

# WY Part C

# FFY2016 State Performance Plan / Annual Performance Report

# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

## Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

### Executive Summary:

In Wyoming, the Department of Health (WDH) has been designated by the Governor to act as the Lead Agency for accepting Part C of IDEA Federal Funds and to provide oversight of a state-wide Early Intervention System that serves children birth to three with disabilities. This state wide system allocates funds to service providers who are located in different regional geographical areas across the state.

### Contracts for Part C Funds

Once the WDH has received the annual grant award notice from OSEP, WDH has each regional program or Child Development Center (CDC) complete an application for funds on a biennial basis. These applications are approved and budgets are established for the dissemination of early intervention funds to the CDC by the following:

- Annual contracts are submitted to each region for signatures. Contracts state the expectations of programs contract deliverable to comply with IDEA rules and regulations including meeting staff credentials, compliance with on-site monitoring and compliance with corrective action plans.
- Contracts are signed by the Director of the Department of Health, the Behavioral Health Division Senior Administrator, the Chair of the respective child development center Board of Directors and the Wyoming Attorney General's office.

### Attachments

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### General Supervision System:

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

The Wyoming Department of Health (WDH), Early Intervention and Education Program has designed a general supervision and monitoring system that includes multiple methods to: 1) ensure implementation of IDEA and the accountability of regional programs and their providers; 2) identify and correct non-compliance; 3) facilitate improvement; and 4) support practices that improve results and functional outcomes for all children with disabilities and their families. These methods and strategies are interrelated and, as a whole, ensure that the Child Development Center (CDC) regional programs and their providers are implementing IDEA and improving results for children and their families.

### System Components for Ensuring and Enforcing Implementation of IDEA

The WDH ensures and enforces implementation of IDEA through clearly defined expectations in the following:

**State Performance Plan/Annual Performance Report (SPP/APR)**-Every state is required to have a 6-year plan as an accountability mechanism for the state and regional programs.

**Indicators for Monitoring Regional Programs**-Wyoming Indicators for Monitoring Regional Programs include most of the SPP/APR Indicators and a few other critical priority indicators identified by the state with the assistance of a stakeholder group. Although the state ensures implementation of all IDEA requirements through a wide range of activities, data is analyzed on an annual basis to monitor all regional programs' performance on each indicator, identify non-compliance and determine those programs that have the greatest need for improvement.

**Wyoming Part C Rules**-The rules codify provisions of Part C requirements in Wyoming state statute to ensure state authority for enforcing implementation of IDEA and its regulations in Wyoming.

**Wyoming Part C Early Intervention Program Policies and Procedures**- Wyoming has developed policies and procedures that describe how the Wyoming Part C Rules are expected to be implemented by regional programs and their service providers.

**Inter agency Agreements** - The WDH has in place several inter agency agreements that identify the responsibilities of the state agencies in the coordination and implementation of Part C requirements.

**Contracts with Regional Programs** -The WDH contracts with regional programs for the provision of early intervention services. The provisions of the contract are designed to ensure the accountability of local programs in implementing Part C requirements.

**Complaints/Dispute Resolution System**-The WDH uses the Part C Complaints/Dispute Resolution System to identify and correct non-compliance in the implementation of IDEA requirements and to identify components of the system that need improvement (e.g., policies, procedures, guidelines, written agreements).

**Off-site and On-site Monitoring** - Wyoming uses a combination of on-site and off-site monitoring activities that are linked or integrated to provide a comprehensive picture of each regional program's level of compliance and results. On-site monitoring occurs annually for every regional program such as conducting a monthly child count for each program and off-site for each of the fourteen regions, on a three-year cycle, or as issues are identified within a region through desk audits. The monitoring includes questions around:

- Natural Environments
- Timeliness of services
- Transition services
- Child Find
- Parent notification;
- Input into the IFSP process;
- Parent complaint process and
- Overall satisfaction with delivery of services.

The monitoring protocol also includes an extensive review of child records. During on-site monitoring at least 20% of the Part C files are

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reviewed using this form.

Prior to on-site monitoring visits, 100% of files are reviewed electronically to identify potential areas of non-compliance to be investigated on-site.

### Contracts for General Supervision Assistance

The following contracts are used to enhance Wyoming's Part C's general supervision system:

- Special Education Automation System (SEAS) – state wide enhanced web-based system to collect all Early Intervention service information using real time data entry reporting
- Data Driven Enterprises - assist the state with data analysis and reporting
- Social/Emotional Services– each CDC contracts with a Social Emotional Professional to assist with services in this area
- Developmental Preschool and Day Care Center (Region 11) – Early Hearing Detection and Intervention (EHDI) Project, includes professional development components and a data base in which hearing and vision screening results are entered and tracked.

### How Components are Connected

- The data systems and monitoring systems are linked through the data verification, desk audits, and on-site monitoring using a web based IFSP and data system.
- Monitoring procedures are inter-connected with all other components as that is the means in which WDH has to assess quality, performance, and compliance of each of the CDCs.

### Dispute Resolution

Wyoming Department of Health (WDH) currently has policies and procedures regarding dispute resolution that are specified in the Part C State application. Parental Rights and Procedural Safeguards, which describe the dispute resolution process, are reviewed and provided to parents throughout the year. Any written complaints are submitted to WDH and are investigated within 60 days.

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### Technical Assistance System:

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

### Components Used for Technical Assistance

The monitoring system and self-assessment surveys are utilized for compliance. However, Wyoming Department of Health (WDH) has been using these systems to guide Technical Assistance (TA) and training within the state, as well as to gain a better understanding of each community's unique needs. Additionally, with the requirement of outcome measurements, this TA system has been modified to accommodate guidance for improving child and family outcomes.

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### Professional Development System:

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

### Professional Development System

The professional system is composed of state activities and required regional activities. In each regional program application for funding, the regional program is to outline their professional development plan that meets the state's continuous improvement focus areas. The monitoring system and self-assessment pieces are primarily utilized for compliance; however, WDH has been using these systems to guide TA and training within the state as well to gain a better understanding of each community's unique needs.

### Personnel Development

The WDH supports development of local and state wide training opportunities aimed at increasing the level of skill in the current early childhood personnel, while also working with the higher education system in the state to support development of new personnel.

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**Stakeholder Involvement:** ☐ apply this to all Part C results indicators

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

### Stakeholder Involvement

Targets for all results indicators were set with stakeholder involvement prior to submission the SPP/APR February 1 2018. The state ICC met to set targets October 2014 for the State Performance Plan (SPP). The state agreed with the targets as recommended by the ICC.

### General Supervision

The general supervision system for the Wyoming Department of Health (WDH) consists of multiple components. The State Interagency Coordinating Council (ICC) is charged with advising and assisting WDH in its development and implementation of Early Intervention Services throughout the state. The council consists of parents, local parent advocacy organizations, the University of Wyoming staff, regional directors, state legislators, public health and other state representatives. These stakeholders provide input and recommendations into state rules and regulations, information identified and reported in the Annual Performance Reports and indicators reported in the State Performance Plan.

### Policies

WDH works closely with stakeholders in the development of Part C rules and regulations as well as policies to enforce those rules and regulations.

Stakeholder involvement and input is incorporated into the development of the WDH policies, procedures, initiatives, and systems such as those discussed under data systems, on-site monitoring, desk audits, self-assessment, policies and procedures, personnel development, public reporting, application for funds, surveys, dispute resolution, etc.

### Public Reporting

The annual performance reports are all reviewed by the state ICC at a minimum and involves input from regional directors and other regional personnel. The Local Providers performance on the implementation of IDEA Part C is also publically reported on the WDH website for public review.

<https://health.wyo.gov/behavioralhealth/early-intervention-education-program-eiep>

(Link updates April 17, 2018)

### Attachments

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| <a href="#">mx-m264n_20180122_113426.pdf</a> | Christine DeMers | 1/22/2018 6:19 PM |        |

### Reporting to the Public:

How and where the State reported to the public on the FFY 2015 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2015 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2015 APR in 2017, is available.

### Public Reporting

WDH reports information to the state's Interagency Coordinating Council and posts public announcements as needed for availability of information and the process to request copies. Summary reports from on-site monitoring, desk audits, 618 reports and annual performance reports are all reviewed by the state ICC and also involve input from regional directors and other regional personnel. Annually, local provider performance reports are posted on the WDH website for public review.

WDH post's the annual performance report/ state performance plan on the WDH website:

<https://health.wyo.gov/behavioralhealth/early-intervention-education-program-eiep/>

[Link updated April 18,2018](#)

The state has timely reported the FFY 2015 (July 1, 2015-June 30, 2016) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by section 616(b)(2)(C) (ii)(I) of IDEA using the following link: <https://health.wyo.gov/behavioralhealth/early-intervention-education-program-eiep>. Located under: Child Development Centers Performance Reports The state has used this reporting format for its local providers since 2007.

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### Actions required in FFY 2015 response

### OSEP Response

States were instructed to submit Phase III Year Two of the State Systemic Improvement Plan (SSIP) by April 2, 2018. The State provided the required information.

In the FFY 2017 APR, the State must report FFY data for the State-identified Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities; (2) measures and outcomes that were implemented since the State's last SSIP submission (i.e., April 2, 2018); and (3) a summary of the infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short- and long-term outcomes that are intended to impact the SiMR.

### Required Actions

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner.

