**State Performance Plan / Annual Performance Report: Part C**

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

**For reporting on
FFY 2021**

**Maine**



**PART C DUE
February 1, 2023**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

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

## Intro - Indicator Data

**Executive Summary**

Child Development Services (CDS) is a quasi-governmental agency responsible for the implementation of Part C and Part B 619. As described in the state statute: The Maine Department of Education (MDOE) Commissioner “shall establish and supervise the state intermediate educational unit. The state intermediate educational unit is established as a body corporate and politic and as a public instrumentality of the State for the purpose of conducting child find activities as provided in 20 United States Code, Section 1412 (a)(3) for children from birth to under 6 years of age, ensuring the provision of early intervention services for eligible children from birth to under 3 years of age and ensuring a free, appropriate public education for eligible children at least 3 years of age and under 6 years of age.” MRSA 20-A§7209(3)

CDS, an intermediate educational unit (IEU), has one state office and nine regional locations, commonly referred to as regional sites, that serve as system points of entry for Part C and 619. The CDS state office maintains a central data management system, system-wide policies and procedures, system-wide contracts for service providers, and centralized fiscal services.

Additional information related to data collection and reporting

The Maine Child Information Network Connection System, known as CINC, is the central data management system utilized by the CDS state office, contractor agencies, service providers, and CDS staff at the regional sites. This system tracks children in every phase of the CDS program and provides critical data at the state, regional site, and provider agency levels. After the launch of CINC in July of 2016, new functions and screens have been continuously added in response to user input, as well as changes in policy and procedure. CINC is a dynamic system that continues to be updated and/or modified to meet the data collection and reporting needs of Maine’s comprehensive system of early intervention. Additionally, CINC is internet-based and, therefore, was accessible to all CDS staff and contracted providers throughout the entire reporting period, even when continuing to work remotely as a result of the ongoing COVID-19 pandemic.

**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.**

CDS implements the General Supervision System for Part C and Part B 619 in Maine that was developed in conjunction with the Maine Department of Education (MDOE). Monitoring findings, corrections, and implementation of the required components of the Individuals with Disabilities Education Act (IDEA) and Maine Unified Special Education Regulation (MUSER) are the primary responsibilities of the CDS Data Manager, under the direction of the Part C State Coordinator and CDS State Director.

CDS’s fiscal monitoring and compliance system is structured to ensure EIS programs meet federal and state regulations. CDS’s monitoring approach, in alignment with federal recommendations, is performance based and outcome focused. Fiscal monitoring policies and procedures for Part C include ensuring allowable use of Part C funds, verifying service provision aligns with contracts, and reviewing service records and IFSPs in the CINC data system to ensure alignment and track progress towards goals. System of Payments policies and procedures ensure that the use of public and private insurance to pay for Part C services align with federal and state regulations. Payor of Last Resort policies and procedures ensure the continuum of services for children with disabilities in the event of a dispute. Procurement policies and procedures govern the process of acquiring goods and services.

At the state level, the nine CDS regional sites are monitored and provided with an annual letter of determination based on their performance and compliance with state reguations and federal Part C IDEA requirements. When warranted, based on annual monitoring results, sites are provided with a letter of findings. Each CDS regional site that is issued a letter of findings is required to submit a corrective action plan and correct findings of noncompliance as soon as possible, but no later than one year, from when the finding is issued. The Part C State Coordinator provides certification of the information by submitting the letters of findings and annual determination letters to the Site Directors of the nine regional CDS sites. The dispute resolution system supports the identification of noncompliance, and any findings issued must be corrected as soon as possible, but no later than one year, from when the finding is issued. The CDS State IEU has adopted the Part B due process procedures and utilizes the MDOE Due Process office to fulfill the requirements of IDEA.

