussed how they could incorporate that language used in the family survey into their conversations with families. Regions speculated that this could help families make the connection between the work providers were doing with them and the goals of the Early Intervention Program in helping them across the three family outcomes, including helping them know their rights.

As a result of these root cause analysis's six (6) of our twelve (12) regions developed improvement strategies specifically related to helping improve family outcomes, including ensuring families know and understand their rights.

Provide reasons for part B slippage, if applicable

Throughout the summer of 2020, the Vermont Interagency Coordinating Council met and determined new targets for the Early Intervention Program. These new targets were set aggressively, based on a review of data for the past five (5) years. Council members, including families and early intervention providers, felt it was important to set targets that reflected what we wanted to achieve as a program providing the best possible services to Vermont's families, infants, and toddlers with disabilities, not just what we thought we could achieve. While a balance was struck, the predominant guiding principle was identifying targets that at least half of the regions had been performing to over the past several years. As a result, Vermont's family outcomes targets for determining how well the program helped families to effectively communicate their child(ren)'s needs increased five and nine-tenths (5.9) percentage points over last year.

It is important to note that all but two (2) regions would have exceeded targets if the FFY 2019 target was maintained. However, with the new FFY 2020 targets set with the goal of improving performance across all regions to the levels of those achieved by at least half of the regions, Vermont saw seven (7) high-performing regions continue to improve and exceed the target, while the five (5) regions did not meet the target.

In December 2021, the State and Vermont Interagency Coordinating Council met with all of the Early Intervention Program staff to review the data and discuss root causes behind the slippage. Regions discussed the following:

Throughout this reporting year, services were primarily provided via telehealth. Meetings and services provided via telehealth were not as successful for families, based on their responses to the family survey. While families generally expressed understanding and appreciation for the services they received, comments from families illustrated the difficulty:

"We felt tele visits were reasonable considering Covid. However, virtual services were definitely less effective and put much more of a burden on us as parents to facilitate therapy plans. This was especially true with PT since physically seeing a PT work with our child was much more helpful in being able to recreate plans during the week. It was more difficult to visualize over zoom."

"They have been okay. I know it would have been better in person... wrangling a toddler while trying to have a video chat is nearly impossible...."

"Supports have been more so parent-based conversations and brief observations on video than before. It can be hard to capture what your child is doing on video at times, but it was understood and not an issue."

"Services have been more difficult online but better than having nothing. Liked the fact that services continued."

"Our son did not benefit from video chat services provided. At the time he was receiving services he was 2- 2.5 years old and had no interest in the video chats, or had very low attention span for them. These ended up being meetings between myself and the therapist to report his progress."

Regional early intervention providers echoed parent's sentiments by noting:

"Telehealth services made us realize we need to help families improve their ability to describe their child's skills, what they are seeing their child do or not do."

As a result of this input, the State plans to provide two trainings to providers to help improve their use of telehealth, as it is recognized that this will likely continue to be a service delivery modality for some families as this pandemic continues. The first training will focus on helping providers improve their ability to coach families as they provide services virtually. The second training will focus on improving provider coaching skills both in-person and via telehealth – ensuring they understand the best times to provide various services to increase the overall effectiveness of service delivery using a 'hybrid' model of in-person and telehealth services.

Regional providers also noted the impact of staff turnover on families:

"When families experience multiple providers [due to staff turnover], it likely affects data."

"Very high caseloads [staff feel like we are] spreading ourselves thin. [We] need more specialty providers. Open DE position with no current applicants."

The trainings provided by the State indicated above, along with provider training in Touchpoints are planned in FFY 2021. It is believed that improving provider skills at coaching using Touchpoints will assist them, regardless of the service modality, to effectively engage families, helping them articulate what they are observing from their child, and supporting them to provide developmentally appropriate responses from within their family's routines.

Also, as a result of these root cause analysis's six (6) of our twelve (12) regions developed improvement strategies specifically related to helping improve family outcomes, including ensuring families are able to effectively communicate their child's needs.

Provide reasons for part C slippage, if applicable

Throughout the summer of 2020, the Vermont Interagency Coordinating Council met and determined new targets for the Early Intervention Program. These new targets were set aggressively, based on a review of data for the past five (5) years. Council members, including families and early intervention providers, felt it was important to set targets that reflected what we wanted to achieve as a program providing the best possible services to Vermont's families, infants, and toddlers with disabilities, not just what we thought we could achieve. While a balance was struck, the predominant guiding principle was identifying targets that at least half of the regions had been performing to over the past several years. As a result, Vermont's family outcomes targets for determining how well the program helped families to help their child(ren) develop and learn increased eight and eight-tenths (8.8) percentage points over last year.

It is important to note that all but two (2) regions would have exceeded targets if the FFY 2019 target was maintained. However, with the new FFY 2020 targets, set with the goal of improving performance across all regions to the levels of those achieved by at least half of the regions, coupled with the reasons indicated below, Vermont saw the greatest degree of challenge with this child outcome, with only three (3) regions exceeding the target, with the remaining nine (9) regions being unable to meet the target.

In December 2021, the State and Vermont Interagency Coordinating Council met with all of the Early Intervention Program staff to review the data and discuss root causes behind the slippage. Regions discussed the following:

Throughout this reporting year, services were primarily provided via telehealth. Many families and providers felt that services provided via telehealth were not as successful for families, based on their responses to the family survey. While many comments spoke positively about the creativity and resourcefulness of early intervention and therapy providers doing virtual visits, comments from families also illustrated the difficulty:

"... Zoom appointments were difficult. Which I'm sure is true across the board. It did feel, at times, like [child] was missing out on support that could be better provided in person. And we as parents missed in person visits because it's so helpful to see specialists interact with [our child] directly and model strategies in a way that can't be replicated remotely."

"It was hard to really get the full effect, as in person. Cannot show us whatever it is that they want us to work on after or if they would want [child] try to do it then. Sometime there would be connection issues. My son does not get one on one interaction with another human being of someone outside of

family & can trust new person..."

"While Zoom hasn't been ideal, we've appreciated that the platform has enabled us to continue EI services and have support for our son's development. I think our providers adapted well for the most part. The challenge for me was managing my other kids during Zoom sessions. I also felt like I was constantly being evaluated since our providers were watching me interact with my son and giving suggestions on what to do/how to interact with him, as he was too young to interact with them directly over Zoom."

Regional early intervention providers echoed families' sentiments by noting:

"It was challenging to access families in a time of heightened stress, with minimal emotional capacity [on the part of families and providers]."

"[Covid-19 led to] isolation for families with young children; they lacked social opportunities including child care, playgroups, story times, etc."

As a result of this input, the State plans to provide two trainings to providers to help improve their use of telehealth, as it is recognized that this will likely continue to be a service delivery modality for some families as this pandemic continues. The first training will focus on helping providers improve their ability to coach families as they provide services virtually. The second training will focus on improving provider coaching skills both in-person and via telehealth – ensuring they understand the best times to provide various services to increase the overall effectiveness of service delivery using a 'hybrid' model of in-person and telehealth services.

Along with these trainings, as part of the State's Systemic Improvement Plan, Vermont early intervention providers will receive training in Touchpoints and the use of the Ages and Stages Social Emotional screening tool in FFY 2021. It is believed that improving provider skills at coaching using Touchpoints will assist them, regardless of the service modality, to effectively engage families, helping them articulate what they are observing from their child, and giving them specific activities they can use to support their child's development from within their family's routines. You can read more about this strategy in indicator 11, below.

Also, as a result of these root cause analysis's six (6) of our twelve (12) regions developed improvement strategies specifically related to helping improve family outcomes, including ensuring families are able to effectively communicate their child's needs.

Sampling Question	Yes / No
Was sampling used?	NO

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

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

Beginning in November, Early Intervention providers hand deliver surveys to families whose child will be turning three between November and March. From March through June, Early Intervention providers hand deliver surveys to every family who has an active infant or toddler enrolled in the early intervention program that has received at least six (6) months of services. When hand delivery is not possible because of the pandemic, or repeated failed attempts to hand deliver the survey, providers mail or email the survey to families.

While the State is pleased to have increased our family survey response rate to 61% due to our ongoing improvement efforts, we remain concerned that minority and marginalized populations continue to be underrepresented in our data despite improvement strategies implemented during this survey period (November 2020 through June 2021). Strategies included: offering translated or interpreted survey options to families where English is not their first or preferred language, and offering the option to complete the survey on paper (with a postage paid return envelop included) or electronically. No families took advantage of the translated or interpreted survey option. However, this year did see a marked increase in families completing the survey electronically. We believe that these strategies will ultimately yield results with additional support and technical assistance provided by the State lead agency to regional Early Intervention providers as well as additional efforts described as follows:

A review of return rates revealed that:

Asian families were the least likely to respond to the survey. Only twenty-eight and fifty-seven tenths percent (28.57%) of Asian families who received a survey responded, compared to over fifty percent (50%) of families of other race/ethnicities responding to the survey. Additionally, Asian and Hispanic/Latinx families were more likely to not receive surveys due to being lost to contact during the survey period, or to have surveys that were mailed or emailed to them due to an inability to deliver them in person returned as undeliverable.

Given these stark disparities, the State has renewed our efforts during the current year's survey. We meet regularly with regions to review families who may need translated or interpreted surveys to offer support to Early Intervention providers around scripting to effectively engage these families. Further, the CIS Family Engagement Coordinator been receiving technical assistance from the Early Childhood Technical Assistance Center to discuss additional strategies and methods for engaging families from historically underserved or marginalized populations. The CIS Family Engagement Coordinator, as co-chair of the Building Bright Futures Families and Communities Workgroup, has begun meeting with cultural brokers in Vermont to learn from them how to best engage with families from diverse populations. The Vermont Interagency Coordinating Council Family Engagement Workgroup is also involved in examining methods for improving outreach and engagement with these populations.

Vermont is committed to finding effective methods for engaging our racially and ethnically diverse families in Early Intervention services, as members of the Vermont Interagency Coordinating Council, and receiving feedback from these families on the Family Survey.

Survey Response Rate

FFY	2019	2020
-----	------	------

Survey Response Rate	36.47%	61.22%
----------------------	--------	--------

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

As described above, Vermont remains committed to the improvement activities begun in FFY 2020. We will be renewing our efforts to ensure families take advantage of translated or interpreted surveys. The State will also continue to seek additional information on ways to effectively engage historically underserved and marginalized populations through national technical assistance, engagement with cultural brokers in our state, and ongoing work with the Vermont Interagency Coordinating Council and our Building Bright Futures Council partners.

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

A review of return rates revealed that:

Asian families were the least likely to respond to the survey. Only twenty-eight and fifty-seven tenths percent (28.57%) of Asian families who received a survey responded, compared to over fifty percent (50%) of families of other race/ethnicities responding to the survey. Additionally, Asian and Hispanic/Latinx families were more likely to not receive surveys due to being lost to contact during the survey period, or to have surveys that were mailed or emailed to them due to an inability to deliver them in person returned as undeliverable. Data analysis revealed that black or African American were more likely to respond to the family survey (sixty-four percent (64%) of Black or African American families surveyed responded to the survey), they were also the least likely of all populations to have surveys unable to be delivered.

Males and females were equally represented in the family survey responses with males representing fifty-five and seventy-two tenths percent (55.72%) of the responses, and females representing fifty-four and twenty-eight tenths percent (54.28%) of responses.

The State did identify that we had centered our outreach and technical assistance to one region of the state. This region has historically been believed to be where racially and ethnically diverse families reside as it is the only urban center in our rural state. However, a review of Vermont's demographics revealed that thirty-eight percent (38%) of racially and ethnically diverse infants and toddlers were served in this urban region, leaving sixty-two percent (62%) being served across the other eleven regions in our state. As a result of this analysis, the State lead agency is engaging every region in efforts to outreach to and provide translated or interpreted surveys to families where English is not their first or preferred language.

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

Asian families represent one and thirty-four tenths percent (1.34%) of Vermont's Early Intervention population within this year's survey cohort, but only fifty-four tenths percent (.54%) of survey responses and represented three and eight hundredths percent (3.08%) of all undeliverable responses.

Black or African American families represent two and twenty-four tenths percent (2.24%) of Vermont's Early Intervention population within this year's survey cohort, and represented two and forty-three tenths percent (2.43%) of survey responses.

Hispanic or Latinx families represent one and seventy-nine tenths percent (1.79%) of Vermont's Early Intervention population within this year's survey cohort, and represented one and thirty-five tenths percent (1.35%) of survey responses, but represented four and sixty-two tenths percent (4.62%) of all undeliverable responses.

Two or more races represent six and eleven tenths percent (6.11%) of Vermont's Early Intervention population within this year's survey cohort, and represented five and ninety-five tenths percent (5.95%) of survey responses.

(Note: there were not other races or ethnicities served that met the cohort criteria during this family survey period)

As stated above, while Vermont's single urban region has the highest density of racially and ethnically diverse families with children enrolled in Early Intervention (thirty-eight percent (38%)), every region of the state has racially and ethnically diverse families served in early intervention.

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

Vermont surveys our entire population of families who have a child turning three years old between November and March, as well as families who have a child enrolled in Early Intervention that have been served for at least six months, and because our population is so small, we compare populations against themselves as well as against the overall surveyed population to determine representativeness of the family survey response data. Therefore, between November 2020 and June 2021, Vermont surveyed six hundred seventy-one (671) families who received Early Intervention services for at least six months.