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

| Historical Data     |      |        |        |        |      |      |      |      |      |      |        |
|---------------------|------|--------|--------|--------|------|------|------|------|------|------|--------|
| Baseline Data: 2005 |      |        |        |        |      |      |      |      |      |      |        |
| FFY                 | 2004 | 2005   | 2006   | 2007   | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014   |
| Target              |      |        | 100%   | 100%   | 100% | 100% | 100% | 100% | 100% | 100% | 100%   |
| Data                |      | 99.40% | 98.00% | 99.00% | 100% | 100% | 100% | 100% | 100% | 100% | 99.41% |

| FFY    | 2015   |
|--------|--------|
| Target | 100%   |
| Data   | 98.20% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

FFY 2016 - FFY 2018 Targets

| FFY    | 2016 | 2017 | 2018 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

FFY 2016 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 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|---|---|----------------|------------------|---------------|
| 167   | 167   | 98.20%         | 100%             | 100%          |

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.*

0

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).

Wyoming uses a monitoring approach to report on this indicator. Service providers complete a self assessment of ten (10) files or 10% of all individual Family Service Plans (IFSP) completed during the FFY 2016 reporting time line from July 1 2016 to June 30 2017. This self assessment also documents the individual files account for timely receipt of services, including the reason for the delays.

Through the use of this self assessment tool, zero (0) IFSP service start dates were identified as not be provided in a timely manner due to service provider. Timely receipt of services is described as within thirty (30) days of the consent signature by parent/caregiver for the service.

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

☒ State monitoring

☐ State database

Describe the method used to select EIS programs for monitoring.

Wyoming uses a monitoring approach to report on this indicator. All state wide services are delivered through regional child development centers who employ the service providers that cover a geographical area of the state. These service providers complete a self assessment for their caseload of ten (10) files or 10% of all IFSPs completed during the FFY 2016 reporting time line (July 1 2016 to June 30 2017).

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

1/30/2019

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

### Actions required in FFY 2015 response

none

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

### Correction of Findings of Noncompliance Identified in FFY 2015

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

### FFY 2015 Findings of Noncompliance Verified as Corrected

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

Four (4) files in FFY 2015 reporting period were identified as being out of compliance due to the delay in delivering IFSP services within thirty (30) days of consent by parent/caregiver due to the provider. IFSP services were documented as being delivered, even though it was late, to the child/family as prescribed in the IFSP. Subsequent data did not indicate any services were delayed beyond thirty days from that provider for the review period (July 1 2016 to June 30 2017).

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

The State verified the correction of non-compliance identified in the FFY 2015 reporting for this indicator by reviewing the child files in the electronic data state wide system. This system documents, in real time, all IFSP activities for each regional service providers. The state wide data system collects the projected service start date as described in the plan and also documents the actual start date for each service. Any service that was not initiated within thirty days of consent by the parent must document why the service was delayed in the data system. The state staff reviews the IFSPs monthly for timely and accurate data. The four files documented through the self assessment process as being out of compliance was subsequently corrected due to the fact that the provider did eventually provide the services, even though late, to the child and family.

### OSEP Response

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2016 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 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

### Required Actions

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 2: Services in Natural Environments

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

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

Historical Data

Baseline Data: 2005

| FFY      | 2004 | 2005   | 2006   | 2007   | 2008   | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|----------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target ≥ |      |        | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.50% |
| Data     |      | 97.20% | 97.60% | 99.00% | 99.72% | 100%   | 99.80% | 99.00% | 99.00% | 98.84% | 98.43% |

| FFY      | 2015   |
|----------|--------|
| Target ≥ | 95.50% |
| Data     | 95.54% |

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

FFY 2016 - FFY 2018 Targets

| FFY      | 2016   | 2017   | 2018   |
|----------|--------|--------|--------|
| Target ≥ | 95.50% | 95.50% | 96.00% |

Key:

Targets: Description of Stakeholder Input

In July 2014 the State's ICC met to discuss targets for the State Performance Plan (SPP).

Stakeholders reviewed past APR performance data for this indicator with the assistance of a contractor who advised the Council on appropriate targets for growth. The stakeholders reviewed this information and advised the Wyoming Department of Health on targets for the next five years.

Prepopulated Data

| Source   | Date      | Description   | Data  | Overwrite Data |
|--|-----------|---|-------|----------------|
| SY 2016-17 Child Count/Educational Environment Data Groups | 7/12/2017 | <a href="#">Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings</a> | 1,223 |                |
| SY 2016-17 Child Count/Educational Environment Data Groups | 7/12/2017 | <a href="#">Total number of infants and toddlers with IFSPs</a>   | 1,245 |                |

FFY 2016 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 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|---|---|----------------|------------------|---------------|
| 1,223   | 1,245   | 95.54%         | 95.50%           | 98.23%        |

Actions required in FFY 2015 response

none

OSEP Response



**Required Actions**

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 3: Early Childhood Outcomes

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

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

Historical Data

|    | Baseline Year | FFY      | 2004 | 2005 | 2006 | 2007 | 2008   | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|----|---------------|----------|------|------|------|------|--------|--------|--------|--------|--------|--------|--------|
| A1 | 2008          | Target ≥ |      |      |      |      |        | 42.60% | 43.05% | 43.05% | 43.15% | 42.55% | 43.05% |
|    |               | Data     |      |      |      |      | 42.55% | 44.82% | 42.36% | 50.00% | 67.50% | 80.84% | 80.33% |
| A2 | 2008          | Target ≥ |      |      |      |      |        | 50.48% | 50.98% | 50.98% | 51.08% | 50.48% | 50.98% |
|    |               | Data     |      |      |      |      | 50.48% | 47.86% | 44.75% | 50.40% | 49.30% | 45.17% | 47.93% |
| B1 | 2008          | Target ≥ |      |      |      |      |        | 47.17% | 47.67% | 47.67% | 47.77% | 47.17% | 47.67% |
|    |               | Data     |      |      |      |      | 47.17% | 48.55% | 44.11% | 56.70% | 68.60% | 79.84% | 79.68% |
| B2 | 2008          | Target ≥ |      |      |      |      |        | 53.00% | 53.50% | 53.50% | 53.60% | 53.00% | 53.50% |
|    |               | Data     |      |      |      |      | 53.00% | 45.66% | 45.17% | 49.70% | 46.90% | 46.63% | 49.55% |
| C1 | 2008          | Target ≥ |      |      |      |      |        | 54.34% | 54.84% | 54.84% | 55.94% | 54.34% | 54.84% |
|    |               | Data     |      |      |      |      | 54.34% | 54.70% | 52.12% | 61.40% | 76.20% | 80.28% | 81.75% |
| C2 | 2008          | Target ≥ |      |      |      |      |        | 54.16% | 54.66% | 54.66% | 54.76% | 54.16% | 54.66% |
|    |               | Data     |      |      |      |      | 54.16% | 51.25% | 48.90% | 52.40% | 53.60% | 48.63% | 51.71% |

|    | FFY      | 2015   |
|----|----------|--------|
| A1 | Target ≥ | 43.55% |
|    | Data     | 86.42% |
| A2 | Target ≥ | 51.48% |
|    | Data     | 48.36% |
| B1 | Target ≥ | 48.17% |
|    | Data     | 83.75% |
| B2 | Target ≥ | 54.00% |
|    | Data     | 50.48% |
| C1 | Target ≥ | 55.34% |
|    | Data     | 86.75% |
| C2 | Target ≥ | 55.16% |
|    | Data     | 51.84% |

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

FFY 2016 - FFY 2018 Targets

| FFY         | 2016   | 2017   | 2018   |
|-------------|--------|--------|--------|
| Target A1 ≥ | 44.05% | 44.55% | 45.05% |
| Target A2 ≥ | 52.48% | 52.98% | 52.98% |
| Target B1 ≥ | 48.67% | 49.17% | 49.17% |
| Target B2 ≥ | 54.50% | 55.00% | 55.00% |
| Target C1 ≥ | 55.83% | 56.34% | 56.34% |
| Target C2 ≥ | 55.66% | 56.16% | 56.16% |

Key:

Targets: Description of Stakeholder Input

In July 2014, the state ICC met with the Behavioral Health Division to review the past performance and future target proposals based on the historical performance of Indicator 3/Child Outcomes. The stakeholders proposed to increase the performance for the following sub-indicators as follows:

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Indicator 3 A Statement 1- Increase the performance total gain from the 2008 baseline by 2.00%.

Indicator 3 A Statement 2- Increase the performance total gain from the 2008 baseline by 4.00%. Focus of the SIMR outlined in Indicator 11.

Indicator 3 B Statement 1- Increase the performance total gain from the 2008 baseline by 2.00%.

Indicator 3 B Statement 2- Increase the performance total gain from the 2008 baseline by 2.00%.

Indicator 3 C Statement 1- Increase the performance total gain from the 2008 baseline by 2.00%.

Indicator 3 C Statement 2- Increase the performance total gain from the 2008 baseline by 2.00%.

**FFY 2016 SPP/APR Data**

|  |        |
|--|--------|
| Number of infants and toddlers with IFSPs assessed | 680.00 |
|--|--------|

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

|   | Number of Children | Percentage of Children |
|---|--------------------|------------------------|
| a. Infants and toddlers who did not improve functioning   | 5.00               | 0.74%                  |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 120.00             | 17.65%                 |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it                      | 190.00             | 27.94%                 |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | 270.00             | 39.71%                 |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | 95.00              | 13.97%                 |

|   | Numerator | Denominator | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|---|-----------|-------------|----------------|------------------|---------------|
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d). | 460.00    | 585.00      | 86.42%         | 44.05%           | 78.63%        |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).   | 365.00    | 680.00      | 48.36%         | 52.48%           | 53.68%        |

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

|   | Number of Children | Percentage of Children |
|---|--------------------|------------------------|
| a. Infants and toddlers who did not improve functioning   | 10.00              | 1.47%                  |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 161.00             | 23.68%                 |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it                      | 188.00             | 27.65%                 |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | 250.00             | 36.76%                 |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | 71.00              | 10.44%                 |

|   | Numerator | Denominator | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|---|-----------|-------------|----------------|------------------|---------------|
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d). | 438.00    | 609.00      | 83.75%         | 48.67%           | 71.92%        |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).   | 321.00    | 680.00      | 50.48%         | 54.50%           | 47.21%        |

**Reasons for B2 Slippage**

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

To determine why there is slippage in B2, the WDH EIEP examined results by the all programs to determine if this slippage was present in all programs or if it were particular to just certain programs. The decrease was generally largest in those programs that were part of the pilot process for the improved scoring for Indicator 3. Thus, part of the decrease can be attributed to the pilot.

