

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

**For reporting on
FFY 2020**

Oklahoma



**PART C DUE
February 1, 2022**

**U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202**

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

IDEA Part C requires the SoonerStart Program to report eleven state accountability indicators found in the State Performance Plan (SPP) to the Office of Special Education Programming (OSEP) annually. SoonerStart reviewed its SPP in FFY 2020 as required every six years by IDEA, Part C (Sections 616(b)(1) and 642) and determined the need to amend the plan. Stakeholders representing the Interagency Coordinating Council (ICC); Oklahoma Parent Center staff, parents of children currently or previously served in Part C services; early intervention staff; community and early childhood advocates from childcare agencies and head starts; Oklahoma Family Network and other disability advocates; state agencies including Oklahoma Department of Mental Health Services; Oklahoma Department of Health, Oklahoma Regents for Higher Education along with other stakeholders representing various state programs and school districts were convened to assist SoonerStart in setting new baselines (when applicable) and targets for each of the eleven SPP indicators.

Local SoonerStart sites are responsible to OSDE (lead agency) for meeting the target for each indicator, just as the State is responsible to OSEP. SoonerStart uses a Site Data Profile tool to share results with the sites annually. The data are aggregated for the Annual Performance Report (APR) that is sent to OSEP.

COVID-19 pandemic shutdowns and restrictions on in-person services resulted in a 13% decrease in the FFY 2020 child count compared to the previous year. This decrease also affected several SPP/APR performance indicators that are calculated using child count numbers. SoonerStart revised its targets for four of the five performance indicators in the new SPP. Indicators measuring timeline compliance (first service visit, IFSP development and transition from Part C) require a target of 100% and cannot be revised by the state.

For FFY 2020, each state is required to include Indicator 11, the State Systemic Improvement Plan (SSIP), in its APR submission in February 2022. Oklahoma notified OSEP in their FFY 2018 SSIP that a new statewide plan would be developed with stakeholders as part of the new SPP and reported in the FFY 2020 APR. SoonerStart completed analyses of program data and infrastructure with multiple stakeholder groups in 2020 and 2021. This systems review led to the development of a new state-identified measurable result (SiMR) to improve social emotional outcomes for children. SoonerStart has begun the implementation of the Pyramid Model framework using evidence-based practices to provide tiered levels of intervention to support children's social emotional development.

Overview

- In FFY 2020, Oklahoma increased the percentage of early intervention services provided in the natural environment (home or a community setting either in-person or via a virtual visit) to 98.33%. SoonerStart chose to maintain the target at 96.00% for the FFY 2020 – FFY 2025 cycle of the new SPP without annual increases. Providing services in the natural environment 96.00% of the time is a rigorous target that still allows for service locations to be individualized to the family's needs (Indicator 2).
- The targets for (1) the percentage of children who improved growth in social/emotional skills, skills and knowledge, and appropriate behaviors from program entry to exit and (2) the percentage of children who exited with peer-level outcomes in social/emotional skills, skills and knowledge, and appropriate behaviors were revised for the new SPP (Indicator 3A, 3B, 3C). The percentage of children who exhibited improved growth was greater than 84% in all three child outcomes and met the FFY 2020 targets. The percentage of children who exited SoonerStart with peer-level child outcomes decreased slightly but did meet the revised targets.
- In addition to revising targets, SoonerStart revised the scoring calculation for the family survey responses. Due to the new computations, the parent approval ratings decreased, however SoonerStart met the revised targets. There were 407 family survey responses for FFY 2020 which indicated a significant decrease of more than 50% from the previous year (Indicators 4A, 4B, and 4C).
- The percentage of children served by SoonerStart, ages birth to one, and the percentage of all children served ages birth to three compared to Oklahoma's 0-3 population decreased but did meet the state's revised target for FFY 2020 (Indicator 5 and 6).
- Oklahoma continues to work well with families, as evidenced by the zero counts of complaints (measured through the counts of resolution and mediation sessions in Indicators 9 and 10).
- Oklahoma did not meet the federally required target of 100% on any five compliance indicators. However, it increased or maintained its rates for two Indicators (7 & 8C).
- SoonerStart obtained baseline data for the SiMR by completing the ASQ:SE-2 questionnaire as an assessment of social emotional development for a random sample of children enrolled at the three Pyramid Model pilot sites who had received six months or more of early intervention services. The data indicated no social emotional concerns for 58% of children assessed. Oklahoma's new SSIP outlines the infrastructure improvements and early intervention practices intended to increase that percentage over the next six years to 65% (Indicator 11).

Additional information related to data collection and reporting

Oklahoma's data collection period for the FFY 2020 APR occurred between July 1, 2020 and June 30, 2021. The state collects and maintains all Part C data in a statewide database. The database, called EdPlan, contains the child's electronic record. All data related to the child and his or her early intervention services are entered directly into the electronic record by SoonerStart staff at each local site. The Part C Data Specialist creates data reports in EdPlan that pull child information and timeline data directly from the electronic record for all children in the SoonerStart program. Additionally, SoonerStart can formally identify all instances of systemic and single-occurrence non-compliance through EdPlan's data reporting tools. Staff are required to enter the date of all early intervention timeline activities in the child's EdPlan record. If an activity did not meet the compliance timeline (First Intervention Service Visit, IFSP completion, Transition Steps and Services, Notification to the LEA, and Transition Planning Conference), the reason for the delay in meeting the timeline is required to be entered into the child's record and subsequently displays on the specialized data reports. Child level data specific to each Part C compliance and performance indicator are aggregated and reported in the annual APR.

EdPlan is also the source of data utilized for reporting the annual Exiting Report in November of each year and reporting the annual Child Count on December 1st of each year. Dispute Resolution data is maintained separately with the Executive Director of SoonerStart. SoonerStart has not reported any Dispute Resolution sessions in the past 10 years.

The EdPlan database is maintained by a private vendor. Systems are in place through a contractual agreement for periodic upgrades and revisions to data collection functionality and content

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 Oklahoma Early Intervention Act designated the Oklahoma State Department of Education (OSDE) as the lead agency and the Oklahoma State Department of Health (OSDH) as the primary partner agency for administering the SoonerStart Early Intervention Program. OSDE is responsible for monitoring progress and providing oversight for early intervention services at 27 sites for infants and toddlers and their families to ensure statewide implementation of the Individuals with Disabilities Education Act (IDEA). Oklahoma's general supervision system is reliant on data collection and reporting. SoonerStart compiles, analyzes, and utilizes all data submitted by local SoonerStart sites. Part C personnel in Oklahoma are state employees, and SoonerStart implements procedures to promote consistency in data entry and utilization of the EdPlan data system. EdPlan, the State's Part C database, is maintained by an outside vendor. The system has been effective in collecting and sorting data for reporting purposes. Over time, improvements have greatly enhanced the State's ability to report all compliance data and support evidence-based practices accurately. EdPlan's main-menu page hosts user instructions, with real-time assistance available during the workday through the online message board.

Oversight by the OSDE includes the use of various accountability processes. The OSDE collects both compliance and performance data for the Annual Performance Report through the EdPlan database. Oklahoma's General Supervision activities include on-site program improvement visits with the local sites and monitoring for compliance with IDEA Part C regulations. On-site visits occur on a three-year cycle (nine local site visits per year). SoonerStart administrators and program managers from both OSDE and OSDH meet with early intervention staff to learn about local challenges and successes. Staff receive updates on state and federal Part C procedures or changes and are encouraged to share ideas for program improvement with SoonerStart administrators. Due to the onset of the COVID-19 pandemic, only three of the nine scheduled site visits occurred in FFY 2019. SoonerStart completed the remaining six site visits virtually in FFY 2020. Plans are underway to resume the in-person site visits to another nine local sites in the Spring of 2022.

Oklahoma's compliance monitoring process verifies that each local SoonerStart Early Intervention site with non-compliance is correctly implementing the specific regulatory requirements and has corrected any untimely individual records. All 27 SoonerStart sites are monitored annually for each APR indicator. The State's database, EdPlan, can formally identify all instances of systemic and single-occurrence non-compliance through its data reporting tools. EdPlan contains the child's electronic record, and the data reports pull child information and timeline data directly from that record for each child in the SoonerStart program. The electronic record reflects the date that early intervention activities occur and, if not timely, requires staff to enter the reason for missing the timeline. However, non-compliance identification may also come through parent surveys, informal complaints, local/peer feedback, and other periodic reports submitted to the State. Following the formal identification, SoonerStart issues a written finding of non-compliance to the local site for any individual cases of non-compliance identified, even if the non-compliance is corrected before the finding is issued. The State's APR reports all non-compliance. In reviewing compliance issues, SoonerStart tracks data on every child in Oklahoma by a unique identifier number in the EdPlan database. The monitoring plan includes an annual review of child and site-level compliance data. Steps to implement corrective action plans and action plan tracking and monitoring are defined. Security processes for electronic documents concerning findings of non-compliance are well established. Oklahoma has selected the 4th quarter of the fiscal year (April, May, and June) as the APR reporting period. These results are representative of a full year of the State's data because it includes all areas of the State, all provider types, and all categories of eligible children.

Additionally, the Part C Data Specialist examines data reported for this period and compares them to data for the full year (FFY 2020) to ensure that they are representative of all quarters of the year. The data review for this reporting period occurs in the first two weeks of September for the prior fiscal year. Using EdPlan database reports, the State developed standardized statewide data reports containing all relevant records from all sites. SoonerStart has procedures to review data, identify non-compliance, issue findings, and implement correction of non-compliance at both the child and local site level.

Oklahoma correctly anticipated that overall enrollment in Part C would decline due to families' ongoing concerns associated with COVID-19. However, compliance indicators did not reflect a significant number of delays in meeting timelines. SoonerStart procedures implemented for meeting the needs of families through the utilization of virtual technology have continued to provide flexibility in service provision for families and staff. These procedures have helped the program meet timelines and ensure that documentation of exceptional circumstances for exceeded timelines is completed as indicated in OSEP guidance (OSEP QA 21-02).

Oklahoma requires verification of child-specific correction of non-compliance and long-term compliance with the regulatory requirements (based on a review of subsequent data reflecting 100% compliance). Verification of correction of non-compliance happens thorough review of the child's electronic record, and subsequent data reports to ensure that the prescribed corrective action is occurring and is effective. Local site supervisors ensure that correction of non-compliance occurs timely with follow-up verification by the Part C Data Specialist one year from the finding's issuance. The State assures correction of all instances of non-compliance within one year of identification at both the child level and site level.

For Part C, Oklahoma has adopted the Part B due process hearing procedures under 34 CFR 303.430(d)(2), administered through the OSDE Special Education Services.

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.

The SoonerStart State Leadership Team is responsible for ensuring the timely delivery of high quality, evidence-based technical assistance and support to SoonerStart staff at the 27 local sites across the State. The State Leadership Team is comprised of the SoonerStart Executive Director and Assistant Executive Director with the Oklahoma State Department of Education (lead agency) and the SoonerStart Director and Assistant Director with the Oklahoma State Department of Health (partner agency). The Leadership Team, individually and collectively, provides technical assistance to each local site through the monitoring process, scheduled program improvement visits, and staff's responses. Technical assistance includes:

- Support for identifying underlying causes of low performance and non-compliance
- Developing appropriate strategies for improvement
- Troubleshooting issues with the SoonerStart EdPlan database; and
- Providing explanation and clarification of SoonerStart operational procedures and IDEA, Part C regulations.

The Regional Early Intervention Coordinator (REIC) and Health Department Lead Clinician at each SoonerStart site work together to implement policies, procedures, and regulations per IDEA, Part C, and the lead agency. They assure correction of all non-compliance and that procedures are put into place to address child level and systemic non-compliance. The Leadership Team provides technical assistance to identify underlying causes of low performance and non-compliance and help local teams develop appropriate strategies for improvement. Additional resources from the Early Childhood Technical Assistance Center (ECTA Center) and National Center for Systemic Improvement (NCSI) are utilized as needed.

SoonerStart uses both web-based training and local supervisors to provide the initial training and ongoing support for the EdPlan database, which

contains the electronic record for children enrolled in the Part C program. An outside vendor maintains the SoonerStart EdPlan database, but all EI staff have access to the Message Board to request information or assistance with features of the system. Detailed database "Tip Sheets" to improve data entry and data report access procedures are on the database's Main Menu page. The Assistant Executive Director works with the outside vendor to improve EdPlan and regularly provides staff with updates on new processes and procedures.

SoonerStart continues implementing the revised family interview process initiated in FFY 2018 with web-based training and technical assistance provided by the REICs and Lead Clinicians at the local site level. The purpose of the revised process is to ensure family engagement and leadership in selecting IFSP outcomes and services, resulting in improved infant and toddlers' improved results. The local supervisors monitor fidelity to the process through observation or provider self-assessment with support from the Leadership Team as needed.

The SoonerStart Operations Manual is available on the SoonerStart page of the Oklahoma State Department of Education website. A standing multi-agency task group reviews the Manual regularly to ensure that all guidelines reflect current state and federal regulations/policies as well as current OSDE and OSDH agency practices. Where applicable, operational guidelines link to the new SoonerStart EdPlan database procedures. The Leadership Team announces updates to the Operations Manual in program-wide emails. The SoonerStart Assistant Executive Director has the primary responsibility to respond to staff's questions across the State and provide guidance and written feedback to local SoonerStart sites regarding IDEA, Part C regulations.

During initial COVID-19 lockdowns, the Leadership Team was responsible for modifying program guidelines, documents and procedures to ensure that early intervention services continued to be available to families. The Leadership Team also utilized Guidance Memos provided by OSEP to inform SoonerStart procedural updates and technical assistance provided to staff. In August 2020 the SoonerStart Leadership Team developed a "Re-Entry Plan" in anticipation of returning to in-person family visits when it was determined safe to do so. Utilizing the Oklahoma COVID-19 Alert System, a four-tiered risk measurement tool with corresponding color categories that identified the current COVID-19 risk level, SoonerStart determined the parameters and protocols for in-person services on a county-by-county basis. As staff continued to need additional support in decision making, the State team developed a Question-and-Answer document.

Unfortunately, due to the high-level of COVID-19 spread in Oklahoma, SoonerStart was unable to implement any in-person visits until April of 2021. The Re-Entry Plan was revised periodically as needed to ensure the safety of staff and families. In June 2021, in-person visits options were included for all families provided virus mitigation measures were followed by both staff and families.

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.

Oklahoma provides professional personnel development to all SoonerStart staff to comply with the Individuals with Disabilities Education Act (IDEA) Part C requirement that a state system must include a comprehensive personnel development system. SoonerStart professional development activities seek to ensure accountability and promote the use of recommended and evidence-based practices. The goal of SoonerStart's ongoing professional development is to provide EI professionals (service coordinators, service providers, and EI program administration) with the tools, confidence, and competence to equip them to support families. Professional development is crucial in helping SoonerStart staff promote evidence-based practices that assist families in helping their child develop and learn. To meet this goal, SoonerStart employs a dedicated Professional Development Specialist to develop activities to support providers in meeting program requirements. The Professional Development Specialist provides quality services to families of eligible infants and toddlers in an individualized, culturally sensitive, and ethical manner, and is supported by a set of stakeholders who advise the program as a professional development subcommittee of the ICC. The design of the SoonerStart professional development system is to operate hand-in-hand with the TA system. As a component of the general supervision system, it is designed to:

- Be responsive to identified agency/provider/family needs
- Inform the system when new procedures and policies are required
- Address practice change to improve child and family outcomes, and
- Implement evidence-based practices.

The system includes:

- Entry-level online training modules
- Information sharing and resource sharing
- Posting information on the OSDE website-SoonerStart page that includes information and training for families
- Face-to-face professional development activities provided by early intervention content experts.

The identification of professional development needs manifest through a variety of methods including review of local program and statewide data; information from compliance monitoring and quality assurance reviews; new research and current evidence-based practices and initiatives in early intervention; input from local site supervisors; results from training surveys; and national and state-level policy changes. Oklahoma continues to utilize its online learning platform designed by the same vendor that supports the SoonerStart EdPlan database to provide online learning, interactive communities, and a tracking system. The "SoonerStart New Employee Orientation" training series, developed in FFY 2019 continues to be utilized to offer blended learning modules. Online training modules are also available for EdPlan database navigation which covers staff competency requirements from program entry to exit of all SoonerStart children.