The breakdown of these families was as follows:

One and three-tenths percent (1.3%) were Asian (9 out of 671 families); two and two-tenths percent (2.2%) were black/African American (15 out of 671 families); one and eight-tenths percent (1.8%) were Hispanic/Latinx (12 out of 671 families); six and one-tenths percent (6.1%) were of two or more races (41 out of 671 families); and eight-eight and five-tenths percent (88.5%) were white (594 out of 671 families). Vermont received representative responses from every population except for the Asian and Hispanic/Latinx populations.

Vermont's metrics were most concerning with regard to Asian and Hispanic/Latinx populations as follows:

Asian families represented one and thirty-four-tenths percent (1.34%) of the Early Intervention surveyed population, meaning there were only nine (9) Asian families within the total surveyed cohort of six hundred seventy-one (671) families. However, only two (2) Asian families responded to the survey, representing only fifty-four-tenths percent (.54%) of the overall survey responses received by the State with over three percent (3%) being unable to be delivered to this population. This means that not only were Asian families significantly less likely to respond to the survey, but also more likely to not be available to receive the survey due to canceled visits, no-shows, or withdrawing from the program prior to the survey being delivered. Also noted by Vermont was the fact that Asian families are over-represented in the early intervention population by greater than a fifty percent (50%) than they are in the total population of the state. Asians in Vermont represent one and three-tenths a percent of the overall population of children birth to three, whereas they represent two and five-tenths a percent of children receiving early intervention services. Vermont will be tracking this trend in the coming years to determine the story behind it.

Hispanic/Latinx families represent one and seventy-nine-tenths percent (1.79%) of the surveyed population, or twelve (12) Hispanic/Latinx families out of the six hundred seventy-one (671) total families surveyed. Five (5) of those Hispanic/Latinx families responded to the survey, representing one and thirty-five-tenths percent (1.35%) of the overall survey responses. However, Hispanic or Latinx families represent four and sixty-two-tenths percent (4.62%) of all surveys that were unable to be delivered, meaning they are over-represented in the proportion of surveys that never were able to be hand delivered to families (usually due to families no-showing for or canceling scheduled appointments). As with the Asian population, this is concerning to Vermont as we are not receiving information on these families' experiences and degree of satisfaction receiving Early Intervention services.

Looking at these populations, Vermont also considered the proportion of the active population within Early Intervention represented by each race and ethnicity. In the case of the Asian population, they account for two and fifty-eight-tenths percent (2.58%) of the active Early Intervention population, while Hispanics account for one and ninety-six-tenths percent (1.96%) of the active population. Therefore, we would expect to see family surveys being delivered to the full proportion of surveyed families, and their responses represented proportionately within all responses received. We believe that it is important to look at the representativeness from both perspectives, since we have some populations that do not make up what would be considered a statistically significant portion of our population. However, since Vermont's populations of different races and ethnicities are so small, they do not, in and of themselves, represent a statistically significant proportion of the overall Early Intervention active and surveyed population. In Vermont, Asian families make up one and three-tenths percent (1.3%) of the total population and families of Hispanic and Latino ethnicity make up one and eight-tenths percent (1.8%) of the total population. Therefore, we believe that representativeness is best determined by ensuring we receive responses in proportion to each racial and ethnic group's percent of the total surveyed cohort. Of all races and ethnicities, these two populations (Asian and Hispanic/Latinx) appear to be underrepresented in Vermont's family survey response rates for FFY 2020.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Response to actions required in FFY 2019 SPP/APR

4 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

4 - Required Actions

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	1.10%

FFY	2015	2016	2017	2018	2019
Target >=	1.11%	1.11%	1.11%	1.11%	1.11%
Data	1.75%	2.07%	2.07%	2.06%	2.35%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	1.15%	1.20%	1.20%	1.20%	1.20%	1.20%

Targets: Description of Stakeholder Input

The State Children's Integrated Services (CIS) Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report (APR) for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice, and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State's twelve Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other stakeholders who attend, to review their annual data, determinations, and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. These are the data that Vermont prepares for the Annual Performance Report due to the Office of Special Education Programs (OSEP) in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies complete and submit a Continuous Quality Improvement Plan using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of CIS. This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues. VICC workgroups meet monthly and focus on advising and assisting the State Systemic Improvement Plan Evidence-based Practices and Fostering Family Connections activities.

The State CIS Early Intervention program has a Family Engagement Coordinator position focused on recruitment and retention of members (especially parents) of the VICC. As a result of this work, the VICC now has met its target of having 20% of the Council comprised of families. The Family Engagement Coordinator and VICC also focus on engagement with parents at a regional level. The VICC has produced an updated outreach rack card, VICC Orientation Manual, and publicly reports VICC information on a VICC website (<http://cispartners.vermont.gov/icc>). Further, with additional financial

resources through the American Rescue Plan Act funding, the VICC will be implementing targeted activities, which align with Vermont's State Systemic Improvement Plan Fostering Family Connections activities, which will be discussed in more detail in the Indicator 11 Section of this report.

In addition to leading the VICC and CIS family engagement efforts, Vermont's CIS Family Engagement Coordinator works with Vermont's Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented. In coordination with BBF, the Family Engagement Coordinator has begun identifying and meeting with cultural brokers to understand how to better serve the needs of families from historically marginalized or underserved populations.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the State Systemic Improvement Plan process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress. For example, as the State examined investments of the American Rescue Plan funds awarded to Early Intervention, the State hosted meetings with the VICC for their input, and then held three virtual focus group sessions open to all Early Intervention Program staff to gather input into their needs resulting from the pandemic.

The Vermont Family Network, Vermont's Parent Training and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont's Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Deaf, Hard of Hearing, DeafBlind Council; Autism Workgroup; Early Childhood Multi-Tiered System of Supports; Universal Screening; Building Bright Futures Council and workgroups; Vermont Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 1 with IFSPs	89
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 1	5,330

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
89	5,330	2.35%	1.15%	1.67%	Met target	No Slippage

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

6 - Indicator Data

Baseline Year	Baseline Data
2005	3.20%

FFY	2015	2016	2017	2018	2019
Target >=	3.70%	3.80%	3.90%	3.90%	3.90%
Data	4.96%	5.23%	5.79%	6.12%	6.35%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	4.20%	4.20%	4.20%	4.20%	4.20%	4.20%

Targets: Description of Stakeholder Input

The State Children's Integrated Services (CIS) Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report (APR) for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice, and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State's twelve Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other stakeholders who attend, to review their annual data, determinations, and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. These are the data that Vermont prepares for the Annual Performance Report due to the Office of Special Education Programs (OSEP) in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies complete and submit a Continuous Quality Improvement Plan using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of CIS. This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues. VICC workgroups meet monthly and focus on advising and assisting the State Systemic Improvement Plan Evidence-based Practices and Fostering Family Connections activities.

The State CIS Early Intervention program has a Family Engagement Coordinator position focused on recruitment and retention of members (especially parents) of the VICC. As a result of this work, the VICC now has met its target of having 20% of the Council comprised of families. The Family Engagement Coordinator and VICC also focus on engagement with parents at a regional level. The VICC has produced an updated outreach rack card, VICC Orientation Manual, and publicly reports VICC information on a VICC website (<http://cisparkers.vermont.gov/icc>). Further, with additional financial resources through the American Rescue Plan Act funding, the VICC will be implementing targeted activities, which align with Vermont's State Systemic Improvement Plan Fostering Family Connections activities, which will be discussed in more detail in the Indicator 11 Section of this report.

In addition to leading the VICC and CIS family engagement efforts, Vermont's CIS Family Engagement Coordinator works with Vermont's Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented. In coordination with BBF, the Family Engagement Coordinator has begun identifying and meeting with cultural brokers to understand how to better serve the needs of families from historically marginalized or underserved populations.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the State Systemic Improvement Plan process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress. For example, as the State examined investments of the American Rescue Plan funds awarded to Early Intervention, the State hosted meetings with the VICC for their input, and then held three virtual focus group sessions open to all Early Intervention Program staff to gather input into their needs resulting from the pandemic.

The Vermont Family Network, Vermont's Parent Training and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont's Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Deaf, Hard of Hearing, DeafBlind Council; Autism Workgroup; Early Childhood Multi-Tiered System of Supports; Universal Screening; Building Bright Futures Council and workgroups; Vermont Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 3 with IFSPs	899
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 3	16,370

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
899	16,370	6.35%	4.20%	5.49%	Met target	No Slippage

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	79.80%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	90.76%	95.98%	95.10%	95.09%	92.86%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
661	1,024	92.86%	100%	85.25%	Did not meet target	Slippage

Provide reasons for slippage, if applicable.

Vermont experienced significant slippage in timely initial One Plans (IFSPs). The Vermont Interagency Coordinating Council, along with the State and Early Intervention providers met in December 2021 to review these data and determine the root causes behind this slippage.

The Vermont Interagency Coordinating Council, State, and Early Intervention providers determined that these delays were due in equal parts to two major factors:

- The COVID pandemic - While Vermont's numbers rebounded to close to pre-pandemic levels during this reporting period, timelines across every indicator slipped. Vermont's Early Intervention services were primarily delivered via telehealth (Vermont didn't require a return to in-person service delivery until July of 2021). While providers understood the timelines required by Part C Regulations and State rules, there were many difficulties in meeting these timelines that are directly attributable to the pandemic, including recruiting and retaining qualified early intervention providers to fill vacancies.

- The transition to a new Early Intervention provider agency during September 2020 – the state experienced turnover of an early intervention provider agency in the region that is responsible for serving approximately twenty percent (20%) of the infants and toddlers enrolled in Vermont's CIS Early Intervention program. This turnover significantly impacted compliance with timelines across all indicators as staff in the original provider agency left throughout the summer of 2020, while the new contractor didn't fully take over the provision of services until September 2020. This new agency then had challenges recruiting staff and retaining them once hired. This issue is explored in greater detail below.

Root cause analysis revealed that the State experienced slightly more staff leaving their positions over this reporting period than in previous years. This turnover is tied largely to the pandemic. Some providers struggled with satisfaction in their work as they provided services mostly via telehealth. Others left the work due to concerns over their health as services would ultimately return to being required to be provided in person in families' homes. Finally, providers continue to cite rates of pay as being a reason why they may or do choose to leave providing early intervention services.

In the 2020 Recruitment and Retention Survey, over fifty percent (50%) of respondents cited low wages and high stress as primary reasons why they would leave their positions. Seventy percent (70%) of respondents stated that increasing wages would help improve their job satisfaction, while sixteen percent (16%) and twenty-two percent (22%) cited reducing stress and caseloads respectively would improve job satisfaction. Interestingly, eighty-five percent (85%) of state indicated that they felt they received adequate support from their employer to do their jobs and fifty-seven percent (57%) felt satisfied with their job. Sixty-eight percent (68%) of CIS staff earn between thirty-five and fifty-five thousand dollars per year, but only nineteen percent (19%) indicated that they are able to live on their salary. We know anecdotally that many early intervention providers must hold a second job, adding to their stress levels.

To address turnover, regional early intervention providers and the Vermont Interagency Coordinating Council recommended to the State that additional on-line modules would be helpful to support efficiencies in onboarding of new staff. The State is looking into solutions related to this recommendation. In the meantime, throughout FFY 2020, the State provided onboarding meetings to the agency that took over the contract from the largest region of the State, to support them with ensuring new staff understood the federal regulations and State rules for delivering early intervention services timely.

For their part, three (3) Regional CIS Early Intervention Programs will be pursuing strategies within their regional Continuous Quality Improvement Plans in FFY 2021 to reduce provider stress and one (1) region will be implementing strategies to effectively onboard new staff. The State uses the CIS Early Intervention Monthly Calls throughout the year to support regions to continuously examine progress on implementing and measuring success of their identified improvement strategies.

- * Regions cited that technology challenges, which persist in Vermont, continue to hamper efforts to communicate case details across providers and data back to the State Lead Agency. The State does not provide early intervention providers with a web-based data reporting solution. However, as part of our ongoing improvement activities, the State has provided regions with a uniform spreadsheet tool, which includes calculations to help them ascertain their degree of compliance for each client. This spreadsheet has helped to some degree, according to providers. However, as it is not a case management solution, it doesn't assist with gathering data in real time, nor does it assist with data reporting or case management across teams, including private therapy providers.

Five (5) regions developed improvement strategies focused on improving their process for data collection and reporting, two (2) indicated strategies focused on improving their administrative systems to help providers anticipate and meet required timelines.

- * As mentioned above, the State's largest regional Early Intervention program experienced a significant change when the contracted provider changed from one agency to a new agency in September of 2020. This region saw the most significant percentage of non-compliance. The region demonstrated compliance in providing timely One Plans (Vermont's IFSP) to only forty-five percent (45%) of infants and toddlers served, but were responsible for serving just over twenty percent (20%). The new agency for this region, also provides services in the third largest region, responsible for thirteen percent (13%) of the population. This region also struggled with compliance (in only ninety-one and seven-tenths of a percent (91.7%) of children served) as they worked to support this new contract. This agency experienced significant difficulty in hiring and retaining staff, resulting in current staff covering both regions and maintaining significantly higher-than-average caseloads for most of this reporting year. Eight (8) out of the twelve (12) regions exceeded ninety-five percent (95%) compliance.