The EIEP has focused on improving the reliability and validity of the COS process for the past year. In 2017-18, the EIEP is providing state-wide training on the assessment instrument used in the COS pilot and will continue to provide rater training on the 7-point rating scale. The new process will be utilized statewide by the beginning of July 2018.

### Outcome C: Use of appropriate behaviors to meet their needs

|   | Number of Children | Percentage of Children |
|---|--------------------|------------------------|
| a. Infants and toddlers who did not improve functioning   | 8.00               | 1.18%                  |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 120.00             | 17.65%                 |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it                      | 174.00             | 25.59%                 |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | 298.00             | 43.82%                 |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | 80.00              | 11.76%                 |

|  | Numerator | Denominator | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--|-----------|-------------|----------------|------------------|---------------|
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$ . | 472.00    | 600.00      | 86.75%         | 55.83%           | 78.67%        |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$ .   | 378.00    | 680.00      | 51.84%         | 55.66%           | 55.59%        |

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

|   |  |
|---|--|
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's part C exiting 618 data    |  |
| 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. |  |

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

Was sampling used? No

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

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

The Wyoming Department of Health (WDH) which is the Lead Agency for Part C of IDEA services *Early Intervention and Education Program* (EIEP) is using the Early Childhood Outcome Center summary tool, Child Outcome Summary (COS) form, and the criteria for defining "comparable to same-aged peers" is a child who is rated a six or seven on the COS form. A COS form is completed on all entering and exiting children to the Part C program.

Progress data are reported on all children who enter and exit the Part C program; because data are collected from all children and not a sample of children, the EIEP does not need to be concerned about any response bias or non-representativeness.

To ensure that the data reported on the COS reporting are reliable and valid, EIEP examined the supporting documentation on the COS form and how it corresponded with the outcomes rating given the child. The EIEP also incorporated the Early Childhood Outcome Center Decision Tree right onto the COS form to ensure that the different CDCs were applying the COS decision rules consistently.

*Early Intervention and Education Program's list of state approved tools that can be used to track how children demonstrate improved social/emotional skills, acquisition and use of knowledge of skills (including early language and communication), and use of appropriate behaviors to meet their needs.*

*Assessment Tools to capture the three areas of development:*

- Battelle Developmental Inventory
- Early Learning Accomplishment Profile
- Hawaii Early Learning Profile
- Bayley Scales of Infant Development (BSID-II)

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

- *Brigance*

EIEP requested that the IFSP team implement one or more of the above tools at the time of the child's entry into the program and shortly before the child exits the program (three months prior or less). IFSP team also reviewed other sources of information, including the Multidisciplinary Team Evaluation, the IFSP objectives and outcomes, child observations and parent input in order to complete the Early Childhood Outcome (ECO) Center Child Outcomes Summary Form (COSF) on each child. This form is intended to summarize multiple sources of information as a method to report progress in the three developmental areas.

### Update 2017-

In a review of program data for child outcomes, the EIEP noticed a child's progress was not consistent with the Child Outcome Summary (COS) and other testing data. CDC sites are using assessment scores as well as subjective teacher and parent evaluation to determine a child's progress. As a result, program data may not show an accurate reflection of a child's progress.

With the goal to better assess children's progress, the EIEP developed and completed a pilot project with three (3) programs standardizing the assessment tool and processes for completing the COS. The pilot began on July 1, 2016.

The three (3) pilot programs implemented the standardized assessment process and tool; Battalle Developmental Inventory (BDI-2), to ensure the data is reliable and valid. This data was used for the FFY 2016 Indicator 3 reporting along with the remaining eleven (11) programs who continue to use the COS process from ECO.

The pilot was completed in July 2017 and the EIEP intends to implement the new processes with all of the programs by July 2018.

### Actions required in FFY 2015 response

none

### OSEP Response

States must report the following data starting with the FFY 2017 SPP/APR submission, due February 2019: (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.

### Required Actions

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 4: Family Involvement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Historical Data

|   | Baseline Year | FFY      | 2004 | 2005 | 2006   | 2007   | 2008   | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|---|---------------|----------|------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| A | 2006          | Target ≥ |      |      |        |        | 94.00% | 94.50% | 95.50% | 95.50% | 95.60% | 96.26% | 96.26% |
|   |               | Data     |      |      | 96.26% | 96.10% | 97.70% | 96.97% | 95.70% | 96.27% | 97.41% | 93.94% | 93.54% |
| B | 2006          | Target ≥ |      |      |        |        | 94.00% | 94.50% | 95.50% | 95.50% | 95.60% | 95.42% | 95.42% |
|   |               | Data     |      |      | 95.42% | 95.80% | 96.70% | 96.27% | 94.89% | 95.78% | 95.69% | 93.62% | 93.33% |
| C | 2006          | Target ≥ |      |      |        |        | 93.77% | 94.10% | 95.10% | 95.10% | 95.20% | 95.42% | 95.42% |
|   |               | Data     |      |      | 95.42% | 96.10% | 97.20% | 95.58% | 93.28% | 95.53% | 94.83% | 94.09% | 92.53% |

|   | FFY      | 2015   |
|---|----------|--------|
| A | Target ≥ | 96.26% |
|   | Data     | 97.76% |
| B | Target ≥ | 95.42% |
|   | Data     | 97.25% |
| C | Target ≥ | 95.42% |
|   | Data     | 98.28% |

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

FFY 2016 - FFY 2018 Targets

| FFY        | 2016   | 2017   | 2018   |
|------------|--------|--------|--------|
| Target A ≥ | 96.46% | 96.56% | 97.26% |
| Target B ≥ | 95.42% | 95.62% | 96.42% |
| Target C ≥ | 95.42% | 95.62% | 96.42% |

Key:

Targets: Description of Stakeholder Input

In July 2014, the state ICC met with the Behavioral Health Division WDH to review the past performance and future target proposals based on the historical performance of Indicator 4/Family Outcomes. This target remains the same for this current federal reporting in FFY 2016.

FFY 2016 SPP/APR Data

|   |               |
|---|---------------|
| Number of families to whom surveys were distributed   | 2125.00       |
| Number of respondent families participating in Part C   | 26.21% 557.00 |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights                              | 547.00        |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights   | 557.00        |
| 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 | 546.00        |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs                        | 557.00        |
| 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          | 546.00        |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn                                 | 557.00        |

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

|  | Data*  | Target* | Data   |
|--|--------|---------|--------|
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights                              | 97.76% | 96.46%  | 98.20% |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs | 97.25% | 95.42%  | 98.03% |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn          | 98.28% | 95.42%  | 98.03% |

Was sampling used?   No

Was a collection tool used?   Yes

Is it a new or revised collection tool?   No

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

Yes

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

In FFY 2016, surveys were distributed to all parents/caregivers whose child had been enrolled in the Part C services during the 2016-17 school year. Surveys were distributed via an online platform where parents/caregivers could record their responses.Parents could also respond via a paper survey if the family requested one. Five hundred fifty-seven (557) family surveys were completed state-wide. A total of 2,125 children received services at some point during the 2016-17 year. Thus, the response rate is 26.21%.

The representativeness of the surveys was assessed by examining the demographic characteristics of the children of the parents who responded to the survey to the demographic characteristics of all Part C children receiving services. This comparison indicates the results are representative (1) by geographic region where the child receives services; and (2) by the age of the child. However, parents of white children are slightly more likely to respond to the survey than parents of children of other race/ethnicities. 86% of the Part C family members who returned a survey indicated that their children’s race/ethnicity is white, and 76% of all Part C children are white.

The EIEP will continue to encourage all parents of all race/ethnicities to complete the family survey.

### Actions required in FFY 2015 response

none

### OSEP Response

### Required Actions

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

### Indicator 5: Child Find (Birth to One)

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

#### Historical Data

Baseline Data: 2005

| FFY      | 2004 | 2005  | 2006  | 2007  | 2008  | 2009  | 2010  | 2011  | 2012  | 2013  | 2014  |
|----------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Target ≥ |      |       | 2.00% | 2.10% | 1.04% | 1.03% | 1.03% | 1.02% | 1.06% | 1.91% | 1.91% |
| Data     |      | 1.91% | 1.80% | 1.70% | 1.87% | 1.83% | 1.80% | 2.03% | 2.04% | 1.89% | 2.36% |

| FFY      | 2015  |
|----------|-------|
| Target ≥ | 1.91% |
| Data     | 2.79% |

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

#### FFY 2016 - FFY 2018 Targets

| FFY      | 2016  | 2017  | 2018  |
|----------|-------|-------|-------|
| Target ≥ | 2.00% | 2.01% | 2.04% |

Key:

#### Targets: Description of Stakeholder Input

In July 2014 the State's ICC met to discuss targets for the State Performance Plan (SPP).

Stakeholders reviewed past APR performance data for this indicator with the assistance of a contractor who advised the Council on appropriate targets for growth. The stakeholders reviewed this information and advised the Wyoming Department of Health on targets for the next five years.