At the local level, regional Early Intervention Program Managers (EIPMs) conduct ongoing, regular file and data system reviews using designated tools (e.g., compliance reports from CINC, file audit checklists, etc.) on at least a monthly basis to ensure completeness and accuracy of data for the EIS program at their respective site. EIPMs use the data in CINC, combined with ongoing supervision of staff and contracted providers, to identify and resolve site-specific compliance issues as they are identified throughout the year. Additionally, the EIPMs interpret letters of findings and, in conjunction with the regional Site Director, develop, implement, and monitor corrective action plans at the site-level.

In addition, the Part C State Coordinator provides ongoing monitoring by pulling state-wide compliance reports from CINC and sending them to the regional Site Director and EIPM at each regional site for review and follow-up at the beginning of each month throughout the reporting period. In addition, the Part C State Coordinator reviews site-level file and Individual Family Service Plan (IFSP) audits that are completed by EIPMs monthly and provides technical assistance and support to help correct any areas of non-compliance that are identified through this monitoring process as needed.

**Technical Assistance System:**

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

CDS employs a full-time Part C State Coordinator who is responsible for the general supervision, oversight, training, and technical assistance for Maine’s statewide, comprehensive system of early intervention services provided to infants and toddlers with developmental delays or disabilities, ages birth through two years, under Part C of IDEA. The Part C State Coordinator provides technical assistance to all Part C staff and contracted providers in Maine, as needed or as determined, to ensure compliance with federal Part C IDEA requirements. The Part C State Coordinator is also responsible for ensuring that the Routines-Based Early Intervention (RBEI) model and other evidenced-based practices are implemented with fidelity.

In FFY21, topics of technical assistance provided to Part C staff and contracted providers to increase compliance with federal Part C IDEA requirements, as well as to ensure that RBEI and other evidence-based practices are implemented with fidelity, included the following: Part C Child Find requirements, Maine’s statewide annual outreach plan, family outcomes and measurement criteria, review of Maine’s FFY20 Part C SPP/APR performance and targets for FFY21, transition from Part C to Part B, using Informed Clinical Opinion for Part C eligibility, writing participation-based IFSP outcomes, annual IFSP requirements, administration of the Battelle Developmental Inventory – 3rd Edition (BDI-3), progress monitoring with the Measure of Engagement, Independence, and Social Relationships (MEISR), protocol for completing the Modified Checklist for Autism in Toddlers – Revised with Follow-Up (M-CHAT R/F), and conducting Routines-Based Interviews (RBIs) and providing Collaborative Consultation to Child Care (CC2CC) and Routines-Based Home Visits (RBHVs) with fidelity.

As part of the Part C State Coordinator’s ongoing supervision of the regional Early Intervention Program Managers (EIPMs), state-level Part C data is reviewed and procedures and policies are revised, as needed, to ensure full adherence to IDEA requirements, as well as fidelity to the RBEI model and other evidenced-based practices. The Part C State Coordinator meets with each regional EIPM individually at least one time per month to review site-level Part C data and provide technical assistance specific to the performance of the EIS program at their respective site. Additionally, the Part C State Coordinator hosts open “office hours” for two hours each week, allowing EIPMs to readily seek any technical support that is needed for the EIS program they are responsible for supervising at the regional site level. This continuous improvement approach results in ongoing data review and timely guidance to all Part C staff and contracted providers. The Part C State Coordinator also works closely with the 619 State Coordinator, the Data Manager, and the regional EIPMs to ensure that there is an understanding of roles and responsibilities in each program as related to transition from Part C to Part B 619, and to develop materials to support smooth transition of children who are turning three and, therefore, exiting early intervention.

During FFY21, Maine accessed technical assistance (TA) on an “as needed” basis from a variety of OSEP-funded TA centers, including the Early Childhood Technical Assistance Center (ECTA Center), the Center for IDEA Early Childhood Data Systems (DaSy), and the Center for IDEA Fiscal Reporting (CIFR). Topics for requested TA included compiling and analyzing data to meet the reporting requirements of the SPP/APR and SSIP, completing the Part C Grant Application process, and increasing understanding of the Part C fiscal monitoring requirements. Maine’s Part C State Coordinator received additional technical assistance by participating in various calls through OSEP-funded TA centers that were offered throughout the reporting period, such as the CADRE/ECTA Part C Dispute Resolution Learning Community, CIFR’s Eastern Region Community of Practice, and the ITCA/ECTA Part C Racial Equity Community.