Due to COVID-19 safety restrictions, all face-to-face training was suspended in mid-March 2020. SoonerStart quickly adapted by building an online professional development clearinghouse utilizing Microsoft TEAMS. The Professional Development Specialist sought early intervention and other relevant training opportunities from multiple state, federal and private entities and created a master calendar to inform staff and other stakeholders of the availability and registration links. Feedback from staff has been positive. Also, SoonerStart staff and stakeholders who identify training not currently listed can make them available on the TEAMS training page. This method of providing training opportunities and discussion via chat has proven to be effective and continued through FFY 2020. SoonerStart anticipates virtual trainings will be the primary method to provide professional development activities to early intervention staff indefinitely.

SoonerStart staff continued to face challenges in FFY 2020 with shifting from in-person services to virtual services during the COVID-19 pandemic. Oklahoma's focus on accessing quality training on providing Early Intervention services in a virtual setting remained relevant as face-to-face services fluctuated back and forth due to surges in infection rates. SoonerStart also continued to provide resources, training, and discussion regarding staff mental health and self-care as staff navigated working from home amid other stressors.

Peer-to-peer training on a variety of Early Intervention topics have been provided by SoonerStart staff. These trainings are recorded and available to all new and existing staff members on a permanent basis. Many of these recorded trainings are also being converted to courses in our on-line learning management system to allow more interaction, tracking of knowledge acquisition as well as the ability to download relevant forms and information that are not available in just a recorded Zoom format.

Collaboration with agency partners such as the Oklahoma Assistive Technology Center and the Oklahoma Health Care Authority continues to offer new opportunities for staff training. Staff mentoring and peer-to-peer collaborations provide informal training at the local site level across the State.

The newest component of SoonerStart's professional development system is to provide quality, relevant and easily accessible training on our State Systemic Improvement Plan framework: The Pyramid Model. SoonerStart has started the development process with our learning management system to expand our online presence and data collection abilities, given this important task. We have contracted with the Pyramid Model Consortium to provide accurate and timely professional development on all aspects of the Pyramid Model. SoonerStart is committed to not only providing these evidence-based trainings to our implementation sites but will also create a system that captures and houses these trainings for all sites as implementation spreads from site to site over this SSIP cycle. The program is working with our the EdPlan database vendor to create tools to track, measure and report on all usage of these courses. This will provide tangible and accurate data of staff learning patterns, time spent, knowledge retained; while also allowing supervisors to view and guide users learning paths.

With a full-time Professional Development Specialist and the allocation of additional resources to develop a wide array of professional development activities, SoonerStart provides:

- Statewide coordination of training activities related to infants and toddlers and their families
- Greater access to learning opportunities for families and service providers
- A balanced and coordinated schedule of training activities in terms of topics, locations, and dates throughout the State available year-round
- On-line and face-to-face training; and
- Specialized training opportunities bring together families and professionals from different fields, including early education and childcare service providers.

SoonerStart remains committed to ensuring service providers are equipped to effectively provide services that continually improve the results of infants and toddlers with disabilities and their families, even in these challenging times.

Broad Stakeholder Input:

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

The ICC serves as the primary stakeholder group providing ongoing guidance and input into the SPP/APR and SSIP. Information and updates are provided regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data process, selection of targets, training initiatives, and public reporting of program status. SoonerStart provides the ICC sub-committees and special task groups ongoing opportunities for input throughout the year. Each sub-committee follows specific by-laws for the membership that reflects the State's diversity, with sub-committees including Personnel Development, Public Awareness, Program Planning and Evaluation, and Financial Planning. The SoonerStart lead agency identifies broad-based stakeholders (per §303.601) and provides the information about prospective members to the Oklahoma Governor's office for approval and appointment to the council. Members represent service providers, families of children with disabilities under the age of 12, child development instructors, and representatives from state agencies providing services to families of infants and toddlers with disabilities. ICC members are provided multiple opportunities to share their input throughout the year. Lead Agency personnel share programmatic updates regularly via email and at each quarterly ICC meeting. SoonerStart submits the APR for review by the ICC in their December meeting each year. The ICC Chair certification provided with the APR submission confirms that the ICC has reviewed Oklahoma's Part C FFY 2020 SPP/APR for accuracy and completeness.

In the fall of 2020, a wide variety of SoonerStart stakeholders—some of whom have been engaged with strategic planning and program improvement in recent years—were included in stakeholder discussions to set new indicator targets in Oklahoma's State Performance Plan (SPP) and develop a new SSIP. The group consisted of ICC members, early intervention staff, parents of children enrolled or formerly enrolled in SoonerStart, and community early childhood advocates (Head Start, Child Care, Preschool). Many of these participants agreed to serve on the SSIP Stakeholder Advisory Committees and work groups throughout the SSIP implementation cycle.

SoonerStart hosted stakeholder meetings via Zoom to analyze data, set targets, and develop improvement strategies, for the FFY 2020 APR and SSIP on the following dates:

December 7, 2020

December 9, 2020

January 5, 2021

February 18, 2021

March 23, 2021

April 28, 2021

August 19, 2021

September 16, 2021

October 14, 2021

Other participants included representatives from the Oklahoma Parent Center; the Oklahoma Family Network and other disability advocates; state agencies including Oklahoma Department of Mental Health Services; Oklahoma Department of Health, and the Oklahoma Regents for Higher Education, along with other stakeholders representing various state programs and school districts.

SoonerStart's increased efforts to engage parents of children with disabilities to fully participate in the stakeholder process resulted in 40 parents providing input and feedback in the development of APR and SSIP targets and improvement strategies. In the Fall of 2020, SoonerStart asked early intervention teams at the 27 local sites to nominate at least three parents of children currently enrolled in SoonerStart to participate in setting targets, analyzing data, developing improvement strategies, and evaluating progress for the next State Performance Plan (SPP) and State Systemic Improvement Plan (SSIP). Parents who agreed to participate were sent an email with detailed information on meeting objectives. In addition to recruiting parent stakeholders served by local EI sites to represent rural, urban and metropolitan areas of the state, SoonerStart utilized demographic data to reach out to minority parents. Emails or written correspondence was sent to 30 parents of children currently or previously enrolled in SoonerStart inviting them to participate in stakeholder discussions or provide their input directly via telephone or email. Parent members of the ICC, Oklahoma Parents Center and other community programs and organizations were specifically encouraged to participate. Due to COVID-19 risks, the meeting was scheduled via Zoom but was held from 12:00 PM to 1:00 PM so that working parents would be able to participate during their lunch break. This stakeholder meeting in January 2021 was exclusively for parents. SoonerStart sought to create an open forum for parents to share their thoughts on program improvement with each other and program administration. Subsequent stakeholder meetings in February and April 2021 brought together parents, early intervention staff and early childhood advocates allowing SoonerStart and the participants to gain insight from the different perspectives of each role.

Additional efforts to encourage parent engagement in SoonerStart improvement processes included sending out email invitations to 3000 parents of children currently receiving services inviting them to the September 16, 2021, stakeholder meeting. The emails also provided a link to the SoonerStart

website explaining the importance of stakeholder involvement and a draft of proposed changes to targets and data collection. Although approximately 40 parents registered, no new parents attended despite reminder emails to the registrants the day before the meeting.

Stakeholder meetings have continued via Zoom throughout 2021 not only to mitigate the risk of COVID-19, but to enable families from across the state to participate in the development of implementation activities. Utilizing Zoom significantly reduces the cost of transportation and the travel time to and from a meeting destination. All stakeholders report that virtual meetings offer more flexibility for them to participate from any location using their mobile devices. Additionally, parents with small children at home or who do not have transportation to attend an in-person meeting are not excluded from participating.

SoonerStart continues to solicit parents to serve on the Pyramid Model Local Leadership Team at the SSIP pilot sites. Local Leadership Team members are engaging parents in their communities one on one to facilitate buy-in and long-term commitment. State administration has committed to funding travel to all in-person meetings and exploring options for paying participating parents a childcare stipend.

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

NO

Number of Parent Members:

40

Parent Members Engagement:

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

Through the activities and outreach described in the previous paragraphs, SoonerStart sought to create an open environment for parents to share their thoughts on program improvement with each other and program administration throughout the stakeholder input process. Parents attended one or more of the eight virtual meetings to discuss improvement strategies and future targets for the APR and SSIP. An agenda was shared in advance via an email invitation that also included the link to the SSIP and APR information pages posted on the SoonerStart website. SoonerStart's presentation included a brief history of Oklahoma's Part C program and an overview of the infrastructure. Parents were provided a detailed explanation of each compliance and performance indicator in the APR. Current and historical data were presented with visual demonstrations using charts and graphs. Parent input was collected using the Ideaz Board website tool which provides a virtual "sticky note" for parents to share their thoughts, ideas and questions anonymously. SoonerStart used the feedback to develop a presentation comparing potential target lines and target setting methodologies. In subsequent stakeholder meetings, polls were added to the presentation allowing stakeholders to vote on their choice of targets, strategies and evaluation methods. The final proposed results were compiled and sent to all stakeholders via email and posted on the SoonerStart APR webpage. Parents and other stakeholders were invited to send any additional comments or suggestions for changes by December 1, 2021.

Activities to Improve Outcomes for Children with Disabilities:

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

SoonerStart has conducted activities to increase the ability of parents to participate in the development of implementation activities. SoonerStart utilized information from The Center for IDEA Early Childhood Data Systems Stakeholder Knowledge Toolkit to help stakeholders meaningfully participate in discussions of SPP/APR indicators. Information on the purpose and process for developing the APR and SSIP was added to the SoonerStart website for everyone to review. The same information was shared with parents via emails before and after each stakeholder meeting, along with the website link and attached relevant resources. SoonerStart worked with the Oklahoma Parent Center to increase outreach to parents, as well as through the Oklahoma Family Network (an advocacy organization for families of children with developmental disabilities). The program utilized the demographic information collected for Part C enrollment to communicate with under-represented and minority parents to encourage their participation in stakeholder discussions. In addition to advance information, participants were provided detailed explanations of each indicator in the APR during the stakeholder meetings.

To support parents' and other participants' understanding of somewhat complex data, the presentations included visual displays of historical results and targets to help examine trends in the state and the impact of the pandemic in recent years. Additionally, stakeholders were given information to allow them to make meaningful contributions about setting targets over time. This included detailed discussion of a variety of target-setting approaches:

- standard forecast using historical data trendline
- average year-to-year difference, added annually
- maintain historic trendline target lines
- annual percentage or number change annually
- defined long-term goal with interim growth
- if close to goal, minimal annual change

SoonerStart encouraged discussion and questions to ensure that parent stakeholders had adequate information to make well-informed suggestions and/or decisions.

Soliciting Public Input:

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

In addition to feedback received during stakeholder meetings, SoonerStart worked to ensure that the information was available for comment from those unable to directly participate. The primary method used to solicit additional public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress, was to publish all resources on a public forum, specifically the SoonerStart website: <https://sde.ok.gov/soonerstart-apr-target-settings>. Each stakeholder discussion about the SPP/APR targets and goals has been posted there, as well as each SSIP presentation. Both presentations included polls with stakeholders voting to select their preferred targets and methodologies, and the results were presented in the meetings for all to see and consider. Solicitation of public input was initiated for the SSIP beginning in November 2020 in emails to parents, staff and community advocates. Solicitation of public input was initiated for APR Target Setting in August 2021. Links to information posted on the website related to both the SSIP and the APR Target Setting efforts were included in the email invitations.

Making Results Available to the Public:

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

The results of the target setting, data analysis, development of the improvement strategies, and evaluation are posted on the Soonerstart website. <https://sde.ok.gov/soonerstart-apr-target-settings> before the FFY 2020 SPP/APR is submitted February 1, 2022. The same information is included as a

discussion item on the official ICC agenda to be reviewed at quarterly ICC meetings. ICC meetings are open to the public and agendas are posted in advance per state open meeting regulations. The results were also emailed to stakeholders who participated in any of the discussions throughout the year.

Reporting to the Public:

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

SoonerStart has made its FFY 2019 SPP/APR and its Part C Annual Determination Letter for FFY 2019 available to the public on the OSDE website:

<http://ok.gov/sde/datareporting-part-c/>

SoonerStart Site Data Profiles for FFY 2019 and FFY 2020 of each program in the state are posted on the OSDE website:

<http://ok.gov/sde/datareporting-part-c/>

For FFY 2019, Site Data Profiles were provided to the local sites on December 1, 2020 and for FFY 2020, Site Data Profiles were provided to the local sites on December 1, 2021. Site Data Profiles are posted on the OSDE website before the February 1st SPP/APR submission each year.

Intro - Prior FFY Required Actions

Response to actions required in FFY 2019 SPP/APR

Intro - OSEP Response

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

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

1 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 96.74% |

| FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.70% | 99.07% | 97.88% | 98.62% | 99.07% |

Targets

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

FFY 2020 SPP/APR Data

| Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner | Total number of infants and toddlers with IFSPs | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|---------------------|-------------|
| 825 | 969 | 99.07% | 100% | 98.97% | Did not meet target | No Slippage |

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.

134

Provide reasons for delay, if applicable.

SoonerStart reported that 134 children did not receive timely first intervention visits due to exceptional family circumstances. Ten children did not receive timely first intervention visits due to staff reasons. Staff reasons include unavailability due to vacation, illness, or scheduling conflict.

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).

Oklahoma defines "timely" receipt of early intervention services as 15 working days from the date of parent consent on the IFSP to the date of the first intervention service provided to the family.

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

State database

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

Data were collected during the time period between April 1, 2021 and June 30, 2021 (4th quarter of FFY 2020)

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

Program data for this indicator are collected from Oklahoma's Early Intervention online database called EdPlan. EdPlan captures and displays the status and content of the infant or toddler's record at any given period of time. Staff use the system to create an electronic record for each infant and toddler that enters the program with a referral. For children who are evaluated and determined eligible for an IFSP, the date of the first intervention service following parental consent on the IFSP is entered by the service provider in the electronic record. EdPlan allows for a direct flow of information from each local SoonerStart site to OSDE as the lead agency, enabling centralized monitoring and oversight. The dates of the first intervention service for all initial and subsequent IFSPs completed during the time period reported are reviewed by SoonerStart supervisors at each local site. Any data missing or appearing to be incorrect identified using the First Intervention Visit database report created by the Part C Data Specialist are verified by comparing it to the child's electronic record in EdPlan. Delays attributed to Exceptional Family Circumstances are documented in the child's electronic record.

Oklahoma has chosen to utilize the first intervention service data from the fourth quarter (April 1, 2021 to June 30, 2021) to report in the FFY 2020 APR, as it has previously done the past four years. The SoonerStart Part C Data Specialist examined data that were reported for this time period and compared them to data for the full year (FFY 2020). Based on the number and percentages of completed IFSPs for the entire year, Oklahoma determined that despite early restrictions on in-person early intervention services, the 4th quarter data are representative of all quarters for FFY 2020 APR reporting.

1st Quarter: 924 IFSPs 26.81%
 2nd Quarter: 756 IFSPs 21.94%
 3rd Quarter: 797 IFSPs 23.13%
 4th Quarter: 969 IFSPs 28.12%

Additionally, the 4th quarter results are representative of a full year of the state's data because all areas of the state, all provider types and all categories of eligible children are included.

Provide additional information about this indicator (optional)

COVID-19 restrictions on in-person services continued into the fall and winter of 2020. Program procedures developed for virtual services when pandemic restrictions were originally implemented allowed for timely early intervention services in FFY 2020.