#### Prepopulated Data

| Source   | Date      | Description  | Data  | Overwrite Data |
|--|-----------|--|-------|----------------|
| SY 2016-17 Child Count/Educational Environment Data Groups                           | 7/12/2017 | <a href="#">Number of infants and toddlers birth to 1 with IFSPs</a> | 229   | null           |
| U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2016 | 6/22/2017 | <a href="#">Population of infants and toddlers birth to 1</a>        | 7,406 | null           |
| TBD  |           |  | null  |                |

#### FFY 2016 SPP/APR Data

| Number of infants and toddlers birth to 1 with IFSPs | Population of infants and toddlers birth to 1 | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--|---|----------------|------------------|---------------|
| 229  | 7,406   | 2.79%          | 2.00%            | 3.09%         |

#### Compare your results to the national data

Wyoming is above the mean for national data of serving infants and toddlers birth to age one in FFY 2016.



**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

**Actions required in FFY 2015 response**

none

**OSEP Response**

**Required Actions**

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 6: Child Find (Birth to Three)

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

| FFY      | 2004 | 2005  | 2006  | 2007  | 2008  | 2009  | 2010  | 2011  | 2012  | 2013  | 2014  |
|----------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Target ≥ |      |       | 4.20% | 4.40% | 2.66% | 2.67% | 2.82% | 2.79% | 2.77% | 4.31% | 4.31% |
| Data     |      | 4.31% | 4.55% | 4.40% | 4.59% | 4.46% | 4.78% | 5.08% | 5.12% | 4.96% | 5.32% |

| FFY      | 2015  |
|----------|-------|
| Target ≥ | 4.41% |
| Data     | 5.46% |

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

FFY 2016 - FFY 2018 Targets

| FFY      | 2016  | 2017  | 2018  |
|----------|-------|-------|-------|
| Target ≥ | 4.51% | 4.71% | 5.00% |

Key:

Targets: Description of Stakeholder Input

The baseline for 2005 will be used as the 2013 target and with a total gain 0.69% for FFY 2016 reprotng. Wyoming has consistently performed above the national baseline for this Indicator.

Stakeholder involvement is described in Indicator 3.

Prepopulated Data

| Source   | Date      | Description  | Data   | Overwrite Data |
|--|-----------|--|--------|----------------|
| SY 2016-17 Child Count/Educational Environment Data Groups                           | 7/12/2017 | <a href="#">Number of infants and toddlers birth to 3 with IFSPs</a> | 1,245  |                |
| U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2016 | 6/22/2017 | <a href="#">Population of infants and toddlers birth to 3</a>        | 22,736 |                |
| TBD  |           |  | null   |                |

FFY 2016 SPP/APR Data

| Number of infants and toddlers birth to 3 with IFSPs | Population of infants and toddlers birth to 3 | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--|---|----------------|------------------|---------------|
| 1,245  | 22,736  | 5.46%          | 4.51%            | 5.48%         |

Compare your results to the national data

Wyoming is above the mean for national data of serving infants and toddlers birth to age three in FFY 2016.

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

**Actions required in FFY 2015 response**

none

**OSEP Response**

**Required Actions**

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Indicator 7: 45-day timeline

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.



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

### Historical Data

Baseline Data: 2005

| FFY    | 2004 | 2005   | 2006   | 2007   | 2008   | 2009   | 2010 | 2011   | 2012   | 2013   | 2014   |
|--------|------|--------|--------|--------|--------|--------|------|--------|--------|--------|--------|
| Target |      |        | 100%   | 100%   | 100%   | 100%   | 100% | 100%   | 100%   | 100%   | 100%   |
| Data   |      | 97.00% | 99.00% | 95.60% | 97.70% | 99.60% | 100% | 98.80% | 97.80% | 98.81% | 98.95% |

| FFY    | 2015   |
|--------|--------|
| Target | 100%   |
| Data   | 99.09% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

### FFY 2016 - FFY 2018 Targets

| FFY    | 2016 | 2017 | 2018 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

### FFY 2016 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 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--|--|----------------|------------------|---------------|
| 919  | 935  | 99.09%         | 100%             | 98.29%        |

#### 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.

0

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

- ☒ State monitoring
- ☒ State database

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

July 1 2016 through June 30 2017 for the full reporting period.

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

This data accurately reflects 100% of the initial IFSPs from referral to the initial IFSP meeting (excluding children with extenuating family circumstances) and therefore reflects 100% of the population of infants and toddlers who were referred, evaluated and had an IFSP meeting.

The WDH Part C database is a web-based system that was specifically developed to collect and track data on the participation of infants and toddlers with disabilities and their families in the monitoring priority areas identified by the WDH and the Office of Special Education Programs. Data collected at referral and the Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. The EIEP and the local service providers generate reports on a regular basis to monitor compliance and performance and audit for data validity and reliability.

### ☒ Provide additional information about this indicator (optional)

Clarification for OSEP Comment "The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2015 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 2015 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".

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

April 19, 2018.

The state has conducted a review of subsequent data using the enhanced statewide data system to verify that the providers identified as having files out of compliance, has corrected the individual noncompliance and has continued to correctly implement the regulatory requirement. Each EIS program or provider with noncompliance identified in FFY 2015 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.

### Actions required in FFY 2015 response

none

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

### Correction of Findings of Noncompliance Identified in FFY 2015

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

### FFY 2015 Findings of Noncompliance Verified as Corrected

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

*The state has conducted a review of subsequent data using the enhanced statewide data system to verify that the providers identified as having files out of compliance, has corrected the individual noncompliance and has continued to correctly implement the regulatory requirement. Each EIS program or provider with noncompliance identified in FFY 2015 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.*

*(Updated April 2018)*

The State recognizes that this indicator requires a compliance rate of 100% and will continue to work to meet the compliance in this area.

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

In the review of the database for FFY 2015, nine (9) files did not document a justification for the delay but did document that an initial IFSP meeting was completed even though it was more than forty five days from the referral. *All nine files documented that they held the IFSP meeting and implemented the IFSP services.*

*(Updated April 2018)*

### OSEP Response

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2016 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 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

### Required Actions

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 8A: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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



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

Historical Data

Baseline Data: 2005

| FFY    | 2004 | 2005   | 2006   | 2007   | 2008   | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|--------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target |      |        | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   |
| Data   |      | 93.60% | 99.40% | 99.80% | 97.70% | 93.00% | 98.40% | 98.70% | 96.90% | 97.18% | 97.25% |

| FFY    | 2015   |
|--------|--------|
| Target | 100%   |
| Data   | 95.71% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

FFY 2016 - FFY 2018 Targets

| FFY    | 2016 | 2017 | 2018 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

FFY 2016 SPP/APR Data



Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.

-  Yes
-  No

| Number of children exiting Part C who have an IFSP with transition steps and services | Number of toddlers with disabilities exiting Part C | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|---|---|----------------|------------------|---------------|
| 566   | 572   | 95.71%         | 100%             | 98.95%        |

|  |   |
|--|---|
| Number of documented delays attributable to exceptional family circumstances<br><i>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.</i> | 0 |
|--|---|

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

-  State monitoring
-  State database

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

Full reporting period of July 1 2016 to June 30 2017.

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

100% of the Part C providers enter 100% of the children currently being served service information electronically in the enhanced web based system from the initial referral to the Part C program up to the child's exiting services. This information provides for real time data monitoring. This data system also includes 100% of the completed and documented transition planning or transition conference meetings conducted for the child and child's family, even if late for the dates between July 1 2016 to June 30 2017.

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

### Actions required in FFY 2015 response

none

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

### Correction of Findings of Noncompliance Identified in FFY 2015

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 47                                   | 47  | 0  | 0                                      |

### FFY 2015 Findings of Noncompliance Verified as Corrected

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

The EIEP verified that the CDC programs are currently correctly implementing the specific regulatory requirement through data submissions and file reviews. The EIEP verified correction of noncompliance for this indicator by monitoring the identified EIS program with noncompliance for its implementation that :

(1) is correctly implementing this regulation requirement based on review of updated data such as data subsequently collected through on-site monitoring or the State's data system ; and

(2) has developed an IFSP with transition steps and services for each child, unless the child is no longer within the jurisdiction of the EIS program (i.e., the child has exited the States Part C program due to age or other reasons), consistent with OSEP Memo 09-02. All exits that were out of compliance were corrected for the FFY 2015 by documenting the transition plan date (even though late) in the enhanced data system and through review of subsequent data.

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

Subsequent data was reviewed when the program had reported on any transition activities for timeliness.

All individual cases of non-compliance was not corrected due to the individual child had exited the jurisdiction of the program so the program was not able to correct the specdic case. It was only through monitoring of subsequent data that a program can show it is correctly implementing the regulatory requirements.

Because the State reported less than 100% compliance for FFY 2015, the State must report on the status of correction of noncompliance identified in FFY 2015 for this indicator. When reporting on the correction of noncompliance, the State must report, in its FFY 2016 APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2015 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 2016 APR, the State must describe the specific actions that were taken to verify the correction.

Data collected at referral and from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. EIEP and CDC staffs generate reports on a regular basis to monitor compliance and performance and audit for data validity and reliability. All forty seven (47) exits files that were out of compliance for the FFY 2015 have been corrected by documenting the transition plan date (even though late) in the enhanced data system for the individual files out of compliance (i.e., achieved 100% compliance). The EIS Providers who were out of compliance for the FFY 2015 APR for this indicator were verified to be correctly implementing the timely transition plan with steps and services requirements based on a review of subsequently collected data through on-site monitoring and off-site file reviews that were conducted periodically.