Additionally, in FFY21, Maine’s Part C State Coordinator, CDS Data Manager, and Director of Fiscal Management from the Maine Department of Education began attending the 2022 cohort of the Infant and Toddler Coordinators Association (ITCA) Finance Academy. The ITCA Finance Academy, through its partnership with ECTA, DaSy, and CIFR, provided Maine with targeted technical assistance on the financial management requirements associated with IDEA Part C. As a result, improvements to the internal control structure for Maine’s Part C system were identified and implemented. Maine’s Part C State Coordinator also began participating in the Early Childhood Personnel Center (ECPC) Leadership Academy in January of 2022 and, as a result, has requested intensive technical assistance from ECPC to improve Maine’s comprehensive system of personnel development (CSPD) in FFY22.

**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.**

All new Part C employees/contracted providers receive initial training on all components of Routines-Based Early Intervention (RBEI), including family ecology, child and family needs assessment, participation-based outcomes, routines-based home visits, and collaborative consultation to childcare, within 30 days of being hired by or contracting with CDS to provide Part C services, from the Early Intervention Program Manager (EIPM) at their regional site. Additional RBEI training is then provided to all new staff/contracted providers at the state-level within 90 days of being hired by or contracting with CDS to provide Part C services. Following RBEI training, EIPMs conduct ongoing fidelity checks of all Part C providers to ensure that the components of RBEI are provided to infants/toddlers and their families with fidelity. Subsequent focused trainings are developed and implemented for individual and/or groups of staff and contracted providers based on the specific needs identified through these ongoing fidelity checks to ensure the provision of high quality, evidence based early intervention services to each and every eligible infant/toddler and their family.

In FFY21, CDS continued to employ consultants who are certified in the Early Start Denver Model (ESDM). These consultants are responsible for the professional development, coaching, ongoing fidelity assessment, and general monitoring of services for children with autism spectrum disorder (ASD) at each of the 9 regional CDS sites. ESDM providers complete the First Steps training, a 7-module online training which requires reading both An Early Start for Your Child with Autism: Using Everyday Activities to Help Kids Connect, Communicate, And Learn and Early Start Denver Model for Young Children with Autism: Promoting Language, Learning, And Engagement. Providers complete modules 1-6 typically on a weekly or bi-weekly basis and then review them with a supervising consultant to ensure competency and seek answers to any questions. In person observation is recommended, but there are also videos that providers can watch to see the ESDM strategies in action. Module 7 requires the provider to attend or watch a 2-hour training.

CDS also continued to expand its parent implemented ESDM services in FFY21. Providers of parent implemented ESDM who have not been previously trained in ESDM participate, with the support of the certified consultant at their site, in the First Steps online training described above. Both the parent manual, An Early Start for Your Child with Autism, and the coaching manual, Coaching Parents of Young Children with Autism, are provided as a resource for all new providers. Providers then participate in a full day in person, or two half days via Zoom, with a consultant who is certified in parent implemented ESDM. Following this training, the provider begins providing parent implemented ESDM with a family while receiving support from the consultant. This support consists of the consultant attending or viewing a recording of at least one session a month (more if additional support is required or requested) with the provider and consultant then meeting outside of the session to reflect on the session. The consultant and provider then determine the individualized level of support that is required for the provider to begin delivering parent implemented ESDM with additional families with fidelity.