Correction of Findings of Noncompliance Identified in FFY 2019

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 6 | 6 | 0 | 0 |

FFY 2019 Findings of Noncompliance Verified as Corrected

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

The Part C Data Specialist conducts verification of correction for noncompliance at the site level to ensure that each site is correctly implementing the specific regulatory requirement for all children with developmental delays or disabilities. The Part C Data Specialist ensures that a Site Correction Assurance Statement is submitted by each local site demonstrating less than 100% compliance for first intervention visits the previous year. He also reviews subsequent data reported in the First Intervention Service Visit Report created in the EdPlan database to ensure the local site demonstrates 100% compliance for timeliness of first intervention service visits. The report pulls the first visit from the child's electronic record for all children enrolled in each local site and indicates the number of working days between the IFSP consent date and the first intervention visit. If more than 15 working days, the report also includes the reason for delay documented in the child's record. Records with delays attributed to exceptional family circumstances are considered to be in compliance. If the local site has not demonstrated noncompliance correction within 12 months of a finding, the Part C Data Specialist requires the local site to submit a formal Corrective Action Plan outlining strategies to address obstacles encountered by the site that led to continued noncompliance. For findings issued in FFY 2019, all local SoonerStart sites demonstrated noncompliance correction within 12 months of identification.

The SoonerStart Part C Assistant Executive Director supervises the verification process and provides technical assistance to the local sites in conjunction with the Part C Data Specialist. Verification of correction of both child and site-level noncompliance findings is completed according to OSEP Memorandum 09-02.

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

The Part C Data Specialist is responsible for identifying and verifying the correction of non-compliance identified and reported in the previous fiscal year. For any non-compliance concerning a child-specific requirement that is subject to a timeline requirement, SoonerStart must ensure that the local site has corrected each case of non-compliance no more than 12 months from identification, unless the child is no longer enrolled in the SoonerStart program. The Part C Data Specialist verified correction for all records with first intervention visits previously identified as non-compliant by looking at the child's electronic record in the EdPlan database. Verification ensures that the required action has been completed, although late, and that staff has documented the reason for missing the timeline in the child's record. The six findings of non-compliance for timely first intervention visits issued in FFY 2019 were verified as corrected within 12 months of identification. Completing verification of correction of both child and site-level noncompliance findings adheres to OSEP Memorandum 09-02.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

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

1 - Prior FFY Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

1 - Required Actions

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

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

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 95.52% |

| FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|----------|--------|--------|--------|--------|--------|
| Target>= | 95.00% | 95.50% | 95.50% | 96.00% | 96.00% |
| Data | 97.34% | 97.29% | 96.53% | 95.06% | 96.30% |

Targets

| FFY | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|--------|--------|--------|--------|--------|--------|
| Target >= | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% | 96.00% |

Targets: Description of Stakeholder Input

As described in the introduction section on stakeholder input, detailed explanatory and contextual information was shared in the discussion of each indicator. Data analysis for Indicator #2 indicated that over 95% of children with IFSPs received services in their natural environment over the past five years. SoonerStart provided stakeholders with the definition of natural environment and examples of service locations in the community that fit the definition. Stakeholders emphasized that families should have the latitude to choose the location of early intervention services even if outside of the child's natural environment. SoonerStart will maintain the target for Indicator 2 at 96.00% for the FFY 2020 – FFY 2025 cycle of the new SPP without annual increases. Providing services in the natural environment 96.00% of the time is a rigorous target that still allows for service locations to be individualized to the family's needs.

Prepopulated Data

| Source | Date | Description | Data |
|--|------------|---|-------|
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 2,240 |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Total number of infants and toddlers with IFSPs | 2,278 |

FFY 2020 SPP/APR Data

| Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | Total number of Infants and toddlers with IFSPs | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|------------|-------------|
| 2,240 | 2,278 | 96.30% | 96.00% | 98.33% | Met target | No Slippage |

Provide additional information about this indicator (optional).

Data for Indicator 2 (Services in the Natural Environment) were taken from Child Count data collected December 1, 2020, and submitted April 1, 2021. The 13% decrease in the 2020 child count from the previous year is attributed to the impact of the COVID-19 pandemic.

2 - Prior FFY Required Actions

None

2 - OSEP Response

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

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

As described in the introduction on stakeholder input, detailed contextual and explanatory information was shared in the discussion of each indicator. In the discussion of Indicator #3, Early Childhood Outcomes, stakeholder poll results indicated a preference for using the historic trendline in setting interval and final targets for each Early Childhood Outcome's Statements 1 and 2. With the opportunity to amend the SPP, stakeholders chose to revise the baseline for each Statement 2 (functioning within age expectation) to equal the FFY 2020 data results. The baseline for every Statement 1 was maintained. Baselines were changed to reflect a multi-year trend of decreasing peer-level outcomes that was exacerbated during the pandemic. Stakeholders recommended setting the baseline at current level to allow the program more space to improve across the next cycle. SoonerStart believes the negative trend in peer-level outcomes is due to the increasing severity of need in the children it serves and the short timeframes of service provision (most children stay in the program less than one year).

Historical Data

| Outcome | Baseline | FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|---------|----------|----------|--------|--------|--------|--------|--------|
| A1 | 2013 | Target>= | 78.00% | 78.50% | 78.50% | 79.00% | 79.00% |
| A1 | 78.15% | Data | 78.17% | 84.99% | 83.35% | 84.69% | 84.96% |
| A2 | 2020 | Target>= | 52.00% | 52.50% | 52.50% | 53.00% | 53.00% |
| A2 | 48.58% | Data | 55.34% | 53.50% | 54.01% | 52.09% | 50.20% |
| B1 | 2013 | Target>= | 83.00% | 83.50% | 83.50% | 84.00% | 84.00% |
| B1 | 83.04% | Data | 82.14% | 85.01% | 86.10% | 88.26% | 86.09% |
| B2 | 2020 | Target>= | 46.00% | 46.50% | 46.50% | 47.00% | 47.00% |
| B2 | 39.83% | Data | 49.05% | 45.15% | 45.55% | 44.30% | 41.19% |
| C1 | 2013 | Target>= | 84.00% | 84.50% | 84.50% | 85.00% | 85.00% |
| C1 | 84.31% | Data | 83.56% | 87.03% | 86.81% | 86.90% | 87.68% |
| C2 | 2020 | Target>= | 47.00% | 47.50% | 47.50% | 48.00% | 48.00% |
| C2 | 43.56% | Data | 49.86% | 48.53% | 49.78% | 48.37% | 47.23% |

Targets

| FFY | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|-------------|--------|--------|--------|--------|--------|--------|
| Target A1>= | 79.00% | 79.50% | 79.50% | 80.00% | 80.00% | 80.50% |
| Target A2>= | 48.50% | 48.50% | 49.00% | 49.00% | 49.50% | 49.50% |
| Target B1>= | 84.00% | 84.50% | 85.00% | 85.00% | 85.50% | 85.50% |
| Target B2>= | 39.50% | 40.00% | 40.00% | 40.50% | 40.50% | 41.00% |
| Target C1>= | 85.00% | 85.50% | 85.50% | 86.00% | 86.00% | 86.00% |
| Target C2>= | 43.50% | 43.50% | 44.00% | 44.00% | 44.50% | 44.50% |

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

1,692

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

| Outcome A Progress Category | Number of children | Percentage of Total |
|---|--------------------|---------------------|
| a. Infants and toddlers who did not improve functioning | 7 | 0.41% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 233 | 13.77% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 630 | 37.23% |

| Outcome A Progress Category | Number of children | Percentage of Total |
|---|---------------------------|----------------------------|
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 666 | 39.36% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 156 | 9.22% |

| Outcome A | Numerator | Denominator | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|--|------------------|--------------------|----------------------|------------------------|----------------------|---------------|-----------------|
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,296 | 1,536 | 84.96% | 79.00% | 84.38% | Met target | No Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 822 | 1,692 | 50.20% | 48.50% | 48.58% | N/A | N/A |

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

| Outcome B Progress Category | Number of Children | Percentage of Total |
|---|---------------------------|----------------------------|
| a. Infants and toddlers who did not improve functioning | 7 | 0.41% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 238 | 14.07% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 773 | 45.69% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 626 | 37.00% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 48 | 2.84% |

| Outcome B | Numerator | Denominator | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|--|------------------|--------------------|----------------------|------------------------|----------------------|---------------|-----------------|
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,399 | 1,644 | 86.09% | 84.00% | 85.10% | Met target | No Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 674 | 1,692 | 41.19% | 39.50% | 39.83% | N/A | N/A |

Outcome C: Use of appropriate behaviors to meet their needs

| Outcome C Progress Category | Number of Children | Percentage of Total |
|---|---------------------------|----------------------------|
| a. Infants and toddlers who did not improve functioning | 7 | 0.41% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 222 | 13.12% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 726 | 42.91% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 660 | 39.01% |

| Outcome C Progress Category | Number of Children | Percentage of Total |
|---|--------------------|---------------------|
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 77 | 4.55% |

| Outcome C | Numerator | Denominator | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|--|-----------|-------------|---------------|-----------------|---------------|------------|-------------|
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,386 | 1,615 | 87.68% | 85.00% | 85.82% | Met target | No Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 737 | 1,692 | 47.23% | 43.50% | 43.56% | N/A | N/A |

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

| Question | Number |
|---|--------|
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data | 2,697 |
| 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. | 883 |

| Sampling Question | Yes / No |
|--------------------|----------|
| Was sampling used? | NO |

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

YES

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

Program data for this indicator comes from Oklahoma's Early Intervention online database, EdPlan. SoonerStart maintains an electronic record for each infant and toddler in the program, including an electronic version of the Child Outcome Summary Form. Service provider staff are responsible for inputting entry ratings in the electronic COS form within 30 days following the initial IFSP's development. Exit ratings and progress statements are entered for each child exiting SoonerStart if he or she received services for at least a 180-day period from the date of the IFSP to the date of the child's exit from the program. Staff enter the COS ratings and progress information within 30 days of the child's third birthday or 30 days following the child's exit from the program if the child leaves the program before age 3. Periodically, the Part C Data Specialist generates an Early Childhood Outcome report from the EdPlan database to review data completeness. After data are validated for completeness annually in September, Oklahoma uses the Early Childhood Technical Assistance Center (ECTA) COS Calculator to convert the raw data into federal reporting categories included in the Annual Performance Report and shared in site profiles.

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

None

3 - OSEP Response

The State has revised the baselines for A2, B2, and C2 for this indicator, using data from FFY 2020, however OSEP cannot accept those baselines because OSEP would expect that all summary statements would use a consistent baseline year.

The State provided targets for FFYs 2020 through 2025 for this indicator, but OSEP cannot accept those targets because the State's baseline for this indicator was not accepted.

3 - Required Actions

The State has provided baselines using data from FFY 2013 for A1, B1, and C1, and using data from FFY 2020 for A2, B2, and C2. The State must revise baselines to use data from the same year across summary statements in the FFY 2021 SPP/APR, and with stakeholder input, revise any targets as appropriate to ensure the FFY 2025 targets reflect improvement over baseline.

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

| Measure | Baseline | FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|---------|----------|----------|--------|--------|--------|--------|--------|
| A | 2020 | Target>= | 93.00% | 94.00% | 95.00% | 96.00% | 96.00% |
| A | 85.75% | Data | 97.46% | 98.67% | 97.59% | 99.31% | 98.33% |
| B | 2020 | Target>= | 93.00% | 94.00% | 95.00% | 96.00% | 96.00% |
| B | 87.96% | Data | 96.87% | 98.23% | 99.12% | 99.31% | 99.76% |
| C | 2020 | Target>= | 93.00% | 94.00% | 95.00% | 96.00% | 96.00% |

| | | | | | | | |
|---|---------|------|--------|--------|--------|--------|--------|
| C | 97.54 % | Data | 96.67% | 97.12% | 99.67% | 97.58% | 99.52% |
|---|---------|------|--------|--------|--------|--------|--------|

Targets

| FFY | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------|--------|--------|--------|--------|--------|--------|
| Target A>= | 85.25% | 86.00% | 87.00% | 88.00% | 89.00% | 90.00% |
| Target B>= | 87.50% | 88.00% | 88.50% | 89.00% | 89.50% | 90.00% |
| Target C>= | 97.00% | 97.00% | 97.50% | 97.50% | 97.50% | 98.00% |

Targets: Description of Stakeholder Input

As described in the introduction on stakeholder input, detailed contextual and explanatory information was shared in the discussion of each indicator. SoonerStart consulted stakeholders about a possible change to the calculation for a favorable response (as compared to an unfavorable one). In previous years, Family Outcomes survey responses were scored from 1 to 4 with a response of "highly disagree" receiving a score of "1" and "highly agree" receiving a score of "4". Stakeholders concurred with SoonerStart's recommendation to revise the scoring calculation for the survey responses so that a response of "highly disagree" receives a score of "0" and "highly agree" receives a score of 3. This sets a true zero value for a respondent who highly disagrees on all questions. Additionally, stakeholders recommended that the percentage or cut-off score that defines an individual's response as one that SoonerStart helped the family (a response of approval) should be increased from 50% of the total possible score to 66% or better. Because of the changes to the calculations, and with stakeholder input, SoonerStart determined new baselines for each Family Outcome statement. These equal the FFY 2020 survey results that were re-calculated with an approval rating of 66% or better. Targets were determined using the new baseline for each statement. Although revising the calculation resulted in a decrease in the percentages of families with favorable responses, SoonerStart feels this correction more accurately reflects the families' perspectives with regard to the program.

Discussions and questions were encouraged during stakeholder meetings to ensure that parent stakeholders had adequate information to make well-informed suggestions and/or decisions.

FFY 2020 SPP/APR Data

| | |
|---|--------|
| The number of families to whom surveys were distributed | 3,031 |
| Number of respondent families participating in Part C | 407 |
| Survey Response Rate | 13.43% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 349 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 407 |
| 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 | 358 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 407 |
| 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 | 397 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 407 |

| Measure | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|---|---------------|-----------------|---------------|--------|----------|
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 98.33% | 85.25% | 85.75% | N/A | N/A |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 99.76% | 87.50% | 87.96% | N/A | N/A |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2) | 99.52% | 97.00% | 97.54% | N/A | N/A |

| Sampling Question | Yes / No |
|--------------------|----------|
| Was sampling used? | NO |

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

If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.
Please see below for our analysis of the response rate and representativeness, and our recommended strategies to improve.

Survey Response Rate

| FFY | 2019 | 2020 |
|----------------------|--------|--------|
| Survey Response Rate | 30.32% | 13.43% |

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

Strategies currently implemented by SoonerStart to increase response rates to the Family Outcomes Survey include:

1. Partnering with the Oklahoma Parents Center to disseminate Family Surveys
2. Providing a detailed brochure explaining the Family Survey to each family at the initial IFSP meeting
3. Ensuring all families receive information on accessing the survey within three months following the initial IFSP meeting, at the Annual IFSP meeting and when exiting SoonerStart
4. Requiring Resource Coordinators to record on the IFSP document that they provided survey information to the family at the IFSP meeting
5. Providing multiple options for completing the survey which includes online, by telephone or mailing in a paper copy
6. Assisting families in completing surveys online by providing access to a laptop or smartphone for the parent to use while SoonerStart staff are in the home

7. Emailing families upon exiting the program to ask them to respond to the family survey (an active hyperlink is included in the email)
Two new strategies will focus on encouraging local SoonerStart staff to promote the importance of the family survey and follow-up with families on completion. The first strategy is to create a friendly competition activity between local teams to increase the number of surveys completed by families of children enrolled in each site. The team from the local site with the most survey responses will receive a pre-determined award. The second strategy adds the family survey response rate as a measurement for the local site annual determination. The metric will award points based on the number of family survey responses as a percentage of the local site's one-day child count.

SoonerStart will continue to explore new strategies to increase the survey response rate of all families at all sites, without demographic preference or bias. Although all parents are offered multiple opportunities to respond to the survey, SoonerStart cannot guarantee that the response pool will ever be perfectly representative (as it could be if responses were solicited using a weighted sample) because completing the survey is totally voluntary.