### OSEP Response

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2016 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 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

### Required Actions

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 8B: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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



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

Historical Data

Baseline Data: 2005

| FFY    | 2004 | 2005 | 2006 | 2007 | 2008   | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|--------|------|------|------|------|--------|------|------|------|------|------|------|
| Target |      |      | 100% | 100% | 100%   | 100% | 100% | 100% | 100% | 100% | 100% |
| Data   |      | 100% | 100% | 100% | 90.33% | 100% | 100% | 100% | 100% | 100% | 100% |

| FFY    | 2015 |
|--------|------|
| Target | 100% |
| Data   | 100% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

FFY 2016 - FFY 2018 Targets

| FFY    | 2016 | 2017 | 2018 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

FFY 2016 SPP/APR Data

Data include notification to both the SEA and LEA

- ☒ Yes
- ☐ No

| Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services | Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|---|--|----------------|------------------|---------------|
| 385   | 385  | 100%           | 100%             | 100%          |

|   |   |
|---|---|
| Number of parents who opted out<br><i>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.</i> | 0 |
|---|---|

Describe the method used to collect these data

In FFY 2016 (July 1, 2016 to June 30, 2017), The SEA and the LEA received notification when the child entered the Part C service system that included the birth date and other demographic information when the information was entered into the state wide enhanced data system.

Wyoming does not have an "opt out" policy but the data entry procedure documents ALL child information entered into a enhanced electronic child file system that is shared with the Part B 619 programs (LEA) that operates within the same agency. These regional CDCs serve children identified for IDEA services from birth to age 5, for that geographical area. This same electronic system also informs the Lead Agency (Health) of all Part C children determined as "potentially eligible for Part B services" and also notifies the SEA's agent (Part B 619 coordinator) of children determined "potentially eligible for Part B preschool services".

In FFY 2016, (July 1, 2016 to June 30, 2017), there were 385 children exiting Part C that were identified as "potentially eligible for Part B". The LEA received notification for all 385 of the children identified as potentially eligible because of the entry into the enhanced data based system that is monitored by the Wyoming Department of Health (WDH) state agency.

Do you have a written opt-out policy? No



FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

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

- State monitoring
- State database

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

July 1, 2016 to June 30, 2017

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

In FFY 2016 (July 1, 2016 to June 30, 2017), The SEA and the LEA received notification when the child entered the Part C service system that included the birthdate and and other demographic information when the information was entered into the state wide enhanced data system.

Provide additional information about this indicator (optional)

Clarification on OSEP Comment "The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2015 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 2015 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".

April 19, 2018.

In FFY 2015 APR the state did not report that it had identified noncompliance for this indicator. The FFY 2015 target was 100% and the data for FFY 2015 was 100%.If the state had reported any non-compliance for this indicator measurement it would verify that each EIS program or provider with noncompliance identified in FFY 2015 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.

Actions required in FFY 2015 response

none

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

Correction of Findings of Noncompliance Identified in FFY 2015

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

OSEP Response

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2016 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 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

Required Actions

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 8C: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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



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

Historical Data

Baseline Data: 2005

| FFY    | 2004 | 2005   | 2006   | 2007   | 2008   | 2009   | 2010   | 2011   | 2012   | 2013 | 2014   |
|--------|------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|
| Target |      |        | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100% | 100%   |
| Data   |      | 99.40% | 90.40% | 95.90% | 90.82% | 95.00% | 95.20% | 96.50% | 97.50% | 100% | 97.98% |

| FFY    | 2015   |
|--------|--------|
| Target | 100%   |
| Data   | 97.33% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

FFY 2016 - FFY 2018 Targets

| FFY    | 2016 | 2017 | 2018 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

FFY 2016 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

| Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B | Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|---|--|----------------|------------------|---------------|
| 365   | 385  | 97.33%         | 100%             | 98.96%        |

|  |    |
|--|----|
| Number of toddlers for whom the parent did not provide approval for the transition conference<br><i>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.</i>  | 0  |
| Number of documented delays attributable to exceptional family circumstances<br><i>This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.</i> | 16 |

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

- ☒ State monitoring
- ☐ State database

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

The time period of this data analysis was from July 1 2016 to June 30 2017.

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

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

100% of the Part C providers enter 100% of the children currently being served demographic and IFSP service information electronically in the enhanced web based system. This includes services from the initial referral to the to when the child's exits services. This information provides for real time data monitoring. This data system also includes 100% of the exit data identified for the child entered into the enhanced data system and documents all transition planning or transition conference meetings conducted for the child and child's family, even if late.

### ☒ Provide additional information about this indicator (optional)

Clarification on OSEP comment.

April 19, 2018

All individual files were corrected that were identified as being out of compliance, if still within the jurisdiction of the program.

Subsequent data was analyzed to assure that the provider is correctly implementing the regulation requirements. All providers out of compliance for this indicator measurement since this analysis are correctly implementing the regulation to achieve 100% compliance.State has verified that each EIS program or provider with noncompliance identified in FFY 2015 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.

### Actions required in FFY 2015 response

none

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

### Correction of Findings of Noncompliance Identified in FFY 2015

| 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 2015 Findings of Noncompliance Verified as Corrected

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

Subsequent data was analyzed to assure that the provider is correctly implementing the regulation requirements. This subsequent data was analyzed before determining the local providers performance in implementing Part C IDEA services for FFY 2015 and those still out of compliance were given notice of the non-compliance and given one year to correct.Wyoming' s Early Intervention and Education Program (EIEP) is aware that it must verify that each EIS program or provider with non compliance identified in FFY 2015 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 non compliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02.

All providers out of compliance for this indicator measurement since this analysis are correctly implementing the regulation to achieve 100% compliance.

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

Within the seven (7) files considered out of compliance, three (3) files documented a transition conference that was less the ninety days before the child reached age three and did not document a justification for not holding the transition conference in a timely manner, four (4) files did not document a transition conference before the child exited the program and was no longer within the jurisdiction of the Early Intervention Service (EIS) program or provider.

The data for this indicator was collected using the enhanced state wide data system that collects the information on 100% of all children who transitioned or exited the Part C services between the dates of July 1 2015 through June 30 2016. Using this same data system, each individual child file out of the time line for correctly implementing a transition conference was analyzed and the provider was notified of the non-compliance. Subsequent data was analyzed to assure that the provider is correctly implementing the regulation requirements. This subsequent data was analyzed before determining the local providers performance in implementing Part C IDEA services for FFY 2015 and those still out of compliance were given notice of the non-compliance and given one year to correct.

### OSEP Response

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2016 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 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

### Required Actions

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 9: Resolution Sessions

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)

Historical Data

Baseline Data: 2012

| FFY      | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------|------|------|------|------|------|------|------|------|------|------|------|
| Target ≥ |      |      | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Data     | 0%   | 0%   | 0%   | 0%   | 0%   | 0%   | 0%   | 0%   | 0%   | 0%   | 0%   |

| FFY      | 2015 |
|----------|------|
| Target ≥ | 100% |
| Data     |      |

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

FFY 2016 - FFY 2018 Targets

| FFY      | 2016 | 2017 | 2018 |
|----------|------|------|------|
| Target ≥ | 100% | 100% | 100% |

Key:

Targets: Description of Stakeholder Input

Prepopulated Data

| Source  | Date      | Description  | Data | Overwrite Data |
|---|-----------|--|------|----------------|
| SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/1/2017 | <a href="#">3.1(a) Number resolution sessions resolved through settlement agreements</a> | n    | null           |
| SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/1/2017 | <a href="#">3.1 Number of resolution sessions</a>  | n    | null           |

FFY 2016 SPP/APR Data

| 3.1(a) Number resolution sessions resolved through settlement agreements | 3.1 Number of resolution sessions | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--|-----------------------------------|----------------|------------------|---------------|
| 0  | 0                                 |                | 100.00%          | 0%            |

Actions required in FFY 2015 response

none

OSEP Response

This indicator is not applicable to the State.



FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 10: Mediation

Explanation of why this indicator is not applicable

Wyoming has zero (0) Medication Hearing for FFY 2016.

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)

This indicator is not applicable.

OSEP Response

The State reported fewer than ten mediations held in FFY 2016. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

Required Actions

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 11: State Systemic Improvement Plan

Monitoring Priority: General Supervision

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

Reported Data

Baseline Data: 2013

| FFY    | 2013   | 2014   | 2015   | 2016   |
|--------|--------|--------|--------|--------|
| Target |        | 31.00% | 31.50% | 32.00% |
| Data   | 31.17% | 37.93% | 41.38% | 50.27% |

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

FFY 2017 - FFY 2018 Targets

| FFY    | 2017   | 2018   |
|--------|--------|--------|
| Target | 33.00% | 35.17% |

Key:

Description of Measure

Submitted in Phase I

Targets: Description of Stakeholder Input

Submitted in Phase I

Overview

Data Analysis

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

Submitted in Phase I

Analysis of State Infrastructure to Support Improvement and Build Capacity

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

Submitted in Phase I

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

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

Statement

**State-identified Measureable Results (SiMR):** Increase the percentage of infants and toddlers in the pilot region who exit the Part C Program demonstrating age-appropriate positive social-emotional skills by 4.0 percentage points over a period of five years.

Description

The SiMR is a child-level outcome, based on Indicator 3a, Summary Statement 2. Improving results in the pilot region has the potential to generate the highest leverage for improving outcomes/results for children with disabilities and their families across the State. The implementation strategies are designed for the children with disabilities and their families to experience in their natural environments by providing evidence based resources coupled with training and mentoring/coaching activities.

### Selection of Coherent Improvement Strategies

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

#### Coherent Improvement Strategies (updated 2016)

The Early Intervention and Education Program (EIEP) will implement four strands of action in order to meet the SiMR.

##### 1. Professional Development (PD)

The EIEP will implement a Professional Development system that increases providers' knowledge and skills in the area of infant and toddler's social-emotional development.

##### 2. Evidence-Based Practices (EBP)

The EIEP will establish a toolbox of and provide targeted training on evidence-based practices surrounding social-emotional development and functional outcomes for providers to use with children ages birth to three and their families.