Throughout FFY 2020, the State provided training and technical assistance to regions, especially the region that transitioned agencies, to ensure that they:

- 1) understand the requirements of this timeline under Part C IDEA Regulations and Vermont Special Education Rules, and
- 2) that providers schedule evaluations and initial One Plan meetings early during the intake process, rather than waiting for the completion of the evaluation to schedule the One Plan meeting with the family.

The State continues to support the regions that demonstrated significant non-compliance during this reporting year to ensure they understand and are adhering to Part C timelines. The regional Continuous Quality Improvement Plans submitted in response to the State's Findings and Determinations processes are being monitored to ensure regions follow through with planned improvement activities.

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.

212

Provide reasons for delay, if applicable.

Two hundred-twelve (212) delays were attributable to exceptional family circumstances. These circumstances included families canceling or not attending planned evaluations or One Plan meetings to develop their IFSP, or requesting delays in scheduling due to illness or other family health issues, family vacations, or other conflicts.

Of the one hundred fifty-one (151) delays attributable to providers as follows:

Two (2) delays were due to delays in assignments of educational surrogates

One hundred forty-one (141) delays were due to providers not being available timely to participate in evaluations or initial One Plan meetings to develop the IFSP primarily due to high caseloads because of staff vacancies. Forty-eight (48) of these were directly attributable to the change in agencies that occurred in the state's largest region in September of 2020. Changes in agencies providing early intervention services are rare in Vermont, so we do not expect this degree of delay to continue. The high rate of turnover is a concern for the State and we are examining strategies to retain staff, as well as to recruit staff to fill existing vacancies. We expect these strategies to support improvement in this area.

Eight (8) delays had no specific reasons given by the Early Intervention program and were therefore attributed to 'provider' as being the cause of delay as is the State's policy. The State as provided guidance to the regions to remind them of the requirement to provide an explanation of the reason for the delay in each instance where timelines are not met.

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

State database

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

July 1, 2020 through June 30, 2021.

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

In calculating this indicator, the State conducts a desk audit of data on every child referred to early intervention from July 1, 2020 through June 30, 2021, who is found eligible for early intervention services. The State verifies that each child whose families choose to enroll their child in early intervention services receives an initial One Plan (IFSP) meeting within 45 days of the date of referral.

In cases where an initial One Plan meeting was not held within 45 days of the date of referral, the State gathers data on the reason for delay from the service coordinator of each case. If the reason is attributable to the family (ex. family illness or other family cancellation), these are designated as exceptional family circumstances, and therefore compliant, as long as the initial One Plan meeting to develop the IFSP was ultimately held. If the reason is attributable to the provider (ex. provider scheduling or availability) or no explanation is given to the State by the service coordinator, these are designated as non-compliant for this indicator.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
26	26	0	0

FFY 2019 Findings of Noncompliance Verified as Corrected

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

1. Each instance of non-compliance must be corrected within 90 days of the date of the State's letter providing the formal written notification in November. Verification of correction must be submitted in writing, using appropriate State documentation tools, via secure data transmission to the State by February 8th. These findings of non-compliance will be used to support the State's determinations along with the APR data compiled for the period of July 1-June 30 of the preceding Federal Fiscal Year.

2. For each region where findings have been identified, those regions must submit an updated Quality Improvement Plan (QIP) by January 15th. The QIP is a document developed to respond to the root causes that have contributed to the region's non-compliance (as identified in the preceding APR period and the State's formal Findings period). The regional QIP update must contain:

- 1) a description of the root cause analysis of the noncompliance;
- 2) progress made on the implementation of previously planned strategies, any adjustments to any strategies, or new strategies introduced to address root causes to improve compliance with the indicators in which any findings were made in the areas of the Contributing Factors Tool:
 - a. Policy and Procedures
 - b. Infrastructure
 - c. Data
 - d. Training and Technical Assistance
 - e. Supervision
 - f. Provider Practices
- 3) Implementation timelines, interim evaluation measures, and data from previous measures.
- 4) Verification of Correction of Noncompliance and Demonstration of Ongoing Compliance.

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

Prong 1: Following the identification of Findings and notifications to regions (November) requiring their correction, the State performed a desk audit of the State's data system for all regional Early Intervention Programs where there were identified Findings of non-compliance. During this desk audit the State verified that the regional CIS Early Intervention Programs corrected each instance of identified noncompliance for each infant/toddler. The State subsequently verified, from a desk audit of the State's database, that in the twenty-six (26) instances of noncompliance, each infant/toddler ultimately received an initial evaluation and meeting to develop their One Plan (Vermont's IFSP) within one year. These corrections were verified by the State receiving data from the regional early intervention programs confirming the dates of initial evaluations and dates of initial meetings to develop the children's One Plans (IFSP), which were subsequently entered in the State's database, including the reason for the delay.

Prong 2: The State reviewed data from January 1 – January 31. The purpose of this data review was to ensure that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements for indicators where there had been demonstrated non-compliance. The State is able to determine that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements when the data show 100% compliance for each indicator where there was previously identified noncompliance. In any case where a regional CIS Early Intervention Program is unable to demonstrate 100% compliance, the State performs data reviews on the first month of each quarter until both prongs are satisfied as evidenced by: 100%

correction of every finding of noncompliance (unless the child is no longer enrolled in the program), and demonstration 100% compliance during an updated period.

Through a desk audit of the State's full database for January 2020, the State verified that five (5) regional Early Intervention Programs demonstrated 100% compliance by ensuring an initial evaluation and an initial One Plan (Vermont's IFSP) meeting was conducted within Part C's 45-day timeline for eligible infants and toddlers. In seven (7) regional programs, the State identified twenty (20) instances where the regions had not provided data on the dates for initial evaluation and initial One Plan (Vermont's IFSP). As a result, the State provided technical assistance and support to the regions to ensure they understood the requirements under IDEA Part C to complete initial evaluation and initial One Plans (Vermont's IFSP) timely. The State verified that these regions had included strategies within their regional Continuous Quality Improvement Plans that demonstrated their understanding of regulations and supported improvement in their compliance. The State requested the regions provide the actual dates of initial evaluation and initial One Plan (Vermont's IFSP) for each of these twenty (20) instances. The regions provided the requested information and the State used these dates to confirm the following regarding these twenty (20) instances: Eleven (11) instances were compliant as the date of evaluation and initial One Plan (Vermont's IFSP) was provided within the federal guidelines for timely initial evaluation and initial One Plan (Vermont's IFSP). Four (4) were delivered more than forty-five days delayed, however are compliant since they were due to family circumstances (eg. family move). Four (4) were delayed due to provider circumstance, and therefore not compliant. One (1) was due to provider availability. Three (3) were due to provider not understanding the State's COVID guidance. The State provided technical assistance to the regions where these delays occurred. The State provided COVID guidance to all providers and reiterated this guidance during the monthly calls with Early Intervention providers. The State continued to monitor these region's data monthly to identify areas in need of technical assistance when 100% compliance with this indicator was not demonstrated.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

7 - OSEP Response

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2019 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 2019 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.

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining 26 uncorrected findings of noncompliance identified in FFY 2019 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	92.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	100.00%	91.24%	87.29%	89.03%	94.03%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
332	464	94.03%	100%	84.91%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

As described below, eighty percent (80%) or fifty-six (56) of the seventy (70) instances of families not receiving timely transition plans (between one hundred-eighty and ninety days of the child's third birthday) for their child(ren) exiting CIS early intervention services with a disability on their third birthday occurred in the region that had a change in CIS Early Intervention provider agencies in September 2020. This region is responsible for serving approximately twenty percent (20%) of the infants and toddlers enrolled in Vermont's CIS Early Intervention program. This turnover significantly impacted compliance with timelines across all indicators as staff in the original provider agency left throughout the summer of 2020, while the new contractor didn't fully take over the provision of services until September 2020. This new agency then had challenges recruiting staff and retaining them once hired.

Throughout FFY 2020, the State provided onboarding meetings to the agency that took over the contract for this, the largest region of the State, to support them with ensuring all new staff understood the federal regulations and State rules for delivering timely transition plans for toddlers exiting early intervention services. However, the continuous turnover resulted in higher-than-average caseloads for those staff who were retained. Service coordination suffered under this pressure.

As a result of their performance on timeline indicators, this region was determined to need intensive intervention. This region's Continuous Quality Improvement Plan focuses on retaining staff and improving their Early Intervention Program structure to improve their service coordination and compliance with early intervention timelines. Throughout FFY 2021, the State will meet regularly with the regional CIS Early Intervention provider Agency to ensure they are improving their compliance with this indicator and implementing their identified improvement strategies with fidelity. The State believes that this support and the identified strategies, which include the use of the timeline calculator tool developed by the State, will ultimately lead to significant improvements in this indicator.

In addition to the intensive support provided to the region described above, the State will continue to monitor compliance across all regional Early Intervention Programs, sharing these data with the regions during the Monthly Early Intervention Call hosted by the Part C Administrator. This will ensure that regions receive regular reinforcement of the federally required timelines and the State's policy that every child must receive a Transition Plan regardless of when they exit the program.

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.

62

Provide reasons for delay, if applicable.

Of the seventy (70) instances of delay in toddlers exiting Part C services with a transition plan with steps, the State performed a desk audit of the State's database and determined:

Twelve (12) children's transition plans were delayed due to the change in agency providers that occurred in the state's largest region in September 2020, during their transition period. These delays were due to records not being transferred timely, or activities occurring by the previous agency, but not occurring timely due to activities associated with transition such as staff leaving the agency that was responsible for these children's transitions. Ten (10) of these twelve (12) children ultimately received their transition plan, while two exited prior to the plan being completed, causing them to no longer be within the jurisdiction of the program.

Forty-nine (49) delays did not have a reason provided by the Early Intervention program, therefore, according to Vermont's policy, these become attributed to provider circumstances. The State has provided technical assistance to regions clarifying the regulatory requirements for providing timely transition plans to families and the documentation providers must supply the State when there is a delay to meeting this timeline. The State believes this guidance will improve regional reporting to eliminate these missing reasons. It is important to note that thirty-nine (39) of these instances of delay occurred in the states largest region during the period where there was a change in agencies providing early intervention services. In thirty-three (33) of these thirty-nine (39) instances, the children exited the program prior to a transition plan being developed with the family, and therefore were no longer in the jurisdiction of the program. Each instance is directly connected to families who worked with the agency that was no longer going to be providing early intervention services as of September 1, 2020, which leads the State to believe that this high degree of non-compliance is an anomaly and will not be repeated.

Three (3) instances were delayed due to challenges in scheduling with the local school district, which is due to provider's not understanding the Part C IDEA regulations and State Special Education Rules related to this indicator. The State clarified the requirements with the region where these errors occurred and has been providing ongoing technical assistance to that region as they meet with the schools in their region to clarify their interagency agreement, which defines their roles and responsibilities in the transition process.

In one (1) instance the child did receive a transition plan with steps prior to the State's transition timeline. The reason this transition plan was developed early was due to a miscalculation of dates by the provider. This misunderstanding has been remedied by the State orienting all providers to the State's newly developed Part C Timeline Calculator.

One (1) instance was due to a child achieving age expectations prior to their third birthday resulting in the Early Intervention provider misunderstanding the regulatory requirements and believing the child did not need a transition plan. The State provided guidance and training to that Early Intervention provider and all Early Intervention programs reinforcing the State's policy that every child, regardless of exit age and reason, receives a transition plan to support their exit from early intervention services.

The remaining four (4) instances of delay were due to scheduling challenges. These were either due to staff turnover during the transition process, or difficulty finding a time that worked for every member of the child's team. The State notes that these instances were greatly reduced over the nineteen (19) instances that occurred in FFY 2019. The State provided guidance to Early Intervention providers around ways to ensure timelines are met while including input from all members of the team, including team members participating virtually, by phone, or by submitting written summaries of a child's present levels of functioning and recommendations for possible next steps for the child's family to consider. Each of these toddlers did ultimately receive a transition plan with steps. This guidance clearly helped to reduce these instances of delay and the State will continue to remind providers of this guidance.

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

State database

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

July 1, 2020 through June 30, 2021.

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

The State performed a desk audit of entire Part C State Database, July 1, 2020 through June 30, 2021. Vermont reports these data for all infants and toddlers enrolled at any point in Vermont's Children's Integrated Services Early Intervention Program within the reporting period.

The State receives data monthly from regional contracted service agencies for every child they serve in the program. The State monitors all data monthly to ensure data validity, accuracy and completeness.

In cases where a service was not delivered timely, the State gathers data on the reason for delay from the service coordinator of each case. If the reason is attributable to the family (ex. family illness or other family cancellation), these are designated as exceptional family circumstances, and therefore compliant, as long as the service was ultimately delivered. If the reason is attributable to the provider (ex. provider scheduling or availability) or no explanation is given to the State by the service coordinator, these are designated as non-compliant for this indicator.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2019

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
16	16	0	0

FFY 2019 Findings of Noncompliance Verified as Corrected

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

1. Each instance of non-compliance must be corrected within 90 days of the date of the State's letter providing the formal written notification in November. Verification of correction must be submitted in writing, using appropriate State documentation tools, via secure data transmission to the State by February 8th. These findings of non-compliance will be used to support the State's determinations along with the APR data compiled for the period of July 1-June 30 of the preceding Federal Fiscal Year.