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

Non-response bias may occur when a sub-section of families are unwilling or unable to respond to a survey. The error comes from the absence of participants and not from collecting erroneous data. Each child's IFSP includes an affirmation that staff provided the family with a link to the online survey. While the State uses this metric for "the number of families to whom surveys were distributed," the value is still estimated. Therefore, the State has determined that the evaluation of the non-response bias is not feasible. The actual value of "parents who received the survey and declined to participate" is still unknown. Furthermore, even if all families actually received a copy of the survey, but then declined to participate, we are not able to determine which families chose not to participate, and therefore cannot assess whether bias exists.

Although the State cannot determine a specific non-response bias nor its cause, the State plans to decrease any possible future non-response as follows:

- Send reminders to potential families: Sending reminder emails throughout the data collection period has been shown to effectively increase the response rate. The State will look into sending reminder emails midway through the collection period and near the end of the collection period.
- Ensure confidentiality: SoonerStart staff will assure families that all information will be kept confidential. In addition, staff will inform families who will view the survey results and how their data is utilized.
- Promote alternate means of distribution and collection: The SoonerStart family survey is available to be completed online via Survey Monkey, by telephone through the Oklahoma Parent Center and by mailing a paper survey to the Oklahoma Parent Center. The survey is available in both English and Spanish. SoonerStart staff will be more intentional in their reminders of the multiple ways currently available for survey completion.
- Express commitment: SoonerStart families should feel that the survey is valuable and that their responses are valued. If families feel the survey is important, they may feel more committed to completing and returning the survey. SoonerStart staff will reassure the family that their response is vital to the program's success.

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

Respondent children's gender, age, and race are compared to those reported and collected in the December 1, 2020 Child Count.

As reported in the description of demographic representation that follows, the response pool varies from the service population with regard to race and ethnicity. SoonerStart suspects that the variation is due to the significantly higher response rate from families who report being Hispanic in the survey compared to their stated identity when they enrolled in the program. The higher variation between groups is thus a result of a willingness to identify as Hispanic when completing an anonymous survey, which skews the relative representation of other groups. The same can be assumed for families identifying as "Two or More Races." Furthermore, recent years' efforts to increase Hispanic family responses have been successful, contributing to this group's over-representation.

This past year, the "White or Caucasian" race group was underrepresented in the survey compared to the SoonerStart population. This was partly

because of differences in the ways Hispanic families reported ethnicity in the survey versus when they enrolled in SoonerStart. Even so, SoonerStart believes that by increasing the overall response rate for the state, families who identify as White will be more likely to be included in the response pool, since it is the majority of the population in the state.

Age group variation also exists. Because of efforts to increase response rates among families of very young children, the rate of responses has increased to reflect a higher percentage of this group compared to the SoonerStart service population. The program believes that the best way to re-balance the response pool is to increase the response rate and encourage all families to respond, even if they have responded previously.

As shown in the comparisons below, respondents reported align very closely with the overall child count demographics for gender. Other differences between child count and survey demographics are discussed in prior paragraphs.

| Gender | Survey(%) | Child Count(%) | Difference (%) | (p-value > 0.05) |
|--------|-----------|----------------|----------------|------------------|
| Female | 38.87% | 38.54% | 0.23 | 0.96 |
| Male | 61.13% | 61.46% | -0.23 | 0.33 |

| Race/Ethnicity (0.05) | Survey(%) | Child Count(%) FFY-2020 | Difference (%) | (p-value > 0.05) |
|-------------------------------------|-----------|----------------------------|----------------|------------------|
| American Indian or Alaska Native | 6.07% | 6.45% | -0.38 | 0.94 |
| Asian 0.57 | | 1.58% | 2.28% | -0.70 |
| Black or African American 0.83 | 8.18% | 8.47% | -0.29 | |
| Hispanic or Latino 4.749086e-11 | 13.98% | 1.49% | 12.49** | |
| Native Hawaiian or Pacific Islander | 0.26% | 0.44% | -0.18 | NaN |
| Two or More Races 0.034 | 13.98% | 9.61% | 4.37** | |
| White or Caucasian 2.051880e-10 | 55.94% | 71.25% | -15.31** | |

| Age group | Survey(%) | Child Count(%) | Difference (%) | (p-value > 0.05) |
|------------|-----------|----------------|----------------|------------------|
| Birth to 1 | 18.88% | 13.48% | 5.40** | 0.03 |
| 1 to 2 | 34.95% | 33.49% | 1.45 | 0.89 |
| 2 to 3 | 46.17% | 53.03% | -6.86** | 0.003 |

Note: positive difference indicates over-representation, negative difference indicates under-representation.

**A (significant) difference between proportions in the survey and service populations is identified by the p-value of the test of association is indicated with an asterisk.

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

The State uses a statistical formula (Z-test for two population proportions) to determine if two proportions (i.e., % of surveys received versus % of families in the target population) should be considered statistically different. A p-value less than 0.05 indicates a statistically significant difference between the proportions (non-representativeness).

Provide additional information about this indicator (optional).

Covid significantly impacted the number of surveys returned in FFY 2020. Because of limited face-to-face interaction with families, SoonerStart staff had fewer opportunities to explain the importance of the survey and follow-up on its completion. Additionally, during periods of time when only virtual visits were possible, staff were unable to assist families with completing surveys online by providing access to a laptop or smartphone for the parent to use while SoonerStart staff were in the home.

4 - Prior FFY Required Actions

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

Response to actions required in FFY 2019 SPP/APR

The state has responded to this required action in the previous sections for Indicator #4.

4 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, and OSEP accepts that revision.

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

4 - Required Actions

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

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

5 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2013 | 0.81% |

| FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|--------------|-------|-------|-------|-------|-------|
| Target >= | 0.90% | 0.86% | 0.88% | 0.90% | 0.90% |
| Data | 0.67% | 0.71% | 0.80% | 0.83% | 0.77% |

Targets

| FFY | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------------|-------|-------|-------|-------|-------|-------|
| Target >= | 0.63% | 0.65% | 0.70% | 0.75% | 0.80% | 0.85% |

Targets: Description of Stakeholder Input

As described in the introduction on stakeholder input, detailed contextual and explanatory information was shared in the discussion of each indicator. Stakeholders discussed the effect of COVID-19 on SoonerStart enrollment and decided to set the FFY 2020 target for Indicator #5 to match the FFY 2020 result, with gradual increases over the next five years. Stakeholders were also clear in their desire to see SoonerStart increase the percentage of children served (ages birth to 1) above the baseline of 0.81% (FFY 2013). Annual targets were developed with interim growth culminating at 0.85% in FFY 2025.

Prepopulated Data

| Source | Date | Description | Data |
|--|------------|--|--------|
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 1 with IFSPs | 307 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 1 | 48,675 |

FFY 2020 SPP/APR Data

| Number of infants and toddlers birth to 1 with IFSPs | Population of infants and toddlers birth to 1 | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|--|---|---------------|-----------------|---------------|------------|-------------|
| 307 | 48,675 | 0.77% | 0.63% | 0.63% | Met target | No Slippage |

Provide additional information about this indicator (optional)

Oklahoma's Part C Child Count data for Indicator #5 were collected on December 1, 2020. SoonerStart attributes the 18% decrease in the number of children ages 0-1 to the impact of the COVID-19 pandemic.

5 - Prior FFY Required Actions

None

5 - OSEP Response

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

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

6 - Indicator Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2013 | 1.66% |

| FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|-----------|-------|-------|-------|-------|-------|
| Target >= | 1.75% | 1.66% | 1.68% | 1.70% | 1.70% |
| Data | 1.75% | 1.65% | 1.67% | 1.73% | 1.75% |

Targets

| FFY | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|-------|-------|-------|-------|-------|-------|
| Target >= | 1.50% | 1.55% | 1.60% | 1.65% | 1.70% | 1.75% |

Targets: Description of Stakeholder Input

As described in the introduction on stakeholder input, detailed contextual and explanatory information was shared in the discussion of each indicator. Stakeholders discussed the effect of COVID-19 on SoonerStart participation and decided to set the FFY 2020 target for Indicator #6 to match the FFY 2020 result. However, stakeholders were also clear in their desire to see SoonerStart increase the percentage of children served, ages birth to 3, above the previous baseline of 1.66% (FFY 2013). Annual targets were developed with interim growth culminating at 1.75% in FFY 2025.

Prepopulated Data

| Source | Date | Description | Data |
|--|------------|--|---------|
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 3 with IFSPs | 2,278 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 3 | 148,467 |

FFY 2020 SPP/APR Data

| Number of infants and toddlers birth to 3 with IFSPs | Population of infants and toddlers birth to 3 | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|--|---|---------------|-----------------|---------------|------------|-------------|
| 2,278 | 148,467 | 1.75% | 1.50% | 1.53% | Met target | No Slippage |

Provide additional information about this indicator (optional).

Oklahoma's Part C Child Count data for Indicator #6 were collected on December 1, 2020. SoonerStart attributes the 13% decrease in the number of children ages 0-3 to the impact of the COVID-19 pandemic.

6 - Prior FFY Required Actions

None

6 - OSEP Response

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

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

7 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 96.75% |

| FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 90.94% | 96.59% | 95.56% | 95.40% | 99.84% |

Targets

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

FFY 2020 SPP/APR Data

| Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline | Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|--|--|---------------|-----------------|---------------|---------------------|-------------|
| 636 | 691 | 99.84% | 100% | 99.28% | Did not meet target | No Slippage |

Number of documented delays attributable to exceptional family circumstances

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

Provide reasons for delay, if applicable.

SoonerStart reported that 50 children did not receive timely initial IFSPs due to exceptional family circumstances. Five children did not receive a timely initial IFSP due to staff reasons. Staff reasons include unavailability due to vacation, illness, or scheduling.

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

State database

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

Data were collected during the time period between April 1, 2021 and June 30, 2021 (4th quarter of FFY 2020).

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

Program data for this indicator are collected from Oklahoma's Early Intervention online database called EdPlan. EdPlan captures and displays the status and content of the infant or toddler's record at any given period of time. Staff uses the system to create an electronic record for each infant and toddler that enters the program with a referral. For children who are evaluated and determined eligible for an IFSP, the date of the Initial IFSP is entered by the service coordinator in the electronic record. EdPlan allows for a direct flow of information from each local SoonerStart site to OSDE as the lead agency, enabling centralized monitoring and oversight. SoonerStart local site supervisors review the IFSP Timeline Report created in the EdPlan Database for missing or incomplete data. After local review, the Part C Data Specialist compares dates of initial IFSPs completed during the reporting time period to the 45-day IFSP target date calculated and included on the IFSP Timeline Report. Any initial IFSPs identified as non-compliant are verified by reviewing the child's electronic record in EdPlan. Delays attributed to Exceptional Family Circumstances are documented in the child's electronic record.

Oklahoma has chosen to utilize initial IFSP data from the fourth quarter (April 1, 2021, to June 30, 2021) to report in the FFY 2020 APR, as it has previously done the past four years. The SoonerStart Part C Data Specialist examined data reported for this time period and compared them to data for the full year (FFY 2020). Based on the number and percentages of completed initial IFSPs for the entire year, Oklahoma determined that the 4th quarter data are representative of all quarters for FFY 2020 APR reporting. All areas of the state, all provider types, and all categories of eligible children are included.

| Initial IFSP # | Initial IFSP % |
|----------------------|----------------|
| 1st Quarter:-----617 | 25.42% |
| 2nd Quarter:-----534 | 22.00% |
| 3rd Quarter:-----585 | 24.10% |
| 4th Quarter:-----691 | 28.47% |

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2019

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

FFY 2019 Findings of Noncompliance Verified as Corrected

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

The Part C Data Specialist conducts verification of correction for noncompliance at the site level to ensure that each site is correctly implementing the specific regulatory requirement for all children with developmental delays or disabilities. The Part C Data Specialist ensures that a Site Correction Assurance Statement is submitted by each local site demonstrating less than 100% compliance for timely Initial IFSPs the previous year. He also reviews subsequent data utilizing the 45-Day Timeline Report created in the EdPlan database to ensure the local site demonstrates 100% compliance for the timely development of initial IFSPs. The report pulls the initial IFSP date from the child's electronic record for all children enrolled in the local site and indicates if there were more than 45 calendar days between the IFSP referral date and the Initial IFSP date. The report also includes the reason for the delay documented in the child's record. Records with delays attributed to exceptional family circumstances are considered to be in compliance. If the local site has not demonstrated noncompliance correction within 12 months of a finding, the Part C Data Specialist requires the local site to submit a formal Corrective Action Plan outlining strategies to address obstacles encountered by the site that led to continued noncompliance. For findings issued in FFY 2019, all local SoonerStart sites demonstrated noncompliance correction within 12 months of identification. The SoonerStart Part C Assistant Executive Director supervises the verification process and provides technical assistance to the local sites in conjunction with the Part C Data Specialist. Verification of correction of both child and site-level noncompliance findings is completed according to OSEP Memorandum 09-02.

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

The Part C Data Specialist is responsible for verifying correction of non-compliance that is identified and reported in the previous fiscal year. For any non-compliance concerning a child-specific requirement that is subject to a timeline requirement, SoonerStart must ensure that the local site has corrected each case of non-compliance no more than 12 months from identification unless the child is no longer enrolled in the SoonerStart program. The Part C Data Specialist verified correction for all Initial IFSPs previously identified as non-compliant by looking at the child's electronic record in the EdPlan database. Verification ensures that the required action has been completed, although late, and that staff have documented the reason for missing the timeline in the child's record. The one finding of non-compliance for timely initial IFSPs issued in FFY 2019 was verified as corrected within 12 months of identification. Verification of correction of both child and site-level noncompliance findings is completed according to OSEP Memorandum 09-02.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

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

7 - Prior FFY Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

The state has answered this required action in the previous section, Correction of Findings of Noncompliance Identified in FFY 2019.

7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

7 - Required Actions

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

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

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C)}} \right] \times 100$.

B. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$.

C. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$.

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

Instructions

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

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

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

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

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

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

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

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

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

8A - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 97.82% |

| FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|--------|------|------|------|------|------|
| Target | 100% | 100% | 100% | 100% | 100% |

| | | | | | |
|------|--------|--------|--------|--------|--------|
| Data | 96.61% | 96.93% | 99.51% | 96.83% | 99.52% |
|------|--------|--------|--------|--------|--------|

Targets

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

FFY 2020 SPP/APR Data

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

YES

| Number of children exiting Part C who have an IFSP with transition steps and services | Number of toddlers with disabilities exiting Part C | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|---------------------|----------|
| 284 | 306 | 99.52% | 100% | 97.39% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable

SoonerStart requires transition to be initiated timely if the child is determined eligible for Part C early intervention services at least 90 days prior to the child's third birthday. SoonerStart identified eight children who did not receive timely initiation of transition services on their IFSP due to staff reasons. Data analysis indicated that these children were referred, evaluated and determined eligible several weeks before they were 33 months of age. Their initial IFSPs with transition steps and services were developed within the 45-day timeline, however it was after the target transition date (90 days before the 3rd birthday) which resulted in non-compliance. The local Resource Coordinators responsible for timely transition initiation were provided clarification on the difference between "late referrals" (children who are determined eligible for early intervention services less than 90 days from their third birthday) and the development of an IFSP with transition steps and services in compliance with transition requirements if the child is determined eligible more than 90 days before the third birthday, (even though the IFSP 45-day timeline may be after the 90 day transition timeline). Oklahoma has verified that the Resource Coordinators have the knowledge necessary to meet all timeline requirements when providing transition services to toddlers and their families.

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

14

Provide reasons for delay, if applicable.

SoonerStart reported that 14 children did not receive timely transition steps and services on their IFSP due to exceptional family circumstances. Eight children did not receive timely transition steps and services on their IFSP due to staff reasons. Staff reasons include unavailability due to vacation, illness, or scheduling.

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

State database

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

Data were collected during the time period between April 1, 2021 and June 30, 2021 (4th quarter of FFY 2020).