##### 3. Parent Support and Engagement (PSE)

The EIEP will develop and implements a process to increase family capacity to support their child's social-emotional development.

##### 4. Data Quality (DQ)

The EIEP Program will develop a standardized and quality child outcome measurement process.

#### See Attachments

### Theory of Action

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

[WY\\_C Theory of Action](#)WY\_C Theory of Action

☒ Provide a description of the provided graphic illustration (optional)

Description of Illustration



## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

The entire SSIP process began with the belief that the ability of infants and toddlers to manage their behaviors and develop meaningful relationships is the very basis for success in not only the academic world, but in life itself. This belief is held by parents, providers, and people in leadership and government roles involved in the IDEA Part C program.

### Pilot Program:

Because the improvement strategies are based on information gleaned during the data and infrastructure analysis and are evidence based, it is the belief that these activities will improve results for social/emotional outcomes in SCCDC Region 7. The strategies contain a training/coaching model for parents as well as providers which are critical in implementing with fidelity these strategies. Additionally, the State infrastructure is posed and able to support these strategies, both financially, and by leveraging support/resources from other agencies within the State.

Once these improvement strategies have been evaluated and determined to be successful, they will be scaled-up across the State by creating and sustaining organizational and systems environments for effective implementation in all Regions. Continuous improvement cycles will inform people through all levels of the system, from State staff to Regional leaders, to providers, and to parents.

All this effectively leads to the ultimate “then” of the Theory of Action: the improvement of social/emotional health of infants and toddlers statewide.

The TOA was revised during the development of Phase II in order to better accommodate the Evaluation Plan that was submitted for this Phase of SSIP. The ultimate goal of the TOA has not changed.

### See Attachments

## Infrastructure Development

- (a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- (b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- (c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- (d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

### Infrastructure Development:

States must specify improvements that will be made to the State infrastructure to better support EIS programs.

Wyoming has completed the following to its infrastructure:

- One region was identified to pilot a home visiting curriculum to improve SE skills for parent/caregiver for FFY 2016 to FFY 2017
- Train pilot region and one other regional Part C program on Mothers and Babies (MB) Curriculum in addition to the Parent As Teachers (PAT) state staff and the local providers
- Provide ongoing coaching for regions and PAT staff for delivering MB curriculum
- Implement MB with one family for initial implementation during coaching stage in order to get family specific coaching for the initial implementation of the home visiting curriculum before scaling up to region wide service delivery

Wyoming has assessed its capacity of the current infrastructure in order to increase the capacity of the EI programs and providers to implement, scale up and sustain evidence-based practices that will result in improved outcomes for infants and toddlers with disabilities and their families. The MB curriculum was one aspect that was implemented in a pilot region and one other region of the state to test its theory of improving the outcomes for positive social emotional skills of the children served due to this assessment of current practices. Currently the pilot region did not have a systemic approach to addressing positive social emotional skill building for the families it served.

The steps the State took to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families was to gather the input from the following stakeholders on the present services offered in the statewide system in the area of positive social emotional skill building for the child and family:

### Data Analysis

- Data Sources identified to inform the committee for the SSIP

Kids Count

Mental Health Unit

Parents as Teachers (PAT) Needs Assessment

Late on set Hearing Loss

Vision Loss

Rate in Prison Population

DFS (Department of Family Services)

Rate in Foster Care

The SSIP committee approved the Mothers and Babies Home Visiting Curriculum to address the deficiencies identified during the data analysis. This home visiting curriculum had imbedded within its content many evidence based practices that the SSIP Committee wanted reinforced. Other strategies were also identified along with this curriculum such as:

- Pilot new data collection process for child outcome performance within 3 pilot regions
- Survey Parent/caregiver on SE Development knowledge for baseline in pilot
- Survey providers for baseline on Social Emotional Development knowledge for baseline in pilot
- Survey Parent/caregiver knowledge on SE Development to gauge growth

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

(a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.

(b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.

(c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.

- Train pilot region and one other regional Part C program on Mothers and Babies (MB) Curriculum
- Provide ongoing coaching for regions delivering MB curriculum
- Pilot new data collection process for child outcome performance within 3 pilot regions using an anchor tool (BDI-2) in order to better inform the Child Outcome Ratings for inter-rater reliability.

(b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion

(c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity

#### Evaluation

(a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.

(b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.

(c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).

(d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

(a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.

(b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders

(c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s)

(d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary

#### Technical Assistance and Support

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

Describe the support the State needs to develop and implement an effective SSIP

#### Phase III submissions should include:

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

## A. Summary of Phase 3

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

### A1. Theory of action or logic model for the SSIP, including the SiMR.

The State Identified Measurable Result (SiMR) of the Wyoming Department of Health (WDH) Early Intervention and Education Program (EIEP) indicates that the percentage of infants and toddlers who exit the Part C Program services demonstrating:

**Increase the percentage of infants and toddlers who exit the Part C Program services demonstrating age-appropriate positive social-emotional skills by 4.0% over a period of 5 years.**

As discussed in Phase I and Phase II, the EIEP and its stakeholders developed a Theory of Action (see the attachment: (WYCTOAMarch17.docx.pdf) that describes four broad Standards of Action as follows:

#### Theory of Action

##### Professional Development

Implements a Professional Development system that increases providers' knowledge and skills in the area of infant and toddler's social-emotional development.

- EI providers will have increased knowledge to support positive social-emotional development for children ages birth to three and their families.
- The professional development system will have embedded social-emotional evidence-based practices.
- EI providers will implement new skills surrounding social-emotional development when working with families
- Improvements in social-emotional practices will be sustainable.

##### Evidence-Based Practices

Establishes a toolbox of evidence-based practices surrounding social-emotional development and functional outcomes for providers to use with children ages birth to three and their families.

- EI providers will select evidence-based practices when delivering services related to positive social-emotional development
- EI providers will implement evidence-based practices when delivering services related to positive social emotional development
- EI providers will consistently identify and include family outcomes that are designed to enhance social-emotional outcomes in the IFSP

##### Parent Support and Engagement

Develops and implements a process to increase family capacity to support their child's social-emotional development.

- Parents will have appropriate expectations for social-emotional development
- Parents will have increased knowledge surrounding their child's social-emotional development
- Parents will gain strategies to address their child's social-emotional needs
- Families will have the necessary skills and resources to help their child's social-emotional development
- Families will have the skills to participate in the IFSP development process
- Families will use new strategies to address their child's social-emotional needs
- IFSPs will include more appropriate child and family outcomes that address social-emotional outcomes

##### Data Quality

Develops a standardized and quality childhood outcome measurement process.

- All EI providers will follow the same procedures for measuring child outcomes
- Child outcomes data will be more valid and reliable
- EI providers will review and use child-level data to determine if children are making sufficient progress in their early intervention program
- EI providers will have skills needed to use social-emotional data for program improvement

### A2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies.

The EIEP Part C program implemented the following activities in 2015 and 2016.

##### Professional Development

- Implemented a Professional Development system that increased providers' knowledge and skills in the area of infant and toddler's social-emotional development (training occurred in April 2016 with ongoing coaching) by:
  - Providing training to providers from two regions on the Mothers and Babies Curriculum.

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- The completed training provided for the EI providers to increased knowledge to support positive social-emotional development for children ages birth to three and provide their families with more targeted support by:
  - Provided through the implementation of the curriculum and the ongoing coaching by the trainer/author, the EI providers in the pilot programs have increased their skills surrounding social-emotional development when working with families
- The professional development system (for two regions) embedded social-emotional evidence-based practices delivered during the home visitation services along with coaching from trainer (infrastructure) by:
  - Provided two trainings on functional evaluation at the state-wide conference put on by Wyoming Department of Education.
  - Provided one training on functional evaluation in March 2017 and have planned four more.
  - Provided training to CDC region providers on stressors on families and children as part of the Project ECHO Early Childhood network (Dr. Tandon who delivered the Mothers and Babies curriculum, delivered this training.)
  - Conducted a state wide provider survey to determine the training needs of providers surrounding social-emotional development, IFSPs, and functional outcomes.
  - Developed a new process for increasing the quality of the child outcomes ratings systems.
  - Hired a trainer for the ASQ-SE.
  - Administered a state wide needs assessment to providers to determine state wide training needs regarding IFSPs, functional outcomes, and social-emotional development of children.
  - Conducted the evaluation activities specified in the evaluation plan for the SSIP.
  - Developed the infrastructure for conducting online training with the CDC regions; hired trainers, set up the online network, set up the ability to record trainings; set up the capability to administer and analyze post-tests after each training. This will be part of a system for assessing critical competencies of providers in the regions
- Improvements in social-emotional practices will be sustainable due to the imbedded practices for home visitation

### A3. The specific evidence-based practices that have been implemented to date.

The following evidence-based practices have been implemented to date:

- Training of providers from to regional programs was conducted April, 2016 on evidence-based practices using a home-visiting curriculum in the natural environment that addressed the caregivers perception of the infant/toddler's social emotional skills and its effect on the parent's engagement with that child and focus on improving the parent's engagement
- Providers began initial implementation of the home visiting curriculum with one family while receiving coaching from the author/trainer( August 2016 to December 2016)
- Providers were to begin implementing the social emotional focused home base curriculum Mothers and Babies (MB) as a regular part of the service in addition to any services included in the IFSP (August of 2016 to present)
- Trainers were evaluated after the first two months of the implementation of the home visiting curriculum (Fall of 2016)

### A4. Brief overview of the year's evaluation activities, measures, and outcomes.

The Theory of Action, as well as the Detailed Evaluation Questions document (see attachment: WYC SSIP Detailed Evaluation Questions 2016-17.pdf) specifies the short-, medium-, and long-term outcomes of the SSIP. The expected outcomes include (1) service providers and parents acquiring new knowledge and skills surrounding functional outcomes and social-emotional development of babies and toddlers; (2) increased data quality of child outcomes measures; and (3) increased social-emotional skills of babies and toddlers.