2. For each region where findings have been identified, those regions must submit an updated Quality Improvement Plan (QIP) by January 15th. The QIP is a document developed to respond to the root causes that have contributed to the region's non-compliance (as identified in the preceding APR period and the State's formal Findings period). The regional QIP update must contain:

- 1) a description of the root cause analysis of the noncompliance;
- 2) progress made on the implementation of previously planned strategies, any adjustments to any strategies, or new strategies introduced to address root causes to improve compliance with the indicators in which any findings were made in the areas of the Contributing Factors Tool:
 - a. Policy and Procedures
 - b. Infrastructure
 - c. Data
 - d. Training and Technical Assistance
 - e. Supervision
 - f. Provider Practices

3) Implementation timelines, interim evaluation measures, and data from previous measures.

4) Verification of Correction of Noncompliance and Demonstration of Ongoing Compliance.

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

Prong 1: Following the identification of Findings and notifications to regions (November) requiring their correction, the State performed a desk audit of the State's data system for all regional Early Intervention Programs where there were identified Findings of non-compliance. During this desk audit the State verified that the regional CIS Early Intervention Programs corrected each instance of identified noncompliance for each infant/toddler as follows:

The State subsequently verified, from a desk audit of the State's database, that in the sixteen (16) instances of noncompliance, each toddler who exited

on their third birthday with a disability ultimately received a transition plan with steps prior to their exit from the program. These instances were validated when the regional early intervention programs submitted the required data and information documenting the child's date of exit from the early intervention program, which results in them to no longer be in the jurisdiction of the program. These data were subsequently entered into the State's database. In reviewing these data to verify correction of findings, the State noted that nine (9) instances of delay occurred in the State's largest region and were due to either provider's failing to perform the activity, or the provider misunderstanding the State's policy that every child receive a transition plan to ensure successful transition from the program. This region received intensive technical assistance from the State throughout the year to help them understand the regulatory requirements and implement them correctly in practice. As described earlier in this report, the region's inability to successfully implement the regulations resulted in a change in contracted providers for that region in September 2020. In each of these nine (9) instances, the State verified that these children exited the program prior to a Transition Plan being developed, and therefore they were no longer in the jurisdiction of the program. The State's database was updated once data were submitted, validating correction of these findings based on the children's exits.

Pong 2: The State reviewed data from January 1 – January 31. The purpose of this data review was to ensure that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements for indicators where there had been demonstrated non-compliance. The State is able to determine that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements when the data show 100% compliance for each indicator where there was previously identified noncompliance. Through a desk audit of the State's full database for January 2020, the State verified that ten (10) regional Early Intervention Programs demonstrated 100% compliance and developed a One Plan (Vermont's IFSP) with transition steps and services between 180 days and 90 days prior to the toddler's third birthday, in accordance with federal regulation and Vermont's rule 2360.5.9 (b)(1) (<https://education.vermont.gov/sites/aoe/files/documents/edu-series-2360-special-education-rules.pdf>). In two (2) regional programs, the State identified two (2) individual instances where the regions had not provided data on the actual development date of the One Plan (Vermont's IFSP) as compared to the child's third birthday. As a result, the State provided technical assistance and support to the regions to ensure they understood the requirements under IDEA Part C to provide timely transition plans. The State verified that these regions had included strategies within their regional Continuous Quality Improvement Plans that demonstrated their understanding of regulations and supported improvement in their compliance.

The State requested the regions provide the data on the actual development date of the One Plan (Vermont's IFSP) supporting transitions for each of these two (2) instances. The regions provided the requested information, and the State used these dates to confirm the following regarding these two (2) instances: both instances were not compliant with federal timelines due to provider circumstances. One (1) instance was delayed due to provider availability and the One Plan with transition steps was developed sixty-one (61) days before the child's third birthday. One (1) instance was delayed due to staff turnover. The One Plan with transition steps was ultimately developed sixty-one (61) days before the child's third birthday. The State continues to provide guidance and technical assistance to regions during the Early Intervention monthly calls to ensure they understand the timelines and requirements to support the transition processes including timely completion of transition plans for all families who consent to receiving one. The State continued to monitor these region's data monthly to identify areas in need of technical assistance when 100% compliance with this indicator was not demonstrated.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

8A - OSEP Response

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2019 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 2019 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.

8A - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining 16 uncorrected findings of noncompliance identified in FFY 2019 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	79.50%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	88.31%	90.58%	84.80%	86.10%	89.71%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
377	411	89.71%	100%	91.73%	Did not meet target	No Slippage

Number of parents who opted out

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

0

Provide reasons for delay, if applicable.

Vermont does not have an opt-out policy for parents. Every child who is determined to be potentially eligible for Part B must have a notification sent to the lead education agency where the child resides at the time the potential eligibility determination is made. The State reviewed the reasons for delay in the thirty-four (34) instances where LEA notifications were not sent to the lead education agency timely and found that:

Ten (10) delays were due to calculation errors made by the Early Intervention service coordinator. In each instance, a notification was sent more than one hundred eighty (180) days prior to the child's third birthday. While early notification is permitted at the request of the family, these instances were due to calculation errors by the early intervention provider. One (1) delay was due to an error by a service coordinator in following the correct timelines associated with transition. The State reiterated guidance provided to regions during a training in April of 2021, and again in the fall of 2021, through the use of a early intervention timeline calculator tool developed by the State and provided to the regions. It is believed that use of this tool by providers will reduce these errors in the future.

Nine (9) delays were due to the transition in provider agencies in the largest region of the state in September 2020. The State has supported the new agency providing early intervention services to understand the requirements and timelines associated with providing services in accordance with Part C of IDEA. As such, we do not expect a recurrence of this type of delay.

Ten (10) delays were attributed to being due to the provider, as is the State's policy, because the Early Intervention programs failed to supply a reason for the delay. In one of these instances, the child exited the program prior to a notice being sent to the lead education agency, so there was no opportunity to correct the situation as the child was no longer in the program's jurisdiction. In the other nine (9) instances a notice was ultimately sent to the lead education agency.

The remaining four (4) instances of delay were due to early intervention providers not implementing Part C regulations and State rules correctly regarding parental involvement and consent. In these four (4) instances, delays were attributed to the program waiting for parental permission to perform this activity. The State has subsequently reminded regional early intervention programs of the requirement that notifications be sent to lead education agencies regardless of the parent's participation or consent to determining that their child may be potentially eligible for Part B services.

Describe the method used to collect these data.

Regional CIS Early Intervention programs are required to send copies of all LEA Notifications to State Education Agency. The State records the data on these notifications and transfers those data electronically to the Agency of Education. Regional CIS Early Intervention programs also send data each month identifying all toddlers who are found potentially eligible for Part B services and the date that the determination of potential eligibility was made.

In cases where a service was not delivered timely, the State gathers data on the reason for delay from the service coordinator of each case. In Vermont, LEA notification does not require parental consent, and therefore delays in LEA notification are not allowed to be attributed to family circumstances. If notification is sent more than 180 days from the child's third birthday at the request of the family due to the child's medical complexity or some other family factor, the LEA notification is considered compliant. If the notice is sent more than 180 days or fewer than 90 days from the child's birthday and the reason is attributable to the provider (ex. provider scheduling or availability) or no explanation is given to the State by the service coordinator, these are designated as non-compliant for this indicator.

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

NO

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

State database

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

July 1, 2020 through June 30, 2021.

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

The State performed a desk audit of entire Part C State Database, July 1, 2020 through June 30, 2021. Vermont reports these data for all infants and toddlers enrolled at any point in Vermont's Children's Integrated Services Early Intervention Program within the reporting period.

The State receives data monthly from regional contracted service agencies for every child they serve in the program. The State monitors all data monthly to ensure data validity, accuracy and completeness.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2019

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

FFY 2019 Findings of Noncompliance Verified as Corrected

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

1. Each instance of non-compliance must be corrected within 90 days of the date of the State’s letter providing the formal written notification in November. Verification of correction must be submitted in writing, using appropriate State documentation tools, via secure data transmission to the State by February 8th. These findings of non-compliance will be used to support the State’s determinations along with the APR data compiled for the period of July 1-June 30 of the preceding Federal Fiscal Year.

2. For each region where findings have been identified, those regions must submit an updated Quality Improvement Plan (QIP) by January 15th. The QIP is a document developed to respond to the root causes that have contributed to the region’s non-compliance (as identified in the preceding APR period and the State’s formal Findings period). The regional QIP update must contain:

- 1) a description of the root cause analysis of the noncompliance;
- 2) progress made on the implementation of previously planned strategies, any adjustments to any strategies, or new strategies introduced to address root causes to improve compliance with the indicators in which any findings were made in the areas of the Contributing Factors Tool:
 - a. Policy and Procedures
 - b. Infrastructure
 - c. Data
 - d. Training and Technical Assistance
 - e. Supervision
 - f. Provider Practices
- 3) Implementation timelines, interim evaluation measures, and data from previous measures.
- 4) Verification of Correction of Noncompliance and Demonstration of Ongoing Compliance

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

Prong 1: Following the identification of Findings and notifications to regions (November) requiring their correction, the State performed a desk audit of the State’s data system for all regional Early Intervention Programs where there were identified Findings of non-compliance. During this desk audit the State verified that the regional CIS Early Intervention Programs corrected each instance of identified noncompliance for each infant/toddler. The State verified, from a desk audit of the State’s database, that in the one (1) instance of noncompliance, the toddler who exited on their third birthday with a disability ultimately had a notification sent to the LEA that they were potentially eligible to receive Part B IDEA services within one year. The State validated this correction by receiving the child’s exit data from the regional early intervention program along with the LEA notification that was sent to the school notifying them that this child may be potentially eligible for Part B services. The State entered these data into the State’s database for validation. Further, desk audit of the State’s database for children exiting during January 2021 revealed that all regions demonstrated one hundred percent (100%) compliance with this indicator.

Prong 2: The State reviewed data from January 1 – January 31. The purpose of this data review was to ensure that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements for indicators where there had been demonstrated non-compliance. The State is able to determine that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements when the data show 100% compliance for each indicator where there was previously identified noncompliance. In any case where a regional CIS Early Intervention Program is unable to demonstrate 100% compliance, the State performs data reviews on the first month of each quarter until both prongs are satisfied as evidenced by: 100% correction of every finding of noncompliance (unless the child is no longer enrolled in the program), and demonstration 100% compliance during an updated period.

Through a desk audit of the State’s full database for January 2020, the State verified that all twelve (12) regional Early Intervention Programs demonstrated 100% compliance in notifying the Lead Education Agency of all toddlers who may be potentially eligible for Part B services between 180 days and 90 days prior to the child’s third birthday in accordance with federal regulation and Vermont’s rule 2360.5.7 (a) (<https://education.vermont.gov/sites/aoe/files/documents/edu-series-2360-special-education-rules.pdf>).

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that

each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

8B - OSEP Response

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2019 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 2019 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.

8B - Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	83.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	92.08%	87.94%	89.80%	89.71%	91.91%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
306	411	91.91%	100%	90.51%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

As described below, seventy-seven percent (77%) or thirty (30) of the thirty-nine (39) instances of families not receiving timely transition conferences (between one hundred-eighty and ninety days of the child's third birthday) for their child(ren) exiting CIS early intervention services with a disability who may be potentially eligible for IDEA Part B services on their third birthday occurred in the region that had a change in CIS Early Intervention provider agencies in September 2020. This region is responsible for serving approximately twenty percent (20%) of the infants and toddlers enrolled in Vermont's CIS Early Intervention program. This turnover significantly impacted compliance with timelines across all indicators as staff in the original provider agency left throughout the summer of 2020, while the new contractor didn't fully take over the provision of services until September 2020. This new agency then had challenges recruiting staff and retaining them once hired.

Throughout FFY 2020, the State provided onboarding meetings to the agency that took over the contract for this, the largest region of the State, to support them with ensuring all new staff understood the federal regulations and State rules for delivering timely transition plans for toddlers exiting early intervention services. However, the continuous turnover resulted in higher-than-average caseloads for those staff who were retained. Service coordination suffered under this pressure.

As a result of their poor performance on timeline indicators, this region was determined to need intensive intervention. This region's Continuous Quality Improvement Plan focuses on retaining staff and improving their Early Intervention Program structure to improve their service coordination and compliance with early intervention timelines. The plan also includes strategies for meeting regularly with school personnel, the Part C Administrator, and Part B 618 Coordinator to clarify roles and responsibilities in the transition process, update the interagency agreement, and support successful and timely transition conferences for all children who may be potentially eligible for Part B services.

Throughout FFY 2021, the State will meet regularly with the regional CIS Early Intervention provider Agency to ensure they are improving their compliance with this indicator and implementing their identified improvement strategies with fidelity. The State believes that this support and the identified strategies, which include the use of the timeline calculator tool developed by the State, will ultimately lead to significant improvements in this indicator.

In addition to the intensive support provided to the region described above, the State will continue to monitor compliance across all regional Early Intervention Programs, sharing these data with the regions during the Monthly Early Intervention Call hosted by the Part C Administrator. This will ensure that regions receive regular reinforcement of the federally required timelines and utilize the State's timeline tracking tool as needed to support their compliance.

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

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

0

Number of documented delays attributable to exceptional family circumstances

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

66

Provide reasons for delay, if applicable.