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

Program data for this indicator are collected from Oklahoma's Early Intervention online database called EdPlan. EdPlan captures and displays the status and content of the infant or toddler's record at any given period of time. Staff uses the system to create an electronic record for each infant and toddler that enters the program with a referral. The dates of critical transition events are recorded permanently in the electronic record. These dates include the date of LEA notification, the date of the IFSP with transition steps and services initiated, and the date of the TPC with the LEA for children potentially eligible for Part B services. EdPlan allows for a direct flow of information from each local SoonerStart site to OSDE as the lead agency, enabling centralized monitoring and oversight.

The dates of the IFSP with timely transition steps and services completed during the time period reported are entered in the EdPlan records and reviewed by SoonerStart supervisors at each local site. Any data missing or appearing to be incorrect identified using the Transition Timeline Monitoring report created in the EdPlan database is verified by comparing it to the child's electronic record in EdPlan. Delays attributed to Exceptional Family Circumstances are documented in the child's electronic record.

Oklahoma has chosen to utilize transition initiation data from the fourth quarter (April 1, 2020, to June 30, 2021) to report in the FFY 2020 APR, as it has previously done the past four years. Early Intervention records for toddlers with third birthdays between April 1, 2021, and June 30, 2021, were reviewed for timely transition initiation utilizing the EdPlan database. After review by local supervisors, the SoonerStart Part C Data Specialist examined data reported for this time period and compared them to data for the full year (FFY 2020). Based on the number and percentages of children exiting Part C at age 3 for the entire year, Oklahoma determined that the 4th quarter data are equally representative of the 2nd and 3rd quarters for FFY 2020 APR reporting. SoonerStart has no explanation for the increased number of children turning three years old and exiting the program in the 1st quarter.

| | Children aged out at 3 years of age # | Children aged out at 3 years of age % |
|--------------|---------------------------------------|---------------------------------------|
| 1st Quarter: | 433 | 31.42% |
| 2nd Quarter: | 326 | 23.66% |
| 3rd Quarter: | 313 | 22.71% |
| 4th Quarter: | 306 | 22.21% |

Additionally, the 4th quarter results are representative of a full year of the state's data because all areas of the state, all provider types, and all categories of eligible children are included.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2019

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

FFY 2019 Findings of Noncompliance Verified as Corrected

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

The Part C Data Specialist conducts verification of correction for noncompliance at the site level to ensure that each site is correctly implementing the specific regulatory requirement for all children with developmental delays or disabilities. The Part C Data Specialist ensures that a Site Correction Assurance Statement is submitted by each local site demonstrating less than 100% compliance for the timely initiation of transition the previous year. He also reviews subsequent data utilizing the Transition Timeline Monitoring Report created in the EdPlan database to ensure the local site demonstrates 100% compliance for timely completion of transition initiation on the IFSP. The report pulls the transition initiation date entered in the child's electronic record for all children enrolled in each local site, as well as a calculated date for the timeline target based on the child's third birthday. If the transition initiation date occurs after the target timeline date, the report also includes the reason for the delay documented in the child's record. Records with delays attributed to exceptional family circumstances are considered to be in compliance. If the local site has not demonstrated noncompliance correction within 12 months of a finding, the Part C Data Specialist requires the local site to submit a formal Corrective Action Plan outlining strategies to address obstacles encountered by the site that led to continued noncompliance. For findings issued in FFY 2019, all local SoonerStart sites demonstrated noncompliance correction within 12 months of identification. The SoonerStart Part C Assistant Executive Director supervises the verification process and provides technical assistance to the local sites in conjunction with the Part C Data Specialist. Verification of correction of both child and site-level noncompliance findings is completed according to OSEP Memorandum 09-02.

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

The Part C Data Specialist is responsible for verifying correction of non-compliance that is identified and reported in the previous fiscal year. For any non-compliance concerning a child-specific requirement subject to a timeline requirement, SoonerStart must ensure that the local site has corrected each case of non-compliance no more than 12 months from identification unless the child is no longer enrolled in the SoonerStart program. The Part C Data Specialist verified correction for all transition initiation dates previously identified as non-compliant by looking at the child's electronic record in the EdPlan database. Verification ensures that the required action has been completed, although late, and that staff has documented the reason for missing the timeline in the child's record. The two findings of non-compliance for timely Transition Steps and Services on the IFSP issued in FFY 2019 were verified as corrected within 12 months of identification. Verification of correction of both child and site-level noncompliance findings is completed according to OSEP Memorandum 09-02.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

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

8A - Prior FFY Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

The state has responded to the prior required actions in the previous section, Correction of Findings of Noncompliance Identified in FFY 2019.

8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8A - Required Actions

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

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

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C)}} \right] \times 100$.

B. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$.

C. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$.

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

Instructions

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

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

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

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

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

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

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

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

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

8B - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 100.00% |

| FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|--------|------|------|------|------|------|
| Target | 100% | 100% | 100% | 100% | 100% |

| | | | | | |
|------|--------|--------|--------|--------|--------|
| Data | 92.34% | 92.91% | 98.54% | 96.15% | 96.14% |
|------|--------|--------|--------|--------|--------|

Targets

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

FFY 2020 SPP/APR Data

Data include notification to both the SEA and LEA

YES

| Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services | Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|---|--|---------------|-----------------|---------------|---------------------|-------------|
| 293 | 306 | 96.14% | 100% | 95.75% | Did not meet target | No Slippage |

Number of parents who opted out

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

0

Provide reasons for delay, if applicable.

SoonerStart does not have an opt-out policy, so no delays affected the timely Notification to the LEA due to exceptional family circumstances. Thirteen children did not have a timely Notification to the LEA due to staff reasons. Staff reasons include unavailability due to vacation, illness, or scheduling.

Describe the method used to collect these data.

Program data for this indicator are collected from Oklahoma's Early Intervention online database called EdPlan. EdPlan captures and displays the status and content of the infant or toddler's record at any given period of time. Staff uses the system to create an electronic record for each infant and toddler that enters the program with a referral. The dates of critical transition events are recorded permanently in the electronic record. These dates include the date of LEA notification, the date of the IFSP with transition steps and services initiated, and the date of the TPC with the LEA for children potentially eligible for Part B services.

Early Intervention staff is required to input the date written notification is sent to the LEA. Using the Transition Timeline Monitoring report created in the EdPlan database, the Part C Data Specialist verifies that the Notification to the LEA occurred and, if past the target date requirement, determines whether the toddler was considered a late referral (referred less than 90 days before the child's third birthday). If the date of the Notification to the LEA is missing, the local site administrator must verify that a copy of a timely LEA notification is on file and enter the date in the EdPlan database. The Oklahoma SEA is notified of toddlers potentially eligible for Part B services through SoonerStart EdPlan, under the SoonerStart MOU with the Oklahoma State Department of Education 619 program. EdPlan allows for a direct flow of information from each local SoonerStart site to OSDE as the lead agency, enabling centralized monitoring and oversight and statewide child find.

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

NO

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

State database

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

Data were collected during the time period between April 1, 2021 and June 30, 2021 (4th quarter of FFY 2020).

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

Oklahoma has chosen to utilize transition data from the fourth quarter (April 1, 2021, to June 30, 2021) to report in the FFY 2020 APR, as it has previously done the past four years. Early Intervention records for toddlers with third birthdays between April 1, 2021, and June 30, 2021, were reviewed for timely notification to the LEA utilizing the EdPlan database. The SoonerStart Part C Data Specialist examined data reported for this time period and compared them to data for the full year (FFY 2020). Based on the number and percentages of children transitioning from SoonerStart at age 3 for the entire year, Oklahoma determined that the 4th quarter data are equally representative of the 2nd and 3rd quarters for FFY 2020 APR reporting. SoonerStart has no explanation for the increased number of children turning three years old and exiting the program in the 1st quarter.

| | |
|---------------------------------------|---------------------------------------|
| Children aged out at 3 years of age # | Children aged out at 3 years of age % |
| 1st Quarter: 433 | 31.42% |
| 2nd Quarter: 326 | 23.66% |
| 3rd Quarter: 313 | 22.71% |
| 4th Quarter: 306 | 22.21% |

Additionally, the 4th quarter results are representative of a full year of the state's data because all areas of the state, all provider types, and all categories of eligible children are included.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2019

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 11 | 11 | 0 | 0 |

FFY 2019 Findings of Noncompliance Verified as Corrected

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

The Part C Data Specialist conducts verification of correction for noncompliance at the site level to ensure that each site is correctly implementing the specific regulatory requirement for all children with developmental delays or disabilities. The Part C Data Specialist ensures that a Site Correction Assurance Statement is submitted by each local site demonstrating less than 100% compliance for timely notification to the LEA the previous year. He also reviews subsequent data utilizing the Transition Timeline Monitoring Report created in the EdPlan database to ensure the local site demonstrates 100% compliance for timely notification to the LEA. The report pulls the date of the notification to the LEA entered in the child's electronic record for all children enrolled in each local site and a calculated date for the timeline target based on the child's third birthday. If the notification to the LEA occurs after the target timeline date, the report also indicates if the child was a late referral to the SoonerStart program. Children referred less than 90 days before their 3rd birthday are considered late referrals, and the notification to the LEA is not deemed non-compliant due to transmission after the target timeline. If the local site has not demonstrated noncompliance correction within 12 months of a finding, the Part C Data Specialist requires the local site to submit a formal Corrective Action Plan outlining strategies to address the site's obstacles that led to continued noncompliance. For findings issued in FFY 2019, all local SoonerStart sites demonstrated correction of noncompliance within 12 months of identification. The SoonerStart Part C Assistant Executive Director supervises the verification process and provides technical assistance to the local sites in conjunction with the Part C Data Specialist. Verification of correction of both child and site-level noncompliance findings is completed according to OSEP Memorandum 09-02.

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

The Part C Data Specialist is responsible for verifying correction of non-compliance that is identified and reported in the previous fiscal year. For any non-compliance concerning a child-specific requirement that is subject to a timeline requirement, SoonerStart must ensure that the local site has corrected each case of non-compliance no more than 12 months from identification unless the child is no longer enrolled in the SoonerStart program. The Part C Data Specialist verified correction for all notification to the LEA dates previously identified as non-compliant by looking at the child's electronic record in the EdPlan database. Verification ensures that the required action has been completed, although late, and that staff has documented the reason for missing the timeline in the child's record. The eleven findings of non-compliance for timely Notification to the LEA issued in FFY 2019 were verified as corrected within 12 months of identification. Verification of correction of both child and site-level noncompliance findings is completed according to OSEP Memorandum 09-02

Correction of Findings of Noncompliance Identified Prior to FFY 2019

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

8B - Prior FFY Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

The state has responded to the prior required actions in the previous section, Correction of Findings of Noncompliance Identified in FFY 2019.

8B - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8B - Required Actions

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

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

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C)}} \right] \times 100$.

B. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$.

C. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$.

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

Instructions

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

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

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

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

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

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

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

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

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

8C - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 99.42% |

| FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|--------|------|------|------|------|------|
| Target | 100% | 100% | 100% | 100% | 100% |

| | | | | | |
|------|--------|--------|--------|--------|--------|
| Data | 92.88% | 92.94% | 95.61% | 96.03% | 95.69% |
|------|--------|--------|--------|--------|--------|

Targets

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

FFY 2020 SPP/APR Data

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

YES

| Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B | Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|--|--|---------------|-----------------|---------------|---------------------|-------------|
| 165 | 306 | 95.69% | 100% | 97.39% | Did not meet target | No Slippage |

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

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

76

Number of documented delays attributable to exceptional family circumstances

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

59

Provide reasons for delay, if applicable.

SoonerStart reported that 59 children did not receive timely Transition Planning Conferences due to exceptional family circumstances. Six children did not receive timely TPCs due to staff reasons. Staff reasons include unavailability due to vacation, illness, or scheduling conflict.

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

State database

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

Data were collected during the time period between April 1, 2021 and June 30, 2021 (4th quarter of FFY 2020).

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

Program data for this indicator are collected from Oklahoma's Early Intervention online database called EdPlan. EdPlan captures and displays the status and content of the infant or toddler's record at any given period of time. Staff use the system to create an electronic record for each infant and toddler that enters the program with a referral. The dates of critical transition events are recorded permanently in the electronic record. These dates include the date of LEA notification, the date of the IFSP with transition steps and services initiated, and the date of the TPC with the LEA for children potentially eligible for Part B services. EdPlan allows for a direct flow of information from each local SoonerStart site to OSDE as the lead agency, enabling centralized monitoring and oversight.

The Transition Planning Conference (TPC) dates completed during the time period reported are entered in the child's EdPlan record and reviewed by SoonerStart supervisors at each local site. Any data missing or appearing to be incorrect identified using the Transition Timeline Monitoring report created in the EdPlan database is verified by comparing it to the child's electronic record in EdPlan. Delays attributed to Exceptional Family Circumstances are documented in the child's electronic record.

Oklahoma has chosen to utilize TPC data from the fourth quarter (April 1, 2020, to June 30, 2021) to report in the FFY 2020 APR, as it has previously done the past four years. Early Intervention records for toddlers with third birthdays between April 1, 2021, and June 30, 2021, were reviewed for timely TPCs with the LEA utilizing the EdPlan database. After review by local supervisors, the SoonerStart Part C Data Specialist examined data reported for this time period and compared them to data for the full year (FFY 2020). Based on the number and percentages of children transitioning from SoonerStart at age 3 for the entire year, Oklahoma determined that the 4th quarter data are equally representative of the 2nd and 3rd quarters for FFY 2020 APR reporting. SoonerStart has no explanation for the increased number of children turning three years old and exiting the program in the 1st quarter.

| | |
|---------------------------------------|---------------------------------------|
| Children aged out at 3 years of age # | Children aged out at 3 years of age % |
| 1st Quarter: 433 | 31.42% |
| 2nd Quarter: 326 | 23.66% |
| 3rd Quarter: 313 | 22.71% |
| 4th Quarter: 306 | 22.21% |

Additionally, the 4th quarter results are representative of a full year of the state's data because all areas of the state, all provider types, and all categories of eligible children are included.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2019

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

FFY 2019 Findings of Noncompliance Verified as Corrected

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

The Part C Data Specialist conducts verification of correction for noncompliance at the site level to ensure that each site is correctly implementing the specific regulatory requirement for all children with developmental delays or disabilities. The Part C Data Specialist ensures that a Site Correction Assurance Statement is submitted by each local site demonstrating less than 100% compliance for timely transition planning conferences (TPCs) the previous year. Subsequent data is also reviewed utilizing the Transition Timeline Monitoring Report created in the EdPlan database to ensure the local site demonstrates 100% compliance for timely TPCs with the LEA.

The report pulls the TPC date entered in the child's electronic record for all children enrolled in each local site, as well as a calculated date for the timeline target based on the child's third birthday. If the TPC date for children potentially eligible for Part B services occurs with the LEA after the target timeline date, the report also includes the reason for delay documented in the child's record. Records with delays attributed to exceptional family circumstances are considered to be in compliance. If the local site has not demonstrated noncompliance correction within 12 months of a finding, the Part C Data Specialist requires the local site to submit a formal Corrective Action Plan outlining strategies to address obstacles encountered by the site that led to continued noncompliance. For findings issued in FFY 2019, all local SoonerStart sites demonstrated noncompliance correction within 12 months of identification. The SoonerStart Part C Assistant Executive Director supervises the verification process and provides technical assistance to the local sites in conjunction with the Part C Data Specialist. Verification of correction of both child and site-level noncompliance findings is completed according to OSEP Memorandum 09-02.

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

The Part C Data Specialist is responsible for verifying correction of non-compliance that is identified and reported in the previous fiscal year. For any non-compliance concerning a child-specific requirement that is subject to a timeline requirement, SoonerStart must ensure that the local site has corrected each case of non-compliance no more than 12 months from identification unless the child is no longer enrolled in the SoonerStart program. The Part C Data Specialist verified correction for all TPC dates previously identified as non-compliant by looking at the child's electronic record in the EdPlan database. Verification ensures that the required action has been completed, although late, and that staff have documented the reason for missing the timeline in the child's record. The seven findings of non-compliance for timely TPCs with the LEA issued in FFY 2019 were verified as corrected within 12 months of identification. Verification of correction of both child and site-level noncompliance findings is completed according to OSEP Memorandum 09-02.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

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

8C - Prior FFY Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

The state has responded to the prior required actions in the previous section, Correction of Findings of Noncompliance Identified in FFY 2019.