Early Intervention Program Managers (EIPMs) also continue to develop and implement site-level trainings and collaborate with other state agencies and community partners to provide ongoing professional development to Part C staff and contracted providers to improve child and family outcomes and connect families with services and resources to meet the individualized needs of their child and family. In FFY21, professional development opportunities were provided to regional early intervention teams on a variety of topics including, but not limited to, Orientation and Mobility, New England Consortium on Deafblindness, Orthotics, Division of Responsibility of Feeding (The Ellyn Satter Model), Adverse Childhood Experiences (ACEs), Signs of Autism Spectrum Disorder in Girls, Fragile X Syndrome, Prenatal Alcohol Exposure & Fetal Alcohol Spectrum Disorders, Parent Project Muscular Dystrophy, McKinney Vento Training/Support for Homeless Families, Working with Adults with Mental Health and Learning Concerns, New Mainers, Adult Trauma, Parent-Mediated Early Interventions for Children on the Autism Spectrum, Baby Led Weaning, Adult Learning Principles, Using Children’s Books & Storytelling to Connect Literacy and Social-Emotional Development, Navigating Challenging Conversations, Higher Opportunity for Pathways to Employment (HOPE) Program, Early Childhood Consultation Partnership (ECCP), and Triple P Parenting.

Additionally, a significant portion of the American Rescue Plan Act (ARPA) funds that were allocated to Maine's Part C system were utilized for professional development in FFY21. This included having nearly 50 staff/contracted providers attend a training on the PLAY Project to help improve results for toddlers with autism spectrum disorder, as well as sending a small group of Occupational Therapists and Speech/Language Pathologists to SOS Feeding Training to help improve results for infants and toddlers with feeding challenges. In addition, four social workers who provide early intervention services under Part C in Maine obtained a certification in perinatal mood and anxiety disorders, and all of Maine's Part C staff and contracted providers began being trained in Brazelton's Touchpoints and Newborn Behavior Observation (NBO) models to increase family engagement and expand evidence-based practices utilized within Maine's early intervention system to improve results for infants and toddlers with disabilities and their families.

**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).**

Maine uses its Interagency Coordinating Council (ICC) as the primary mechanism for soliciting broad stakeholder input on targets in the SPP/APR, including any subsequent revisions that Maine has made to those targets, and the development and implementation of the SSIP. The ICC is routinely presented with performance and compliance data to explore Part C trends and help identify improvement strategies for Maine’s early intervention program. ICC meetings are held quarterly on the first Monday of the month with meetings held during the FFY21 reporting period on 7/12/21, 10/4/21, 3/14/22, and 6/27/22. At the ICC meeting in March of 2022, the Part C Coordinator presented an overview of Maine’s FFY 2020 Part C SPP/APR and SSIP; as part of this presentation, ICC members reviewed baselines and targets for each of the Part C federal indicators, discussed and analyzed state-level performance data, and then generated improvement strategies to improve compliance and/or results with the five indicators that were below targets in FFY 2020 (e.g., Indicators C1, C4a, C4c, C7, and C8c).

In addition to utilizing the ICC to solicit broad stakeholder input on the targets in the SPP/APR, Maine’s Part C State Coordinator continued to work in collaboration with regional CDS regional site leadership and staff, contracted providers, and other state agencies and programs (e.g., Maine Educational Center for the Deaf/Hard of Hearing, Maine Families Home Visiting, Public Health Nursing, Special Supplemental Nutrition Program for Women, Infants, and Children, Maine Center for Disease Control’s Children with Special Healthcare Needs, Child Protective Services, Early Head Start, etc.) throughout the reporting period in regards to the development and implementation of Maine’s SSIP. Maine’s Part C State Coordinator also continued to be involved in several statewide, cross-sector collaborations and initiatives in FFY21, including the Maine Early Childhood Consultation Partnership (ECCP) State Partnership Team, Maine Early Hearing Detection & Intervention Stakeholder Group, Help Me Grow Maine, Early Childhood Comprehensive Systems (ECCS) Grant, Substance Exposed Infants and Maternal Substance Use Community Collaborative, Children’s Cabinet Early Intervention Work Group, New England Consortium Maine Deafblind Networking Group, and the Cytomegalovirus (CMV) Workgroup. Part C SPP/APR performance data and progress towards outcomes identified in the SSIP are readily shared and discussed during these state-level meetings, allowing Maine’s Part C system to solicit ongoing input from a broad group of stakeholders representing various state agencies and other organization that provide services and/or programs for infants/toddlers and their families. At the local EIS program level, Early Intervention Program Managers engage a variety of local stakeholders in Maine’s early intervention program by participating in a variety of regional initiatives and community collaboratives, where site-level performance on the SPP/APR and SSIP is readily shared, analyzed, and discussed.