Of the thirty-nine (39) instances of delay in toddlers exiting Part C services having received a transition conference, the State performed a desk audit of the State's database and determined:

Fourteen (14) children's transition conferences were delayed due to the change in agency providers that occurred in the state's largest region in September 2020 during their transition period. These delays were due to records not being transferred timely, or activities occurring by the previous agency, but not occurring timely due to activities associated with the agency transition such as staff leaving the agency that was responsible for these children's transitions. Twelve (12) of these fourteen (14) children ultimately received their transition conference, while two (2) exited prior to the conference being completed, causing them to no longer be within the jurisdiction of the program.

Sixteen (16) delays did not have a reason provided by the Early Intervention program, therefore, according to Vermont's policy, these become attributed to provider circumstances. It is important to note that ten (10) of these instances of delay occurred in the state's largest region during the period where

there was a change in agencies providing early intervention services. In two (2) of these instances, the children exited prior to a transition conference being completed, causing them to no longer be in the jurisdiction of the program. In fourteen (14) of these instances, the children each ultimately received a transition conference before their exit from the early intervention program. Each instance directly connected to families who worked with the agency that was no longer providing early intervention services as of September 1, 2020, leads the State to believe that this high degree of non-compliance is an anomaly and will not be repeated. The remaining six (6) instances were single instances in six (6) separate regions and the State provided technical assistance to those regions ensuring they understood the State's requirement that each instance of delay must include a reason reported to the State.

Three (3) instances were delayed due to challenges in scheduling with the local school district, which is due to provider's not understanding the Part C IDEA regulations and State Special Education Rules related to this indicator. The State clarified the requirements with the two (2) regions where these errors occurred and has been providing ongoing technical assistance to that region as they meet with the schools in their region to clarify their interagency agreement, which defines their roles and responsibilities in the transition process. The children ultimately received their transition conference in each of these instances.

Eight (8) delays were due to scheduling challenges among the child's team. In one (1) instance, there was a change in service coordinators due to a provider leaving their position, which delayed the conference scheduling process, resulting in the transition conference occurring only sixty-three (63) days prior to their third birthday. In another instance, a delay was similarly caused by there being a vacancy in the special education coordinator role at the school resulting in the child not receiving their transition conference until fifty-five (55) days prior to their third birthday. Additional delays were associated with other scheduling difficulties among the teams.

In one (1) instance, the child received a transition conference prior to the State's transition timeline. The reason this transition conference was developed early was due to a miscalculation of dates by the provider. This misunderstanding has been remedied by the State orienting all providers to the State's newly developed Part C Timeline Calculator.

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

State database

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

July 1, 2020 through June 30, 2021

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

The State performed a desk audit of entire Part C State Database, July 1, 2020 through June 30, 2021. Vermont reports these data for all infants and toddlers enrolled at any point in Vermont's Children's Integrated Services Early Intervention Program within the reporting period.

The State receives data monthly from regional contracted service agencies for every child they serve in the program. The State monitors all data monthly to ensure data validity, accuracy and completeness.

In cases where a service was not delivered timely, the State gathers data on the reason for delay from the service coordinator of each case. If the reason is attributable to the family (ex. family illness or other family cancellation), these are designated as exceptional family circumstances, and therefore compliant, as long as the service was ultimately delivered. If the reason is attributable to the provider (ex. provider scheduling or availability) or no explanation is given to the State by the service coordinator, these are designated as non-compliant for this indicator.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2019

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

FFY 2019 Findings of Noncompliance Verified as Corrected

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

1. Each instance of non-compliance must be corrected within 90 days of the date of the State's letter providing the formal written notification in November. Verification of correction must be submitted in writing, using appropriate State documentation tools, via secure data transmission to the State by February 8th. These findings of non-compliance will be used to support the State's determinations along with the APR data compiled for the period of July 1-June 30 of the preceding Federal Fiscal Year.

2. For each region where findings have been identified, those regions must submit an updated Quality Improvement Plan (QIP) by January 15th. The QIP is a document developed to respond to the root causes that have contributed to the region's non-compliance (as identified in the preceding APR period and the State's formal Findings period). The regional QIP update must contain:

1) a description of the root cause analysis of the noncompliance;

2) progress made on the implementation of previously planned strategies, any adjustments to any strategies, or new strategies introduced to address root causes to improve compliance with the indicators in which any findings were made in the areas of the Contributing Factors Tool:

- a. Policy and Procedures
- b. Infrastructure
- c. Data
- d. Training and Technical Assistance
- e. Supervision
- f. Provider Practices

3) Implementation timelines, interim evaluation measures, and data from previous measures.

4) Verification of Correction of Noncompliance and Demonstration of Ongoing Compliance.

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

Prong 1: Following the identification of Findings and notifications to regions (November) requiring their correction, the State performed a desk audit of the State's data system for all regional Early Intervention Programs where there were identified Findings of non-compliance. During this desk audit the State verified that the regional CIS Early Intervention Programs corrected each instance of identified noncompliance for each infant/toddler. The State verified, from a desk audit of the State's database, that in the seven (7) instances of noncompliance, each toddler who exited on their third birthday with a disability ultimately received a transition conference prior to their exit from the program. The regional early intervention providers submitted exit data to the State providing the required documentation that transition conferences, though provided late, were held in each instance prior to the child's exit from the program. The State entered these data into the State's database, and validated them through a desk audit of the State's database.

Prong 2: The State reviewed data from January 1 – January 31. The purpose of this data review was to ensure that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements for indicators where there had been demonstrated non-compliance. The State is able to determine that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements when the data show 100% compliance for each indicator where there was previously identified noncompliance. In any case where a regional CIS Early Intervention Program is unable to demonstrate 100% compliance, the State performs data reviews on the first month of each quarter until both prongs are satisfied as evidenced by: 100% correction of every finding of noncompliance (unless the child is no longer enrolled in the program), and demonstration 100% compliance during an updated period.

Through a desk audit of the State's full database for January 2020, the State verified that ten (10) regional Early Intervention Programs demonstrated 100% compliance by verifying that the transition conference for toddlers with disabilities exiting Part C occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B as per Federal regulations and Vermont rule 2360.5.9 (a) (1) (https://education.vermont.gov/sites/aoe/files/documents/VT%20State%20Board%20of%20Education_Rule%20Series%202360_revised%205-13-2021.pdf). In two (2) regional programs, the State identified two (2) individual instances where the occurrence of a transition conference was not compliant with federal timelines due to provider circumstances. One (1) instance was delayed due to provider availability and the transition conference was held 61 days before the child's third birthday. One (1) instance was delayed due to staff turnover. The transition conference was ultimately held 43 days before the child's third birthday. The State continues to provide guidance and technical assistance to regions during the Early Intervention monthly calls to ensure they understand the timelines and requirements to support the transition processes including timely completion of transition conferences for all families who consent to participate. The State continued to monitor these region's data monthly to identify areas in need of technical assistance when 100% compliance with this indicator was not demonstrated.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

8C - OSEP Response

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2019 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 2019 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.

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining seven (7) uncorrected findings of noncompliance identified in FFY 2019 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Select yes to use target ranges.

Target Range not used

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

NO

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/03/2021	3.1 Number of resolution sessions	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/03/2021	3.1(a) Number resolution sessions resolved through settlement agreements	0

Targets: Description of Stakeholder Input

The State Children's Integrated Services (CIS) Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report (APR) for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice, and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State's twelve Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other stakeholders who attend, to review their annual data, determinations, and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. These are the data that Vermont prepares for the Annual Performance Report due to the Office of Special Education Programs (OSEP) in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies complete and submit a Continuous Quality Improvement Plan using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of CIS. This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues. VICC workgroups meet monthly and focus on advising and assisting the State Systemic Improvement Plan Evidence-based Practices and Fostering Family Connections activities.

The State CIS Early Intervention program has a Family Engagement Coordinator position focused on recruitment and retention of members (especially parents) of the VICC. As a result of this work, the VICC now has met its target of having 20% of the Council comprised of families. The Family Engagement Coordinator and VICC also focus on engagement with parents at a regional level. The VICC has produced an updated outreach rack card, VICC Orientation Manual, and publicly reports VICC information on a VICC website (<http://cisparkers.vermont.gov/icc>). Further, with additional financial resources through the American Rescue Plan Act funding, the VICC will be implementing targeted activities, which align with Vermont's State Systemic Improvement Plan Fostering Family Connections activities, which will be discussed in more detail in the Indicator 11 Section of this report.

In addition to leading the VICC and CIS family engagement efforts, Vermont's CIS Family Engagement Coordinator works with Vermont's Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented. In coordination with BBF, the Family Engagement Coordinator has begun identifying and meeting with cultural brokers to understand how to better serve the needs of families from historically marginalized or underserved populations.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the State Systemic Improvement Plan process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress. For example, as the State examined investments of the American Rescue Plan funds awarded to Early Intervention, the State hosted meetings with the VICC for their input, and then held three virtual focus group sessions open to all Early Intervention Program staff to gather input into their needs resulting from the pandemic.

The Vermont Family Network, Vermont's Parent Training and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont's Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Deaf, Hard of Hearing, DeafBlind Council; Autism Workgroup; Early Childhood Multi-Tiered System of Supports; Universal Screening; Building Bright Futures Council and workgroups; Vermont Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

Historical Data

Baseline Year	Baseline Data

FFY	2015	2016	2017	2018	2019
Target>=					
Data					

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=						

FFY 2020 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
0	0				N/A	N/A

Provide additional information about this indicator (optional)

9 - Prior FFY Required Actions

None

9 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2020 The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1 Mediations held	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.a.i Mediations agreements related to due process complaints	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

The State Children's Integrated Services (CIS) Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report (APR) for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice, and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State's twelve Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other stakeholders who attend, to review their annual data, determinations, and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. These are the data that Vermont prepares for the Annual Performance Report due to the Office of Special Education Programs (OSEP) in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies complete and submit a Continuous Quality Improvement Plan using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of CIS. This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues. VICC workgroups meet monthly and focus on advising and assisting the State Systemic Improvement Plan Evidence-based Practices and Fostering Family Connections activities.

The State CIS Early Intervention program has a Family Engagement Coordinator position focused on recruitment and retention of members (especially parents) of the VICC. As a result of this work, the VICC now has met its target of having 20% of the Council comprised of families. The Family Engagement Coordinator and VICC also focus on engagement with parents at a regional level. The VICC has produced an updated outreach rack card,

VICC Orientation Manual, and publicly reports VICC information on a VICC website (<http://cispartners.vermont.gov/icc>). Further, with additional financial resources through the American Rescue Plan Act funding, the VICC will be implementing targeted activities, which align with Vermont's State Systemic Improvement Plan Fostering Family Connections activities, which will be discussed in more detail in the Indicator 11 Section of this report.

In addition to leading the VICC and CIS family engagement efforts, Vermont's CIS Family Engagement Coordinator works with Vermont's Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented. In coordination with BBF, the Family Engagement Coordinator has begun identifying and meeting with cultural brokers to understand how to better serve the needs of families from historically marginalized or underserved populations.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the State Systemic Improvement Plan process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress. For example, as the State examined investments of the American Rescue Plan funds awarded to Early Intervention, the State hosted meetings with the VICC for their input, and then held three virtual focus group sessions open to all Early Intervention Program staff to gather input into their needs resulting from the pandemic.

The Vermont Family Network, Vermont's Parent Training and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont's Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Deaf, Hard of Hearing, DeafBlind Council; Autism Workgroup; Early Childhood Multi-Tiered System of Supports; Universal Screening; Building Bright Futures Council and workgroups; Vermont Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2015	2016	2017	2018	2019
Target>=					
Data			0.00%		

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=						

FFY 2020 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2020. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., April 1, 2021). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

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

Families are able to help their infants and toddlers develop functional social and emotional skills (Indicator 4C), so that Infants and toddlers substantially improve their functional social and emotional development (Indicator 3A Summary Statement 1).

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

NO

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

NO

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

NO

Please provide a link to the current theory of action.

https://dcf.vermont.gov/sites/dcf/files/CDD/Reports/Part_C/Theory-of-Action.pdf

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2013	52.10%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=	64.00%	64.00%	64.00%	64.00%	64.00%	64.00%

FFY 2020 SPP/APR Data

Number of Infants and Toddlers Who Substantially Improved Their Social and Emotional Development	Numbers of Children Exiting in the Reporting Period Who Received at Least Six Months of Services and Had an Entry and Exit COS Rating	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
316	416	67.28%	64.00%	75.96%	Met target	No Slippage

Provide the data source for the FFY 2020 data.

Data were collected from a desk audit of the State's database for all children who exited between July 1, 2020, and June 30, 2021.

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

Vermont's SiMR and attendant theory of action is the cornerstone of our continuous quality improvement activities. The State, in a meeting co-facilitated annually by the Vermont Interagency Coordinating Council (VICC), with participation from every CIS Early Intervention Program and many key stakeholders, examines the state's performance on federal Indicator 3A Summary Statement 1, to determine the percentage of infants and toddlers who substantially improve their social and emotional development. In addition, this group reviews the state's performance on federal indicator 4C, to determine the percentage of families who report that the Early Intervention Program has helped them to help their child develop and learn.

These data are aggregated at a regional and state level. In addition, these data include data on race and ethnicity. The State, VICC, and Early Intervention Program providers and stakeholders review the performance of each region as well as the state. The VICC and State Lead Agency staff facilitate discussions with participants into root causes behind the regional and state performance on these indicators, contributing factors, and barriers to progress. The SSIP strategies and activities are discussed, as well as regional activities associated with their annual Continuous Quality Improvement Plans (QIPS). During this meeting the State and regions update their QIPS, identifying activities that need to continue to be implemented, due to the results there are showing, or the inability to fully execute the activity, as well as new strategies and activities that need to be pursued.