8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8C - Required Actions

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

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

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Select yes to use target ranges.

Target Range not used

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

NO

Prepopulated Data

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

Targets: Description of Stakeholder Input

Stakeholders were provided a detailed explanation of each compliance and performance indicator in the APR. In the discussion of Indicator #9, SoonerStart shared with stakeholders that there was no historical data to review because there have been no hearing requests resulting in resolution sessions in Oklahoma Part C for the past 10 years. Targets were not discussed because states are not required to establish baseline or targets if the number of resolution sessions is less than 10.

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| | |

| FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|----------|------|------|------|------|------|
| Target>= | | | | | |
| Data | | | | | |

Targets

| FFY | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------|------|------|------|------|------|------|
| Target>= | | | | | | |

FFY 2020 SPP/APR Data

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

Provide additional information about this indicator (optional)

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

9 - Prior FFY Required Actions

None

9 - OSEP Response

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

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

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

Targets: Description of Stakeholder Input

Stakeholders were provided a detailed explanation of each compliance and performance indicator in the APR. In the discussion of Indicator #10, SoonerStart shared with stakeholders that there was no historical data to review because there have been no mediation sessions in Oklahoma Part C for the past 10 years. Targets were not discussed because states are not required to establish baseline or targets if the number of mediations is less than 10.

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | |

| FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|----------|------|------|------|------|------|
| Target>= | | | | | |
| Data | | | | | |

Targets

| FFY | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------|------|------|------|------|------|------|
| Target>= | | | | | | |

FFY 2020 SPP/APR Data

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

Provide additional information about this indicator (optional)

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

10 - Prior FFY Required Actions

None

10 - OSEP Response

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

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

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

Additional Implementation Activities

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

11 - Indicator Data

Section A: Data Analysis

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

Oklahoma SoonerStart will increase the percentage of infants and toddlers who demonstrate positive social-emotional skills.

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

YES

Provide a description of the system analysis activities conducted to support changing the SiMR.

In December 2020, SoonerStart began stakeholder conversations about changing the SiMR to address current needs across the program. This first meeting included data and systems analyses per the former "Phase I" requirements of defining the SSIP.

In its systems analysis, SoonerStart reported information about the six infrastructure components of early intervention programs: governance, finances, personnel and workforce, data systems, quality standards, and accountability/quality improvement. The program's strengths and challenges in each area were presented by various state leaders and discussed by stakeholders. Stakeholders did not raise significant concerns about the overarching structure of SoonerStart. The discussion emphasized that some of the work completed during the prior SSIP strengthened SoonerStart's infrastructure, including its data systems and workforce.

In subsequent meetings, when discussions began to center on whether social-emotional (SE) outcomes could and should be the focus of a new SSIP, an analysis was conducted of SoonerStart's systems to support SE development. In this area, state and local staff and outside stakeholders found that the program did not have a strong structure to support children struggling in this area. In fact, SoonerStart has never implemented an evidence-based treatment model for children with SE deficits. As a result, stakeholders recommended infrastructure improvements to support SE development, if the social-emotional growth outcome was chosen as the SiMR.

The lack of a solid program structure to support SE growth in children served by SoonerStart was a factor in selecting SE outcomes as the SiMR. SoonerStart has vital services to support what have been the most critical issues for parents historically: mobility and language development. Stakeholders did not prefer those outcomes for that reason: the program is not struggling to support children with those needs, and outcomes are strong when children leave the program. Instead, stakeholders recommended building a more robust structure to enable better service provision to address SE delays. This issue has become critical as parents have sought out additional supports and as SoonerStart has recognized more children with significant delays in SE development.

Once the SE outcome was selected as the area of focus for the SiMR, additional systems analyses were conducted on programs and structures implemented across the country and in related initiatives in Oklahoma. This effort was oriented toward determining which programs or systems could be appropriately adopted and implemented in Oklahoma SoonerStart. Various approaches and interventions used in other states were discussed with stakeholders. Approaches included screening for maternal depression, expanding routines-based interventions, implementing pyramid model frameworks, providing Infant and Early Childhood Mental Health Consultation services, and providing "dyadic treatment" therapy for infants and parents.

Stakeholders were asked to provide feedback on the various interventions or approaches to supporting SE growth, which they did. The most well-received initiative was the pyramid model framework, which has been adopted as a viable intervention by several other programs in Oklahoma, including Head Start, the Department of Human Services' Child Care Division, and the State Department of Education's early childhood/preschool unit. It also aligns with additional tiered intervention frameworks being adopted in schools and districts to address behavioral and academic improvement (such as MTSS and PBIS).

Please list the data source(s) used to support the change of the SiMR.

SoonerStart referenced many different data sources during the process of selecting a SiMR. State, local and national data were included in discussions: Demographic data for children served by SoonerStart for several prior years, including gender, race, foster status, location, age, and time in the program
BDI data for children served for several prior years
SSIP outcome data FFY 2018 and FFY 2019
Early Childhood Outcome program data for several prior years
Family outcomes data for several prior years
Interim Study on Adverse Childhood Experiences (David Bard, Ph.D., Director, Biomedical & Behavioral Methodology Core, University of Oklahoma)
2019 NSCH and Child and Adolescent Health Measurement Initiative (CAHMI), America's Health Rankings Health of Women and Children Report
State of Babies Yearbook 2019
Kids Count 2020- Oklahoma
2020 Strategy Report for the Task Force on Trauma Informed Care (an Oklahoma Legislative Study)

Provide a description of how the State analyzed data to reach the decision to change the SiMR.

In December 2020, SoonerStart began stakeholder conversations about changing the SiMR to address current needs across the program. This first meeting included data and systems analyses per the former "Phase I" requirements of defining the SSIP.

The initial data analysis included contextual information about SoonerStart and demographic trends of the group of children served by the program in

recent years. Historical program data reflecting child and family outcomes were also shared and discussed with stakeholders. Discussions focused on which outcomes showed the greatest need for improvement and which reflected high achievement. Stakeholders were asked to vote on the outcome which they believed needed the most improvement. Nearly forty percent of 106 responding stakeholders selected social-emotional development and behavioral needs as the outcome to target in the SSIP. The next most commonly preferred outcome was “helping families help their children develop and learn.”

In subsequent meetings, additional data analyses were conducted and presented to consider the context of SE development in Oklahoma and related state trends. For example, data compiled through the 2019 NSCH and Child and Adolescent Health Measurement Initiative’s (CAHMI) “America’s Health Rankings Health of Women and Children Report” indicated that 28.5% of children in Oklahoma had experienced two or more adverse childhood experiences (ACEs). In comparison, the national “State of Babies” 2019 report shows that 21% of all individuals in Oklahoma have two or more ACEs, which is the country’s highest rate. The effects of high ACEs were also analyzed in the context of current state challenges. The Annie E. Casey Foundation’s “Kids Count” 2020 report determined that Oklahoma ranks in the bottom fifth of states in family, health and educational outcomes. These factors strongly influenced stakeholders’ preferences for focusing on SE growth at this time, particularly in light of the potential mental health and social effects of the pandemic on children.

Data related specifically to SE outcomes in SoonerStart were also analyzed, to determine if a particular sub-set of children were facing higher delays than others. This analysis aimed to assess whether SE interventions should target a particular group through the SSIP. After analyzing BDI-2 personal-social (P/S) domain assessment results (conducted when children were evaluated for eligibility), no strong patterns were detected. Differences in SE delays were considered for several sub-groups, including children referred under CAPTA requirements, race, gender, region of the state, and Medicaid eligibility. Male children, on average, had lower BDI-2 P/S domain scores, as did children identified as Pacific Islanders or Asian. Stakeholders did not believe that a program intervention should be targeted specifically to these two groups, but instead recommended that services should be available to all children.

Please describe the role of stakeholders in the decision to change the SiMR.

Oklahoma relied on stakeholder input to identify and implement infrastructure changes and approaches to supporting implementation of evidence-based practices and developing evaluation criteria for the State Systemic Improvement Plan (SSIP) throughout the previous SSIP cycle (FFY 2014-FFY 2019). In the FFY 2018 SSIP submission, Oklahoma stated the state’s intention to bring together stakeholders, including parents of infants and toddlers with disabilities, early intervention (EI) service providers, the Interagency Coordinating Council, and others to explore the development of a new SoonerStart SSIP.

SoonerStart initiated meetings in the Fall of 2020 that engaged stakeholders in data and infrastructure analysis that led to the new SIMR. Meetings were held virtually via Zoom to mitigate the community spread of the coronavirus. Stakeholders reviewed the data analysis, offered assistance with the infrastructure analysis, provided feedback during the development of the SIMR, made suggestions during the root cause analysis, offered ideas for the selection of coherent improvement strategies, and gave feedback on the development of the theory of action. Subsequent stakeholder collaboration beginning in December 2020 solicited input on infrastructure development and the selection and implementation of evidence-based practices.

Stakeholders ultimately recommended that the SIMR be focused on improving social emotional outcomes for infants and toddlers and that the new SSIP includes the creation of a sustainable framework and evidence-based practices to support this outcome. The SSIP Leadership Team decided to change the SIMR following the stakeholders’ recommendation and with the approval of the ICC. Stakeholders participating in the SSIP and SIMR selection are listed under the heading “Description of Stakeholder Input” below.

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

YES

Provide a description of the subset of the population from the indicator.

The data collected and reported for the SIMR each year will represent only children served at the implementation sites. Because state-wide implementation is not possible initially, three sites were selected to begin implementation. For the first three years (through FFY 2022), only data from these sites are being reported as the SIMR. Once additional sites begin implementation, their child data will be included in SIMR results. Over time, the SIMR will reflect all children statewide once implementation is fully scaled-up.

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

YES

Please provide a description of the changes and updates to the theory of action.

Oklahoma has developed a new theory of action (theory of change) to describe the linkages between the actions that SoonerStart will take and the resulting personnel and family changes that will occur, leading to the achievement of the new SIMR. The theory of change states:

- 1) If SoonerStart implements a structured approach for the provision of early intervention evidence and
- 2) provides training, coaching, and monitoring of these specific evidence-based practices supporting social-emotional development
- 3) so that EI providers develop and utilize their acquired knowledge and skills in providing services to families
- 4) in order to increase the families’ knowledge about social-emotional development so they have the information needed to support their child’s social-emotional growth,
- 5) then families will be more prepared to recognize their children’s social-emotional strengths and manage their children’s challenging behaviors
- 6) leading to improved social-emotional outcomes for children.

Oklahoma has devised this model of change for the program’s SSIP because it clearly articulates the modifications to its infrastructure and practice that SoonerStart will make in order to improve child outcomes. It clearly identifies the key components and actors in the change process, focusing on the role of families. If any one of the change elements is not achieved, the SIMR will not improve.

Stakeholders participated in the design of the theory of change and have approved it.

Please provide a link to the current theory of action.

<https://sde.ok.gov/sites/default/files/Theory-of-Change-Part-C-2022.pdf>

Progress toward the SiMR

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

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

NO

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| FFY 2020 | 58.06% |

Targets

| FFY | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------|--------|--------|--------|--------|--------|--------|
| Target>= | 58.00% | 58.00% | 59.00% | 61.00% | 63.00% | 65.00% |

FFY 2020 SPP/APR Data

| Number of children scoring below cut-off (showing no S-E concerns) | Number of children assessed using ASQ:SE-2 | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|--|--|---------------|-----------------|---------------|--------|----------|
| 54 | 93 | | 58.00% | 58.06% | N/A | N/A |

Provide the data source for the FFY 2020 data.

The data source for the FFY 2020 data was the results of the Ages and Stages Questionnaire – Social Emotional – 2 (ASQ:SE-2) administered to randomly selected children enrolled in SoonerStart at the SSIP pilot sites. There were 54 children (denominator) who scored below cut-off for their age level questionnaire indicating no social-emotional concerns out of 93 children (numerator) assessed.

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

SoonerStart collected baseline data before implementing improvement strategies and evidence-based practices at the SSIP pilot sites. The Ages & Stages Questionnaire: Social-Emotional -2 (ASQ:SE-2) was selected as the tool to obtain baseline and subsequent SiMR data. This decision was made because SoonerStart staff are familiar with administering the ASQ:SE-2 and the measurement score does not rely on the subjective interpretation by the early intervention provider. The ASQ:SE-2 has age-range questionnaires that are scored to obtain a result of:

Below Cut-off - indicates no concerns in social-emotional development

At Risk - indicates children who may need monitoring of social-emotional development

Above Cut-off - indicates children with concerns in social-emotional developmental concerns.

The SLT determined that all staff are required to attend training provided by the publisher of the ASQ:SE-2 before using the tool to collect data for the SSIP to ensure fidelity to the administration of the assessment tool. Resource Coordinators were the first staff trained in June 2021 and additional training is scheduled for late Fall 2022 for service providers.

Oklahoma began collecting baseline data in August 2021. Resource Coordinators were tasked with administering the ASQ:SE-2 to collect baseline data in August and September. The Part C Data Specialist randomly selected 93 children enrolled in SoonerStart at the SSIP pilot sites who had received at least six months of IFSP services. All were assessed using the ASQ:SE-2. Fifty-four children with a score below the cut-off (as determined for each age interval of the questionnaire) were reported to have no social-emotional developmental concerns. The percentage of children scoring below the cut-off (no social emotional concerns) was used to calculate the baseline for the SiMR.

After implementing the improvement strategies and evidence-based practices, the SiMR will be measured by assessing all children at the SSIP pilot sites. Subsequent results will be collected using the appropriate age-range ASQ:SE-2 questionnaire at the six-month Periodic IFSP Review and the Annual IFSP review. The percentage of children scoring below the cut-off indicating no social-emotional concerns will be compared to the annual SSIP target.

SoonerStart is also using ASQ:SE-2 data to provide an early opportunity in the Part C process to support families with concerns about their child's social emotional development. The ASQ:SE-2 has been added as a component of the intake for children referred to the program after January 1, 2022. If the results indicate a social emotional developmental concern, but the child is determined not eligible for Part C services, the Resource Coordinator has information to provide appropriate referrals and other resource options to the family. If the child is determined eligible for Part C services, any social-emotional concerns identified by the family at the intake can be discussed by the IFSP team when developing outcomes for the initial IFSP. The ASQ:SE-2 results will also assist the IFSP team in determining if a higher level of support (targeted or intensive in the Pyramid Model approach) is indicated for the early intervention services planned in the initial IFSP.

SoonerStart utilizes an online ASQ database for scoring and storage of baseline and progress data. Data reports generated by the online system provide information on the number of children assessed, the number of children with a score below the cut-off and the percentage of children with no social-emotional developmental concerns indicated.

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

NO

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

YES

If yes, please provide the following information: a description of the changes and updates to the evaluation plan; a rationale or justification for the changes; and, a link to the State's current evaluation plan.

The evaluation plan reflects the adoption of a new SSIP and SIMR. Individual justifications for changes to outcomes performance measures are not provided because the entire plan is new. At this time, Oklahoma has not yet begun implementing evidence-based practices therefore, those elements in the evaluation plan are still in the development stage. We expect those to be finalized by mid-year 2022. At this time, the plan's infrastructure and personnel learning components have been outlined.

The evaluation plan is written in reference to the theory of change (ToC) and its five components. Each ToC component must be completed with high quality for the SSIP to be successful, and the evaluation focuses on assessing whether each component has been achieved as designed. Please see the posted document at the link provided for a complete plan description, including all performance measures.

<https://sde.ok.gov/sites/default/files/FFY-2020-2025-Part-C-SSIP-Evaluation-Plan.pdf>

The current version of the evaluation plan includes a table of outcomes and measures for each of the first three components in the theory of change. The first two are infrastructure changes, while the third reflects the use of evidence-based practices. Oklahoma will evaluate whether those changes were implemented as designed initially, monitor maintenance and quality in the mid-term, and assess sustainability in the long-term. The evaluation plan for the fourth and fifth ToC components that focus on family engagement and participation in practice implementation has yet to be developed. Short, medium and long-term measures will be identified before the full implementation of evidence-based practices begins. The final component of the ToC is the SIMR.