The evaluations results after the initial training was very positive. 100% of the providers who attended the training stated their skills increased. This same evaluation also indicated that only 71% of the providers who attended the training were implementing the MB home visiting curriculum. The providers in the pilot regions have not had success in implementing the "Mothers and Babies Home Visiting Curriculum" to all families. The roll out of the implementation was limited due to the fact that the service providers had difficulty with adjusting the curriculum to the circumstances of the particular family. The curriculum was targeted for Pregnant Mothers and their mental health but the thought of the author and the Lead Agency is that the curriculum could easily be adapted to mothers with infants and toddlers. The training provided by the author of the curriculum and the coaching provided ,ongoing. After the training was meant to support this interpretation for the implementation of the home visiting curriculum. Unfortunately, this was not successful and the implementation of the home visiting curriculum has slowed.

### A5. Highlights of changes to implementation and improvement strategies.

One change that was made in the implementation of the improvement strategies is that in order to increase the potential impact of the SSIP on Part C children an additional region was added to the Mothers and Babies Curriculum training. This will provide for a better test of the impact of this curriculum on service providers and families. As a result of adding the second region, the number of children impacted by the Mothers and Babies Curriculum training went from under 50 to over 200. We adjusted the SIMR baseline data and targets as a result of adding this second region. This was accomplished by discussions with the stakeholders on an ongoing basis through the implementation of the improvement strategy.

Another change was made in the delivery of one of the evidence-based practices. One region implementing the Mothers and Babies and Curriculum decided to use parent group trainings on the primary mode of delivery after trying to get mothers to sign up for the curriculum at the home visits with limited success.

Data are informing the next steps in SSIP implementation by changing the delivery of the home visiting curriculum listed in the :Action Strand 2: Evidence-Based Practices

Data on the outputs, short-term outcomes, and medium-term outcomes as reviewed above indicate that the project is on the right path.

Phase III (Year 2) Report and Documentation Attached 3/30/2018.

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### B. Progress in Implementing the SSIP

1. Description of the State's SSIP implementation progress: (a) Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed and (b) Intended outputs that have been accomplished as a result of the implementation activities.

2. Stakeholder involvement in SSIP implementation: (a) How stakeholders have been informed of the ongoing implementation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP.

#### B1. Description of the State's SSIP implementation progress:

(a) Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed

The EIEP SSIP Core team and the stakeholder group developed an implementation plan as specified in the four action plans submitted last year that includes the steps and timelines. Activities are proceeding on schedule (see the “Action Plan” attachments.)

(b) Intended outputs that have been accomplished as a result of the implementation activities:

#### Evaluation Plan: Outputs and Short-Term and Medium-Term Outcomes

PD Evaluation Activity 1: Provide training to providers at the Annual State wide Conference/2 trainings delivered/13 people attended.

EBP Evaluation Activity 1: Provide training to providers on Mothers and Babies Curriculum/2-day training in April 2016; monthly conference calls Aug-Dec;6 providers from Region 7 and 6 from Region 12 attended.

PSE Evaluation Activity 1: Provide curriculum, via the EI Providers, to parents on Mothers and Babies Curriculum/Yes, the curriculum was provided in Region 12.

B2. Stakeholder involvement in SSIP implementation:

(a) How stakeholders have been informed of the ongoing implementation of the SSIP.

Stakeholders have been involved through all implementation of strategies as outlined in the Theory of Action and as detailed in the Detailed Evaluation Plan. A SSIP Committee was developed using the members from the SICC who would meet on the detailed activities included in the SSIP Action Plan as implemented, and then would report to the SICC members quarterly (January 2016, April 2016 and July 2016 ). This Committee has since been disbanded (October 2016) and the SICC as a whole preferred to act as the stakeholder for the continuation of the SSIP review.

Stakeholder representation involvement includes the following stakeholders:

- Parents
- Wyoming Department of Education
- Other department of health agency representatives
- State wide Insurance representatives
- Department of Family Services representatives
- Private service providers
- Legislative representative

(b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP.

In-person stakeholder meetings at the quarterly State Inter-Agency Coordinating Council (SICC) meetings were held in July 2016, October 2016, and January 2017. At these meetings, detailed evaluation information was provided to the stakeholders.

Phase III (Year 2) Report and Documentation Attached 3/30/2018.

### C. Data on Implementation and Outcomes

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan: (a) How evaluation measures align with the theory of action, (b) Data sources for each key measure, (c) Description of baseline data for key measures, (d) Data collection procedures and associated timelines, (e) [If applicable] Sampling procedures, (f) [If appropriate] Planned data comparisons, and (g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements

2. How the State has demonstrated progress and made modifications to the SSIP as necessary: (a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SIMR, (b) Evidence of change to baseline data for key measures, (c) How data support changes that have been made to implementation and improvement strategies, (d) How data are informing next steps in the SSIP implementation, and (e) How data support planned modifications to intended outcomes (including the SIMR)—rationale or justification for the changes or how data support that the SSIP is on the right path

3. Stakeholder involvement in the SSIP evaluation: (a) How stakeholders have been informed of the ongoing evaluation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

C1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan:

(a) How evaluation measures align with the theory of action

As specified in Phase II, the Logic Model (see attachment) and the Theory of Action (see attachment) created by the EIEP SSIP Core Team, provide details on how each of the four coherent improvement strategies will lead to various short-, medium-, and long-term outcomes.

(b) Data sources for each key measure

The WY C SSIP Detailed Evaluation Questions 2016-17 document (see attached file) provide details on the data sources for the key measures used to assess the implementation and outcomes of each coherent improvement strategy.

(c) Description of baseline data for key measures

The general measures which go across the first three standards of action are:

- a. Activity tracking. Each SSIP-related activity is tracked
- b. End-of-Training Evaluations. Evaluations regarding satisfaction with the training and its potential impact were collected.

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c. Participant Tracking. Participants who attended various trainings were tracked.

d. Follow-Up Surveys. These measure participants' perceptions of their skills on which they receive training and whether participants are implementing the skills. These will be developed and used in 2017-18.

e. Fidelity of Implementation Tools. These tools are used by an external observer to measure implementation of new skills. These will be developed and used in 2017-18.

These measures allow the EIEP SSIP Team to assess progress toward achievement of the intended improvements.

The professional development and data quality coherent improvement strategies and parts of the evidence-based practices coherent strategy are being implemented state wide. The evidenced-based practices strategy that encompasses Mothers and Babies curriculum is being implemented in two regions of the state; as such, the parent support and engagement strategy that encompasses Mothers and Babies is also being implemented in two regions. Given the size of these two regions (29% of all Part C children are enrolled in these two regions), they provide a good test case of the Mothers and Babies curriculum.

To measure the impact of the coherent improvement strategies on child outcomes, the SSIP Team will be using an Interrupted time-series design with comparison group.

- Data on child outcomes (norm reference assessment results) will be collected and analyzed at defined time periods before and after the intervention by service providers
- Comparable regional child development programs in the state will be identified to serve as a comparison group at the end of 2016-17 once the most recent child count and child outcomes data have been collected.

Baseline data will be discussed in section E.

### (d) Data collection procedures and associated time lines

The general measures which go across the first three standards of action are:

1. Activity tracking. Each SSIP-related activity is tracked quarterly or as needed
2. End-of-Training Evaluations. Evaluations regarding satisfaction with the training and its potential impact were collected.
3. Participant Tracking. Participants who attended various trainings were tracked.
4. Follow-Up Surveys. These measure participants' perceptions of their skills on which they receive training and whether participants are implementing the skills quarterly or as needed

These measures allow the EIEP SSIP Team to assess progress toward achievement of the intended improvements.

(e) How data support planned modifications to intended outcomes (including the SIMR)—rationale or justification for the changes or how data support that the SSIP is on the right path

The professional development and data quality coherent improvement strategies and parts of the evidence-based practices coherent strategy are being implemented state wide. The evidenced-based practices strategy that encompasses Mothers and Babies curriculum is being implemented in two regions of the state; as such, the parent support and engagement strategy that encompasses Mothers and Babies is also being implemented in two regions. Given the size of these two regions (29% of all Part C children are enrolled in these two regions), they provide a good test case of the Mothers and Babies curriculum.

### (f) [If appropriate] Planned data comparisons

To measure the impact of the coherent improvement strategies on student outcomes, the SSIP Team will be using an Interrupted time-series design with comparison group.

- Data on child outcome progress categories will be collected and analyzed at defined time periods before and after the intervention.
- Comparable regional child development centers serve as a comparison group at the end of 2016-17 once the most recent child count and child outcomes data have been collected.

### (g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements

These measures allow the EIEP SSIP Team to assess progress toward achievement of the intended improvements.

#### C2. How the State has demonstrated progress and made modifications to the SSIP as necessary:

The state has regularly reviewed evaluation data as it has become available. Data on outputs, short-term outcomes, and medium-term outcomes are regularly reviewed. The SSIP Detailed Evaluation Questions 2016-17 document shows current data (where available) on each key measure. This data shows:

- For the state wide professional development sessions at the WAVE conference, over 80% of participants indicated that the session was useful and the materials were good. Over 70% stated that they would recommend the session to others.
- For the state wide professional development training delivered through Project ECHO, 92% rated themselves as Moderately, Very, or Extremely Knowledgeable after the session compared to 64% before the session; 81% rated themselves as Moderately, Very, or Extremely Skilled after the session compared to 52% before the session; 63% stated that they would make change in their practices.
- For the functional outcomes training, participants answered almost 9 out of 10 questions correctly on the post-test.
- For the Mothers and Babies Curriculum training, over 80% of providers stated that their knowledge and skills increased and that they have implemented the curriculum.