The analysis for the FFY 2020 data included the following:

State level data demonstrated an eight-percentage point improvement in child outcomes (Indicator 3A Summary Statement 1). Nine out of twelve regions exceeded the state target for this indicator. Three regions did not. Of these three, one region did show significant improvement over FFY 2019. The other two regions experienced a significant decrease in this outcome. These two regions represented the smallest regions in the state. The denominators for these two regions were fifteen and nine children. Therefore, only a few children have a significant reduction in this outcome for those regions. Meanwhile, the third region that failed to meet state target is the largest region in the state, responsible for over twenty percent of the children in this data set. So, changes in their numerator represent a significant change for the region and the state. As stated above, this region improved over thirteen percentage points. Overall, the VICC and regional providers determined that improvement efforts over the past year were noteworthy.

The VICC and regional providers also examined the impact of race and ethnicity on children's outcomes. These data showed that Asian, Black/African American, and children of two or more races were less likely to achieve substantial improvement in their social and emotional skills. In addition, Asian children were more likely to be referred for early intervention services at older ages (the average age at referral for FFY 2020 was 17 months, but it was 19.8 months for Asian children). Asian children subsequently were served for fewer months than other minority populations (15 months, which is the same length of time white children were served, while Black/African American children were served for 18 months on average). The group noted that while referred at similar ages to white children, Black/African American children were served for a significantly longer duration, but as stated above, are less likely to substantially improve their social and emotional development.

The group agreed that these data did not provide sufficient information in and of themselves to help us determine the root cause of why some races/ethnicities were less likely to be referred at birth, remain in services, or unable to make the same gains as other children. It was agreed that the work being done to improve outreach to and get input from the families of these races and ethnicities was needed in order to understand more about the 'why' behind these data. As will be described below, the Family Engagement Coordinator is prioritizing working to engage and gather input from families of underrepresented races and ethnicities throughout FFY 2021. These data will help the State determine the activities necessary to support improvements in outcomes for these populations of children.

Throughout FFY 2021, the State will also be receiving ongoing technical assistance from The Center for IDEA Early Childhood Data Systems (DaSy) to better understand how to analyze and represent these data for future root cause analysis. Technical assistance from DaSy will help Vermont look at data related to:

- children's diagnosed conditions and involvement with child protection to determine the impact those factors have on children's outcomes.
- referral data to determine the representativeness of races and ethnicities over the past several years in the overall referrals. These data will inform our need for more or different outreach to these populations.
- reason for exit to determine if races and ethnicities are equitably represented in the reasons for exits. These data will inform our need for improvement efforts to better engage families and/or the services delivered to children of different races and ethnicities to ensure they are equitably represented in the numbers that exit at developmentally appropriate levels.

The State also examined family outcomes data, specifically Indicator 4C, to determine the percentage of families who felt the early intervention program helped them help their child develop and learn. As stated earlier in this report, Vermont failed to meet targets in this indicator. The VICC, State, regional providers, and stakeholders, reviewed the family comments provided along with the quantitative data from the FFY 2020 Family Survey and determined that COVID had a significant impact on families' perceptions. Many families struggled with not being able to meet in-person to have providers model the strategies for supporting their children's development. As a result of this feedback, the State will be offering training to providers in FFY 2021, as part of the CSPD work, on effective methods for coaching via telehealth. It is believed that improving provider skills, something they did not learn during preservice training, will significantly improve their ability to support families when telehealth is provided, which we anticipate will be an ongoing need throughout FFY 2021, due to the pandemic.

Of concern to the VICC, State, regional providers and stakeholders, were the representativeness of all races and ethnicities in the Family Survey data. These data showed that Asian and Hispanic/Latinx families were less likely to respond to the family survey. In fact, not only are these populations underrepresented in the responses received, they are also overrepresented in the numbers of surveys that were unable to be delivered. The Family Engagement Coordinator will be working throughout FFY 2021 to engage families from these populations to determine the best method to provide services to them as well as to obtain their input into how those services help them to help their children develop and learn. This will be discussed in greater detail below.

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

YES

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

In addition to tracking and reporting data on Indicator 3A Summary Statement 1 (above), Vermont also tracks data from the family survey, Indicator 4C: the percentage of families who report that Early Intervention helped them help their child develop and learn. These data are important to Vermont since, in our SiMR, we recognize that parents are their child's first and best teacher. Therefore, a significant focus in our SSIP is to implement strategies to help families learn ways that they can support their child's healthy social and emotional development. Vermont had seen a substantial improvement in this area since 2015, when only 84.2% of families reported that they felt early intervention helped them to help their child develop and learn. In FFY 2019, 90.84% of families reported they felt early intervention had helped them. However, it is concerning to note that in FFY 2020, only 82.69% of families reported feeling they had been helped in this way.

The State, along with the Vermont Interagency Coordinating Council and Early Intervention Programs will be implementing improvement activities to combat the impacts of COVID, which we feel is largely responsible for this downturn. As discussed in Indicator 4, above, many families appreciated being able to continue to receive early intervention services during the pandemic. However, they also acknowledged that those services were less satisfactory to them as they had trouble understanding how to implement strategies with their children without a provider being able to model the techniques or recommendations, then coaching them as the provider watched the family try out the techniques for themselves.

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

NO

Describe how the data support the decision not to make revisions to the evaluation plan. Please provide a link to the State's current evaluation plan.

The State has completed almost all activities described in the original SSIP. The ongoing efforts to foster family connections and support a Comprehensive System of Personnel Development are yielding desirable results in:

- an increase in numbers of families providing input into the system and how early intervention has helped them support their children's development;
- all early intervention providers receiving and maintaining their Early Intervention Certification;
- ongoing annual training for early intervention providers in the State-approved evaluation tools;
- commitment to the provision of training for providers in evidence-based methods for supporting children's development and effectively engaging families;
- ongoing training in universal screening using the Ages and Stages screening tool;
- substantial improvement in children's functional social and emotional functional development.

The State's evaluation plan from the Part C SSIP – April 2015 to April 2016, with tracking can be found at:

https://dcf.vermont.gov/cdd/reports/part_c#SSIP by selecting the "Evaluation Plan" below the "Theory of Action" link. (The direct link is as follows: https://dcf.vermont.gov/sites/dcf/files/CDD/Reports/Part_C/FFY-2020-SSIP-Eval-Plan.pdf). The State will be updating this evaluation plan in FFY 2021 to reflect timelines and evaluation measures related to the training and implementation of the evidence-based practices described later in this report.

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

The State Systemic Improvement Plan included the re-envisioning and hiring of two significant staff positions to focus specifically on improvement strategies. The first position is the Family Engagement Coordinator position. The State, VICC, and other stakeholders recognized the importance of having someone who was responsible for focusing on the Fostering Family Connections strategies outlined in the State's SSIP. The group felt that, without this dedicated focus, this work, which was a critical part of our improvement plan, would easily be usurped by the daily pressures of managing the program. The Family Engagement Coordinator is responsible for researching best practice(s), receiving training and technical assistance, and providing leadership to effectively engage families. A summary of the improvement activities led by the Family Engagement Coordinator are described later in this report.

The second position is the Personnel Development Coordinator. Prior to the SSIP, the state had a staff member who was responsible for training early intervention providers. This person was limited in their capacity to meet all the professional development needs of providers, since most of her time was spent developing training content and then delivering that content. This re-envisioned position, instead of being a trainer, is responsible for leading and coordinating the activities comprised in the state's Comprehensive System of Personnel Development (CSPD). Using the CSPD structure learned through intensive technical assistance received from the Early Childhood Personnel Center from FFY 2016 through FFY 2018, the Personnel Development Coordinator leads activities related to:

- preservice training,
- inservice training,
- recruitment and retention of providers,
- leadership of the CSPD, and
- data and evaluation of the CSPD

The Personnel Development Coordinator is staffed through a contract with the state's University Center on Developmental Disabilities (UCEDD). The position being housed through that contract helps the State and the UCEDD leverage resources and align our initiatives to better support children with developmental disabilities. A summary of the improvement activities led by the Personnel Development Coordinator are described later in this report.

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

Data and Accountability to Improve the System:

Fostering Family Connections strategic activities -

Over the FFY 2020 Family Survey period:

- 470 survey comments were shared by families highlighting areas of opportunity to focus improvement efforts such as: Family Engagement, Families knowing their rights, timeliness of service delivery, provider coaching, and tele-health visits. A subset of comments were compiled by the Family Engagement Coordinator and shared with the full VICC as priority areas were set for the 2021-2022 council year.
- 70 families indicated an interest in learning more about ways to get involved.
- 18 families responded to direct follow up from the Family Engagement Coordinator and learned more about the ways CIS and CIS-EI partners with families in systems improvement work.
- Nine families shared more about their personal experience receiving CIS-EI services with the Family Engagement Coordinator, further detailing the successes and challenges in their connection to CIS-EI that felt most impactful. These in-depth conversations have allowed the state team to track trends and document family feedback for use in future improvement initiatives.
- Five families participated in focus group sessions. Information gathered was synthesized and shared with the VICC to aid in their advising and assisting.

- Four families became active partners in updating the CIS Early Intervention Systems of Payments resource to support families in understanding how a child's services are reimbursed.
- Three families became active family representative members on the Vermont Interagency Coordinating Council over the 2021 calendar year.

Over the course of the reporting period, as described above, the Family Engagement Coordinator held 18 follow up meetings with families who responded to the CIS-EI Family Survey. These were families that gave permission for the Family Engagement Coordinator to contact and submitted comments on their family survey that invited follow up or indicated an interest in learning more about getting involved with the state's Continuous Quality Improvement (SSIP) work.

These calls were a chance to provide individualized follow up to families, learn more about family experience, share information about family engagement opportunities, and connect families to resources. As mentioned previously and discussed with families in conversation, family feedback is documented so that it can be used in future program improvement activities.

The Family Engagement Coordinator facilitated the following family engagement efforts to support ongoing accountability and program improvement efforts involving direct input from families:

Family Meetings

- Five New VICC Parent Representative Meetings: Support, Orientation, and Debrief
- Eighteen parent-follow up meetings (Phone, Video, Text)
- Bi-Monthly (every other month) VICC Family Engagement Workgroup Meetings (2 parents)
- 5 parents participated in focus group sessions.

Updated Materials with Family Feedback:

- CIS Rack Card (2 parents)
- Vermont's Child Care Development Fund Application (whole committee + 3 families participated in community Q/A session)
- Interpretation Process for Family Survey (2 parents)
- VICC Target Setting (4 parents involved)
- Family Rights Proposal (6 parents)
- Family Survey (3 parents)
- VICC Website Redesign (1 parent)

Families connected in these ways have made vital contributions to the state's program improvement. Their insights and partnership have been critical to supporting the Vermont Interagency Coordinating Council in their advising and assisting work. Parent/family representatives meet regularly with the Family Engagement Coordinator to review council meeting materials ahead of time to ensure they have an opportunity to ask questions and feel fully prepared to be active council members in monthly meetings. Family council representatives were facilitation partners in the December Data, Determinations and Continuous Quality Improvement meeting, and will advise on the use of Vermont's Part C ARPA funding.

Furthermore, over the reporting period, the CIS Family Engagement Coordinator worked with the CIS State Team, Vermont Interagency Coordinating Council, and families to complete several key program improvement activities. The following were among these activities:

- Updating the CIS Rack Card: this is the primary outreach document used to facilitate discussions between community providers and families about CIS services. Two parents actively advised on this project over the three-month period.
- Creation of the Interpretation Option for completion of the CIS-EI Family Survey: Over the course of this reporting period, the CIS Family Engagement Coordinator, along with community partners, the VICC, two family representatives, and regional CIS-EI staff, worked to develop and pilot a program to offer an interpretation option to families expressing a need to or preference for receiving the CIS-EI Family Survey in a primary or home language.
- VICC Target Setting: The VICC was due to set EI targets for the next five years. This process took place with four family representatives in partnership, aiding the council in setting aggressive and family informed targets to guide improvement work.
- CIS-EI Family Survey: Updates were made to the CIS-EI family Survey for the 2020 survey period. Three parents were involved in the revision process which included the addition of a question about family interest in getting involved with CIS Family Engagement work and changes to the comment sections of the survey.

Sustainability and Scaling Up:

Fostering Family Connections strategic activities -

Between April 1, 2020, and June 30, 2021, the Family Engagement Coordinator worked to orient and on-board three new VICC Family Representatives. Outside of regularly scheduled full council and council family engagement work group meetings, five orientation, support, and debrief meetings were held to support these families in their new connection to the family representative council positions. Unfortunately, each of these family representatives were only able to serve short periods of time due to increased personal and professional demands during the pandemic. Never-the-less, over the course of their connection, they contributed greatly in activities such as EI Target Setting, focus group sessions, VICC and CIS orientation improvements.