ToC component one: SoonerStart implements a structured approach for the provision of early intervention evidence-based practices supporting social-emotional development

Outcomes:

Establish SSIP State leadership team

Revise SoonerStart processes and procedures to align with SSIP infrastructure changes and support Pyramid Model implementation.

Allocate resources to the long-term implementation of the SSIP

Establish procedures to launch and maintain implementation sites

Create or select data collection and storage tools and systems

Implement all components of the Pyramid Model (Part C) Early Intervention Benchmarks of Quality

ToC component two: Provide training, coaching, and monitoring of specific PM evidence-based practices

Outcomes:

Train staff in PM practices, including coaching and other EBPs

Implement Practice-Based Coaching (PBC) to support practitioners' use of Pyramid Model practices

Develop a system to monitor that evidence-based practices are implemented with fidelity.

ToC component three: EI providers develop and utilize their acquired knowledge and skills in providing services to families

Outcomes:

Leadership personnel (state and local) demonstrate knowledge of and capacity to implement PM Framework.

Practitioner coaches demonstrate the ability to support and monitor EI providers.

Trained personnel demonstrate knowledge gains.

Trained personnel demonstrate fidelity to high-quality use of family coaching EBPs.

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

Oklahoma worked with stakeholders to develop a new SIMR and revise the SSIP for FFY 2020 with new infrastructure improvement strategies. Below is a summary of activities implemented during calendar years 2020 and 2021 to support the development of a new SSIP.

ToC component one: SoonerStart implements a structured approach for the provision of early intervention evidence-based practices supporting social emotional development.

The following activities were completed in this reporting period. All activities are aligned with the major outcomes outlined in the evaluation plan for the component.

1. Establish the SSIP State Leadership Team (SLT)

The SSIP SLT is comprised of eight SoonerStart administrators and staff from the OSDE (lead agency) and OSDH (partner agency) with the authority to develop policies and procedures, secure funding and allocate employee resources to implement the SSIP effectively. The SLT met in the summer of 2020 to plan for a series of meetings to engage stakeholders in data and infrastructure analysis that would inform the direction of the next SSIP.

2. Revise processes and procedures to align with SSIP infrastructure changes and support PM implementation.

The first revision to processes and procedures is related to the use of the ASQ:SE-2 during the intake for new referrals. SoonerStart implemented procedural changes to the intake process to identify and address possible SE concerns as soon as possible. Beginning January 1, 2022, the questions

from the ASQ:SE-2 are included during the intake. The procedural change is not limited to the local pilot sites but is being implemented statewide. The purpose is two-fold. If a family identifies a SE concern but the child is determined not eligible for Part C services, the Resource Coordinator has information to provide appropriate referrals and other resource options to the family. If the child is determined eligible for Part C services, any SE concerns identified by the family at the intake are discussed by the IFSP team when developing outcomes for the initial IFSP. The ASQ:SE-2 results will assist the IFSP team in determining the PM support tier most appropriate for the initial delivery of early intervention services at the implementation sites. Service providers will continue historical practices at all other sites to address SE delays.

Subsequent ASQ:SE-2 data collected at the six-month periodic IFSP review and the annual IFSP review to provide the SIMR measurement will also serve to inform the IFSP team of new or continued SE concerns. These results will assist the IFSP team in determining the PM support tier most appropriate for continued services.

The second set of processes and procedures to be revised will support the implementation of the PM framework as the structured approach to deliver EBPs. Changes include:

1. Development of an algorithm to determine the level of support (Universal tier, Targeted tier, or Intensive tier) a child needs to address social-emotional needs
2. Procedures and tools for monitoring the fidelity of EBPs
3. Utilization and expectations of PM Program and Practitioner Coaches in the SoonerStart structure
4. PM training expectations for new personnel and ongoing follow-up

The revised procedures are being incorporated in the SoonerStart Operations Manual which provides how-to instructions to staff on all program and administrative procedures, processes and activities required by IDEA Part C and the SoonerStart program.

3. Allocate resources to the long-term implementation of the SSIP.

SoonerStart allocated two types of resources to implementation: funding and personnel.

The SLT arranged to utilize funding from the American Rescue Plan to support the initial implementation of the SSIP. Monies were expended on purchasing the ASQ Online data system to collect and store SIMR data. SoonerStart also contracted with the Pyramid Model Consortium (PMC) to provide all of the training necessary for implementing the PM. The SLT is committed to renewing the contract with PMC for another year of technical assistance and support. Personnel resources allocated include three members of the SLT serving dual roles by taking on duties as PM Program Coaches to provide the necessary support for implementation at the local sites.

4. Establish procedures to launch and maintain implementation sites.

SoonerStart, with stakeholder assistance, selected three initial implementation (pilot) sites using a rubric that factored in staff willingness and capacity to participate, SE development levels of children served locally, and the child count of the site. Data were collected partly through a personnel survey.

After site selection and confirmation of staff buy-in, local leadership teams (LT) were established. The SoonerStart local LTs include the site supervisor for service providers (Lead Clinician), the site supervisor for service coordinators (Regional Early Intervention Coordinator), a parent or caregiver of a child currently receiving SoonerStart services, and two to six EI staff depending on the size of the site. The SLT assigned each site a program coach to support implementation. Leadership teams are designed in accordance with the Pyramid Model Early Intervention (Part C) Benchmarks of Quality. Members of local LTs were oriented to the PM framework and EBPs in October and November 2021. Their role locally is to support high quality service delivery using PM EBPs.

As part of the overarching support structure, program coaches work with individual sites as the liaison to the SLT. The program coaches began their training in November 2021. Training is ongoing and all receive monthly mentoring and support from the PMC.

5. Create or select data collection and storage tools and systems.

SoonerStart uses several data systems to collect, monitor, and report implementation data. The ASQ:SE-2 assessments are recorded and permanently stored in the online system supported by the publisher (Brookes Publishing), which stores individual assessment results and produces aggregated reports.

Implementation fidelity data will be collected and monitored through the Early Intervention Pyramid Practice Fidelity Instrument (EIPFFI) tool, where practitioner coaches will record fidelity observations by for all service providers at the current implementation sites. The data will be stored locally and at the state by the Part C Data Specialist.

The third system being used is SoonerStart's online child record system. This system records information relevant to eligibility and IFSP service provision.

6. Implement all components of the PM EI Benchmarks of Quality.

SoonerStart utilizes the expertise provided by the PMC to build program capacity to implement and scale up the PM with fidelity. A PMC leadership team guides the program-wide implementation. It develops the supports and infrastructure needed to ensure that PM implementation can occur in services provided to children and their families. The program-wide implementation model ensures that programs attend to both the implementation of EBPs and the infrastructure development to support the durable implementation of those practices. The Pyramid Model Early Intervention (Part C) Benchmarks of Quality outlines the quality indicators of each of the critical elements associated with implementing program-wide.

The critical elements of the PM Benchmarks of Quality include:

1. Establishing a Leadership team
2. Staff Buy-in
3. Family Engagement
4. Building staff capacity, including coaching
5. Providing interventions to children with persistent challenging behaviors
6. Data decision-making examining implementation and outcomes

As outlined above, SoonerStart has established a state leadership team (SLT), three local leadership teams (LT), and obtained staff buy-in at the local implementation sites. Data collections examining implementation (PM Benchmarks of Quality, EIPFFI) and outcomes (ASQ:SE-2) have been identified.

CONTINUED BELOW

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards,

professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

CONTINUED-INFRASTRUCTURE IMPROVEMENT STRATEGY IMPLEMENTED IN REPORTING PERIOD:

ToC component two: Provide training, coaching and monitoring of specific PM EBPs

SoonerStart began developing the infrastructure to support the second component of the ToC. This work is ongoing and will be discussed in more detail in the next annual report.

The following activities completed are aligned with the major outcomes outlined in the evaluation plan for the component.

1. Train staff in PM practices, including coaching and other EBPs

The PMC provided training to the Local LTs in the fall of 2021 on the critical components of program-wide implementation in EI programs and their role and responsibilities.

2. Implement Practice-Based Coaching (PBC) to support practitioners' use of PM practices

Practitioner coaches have been identified at each site and will be trained in 2022.

3. Develop a system to monitor that EBPs are implemented with fidelity.

The EIPFFI is the tool SoonerStart has designated to measure the fidelity of implementation of PM practices by EI practitioners during family coaching sessions. The procedures, processes and administrative practices will be developed in 2022.

INFRASTRUCTURE OUTCOMES ACHIEVED

As recounted previously, the first two components of the SSIP ToC are infrastructure improvements. The evaluation plan has incorporated short, medium, and long-term measures of each major outcome to monitor outcome achievement at several levels over time. Because this is the first year of implementation only short-term measures (objectives) have been achieved and can be reported at this time. See the posted evaluation plan for mid-term and long-term measures of outcome achievement. The evaluation reporting period is the entire prior calendar year.

Adoption of the PM framework is a fundamental change to the operations of SoonerStart. It is a systems change to the program's approach to identifying and addressing SE delays among children it serves. The infrastructure improvements described in previous sections are essential for achieving the SiMR. If the PM framework is not implemented with fidelity and fully integrated into the structure, processes, and procedures of SoonerStart, children's SE development will not improve. Nor will it improve if all personnel are not trained with integrity to the model so that EBPs can be used with fidelity.

Similarly, both are essential for the sustainability of system improvement efforts and scale-up, although the program will not realize these goals for several years. To make those happen, foundational work in leadership development, program change, resource allocation and professional development must begin. More details about the accomplishments of this past year concerning the stated objectives can be found in prior sections.

ToC component one: SoonerStart implements a structured approach for the provision of EI EBPs supporting SE development

Outcome 1.1: Establish SSIP state leadership team (governance)

The short-term measure for outcome one is to create the SLT to guide the long-term implementation of the PM and oversee all system changes. The team was created in the early spring of 2021 and incorporates stakeholder input into all decision-making processes regarding the new SSIP. It has also developed policies and procedures, secured funding and allocated employee resources to implement the SSIP. The SLT will also serve as the PM Leadership Team (PMLT) directly responsible for meeting the PM State Leadership Benchmarks of Quality for statewide implementation.

Outcome 1.2: Revise SoonerStart processes and procedures to align with SSIP infrastructure changes and support PM implementation. (governance and quality standards)

The short-term measure for outcome two is to align assessment procedures with the program's needs regarding data collection for the SiMR and delivery of services. This has been accomplished. The program has delineated the proper use of the ASQ-SE-2 in the referral process and subsequently over time. Guidelines have been written into operational procedures for personnel to use statewide.

Outcome 1.3: Allocate resources to the long-term implementation of the SSIP (finances)

The short-term measure for outcome three is to allocate start-up funding and personnel resources to begin full implementation. Initial funding came from American Rescue Plan monies to purchase ASQ-SE-2 usage and data system access and to contract with the PMC to provide all implementation support (including all training). SoonerStart has also re-allocated personnel to dedicate part-time to implementing the SSIP.

Outcome 1.4: Establish procedures to launch and maintain implementation sites (governance)

The short-term measure for outcome four is selecting and onboarding initial implementation sites. This was accomplished last fall when three sites were selected for initial implementation of the PM framework. Leadership personnel at these sites were oriented to the framework in late fall 2021, and all personnel will be trained by mid-year 2022. Onboarding is not yet complete but has been started.

Outcome 1.5: Create or select data collection and storage tools and systems (data and accountability/monitoring)

The short-term measures for outcome five are a) adopt a child-level data collection and monitoring tool, and b) to establish data storage and reporting tools for evaluating the project. The first concerns the storage requirements of ASQ-SE-2 results and related information. Fortunately, the ASQ-SE-2 publisher has a secure online assessment tool to which users can purchase rights. SoonerStart chose to select this option to reduce the recording and reporting burden of this data. Rights were purchased prior to the collection of baseline data in summer 2021. The second concerns the storage of data related to program evaluation, including practice fidelity monitoring, personnel accountability, and family usage. Data in these areas have not yet been collected, and SoonerStart is still considering how and where to gather and store this information. The program is looking at several options based on their sustainability and ease of use.

Outcome 1.6: Implement all components of the PM Framework in SoonerStart (governance)

The short-term measure for outcome six is that each local LT at the implementation sites reviews the Pyramid Model Early Intervention (Part C) Benchmarks of Quality and creates a "to-do" list based on the implementation components marked as "not in place" or "partially in place."

ToC component two: Provide training, coaching and monitoring of specific PM evidence-based practices

Outcome 2.1: Train staff in PM practices, including coaching and other EBPs

The short-term measures for outcome one are to a) outline professional development expectations and requirements for state staff and implementation site personnel (including coaches), and b) to complete all training to initiate the PM framework at the implementation sites. The SLT has articulated required training through the PMC for all personnel at each level. The SLT has shared that information with staff, scheduled all seminars, and attendees have registered. SoonerStart is on target to have all implementation site personnel complete initial training by mid-summer.

Outcome 2.2: Implement Practice-Based Coaching (PBC) to support practitioners' use of PM practices

The short-term measures for outcome two are to a) select practitioner coaches at implementation sites, and b) provide coaches' training to support service providers. In late 2021, the local leadership teams identified practitioner coaches to support providers' use of EBPs. Those coaches will complete their training in spring 2022. All training is provided by the PMC.

Outcome 2.3: Develop a system to monitor that evidence-based practices are implemented with fidelity

No objectives have been achieved yet for this outcome.

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

YES

Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

All reported strategies are new. Please see previous sections for descriptions of activities, strategies and the evaluation plan and outcomes achieved.

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

All activities are described here from the perspective of the SSIP Theory of Change (ToC) and its various components that must be accomplished to realize SIMR improvement.

ToC component one:

In year two, SoonerStart will continue its work to implement the Pyramid Model Framework as the structured approach for the provision of early intervention evidence-based practices supporting social emotional development. Implementation will continue at the three selected sites.

The State Leadership Team (SLT) will meet regularly to govern the SSIP, guide changes to processes and procedures, provide for PM professional development, and will support the local implementation sites. It will continue to ensure funding is allocated to maintain work with the PM Consortium as long as needed. Finally, it will ensure that data collection and storage are sufficient and efficient for the project's needs. Work will be completed to meet all short-term measures associated with the major outcomes identified for this first component of the ToC, working toward achieving the mid-term measures.

The SLT will ensure that operational procedures are written to dictate how to support the SIMR data collection and project implementation. Some of the specific updates include:

- A) Using the Tier Support Flow Chart to determine the tier of support necessary to impact the child's social-emotional development;
- B) Documenting the child's tiered supports in the child's electronic record;
- C) Documenting initial and subsequent ASQ:SE-2 results in child's electronic record; and
- D) Establishing procedures to monitor fidelity to the PM EBPs and collect fidelity data.

Local LTs will continue to support their sites in implementing the components of the Pyramid Model Early Intervention (Part C) Benchmarks of Quality. Activities and outcomes related to critical element #3 family engagement, critical element # 4 building staff capacity including coaching, and critical element #5 providing interventions to children with persistent challenging behaviors will be addressed in 2022 with the implementation of the evidence-based practice components of SoonerStart's theory of change.

ToC component two: In year two, SoonerStart will provide training, coaching, and monitoring of specific PM evidence-based practices as outlined in the "Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children" created and presented by the Pyramid Model Consortium. The training builds skills for early intervention providers in supporting nurturing and responsive caregiving, creating learning environments, providing targeted social-emotional skills, and supporting children with challenging behavior. All personnel at the implementation sites will be fully trained by mid-year in all aspects of the Pyramid Model, including program and practitioner coaches. A system will also be implemented to monitor the execution of EBPs, while coaches begin using those monitoring tools to ensure fidelity. Work will be completed to meet all short-term measures associated with the major outcomes identified for this second component of the ToC, working toward achieving the mid-term measures. Additionally:

A) Two SoonerStart staff will be credentialed as certified trainers for the ASQ:SE- 2 to ensure the sustainability of training for new employees and future scale-up (July 2022);

B) Implementation site service providers will be trained to administer the ASQ:SE-2, building the site's capacity to conduct the assessment at the annual and semi-annual IFSP reviews for the SIMR data collection and informing appropriate tier of supports for continued IFSP services. (September 2022); and

C) Personnel at implementation sites will be trained in using the Prevent-Teach-Reinforce for Families (PTR-F). This approach helps families resolve their child's challenging behavior in their own homes and communities as the tier three intervention within the PM (June 2022).