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- For the Mothers and Babies Curriculum training, 100% of the mothers receiving the curriculum stated that their knowledge and skills increased; over 85% indicated that their skills have increased. Between 71-100% of the mothers have implemented any given curriculum activity.
- The new child outcome scoring process appears to produce reliable and valid ratings. (More analysis will occur at the end of the 2016-17 federal fiscal year.)

(a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR; and (b) Evidence of change to baseline data for key measures

The state has regularly reviewed evaluation data as it has become available. Data on outputs, short-term outcomes, and medium-term outcomes are regularly reviewed. The SSIP Detailed Evaluation Questions 2016-17 document shows current data (where available) on each key measure. This data shows

(c) How data support changes that have been made to implementation and improvement strategies,

One change that was made in the implementation of the improvement strategies is that an additional region was added to the Mothers and Babies Curriculum training. In order to increase the potential impact of the SSIP on Part C children, we added another region to the Mothers and Babies project. This will provide for a better test of the impact of this curriculum on service providers and families.

(d) How data are informing next steps in the SSIP implementation and (e) How data support planned modifications to intended outcomes (including the SiMR)—rationale or justification for the changes or how data support that the SSIP is on the right path

Another change that was made in the implementation of the Mothers and Babies curriculum has to do with the delivery mode. One region started using a parent group approach instead of an individual-based home delivery approach. This was due to the inability of the providers to get individual mothers to sign up for the curriculum. Data from a parent survey documented the need to adjust the home visiting curriculum to include the Parent Group delivery of the home visiting curriculum.

C3. Stakeholder involvement in the SSIP evaluation:

(a) How stakeholders have been informed of the ongoing evaluation of the SSIP

As specified in Section B., Several in-person stakeholder meetings were held. At these meetings, detailed evaluation information was provided to the stakeholders. Stakeholders provided feedback on the evaluation measures and results. In addition, the pilot districts regularly get reports on the evaluations they complete so that they may make adjustments as necessary in the implementation of their plan.

In-person stakeholder meetings at the quarterly State Inter-Agency Coordinating Council (SICC) meetings were held in July 2016, October 2016, and January 2017. At these meetings, detailed evaluation information was provided to the stakeholders. The stakeholders discussed the change in delivery of the home visiting curriculum to include the parent group approach and found it had merit. The main focus was increasing the exposure of the curriculum to families who are being served in the pilot areas of the state.

(b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP.

Stakeholders provided feedback on the evaluation measures and results. This Feedback was provided during the quarterly State Inter-Agency Coordinating Council (SICC) meetings (July 2016, October 2016 and January 2017) In addition, the pilot child development programs regularly get reports on the evaluations they complete so that they may make adjustments as necessary in the implementation of their plan.

Phase III (Year 2) Report and Documentation Attached 3/30/2018.

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

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

Data Quality Issues: Data limitations that affected reports of progress in implementing the SSIP and achieving the SiMR;

In general, the data collected has been of high quality, and the SSIP Team has had very few concerns. The most important data for evaluating progress is the social-emotional outcome data. To make sure this is of high quality we have implemented a new child outcome scoring process in the pilot regions.

D1. Concern or limitations related to the quality or quantity of the data used to report progress or results.

The most important data for evaluating progress is the social-emotional outcome data. To make sure this is of high quality we have implemented a new child outcome scoring process. The purpose for this pilot is to determine how to strengthen and standardize the Child Outcome rating process used as a measurement for progress across the state.

D2. Implications for assessing progress or results

So far, the implication of the SSIP is that the skills areas are progressing as measured by the Child Outcome rating process (see section E).

D3. Plans for improving data quality

The Lead Agency is currently piloting a new process for collecting child outcome rating data from three regional Part C programs. These three pilot child development centers located in different regions across the state are using a standardized evaluation measure that uses a z-score for each of the three child outcome areas. The pilot regions are also using a similar system for capturing the outcomes. The pilot regions are entering the child's z-scores on the foundation areas into an online system, and the information is then converted to a child outcome rating on a scale of 1-7. This rating is based off of the ECO Chart. Every child entered into the online system receives a rating. By standardizing the process for evaluating children's social-emotional skills, we are confident that we will have reliable and valid ratings within and across regions. We are also confident that these ratings will allow us to determine the impact of the various SSIP improvement strategies on children's social-emotional skills.

Phase III (Year 2) Report and Documentation Attached 3/30/2018.

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

### E1. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up.

Infrastructure changes that support initiatives have been introduced in the professional development system. The Lead Agency developed the infrastructure for conducting online training with the CDC regions; hired trainers, set up the online network, set up the ability to record trainings; set up the capability to administer and analyze post-tests after each training.

In addition to the on-line training, the Lead Agency has contracted with two providers to support the regional programs on improving the writing of the IFSP Outcome so that they follow best practices (source: ECTA Writing IFSP Outcome Training) and to include more family outcomes to support the social emotional skills of the child. The current contractors have extensive experience in the Wyoming Early Intervention system. This strategy was outlined under "Evidence Based Practices: EI providers will consistently identify and include family outcomes that are designed to enhance social-emotional outcomes in the IFSP." The contractors will provide coaching to the regions on-site and will allow the providers to review their own case files for reference during the training (source: ECTA Writing IFSP Outcome Training) and to include more family outcomes to support the social emotional skills of the child. This strategy was outlined under "Evidence Based Practices"-

- EI providers will consistently identify and include family outcomes that are designed to enhance social-emotional outcomes in the IFSP

The current contractors have extensive experience in the Wyoming Early Intervention system as sole practitioners. This infrastructure has gone into effect state wide during the months of January 2017 and will continue until September 2017. This activity will be conducted on-site and allows the provider to review their own case files for reference during the training.

### E2. Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects.

Several evaluation measures will address the issue of fidelity of implementation. In 2017-18, the Lead Agency will be creating an observational checklist for service providers administering the Mothers and Babies curriculum. In the meantime, we have asked mothers going through the program if their service provider is doing certain activities that they are supposed to be administering. Data show that the majority of service providers are implementing the curriculum as intended.

### E3. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SiMR

The EIEP SSIP Detailed Evaluation Questions 2016-17 document shows baseline and/or current data (where available) on each key measure.

### E4. Measurable improvements in the SiMR in relation to targets

The following display shows the progress on the SiMR. From 2013-14 to 2015-16, the percentage of students within in the pilot region exiting Part C at age-level has increased by over 10 percentage points.

Note that the Mothers and Babies curriculum started in the 2016-17. Thus, improvement as a result of this project will be collected for the first time in summer 2017. Note, however, that progress is being made on the SiMR goal already – prior to the Mothers and Babies project implementation. We attribute this to at least in part, programs own individual efforts to improve performance on the social-emotional outcome area.

The following display shows the progress on the SiMR. From 2013-14 to 2015-16, the percentage of students within the pilot regions exiting Part C at age-level has increased by about 10 percentage points.

|                               | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | 2018-19 |
|-------------------------------|---------|---------|---------|---------|---------|---------|
| <b>Target</b>                 |         | 31.00%  | 31.50%  | 32.00%  | 33.00%  | 35.17%  |
| <b>State</b>                  | 31.17%  | 37.93%  | 41.38%  |         |         |         |
| <b># of Test-Takers</b>       | 231     | 232     | 203     |         |         |         |
| <b># Scoring At Age Level</b> | 11      | 88      | 84      |         |         |         |



## F. Plans for Next Year

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

### F1. Additional activities to be implemented next year, with timeline

Some highlights:

- The Lead Agency will provide more provider training opportunities using DEC RP for Assessments and for Family-centered practices in fall 2017 and spring 2018. These trainings will be provided using on-line training formats, competency tests, and on-site training formats.
- The Lead Agency will continue on site monitoring of IFSPs to ensure that the priority concerns of parents and the social-emotional development needs of children are being addressed in the IFSP. This on site monitoring will provide the region with a summary of targeted training needs based on the IFSP review.
- One of the regions participating in the Mothers and Babies curriculum will continue to receive ongoing coaching from Dr. Tandon.
- The results of the state wide needs assessment will be examined to determine the training needs of providers surrounding IFSPs, functional outcomes, and social-emotional development of children.
- The regions piloting the new child outcomes process will continue to do so.

### F2. Planned evaluation activities including data collection, measures, and expected outcomes

The evaluation plan (as outlined in the detailed evaluation questions document) will continue on schedule. In 2017-18 observational checklists and other fidelity of implementation measures will be developed and used.

Tracking will consist of:

End of training questionnaire

Post test for content comprehension

Six-month follow up surveys and when possible, observations of practice

### F3. Anticipated barriers and steps to address those barriers

One barrier has been the difficulty in getting mothers to sign up for the Mothers and Babies curriculum in one of the regions. However, we believe this barrier has been addressed by changing the delivery mode of the curriculum to one based on home visits to one based on parent groups. We will monitor the attendance to determine if this is the case.

Another barrier is implementing the new child outcome summary rating process state wide. This new process requires each region to administer the Battelle. Some regions indicated that the cost of the Battelle is prohibitive. The Lead Agency is examining funding sources to determine if additional funding for this component can be found.

The activities listed in statement F2 will allow the Lead Agency to address barriers to delivery of practices, and any additional supports/technical assistance needed to support these practices.

### F4. The State describes any needs for additional support and/or technical assistance

The Lead Agency will continue to seek out technical assistance from NCSI and ECTA.

Phase III (Year 2) Report and Documentation Attached 3/30/2018.

## OSEP Response

## Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Certify and Submit your SPP/APR**

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

**Selected:** Designated by the Lead Agency Director to certify

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.

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Title: Unit Manager

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