Furthermore, over the reporting period, the CIS Family Engagement Coordinator worked with the CIS State Team, Vermont Interagency Coordinating Council, and families to complete several key program improvement activities. The following were among these activities:

- CIS-EI Family Rights Proposal: Family Survey data, family feedback, and Early Intervention provider feedback has all contributed to the CIS state team setting a goal to update the Vermont CIS-EI Family Rights Booklet. Six families supported the exploratory phase of this project, sharing feedback about their experiences and preferences for what would make an updated family rights resource most supportive and accessible. The implementation of this project is set to take place in the next reporting year with additional family partners involved in each step of the process.
- Vermont Interagency Coordinating Council Website Redesign: The VICC Family Engagement Workgroup was charged with creating a proposal to update the council website with a focus on messaging and formatting that would be inclusive, welcoming and accessible to prospective family representatives. This proposal was formally adopted by the council and revisions were made. One family advisor participated in this work

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

NO

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

While Vermont CIS has made progress in outreaching to and building strong partnerships with families and providers within historically marginalized populations, there is still a lot of work to do. The Family Engagement Coordinator has worked with the VICC to explore additional appointments to the council, including representatives from the Vermont Migrant Education Program, and Vermont New American Advisory Council. With partner input and the use of national TA resources, the council plans to explore its diversity and recruitment processes over the 2021-2022 council year.

Increasing the representation of families from diverse backgrounds is a primary improvement activity across the Fostering Family Connections, Targeted Supports, and Personnel Development strategies within the SSIP. Both the Family Engagement Coordinator and the Personnel Development Coordinator, along with the Part C Administrator are actively engaged in participating in state and local conversations and forums focused on identifying ways to improve services for families of marginalized populations. The preliminary work related to this area of focus is described in the sections above. It is important to note that this work will be data-informed, through ongoing analysis of the representativeness of minority populations in the state's indicator data, input from families of minority populations, and research. Additional information about next steps is provided below to be prioritized and threaded through the state's evidence-based practices.

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

Hawaii Early Learning Profile Training - Due to the pandemic throughout FFY 2020, the State was only able to provide trainings to providers in the use of the State-approved assessment tools and how to conduct evaluations virtually. As such, the State held additional sessions of these trainings, beyond what would ordinarily be available, to ensure providers had the skills necessary to effectively conduct evaluations virtually to determine children's initial and ongoing eligibility for Part C services, as well as to support One Plan (Vermont's IFSP) development and intervention strategies.

Fostering Family Connections - The State used this period to examine data on the representativeness and equity of race and ethnicity across all federal indicators. These data will be considered Vermont's baseline data as we work with other State agencies and partners to improve equitable service delivery in early intervention. Vermont is receiving technical assistance from the Center for IDEA Early Childhood Data Systems (DaSy) around interpretation of these data and methods for effectively communicating what the data show.

For example, as a start, a data infographic will be added to the FFY 2021 Family Survey packet that is hand-delivered to families. This infographic is intended to support families' understanding of what we learned from families in the FFY 2020 Family Survey as a means of both educating them about early intervention services and the value the CIS Early Intervention Program places on family feedback to encourage families to respond to the FFY 2021 data. This infographic includes data on how some races are underrepresented in the family responses. Inclusion of this infographic with the family survey that will be disseminated to all families receiving early intervention services aligns with Vermont's theory of action: ...families will access resources to learn advocacy and leadership skills to help them provide effective input into the direct services their child receives, and ...CIS-EI practitioners will get input from parents/caregivers about what they need to support their children's health social and emotional development.

Targeted Supports for Families - Throughout FFY 2020 a workgroup of the VICC explored evidence-based models to effectively build providers skills in helping parents learn functional strategies to improve their children's functional social and emotional skills. The workgroup explored the efficacy of various models, including Touchpoints and the use of the ASQ-SE screening tool and activity book. With input from the VICC, early intervention providers, and State Lead Agency leadership, Vermont has determined that expanding Touchpoints and the use of the ASQ-SE screening tool and activity book, building upon the work of the three SSIP pilot regions, are the most sustainable, and will be pursued in FFY 2021. The VICC workgroup will continue to meet regularly to support planning and rolling out these evidence-based models.

Provide a summary of each evidence-based practice.

As described in the FFY 2019 SSIP report, Vermont's Department of Health (VDH) is partnering with the Agency of Human Services Child Development Division, including CIS, to provide trainings across the state to providers supporting young children and their families in the use of the ASQ and the ASQ-SE screening tools. Given this alignment, the VICC's review of the data from the SSIP targeted supports pilot regions, and the fact that the ASQ-SE has an activity guide that provides functional strategies for families, the ASQ-SE was determined to be a sustainable and effective tool for supporting the SIMR.

One of the SSIP targeted supports pilot regions utilized Touchpoints as an approach for engaging families in developing skills to help them help their child develop and learn. CIS early intervention providers have regularly acknowledged the need to build their skills at engaging families. However, providing services virtually during the pandemic has made this a much more prevalent need. Since most early intervention services are being provided virtually, providers have shared, and family feedback on family survey supports, the need to improve their skills at engaging and coaching families. Since they are not able to be in person with families, they cannot demonstrate or model effective strategies for supporting children's development. Improving provider skills at coaching families through leveraging families' own expertise, a hallmark of the Touchpoints approach, will enable providers to better support families to help their children develop and learn. These trainings will be delivered in FFY 2021.

As part of the State's examination of the representativeness of racially and ethnically diverse populations within the CIS Early Intervention Program indicator data, the Family Engagement Coordinator participated in several important trainings, engaged with technical assistance providers, and continued building relationships across State agencies engaged in family partnership and other related work to learn how to improve engagement with families of historically marginalized and underrepresented populations. These activities included the following:

- ECTA Technical Assistance around supporting family engagement on the VICC
- Culturally Responsive Parent Engagement offered through Head Start
- National Family Support Network's Developing and Sustaining Effective Parent Advisory Councils training
- Technical Assistance provided by Center for the Study of Social Policy around Family Engagement
- Setting up regularly occurring meetings with the Vermont Department of Health, Maternal and Child Health, Family Engagement Coordinator
- Joining the Vermont Child Development Division's Racial Equity Workgroup
- Hosting additional meetings with Vermont Family Network staff, Vermont's Parent Training and Information Center, to explore additional ways to share information related to addressing the needs of families with young children with disabilities and special health needs.

Vermont believes that it is critical that all families have the opportunity to learn advocacy and leadership skills and provide input into the systems of services that support them and their children. The State will be putting this learning and technical assistance into practice in FFY 2021 (see below for more information).

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

Evidence-based assessments performed in-person and remotely to determine initial and ongoing eligibility – the SSIP infrastructure improvement activity to put funding for ongoing training in the State-approved assessment tools into the State's contract with the Community College of Vermont Northern Lights program, supports the State's CSPD. This work is tied to the State's theory of action by aligning with the State's initiative of contracting for early childhood professional development within a single statewide contract, to ensure continuity of and equitable access to training for all Early Intervention providers. Partnering with the Vermont Department of Health (VDH) for training on the ASQ and ASQ-SE screening tools also supports this same action by leveraging resources for training provided by a key partner.

Along with these trainings, which are tied to the CSPD strategy identified in the SSIP, the State continues to develop standards for training associated with fostering family engagement in professional development by ensuring trainings on screening and assessment tools include effective methods for administering these tools using telehealth. Additional CSPD activities are identified further in this report (below), as the State continues to implement personnel development that meets standards set within the State's Early Intervention Certification, so that providers have an effective framework to develop staff Individualized Professional Development Plans (IPDPs), and to identify which trainings offered by the State will best meet their IPDP goals. In this way, providers are able to receive the training and information they need to increase their skills, so that they will be better able to engage families and improve the outcomes for these families and their children. When providers see these improvements for families they are serving in the data shared with them annually, their confidence is improved, increasing the likelihood that they will feel satisfied and fulfilled in their work and therefore remain in their role as early intervention providers—reducing turnover.

As part of the State's ongoing evaluation of the SSIP, additional training related to service delivery and family engagement practices were reviewed throughout the year by the VICC to determine the methodology to implement to support Vermont's SiMR. The VICC examined the data collected from the targeted supports pilot regions, data and information on various evidence-based family coaching and support models, and on practices to support children's social and emotional development. The importance of this thoughtful, data-driven planning by key stakeholders including the VICC and early intervention providers is a hallmark of Vermont's SSIP. It is important to learn from families and providers about the approach that they believe will work most effectively, to develop that buy-in from the start, and to have it be informed by data to ensure that the evidence-based method(s) chosen will be sustainable and achieve the desired outcomes, namely improved social and emotional development for infants and toddlers enrolled in early intervention to improve their quality of life now and in their future. Having the evidence-based method grounded in improving family skills, within their routines, to support their child's functional development is the ideal method for achieving this outcome.

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

Data were collected on the numbers of providers who attended trainings: 62 early intervention providers attended two trainings on the Hawaii Early Learning Profile - State-approved evaluation tool.

Early Intervention Providers who were due for renewal of their Early Intervention Certification were tracked and all providers holding an Early Intervention Certification completed the renewal process between November 2020 and September 2021 (just after this reporting period).

The FFY 2020 Family Survey garnered important data on families' input into improvement activities:

- 470 survey comments were shared by families highlighting areas of opportunity to focus improvement efforts such as: Family Engagement, Families knowing their rights, timeliness of service delivery, provider coaching, and tele-health visits. A subset of comments were shared with the full council as priority areas were set for the 2021-2022 council year.
- 70 families indicated an interest in learning more about ways to get involved. From these, 39 actively provided additional input into improvement activities as described below.

Data were collected on family input into improvement activities:

- CIS Rack Card (2 parents)
- Vermont's Child Care Development Fund Application (whole committee + 3 families participated in community Q/A session)
- Interpretation Process for Family Survey (2 parents)
- VICC Target Setting (4 parents involved)
- Family Rights Proposal (6 parents)
- Family Survey (3 parents)
- VICC Website Redesign (1 parent)

Data were gathered on numbers of families who provided leadership/advocacy in state-level meetings or gave input via alternative methods:

- Five New VICC Parent Representative Meetings: Support, Orientation, and Debrief
- Eighteen parent follow up meetings (Phone, Video, Text)
- Bi-Monthly (every other month) VICC Family Engagement Workgroup Meetings (2 parents)
- 5 parents participated in focus group sessions.

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

As described above, the State Lead Agency, Vermont Interagency Coordinating Council (VICC), Early Intervention Programs and key stakeholders examined various evidence-based models, including those piloted between 2015 and 2017 by the Targeted Supports pilot regions. As a result of this analysis, recommendations for the use of Touchpoints paired with the ASQ-SE screening tool and activity book were made to State leadership. These evidence-based models will be implemented in FFY 2021.

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

To support the SiMR, Vermont has been implementing four specific strategies:

1. Develop and promulgate a Comprehensive System of Personnel Development (CSPD) to improve practitioner expertise and retention;
 2. Foster family connections, which includes families participating in community-oriented activities and increasing opportunities for family engagement to develop advocacy and leadership skills;
 3. Targeted Supports for families: providers will use evidence-based strategies to improve outcomes associated with the SiMR; and
 4. Align with other State initiatives to maximize resources and ensure consistent and uniform information is provided to families and communities.
- This strategy is threaded throughout all of the other three strategies. We believe that aligning with other State initiatives, we can improve our success since CIS early intervention services are not provided in isolation of other services and supports that children and their families receive.

Comprehensive System of Personnel Development Plan FY 2021-22: Our plan this year includes a CIS Institute with four strands that meet four times

each remotely. Each strand includes an initial ½ day training followed by 3 practice-focused meetings with homework and dynamic group learning. CIS Institute – provided virtually: There will be four strands of learning offered November 2021 to June 2022. Each strand will result in ten (10) hours of training provided to attendees. The strands will cover the following topics:

- 1) Routines-based Interventions (10 hrs)
- 2) Targeted approaches for inclusion (10 hrs)
- 3) Reflective Supervision (10 hrs)
- 4) Hybrid service delivery model and making decisions with families (10 hrs)

It is planned that this virtual Institute will provide a total of forty (40) hours of professional development to approximately one hundred (100) CIS providers, including early intervention providers.

Additional training planned specifically to support Early Intervention to implement evidence-based screening and practices include: Ages and Stages Social Emotional (ASQ-SE) screening and use of the ASQ-SE Activity Book with families to introduce functional activities they can use within their families' routines to support their child's social and emotional development.

Touchpoints Foundational Level training is being held for early intervention providers from March 2022 to August 2022. This training is being offered in three (3) cohorts of eighteen (18) people each, for a foundational level training with Brazelton Touchpoints Center. The training is intended to address family engagement and best practice in engaging caregivers in goal settings and collaborative strategies for teaming.

Pilot regions determined the value of using the evidenced-based ASQ-SE screening tool and activities to support families to identify outcomes and functional strategies to support their children's social and emotional development. One of the pilot regions also determined the value of using Touchpoints to improve provider skills at engaging with families and providing parent education that leverages and scaffolds parent's own skills with their child. The State Lead Agency has been attempting for several years to provide these trainings statewide for all regional early intervention providers, and providers have been asking for practical tools and relevant, evidence-based skills training. The addition of federal American Rescue Plan Act funding received in FFY 2021 is enabling the State to finally deliver on our planned strategy to train all early intervention providers in the use of Touchpoints and ASQ-SE screening and activities.

CIS is partnering with the state's UCEDD at the University of Vermont in delivering Project SCOPE-Neonatal Abstinence Syndrome (NAS) training: we will offer twelve (12) virtual trainings from February to May 2022 including a summit on NAS in April. The purpose of the trainings is to increase awareness of NAS and early referrals to CIS for intervention. We are partnering with the Center on Disability and Community Inclusion and the University of Vermont Medical Center to offer this as part of our ongoing strategy of aligning with other initiatives. We anticipate training one hundred (100) CIS providers, including early interventionists.