ToC component three: In year two, SoonerStart service providers will begin to develop and utilize their acquired knowledge and skills to improve services to families. As training proceeds, data are being collected to measure knowledge gains. Plans are in place to institute follow-up surveys to assess knowledge maintenance over time. The SLT will also develop a method to monitor the coaching process to ensure that practitioner coaches are supporting providers as described in the processes and procedures (a mid-term measure of this outcome).

As EBPs are implemented and the Pyramid Model is fully executed, fidelity monitoring will be instituted to assess whether personnel demonstrate fidelity to implementation. This will occur after implementation site personnel are trained in the use of the monitoring tools and the role of practitioner coaches, sometime mid-year. Note that SoonerStart will utilize the Pyramid Model Early Interventionist Pyramid Practices Fidelity Instrument (EIPPF) to monitor the fidelity of implementation of evidence-based practices.

Work will be completed to meet all short-term measures associated with the major outcomes identified for this third component of the ToC, working toward achieving the mid-term measures.

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

No EBPs were implemented in the first year of the new SSIP.

Provide a summary of each evidence-based practice.

SoonerStart is implementing the Pyramid Model evidence-based practices as part of the SSIP. The Pyramid Model provides a tiered framework for implementing supports and interventions that help families promote their infant's or toddler's healthy social, emotional, and behavioral development. The practices are described in the Early Interventionist Pyramid Model Practices Fidelity Instrument EIPPF (Barton & Nemec, 2019) which will be used to assess fidelity of implementation. The practices align with the Division of Early Childhood (DEC) Recommended Practices (2014) and the Principles of Early Intervention (Workgroup on Principles and Practices in Natural Environments, 2008) and are organized in six categories:

- 1) Building partnerships with families (e.g., communication strategies, adult learning principles, cultural awareness and responsibility)
- 2) Social-emotional development (e.g., support parent understanding and confidence and caregiver scaffolding)
- 3) family-centered coaching (e.g., use of family-centered principles while modeling, practicing, reflecting and giving feedback), 4) Dyadic relationships (e.g., support caregiver practices: contingent responding, use of wait time, provide predictable routines, teach emotions, respond to child distress)
- 5) Children with challenging behavior (e.g., understand behavior, teach replacement skills, reinforce desired behaviors, and evaluate progress)
- 6) Social-emotional assessment (e.g., use of screening tools and curriculum-based assessments)

At the universal tier, practices are intended to promote the development of all infants and toddlers. Early interventionists implement universal practices as the first response with all infants and toddlers and fluidly provide targeted prevention and/or intensive interventions as needed.

At the secondary tier, targeted prevention practices support infants and toddlers who are identified at risk for social-emotional delays or challenging behavior. SoonerStart uses a linked system of screening and assessment to identify children at risk. The Ages and Stages Questionnaire, Social-Emotional, 2nd edition (Squires, Bricker, & Twombly, 2015; ASQ:SE-2) is administered for all children at entry and every six months, and the Social-Emotional Assessment/Evaluation Measure (Squires, Bricker, Waddell, Funk, Clifford, & Hoselton, 2014; SEAM) for children who score at-risk on the ASQ:SE-2 and/or caregiver expressed concern. The SEAM is used to identify concerns about social-emotional development, develop IFSP outcomes, and monitor and evaluate progress.

At the tertiary tier, intensive interventions support children with persistent, challenging behaviors. Prevent-Teach-Reinforce for Families (Dunlap, Strain, Lee, Joseph, Vatland, & Fox, 2017; PTR-F) practices are used to guide assessment, intervention, and monitoring of progress. PTR-F is an evidence-based practice situated in applied behavior analysis and positive behavior supports.

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

Research supports Pyramid Model practices (e.g., Hemmeter, Snyder, Fox, & Algina, 2016; Hemmeter et al., 2021). Each tier of the Pyramid Model is informed by science and comprises evidence-based practices that promote and support the social-emotional development of young children (Hunter & Hemmeter, 2009). For example, at the universal tier, evidence-based practices focus on supporting responsive, nurturing relationships between caregivers and their young children in supportive environments (Shonkoff & Phillips, 2000). At the secondary tier, practices target teaching self-regulation skills that begin developing during infancy and are thought to be crucial for a child's evolving independence and social functioning (Hunter & Hemmeter, 2009; Shonkoff & Phillips, 2000). The skills are taught and reinforced during meaningful, predictable everyday routines. At the tertiary tier, individualized, intensive interventions are designed and implemented to reduce persistent, challenging behaviors and teach new skills. Prevent-Teach-Reinforce for Families (PTR-F) (Dunlap et al, 2017;) is the recommended evidenced-based practice as it is situated in applied behavior analysis and positive behavior supports. PTR-F has been identified through a literature review to be an appropriate intervention for children younger than three years old (Conroy, Dunlap, Clarke, & Alter, 2005). Specific training in these practices is warranted as early interventionists may have limited understanding (Dickinson, Shaffer-Hudkins, & Raffaele Mendez, 2020).

While initially developed as a tiered framework of evidence-based interventions for children aged 2-5 years in early childhood classroom settings, the Pyramid Model extends to early intervention where services are provided in home-based settings (Fox, Carta, Strain, Dunlap, & Hemmeter, 2009; Hunter & Hemmeter, 2009). Several states with workforce development initiatives for implementing Pyramid Model practices to support infant and toddler social emotional development (Smith, Ferguson, Burak, Granja, & Ortuzar, 2020) have reported promising results. For example, Massachusetts reported early intervention providers increased their use of Pyramid Model practices with caregivers (<https://www.nccp.org/massachusetts/#workforce>). Moreover, the State of Nevada Department of Health and Human Services (2021) reported:

- A) early intervention practitioners' knowledge and understanding of Pyramid Model practices increased statewide
- B) the state exceeded their SIMR target to significantly increase the rate of growth in positive social-emotional skills for infants and toddlers existing services
- C) caregivers better supported and enhanced their child's development. Thus, the use of systematic workforce development has demonstrated effective implementation of Pyramid Model practices in early intervention. Ultimately, implementation is intended to enhance caregiver confidence and competence and increase the percentage of infants and toddlers who demonstrate positive social-emotional skills.

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

SoonerStart will utilize the Pyramid Model Early Intervention Pyramid Practices Fidelity Instrument (EIPPF) to monitor the fidelity of implementation of evidence-based practices. Service providers have not yet completed training in PM evidence-based practices, therefore, the EBPs that will be conducted with families at the pilot sites have not been implemented. No data has been collected to monitor fidelity or assess practice change.

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

Child-level progress monitoring will be used to assess whether EBPs are working and tiered interventions are appropriate in the IFSP. IFSP teams will be using the ASQ:SE-2 to provide updated SE assessment data at the 6-month and 12-month IFSP review to inform IFSP outcomes and service delivery changes.

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

SoonerStart will implement and evaluate the third component of the Theory of Change (EI providers develop and utilize their acquired knowledge and skills in providing services to families) in year two of the SSIP. The anticipated outcomes include:

1. SoonerStart staff will demonstrate knowledge gain following the PM trainings;
2. Practitioner coaches will demonstrate their ability to support early intervention staff in their provision of services to families;
3. EBPs provided by service providers are monitored to ensure PM practice fidelity; and
4. SoonerStart will collect and report data on the implementation of PM EBPs with fidelity.

See the evaluation plan for details about the short, medium, and long term measures being used to monitor outcome achievement.

SoonerStart will also begin implementing and evaluating ToC components four and five that focus on family engagement and participation in practice implementation. The evaluation plan for these components has not been completed, so outcomes and performance measures will be identified in the coming year.

The fourth ToC component is to increase the families' knowledge about social-emotional development so they have the information needed to support their child's social-emotional growth.

The fifth ToC component is that families will be more prepared to recognize their children's social-emotional strengths and manage their children's challenging behaviors.

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

Oklahoma is implementing a new SSIP for FFY 2020 - FFY 2025. As described in the descriptions of the systems analysis and data analysis completed to assess whether a new SIMR and SSIP were warranted, the state determined that the former SSIP was not meeting the needs of the EI program. Oklahoma reported in the Phase III, Year Four SSIP submission (FFY 2018) the state's intention to bring together stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) providers, the Interagency Coordinating Council, and others to explore the development of a new SoonerStart SSIP. At that time, data indicated that 1) the SIMR target had been achieved 4 of 5 years and 2) SSIP strategies were reported to be fully implemented or on track to be achieved by the end of FFY 2019.

In the FFY 2019 SSIP submission, SoonerStart again met its SIMR target and reported achieving the outcomes and objectives for the two infrastructure strategies in the earlier plan: 1) Development of a high-quality data system and 2) development of a professional development framework for the data system. These infrastructure improvements are sustainable and continue to be supported and utilized by Part C staff.

SoonerStart expected outcomes for the remaining SSIP strategies to be met by the end of FFY 2019 however, COVID-19 prohibitions on in-person services significantly impacted the data collection processes. It also became evident that ongoing mitigation efforts against community spread could potentially limit face-to-face visits with families over a long period of time further hindering the collection of data to inform the evaluation of the remaining strategies.

As described in the prior section on data sources used to support changing the SIMR, SoonerStart presented stakeholders with historical data on child and family outcomes and data describing risk factors that negatively impact the social-emotional health of young children in Oklahoma.

Stakeholders ultimately recommended that developing a new SSIP focused on improving social emotional outcomes, would have the greatest positive impact on infants and toddlers and their families in Oklahoma's Part C program.

Section C: Stakeholder Engagement

Description of Stakeholder Input

SoonerStart has engaged with stakeholders throughout the SSIP development process to ensure high quality planning, implementation, and evaluation of SSIP efforts. The ICC serves as the primary stakeholder group providing ongoing guidance and input into SSIP development. Information and updates are provided regularly at each ICC meeting regarding progress towards the SiMR. Local teams have engaged with staff and families to gather feedback for use in planning, implementation, and evaluation. SoonerStart worked with the Oklahoma Parent Center to increase outreach to parents, as well as the Oklahoma Family Network (an advocacy organization for families of children with developmental disabilities). Stakeholder engagement has been a key factor in the success of preparing for and implementing the Pyramid Model.

Stakeholders representing multiple state and community programs, state agencies, early intervention service providers and parents of children currently or formerly enrolled in the SoonerStart program participated in the development and implementation of the SSIP. These include the following entities or roles, with counts of representatives in ().

Sooner Success – OU Health Sciences Center (2)
Oklahoma AbleTech (Assistive Technology Center) - Oklahoma State University (1)
Infant Mental Health - Oklahoma Department of Mental Health and Substance Abuse (1)
Special Education Services – Oklahoma State Department of Education (2)
SoonerStart Early Intervention Service Providers (75)
SoonerStart Early Intervention Service Coordinators (45)
SoonerStart State Leadership Team (8)
Parents of Children with Developmental Disabilities – SoonerStart (40)
Oklahoma State Regents for Higher Education (1)
Oklahoma Parent Center (2)
Oklahoma Deaf/Blind Project (1)
Oklahoma Head Start Collaboration Agency (1)
Community Head Start Providers (4)
Early Childhood Education - Oklahoma State Department of Education (3)
Oklahoma State Department of Health (3)
Oklahoma Part C Interagency Coordinating Council (ICC)
Oklahoma Family Network (2)
Oklahoma Health Care Authority (1)
Oklahoma Department of Human Services (2)
Sunbeam Family Services (1)
Community Development Support Association (1)
Oklahoma School for the Deaf (1)
Oklahoma Public School Teachers (3)
Community Preschools/Child Care Programs (5)

It is important to Oklahoma that stakeholders are not just informed about the SSIP, but they have a voice in continuous efforts to achieve outcomes related to the identified strategies. Through regularly scheduled meetings, surveys, website announcements, and email notifications, Oklahoma seeks input into decisions related to the SSIP strategies.

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

Oklahoma understands that stakeholder involvement leads to a better process, greater community support and buy-in, more creativity, a better understanding of the systems and challenges and, ultimately, a more effective effort to improve outcomes for infants and toddlers. SoonerStart sought to create an open environment for stakeholders to share their thoughts on program improvement with each other and program administration throughout the stakeholder input process. SSIP stakeholders were involved in the process to select, identify, and analyze existing data through regularly scheduled meetings; broad and detailed data compiled and presented for review and discussion with visual demonstrations using charts and graphs; small group analysis and comments; inferences based on data review and the impact to the program; and selection of additional relevant data to review.

An agenda was shared in advance via an email invitation that also included the link to the SSIP information pages posted on the SoonerStart website. Stakeholders were provided a detailed explanation of the SSIP, options for outcomes that could be selected as the SiMR and descriptions of various methodologies for the provision of evidence-based services. Following stakeholder discussion and selection of the SiMR, Oklahoma arranged for information about the Pyramid Model approach to support social emotional outcomes to be shared by a representative of the Pyramid Model Consortium at a stakeholder meeting. The information provided by a Pyramid Model expert allowed stakeholders to gain an in-depth understanding of the infrastructure and evidence-based practices supported by this framework. Ultimately, implementation of the Pyramid Model was selected to support strategies outlined in the FFY 2020-FFY 2025 SSIP.

Stakeholder input was collected in multiple ways. SoonerStart used the Ideaz Board website tool which provides a virtual “sticky note” that allows participants to share their thoughts, ideas, and questions anonymously during virtual meetings. Polls were added to meeting presentations enabling stakeholders to vote on a SiMR and their choice of improvement strategies and evaluation methods. Stakeholders who were unable to attend a real-time virtual meeting, had the option to view the recorded discussion and email their questions or suggestions.

In order to obtain ongoing input and support from stakeholders, the SLT solicited volunteers to serve on the SSIP Stakeholder Advisory Committee and participate in one of five work groups:

Building Pyramid Model Levels of Support
Data Collection and Evaluation
Measuring Practice Fidelity
Collaboration and Partnerships
Professional Development

These established work groups meet bi-monthly, and each is facilitated by a member of the SLT. Information from each work group is relayed back to the SLT through the facilitators.

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

NO

Additional Implementation Activities

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

All activities previously described.

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

N/A

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

There were no newly identified barriers to implementation identified at this time.

Provide additional information about this indicator (optional).

SoonerStart will continue to utilize infrastructure improvement accomplishments achieved through previous SSIP activities to support the newly identified infrastructure components and evidence-based practices identified in the sections above.

The Part C data system, EdPlan, contains the electronic record for each child enrolled in SoonerStart as well as all data elements required for federal reporting. Child level data for initial and subsequent ASQ:SE-2 assessment results are contained in the child's EdPlan record. The Pyramid Model tier of support that best meets the social-emotional needs of a child receiving services in the implementation sites is recorded in the IFSP contained in the electronic record. The EdPlan data system allows SoonerStart to collect, manage and report data to inform and measure implementation of the current SSIP.

Additionally, SoonerStart staff report confidence in their ability to navigate the EdPlan database and access children's records for data entry and review as a result of the establishment of a high quality EdPlan professional development system. Online training modules are required in the new employee orientation process and available for all staff to review at any time. Technical assistance (TA) is provided through peer coaching and posted tip sheets on the EdPlan main menu page. TA support is also provided by the data system vendor, Professional Consulting Group (PCG) through an online message board.

SoonerStart Leadership is committed to support and provide funding to maintain and improve the EdPlan database throughout the implementation of the new SSIP. Stakeholders continue to be involved in planning system enhancements. An EdPlan professional development plan has been developed and implemented to address ongoing training and technical assistance needs and ensure long-term sustainability.

11 - Prior FFY Required Actions

None

11 - OSEP Response

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

11 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

Designated Lead Agency Director

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

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