Practice-based Training for Early Intervention in treating Children with or suspected of having Autism: This is still in stakeholder input phase but will likely include a coordinated effort with partnering agencies to increase capacity of early intervention statewide and will include an evidence-based model or approach. Training and support will be put in place in an initial phase in 2022.

Training in supporting children diagnosed with NAS or Autism is particularly relevant to the SiMR as regions noted during root cause analysis in Phase I of the SSIP that children with these diagnosis's may not make as much progress on their social emotional development as children without these diagnosis's. Providers have shared on professional development surveys the need for training to build their skills to effectively engage families (Touchpoints responds to this), and support children born premature, with NAS, with or suspected of having Autism.

Continuous CSPD activities: in order to continue to support and expand Vermont's CSPD the State Lead Agency hosts or participates in the following groups and activities:

- Convening the Core Planning Team (15 members from higher education, professional credentialing, early childhood special education and Part B) to advance our state Comprehensive system of Professional Development for early childhood.
- Serving as a part of Professional Development committee for the early childhood field through Northern Lights at Community College of Vermont.
- Administering the Early Interventionist Certification program including reviewing submission materials for applicants by committee and awarding the credential.

Assessment, Evaluation, and Planning System (AEPS) Assessment Tool Training – Two full-day trainings will be offered in the spring of 2022 to give in-depth instruction for how to conduct the AEPS assessment for eligibility determinations and goal setting with families. Approximately fifty (50) early intervention providers will receive training as part of our ongoing CSPD work.

The State will be conducting the CSPD described above according to the following timelines:

CIS Institute: September 1, 2021, through June 30, 2022

ASQ-SE Screening and Activities: March 2022, through December 2022, though stakeholder input is still being sought to finalize this timeline.

Touchpoints: February 2022, through July 2022

Project SCOPE: February 2022, through May 2022

Assessment, Evaluation, and Planning System (AEPS) assessment: April 2022

Practice-based Training for Early Intervention in treating Children with or suspected of having Autism: timeline and evaluation plan still under development with stakeholder input.

Following each training, provider's receive surveys to provide input into the quality of the training and trainers, as well as the value of the training to improving their practice skills. These surveys also seek provider input into other training needs. Following the Touchpoints and ASQ-SE trainings, the State plans to seek an expert to facilitate community of practice virtual meetings as a way of supporting providers to embed these skills into their practice. The State expects to see at least fifty percent (50%) of trained providers attend all scheduled community of practice sessions. The State expects to see improvements in the percent of children who substantially improve their social and emotional skills by June 2024. Additionally, the State will track participants who attend the Touchpoints training sessions and verify that they complete the Touchpoints skills validation process to ensure they understand how to use the Touchpoints approach with fidelity.

Describe any changes to the activities, strategies, or timelines described in the previous submission and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

In FFY 2020, as described in the FFY 2019 State Systemic Improvement Plan, the State intended to engage the Vermont Interagency Coordinating Council (VICC), Early Intervention Programs, and key stakeholders to identify an evidence-based practice to implement in FFY 2020 and beyond. This work began in FFY 2020 as planned. However, staff turnover at leadership levels within the State Lead Agency coupled with the ongoing pandemic slowed the State's decision-making curtailing implementation of the identified evidence-based practices. The evidence-based practices were selected, as described above, and will be implemented in FFY 2021 as planned.

Other SSIP activities will focus on Fostering Family Connections, especially engaging families from diverse and historically marginalized populations. As described above, State data on federal indicators, families' responses to the FFY 2020 Family Survey, State priorities, and key stakeholder groups all indicate the importance and need for intentional activities targeted at improving engagement with and input from these populations. In order for the state to realize success in strategic activities focused on ensuring families have access to resources to learn advocacy and leadership skills, as described in the SSIP Theory of Action, the State will be investing American Rescue Plan Act (ARPA) funds into this work focused on outreach and engagement with these targeted populations. It is the goal of this work that these populations will be equitably represented in the State's indicator data, including the Family Survey responses, and that children from these populations substantially improve their social and emotional functional development to the same degree as white children.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The State Children's Integrated Services (CIS) Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report (APR) for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice, and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State's twelve Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other stakeholders who attend, to review their annual data, determinations, and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. These are the data that Vermont prepares for the Annual Performance Report due to the Office of Special Education Programs (OSEP) in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies complete and submit a Continuous Quality Improvement Plan using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of CIS. This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues. VICC workgroups meet monthly and focus on advising and assisting the State Systemic Improvement Plan Evidence-based Practices and Fostering Family Connections activities.

The State CIS Early Intervention program has a Family Engagement Coordinator position focused on recruitment and retention of members (especially parents) of the VICC. As a result of this work, the VICC now has met its target of having 20% of the Council comprised of families. The Family Engagement Coordinator and VICC also focus on engagement with parents at a regional level. The VICC has produced an updated outreach rack card, VICC Orientation Manual, and publicly reports VICC information on a VICC website (<http://cispartners.vermont.gov/icc>). Further, with additional financial resources through the American Rescue Plan Act funding, the VICC will be implementing targeted activities, which align with Vermont's State Systemic Improvement Plan Fostering Family Connections activities, which will be discussed in more detail in the Indicator 11 Section of this report.

In addition to leading the VICC and CIS family engagement efforts, Vermont's CIS Family Engagement Coordinator works with Vermont's Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented. In coordination with BBF, the Family Engagement Coordinator has begun identifying and meeting with cultural brokers to understand how to better serve the needs of families from historically marginalized or underserved populations.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the State Systemic Improvement Plan process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress. For example, as the State examined investments of the American Rescue Plan funds awarded to Early Intervention, the State hosted meetings with the VICC for their input, and then held three virtual focus group sessions open to all Early Intervention Program staff to gather input into their needs resulting from the pandemic.

The Vermont Family Network, Vermont's Parent Training and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont's Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Deaf, Hard of Hearing, DeafBlind Council; Autism Workgroup; Early Childhood Multi-Tiered System of Supports; Universal Screening; Building Bright Futures Council and workgroups; Vermont Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

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

Throughout FFY 2020 the Vermont Interagency Coordinating Council changed its meeting schedule from quarterly, full-day meetings to monthly two-hour virtual meetings. From June of 2020 through August of 2020, the Council, along with representatives from the regional Early Intervention provider agencies, used these meetings to review data, determine and set targets for FFY 2020 through the next five years. These targets were summarily shared with the twelve regional early intervention provider agencies.

During the September 2020 Vermont Interagency Coordinating Council Meeting, which ‘kicks off’ the Council season, the Council agreed that regular two-hour monthly meetings with ongoing monthly workgroup meetings focusing on priority areas determined by the Council to support the ongoing work of the State Systemic Improvement Plan (SSIP) was preferable. Further it was agreed all meetings would continue to be held virtually. The workgroups that persisted from this decision were focused on: Fostering Family Connections and Social Emotional Evidence-Based Practice for Early Intervention workgroups. These workgroups included a cross-section of Council members including families, Early Intervention Providers, State Lead Agency staff, and stakeholders. Progress of these workgroups was regularly shared back with the full Council during Council meetings.

Over the course of the reporting period, the Family Engagement Coordinator followed up with eighteen (18) families who responded to the CIS Early Intervention Family Survey. These were families that gave permission for the Family Engagement Coordinator to contact them, submitting comments on their family survey that invited follow up, or indicated an interest in learning more about getting involved with the state’s Continuous Quality Improvement work. These calls were a chance to provide individualized follow up to families, learn more about family experience, share information about family engagement opportunities, and connect families to resources. As demonstrated by the State’s focus on improving family participation on the Vermont Interagency Coordinating Council and improving the response rate to the Family Survey, both of which are SSIP strategic activities, family feedback is documented and used in program improvement activities.

Between April 1, 2020, and June 30, 2021, the Family Engagement Coordinator worked to orient and on-board three new Family Representatives to the Vermont Interagency Coordinating Council. Outside of regularly scheduled full council and council family engagement work group meetings, five orientation, support, and debrief meetings were held to support these families in their new role as family representatives on the Council. Unfortunately, each of these family representatives were only able to serve short periods of time due to increased personal and professional demands during the pandemic. Never-the-less, over the course of their connection, they contributed greatly to activities such as target setting, focus group sessions, and Council orientation improvements.

Additional input into planned strategies and activities related to the SSIP were gathered using the regular Children’s Integrated Services (CIS) Early Intervention Monthly Call (virtual meeting), hosted by the Part C Administrator. This call is used to communicate regularly with regional Early Intervention Program supervisors and directors. It is a recognized forum for information dissemination, providing guidance to providers, and garnering feedback from CIS Early Intervention providers. Similarly, a virtual meeting is held monthly with all CIS contracted agencies, responsible for overseeing the CIS contract requirements including those associated with the provision of early intervention services. This meeting is hosted by the CIS Director and includes participation from the Part C Administrator. This meeting was also a means of gathering input and feedback into SSIP strategic activities as needed.

The CIS Personnel Development Coordinator hosted quarterly meetings with the Core Planning Team to continue to explore the Comprehensive System of Personnel Development. This group reviewed the Comprehensive System of Personnel Development SSIP strategic activities and provided input into priority areas of focus for FFY 2020. The CIS Personnel Development Coordinator also met twice monthly with the CIS State Lead Agency Team (CIS Team) to review progress on the strategic activities, seek input, and garner support as needed for moving planned activities forward.

The CIS Personnel Development Coordinator and Part C Administrator hold regular meetings with the state’s University Center on Excellence in Developmental Disabilities (UCEDD). These meetings support bi-directional input where CIS is able to respond to grants or activities the UCEDD may pursue that would benefit the CIS Early Intervention Program, as well as seeking input from the UCEDD into ways to improve personnel development, communication, or data presentation activities of the State Lead Agency. The UCEDD is represented on the Vermont Interagency Council and Council workgroups, and the CIS Personnel Development Coordinator, in addition to being a contracted employee of the UCEDD, also participates on Leadership Team with the UCEDD Center for Disabilities and Community Inclusion.

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

NO

Additional Implementation Activities

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

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

The State will begin training on Touchpoints in February of 2022 and conclude this training in July of 2022. Ongoing supports to implement the Touchpoints approach with fidelity will be provided by the State from August through December of 2022.

Ages and Stages Social Emotional Screening (ASQ-SE) training is regularly provided in Vermont, often by the Vermont Department of Health (VDH). The State will collaborate with VDH in the spring of 2022 through December of 2022 to provide training in the ASQ-SE. Further, the State Lead Agency will provide technical assistance to early intervention providers through community of practice virtual meetings to support their use of the ASQ-SE activities with families from August 2022 through December 2022, in conjunction with the Touchpoints supports. The State believes that pairing the ASQ-SE activities with the Touchpoints approach will ensure that providers are able to engage families and coach them to select functional activities from the ASQ-SE activity book to implement within their families routines to help their infants and toddlers develop functional social and emotional skills.

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

The uncertainty of remote work and ability to do in-person early intervention work across settings is making it difficult to plan services for families, but also to address the rapidly changing needs of our providers. For example, six months ago many of our providers were doing visits with families in their homes in outside settings or wearing masks. However, throughout FFY 2020, due to the pandemic, services were delivered primarily via telehealth. While services returned to in-person delivery in July of 2021, with COVID variants causing positive counts to continue to rise, many families have requested telehealth services rather than in person. Now providers need support in navigating goal setting and decisions about service delivery with

families concerned about medically fragile children, siblings in school, and elderly household members. We are working hard to create training opportunities that meet the needs of our providers, but we hear about new and nuanced training needs coming out of the pandemic's changing dynamic every month.

In addition, staff turnover at the State Lead Agency level has historically created delays for implementation of strategic activities. With Vermont's small infrastructure, any turnover has significant impacts on progress. This is true at the regional provider level as well. Early Intervention Agencies are reporting that when they have a vacancy they are having significant difficulty filling those vacancies. This difficulty has a ripple affect of increasing the caseloads of retained staff, causing them to struggle to deliver services timely and maintain fidelity to an evidence-based model. Turnover also places a burden on the state's Comprehensive System of Personnel Development (CSPD). When staff leave their positions, incoming providers are less likely to have the advanced practice knowledge in the evidence-based model being practiced, requiring the State to have difficulty maintaining advanced-level trainings, while still meeting the needs of new staff.

The State is planning to use American Rescue Plan Act (ARPA) funding to deliver the needed evidence-based training statewide. Selecting models that have train-the-trainer components was a driving factor in the stakeholder input into the evidence-based models selected in order to support sustainability. The State will also continue to review and use data to drive recruitment and retention efforts. These data will be used especially to inform ARPA and CSPD investments to outreach to recruit potential applicants for vacant early intervention positions, as well as retain those providers currently staffing Early Intervention Programs. It is believed that targeted investments will help bring more providers to apply for vacant positions and help retain current providers to reduce further turnover.

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

11 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

Lead Agency Director

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

Name:

Leslie Davis, MSEL

Title:

Children's Integrated Services Part C Administrator

Email:

leslie.davis@vermont.gov

Phone:

802-585-9652

Submitted on:

04/26/22 9:18:35 AM

ED Attachments



VT-C-Dispute-Resolution-2020-21.pdf



vt-c-resultsmatrix-2022.pdf



VT-2022DataRubricPartC.xlsx