Additionally, the Part C Coordinator solicited stakeholder input from the Part C staff and contracted providers from each of Maine’s nine regional EIS programs by holding a series of nine meetings between March and June of 2022 to review Maine’s performance on the FFY 2020 SPP/APR and SSIP. During each of these meetings, the regional Part C staff and contracted providers reviewed baselines and targets for each of the Part C federal indicators, discussed and analyzed state- and site-level performance data, and then generated improvement strategies to improve compliance and/or results with the five indicators that were below targets in FFY 2020 (e.g., Indicators C1, C4a, C4c, C7, and C8c). Stakeholder improvement strategies were then shared and discussed with the regional Early Intervention Program Managers at a CDS Leadership Retreat in the summer of 2022 and, ultimately, were used to implement changes (e.g., revised tool and process for collecting family outcomes data, elimination of paperwork required by Service Coordinators to initiate services for children eligible with established conditions of risk, additional resources to help explain parental rights to families, etc.) to Maine’s early intervention process to improve results for infants and toddlers with disabilities and their families.

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

YES

**Number of Parent Members:**

9

**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.**

Throughout the reporting period, Maine’s Part C program continued to work in partnership with its Interagency Coordinating Council (ICC) members, as well as the organizations and populations they represent, to recruit and solicit input from parents who are representative of the state, including the following demographics: race/ethnicity, gender, primary language, and geographic location. As a result of these efforts, three new parents of children with disabilities joined Maine’s ICC in 2022 after being connected with the Part C Coordinator and ICC Chair through Maine Parent Federation (MPF), a parent advocacy organization whose mission is to bring the power of knowledge and voice to families of children with special needs. However, even with these three additions, parent members of the ICC represented only five out of the nine regional EIS programs across the state in FFY21. To increase the representativeness of parent members of the ICC by geographic region, the Part C Coordinator will partner with the Early Intervention Program Managers from the regional sites without parent representation to help recruit additional parent members to represent a greater number of geographic regions on Maine’s ICC in FFY22. In addition, given that all parent members of the ICC in FFY21 were from the same racial backgrounds (e.g., white), the Part C Coordinator and Data Manager will work closely with Maine's newly appointed ICC Chair, who is the Statewide Diversity, Equity, and Inclusion Coordinator for the Center for Community Inclusion and Disability Studies at the University of Maine, to develop and implement strategies for broadening stakeholder engagement with Maine's Part C system that is representative of the state's demographics for race/ethnicity in FFY22.

To help orient parent members of the ICC to IDEA data and help them prepare for meaningful participation in the target setting process in FFY21, as well as conversations about programmatic issues and improvement strategies, the Stakeholder Knowledge Toolkit from the Center for IDEA Early Childhood Data Systems (DaSy) was shared as a self-guided resource during the ICC meeting in October of 2021. At the ICC meeting in March of 2022, the Part C Coordinator led a presentation on Maine’s Part C performance from the FFY 2020 SPP/APR that solicited input from 4 parent members of the ICC, 1 parent center staff, 2 members of statewide advocacy organizations, and 1 individual parent who was in attendance as a member of the public by reviewing and analyzing baselines, targets, and performance data (state- and program-level) for each of the Part C indicators, including the SSIP, and generating improvement strategies for the five indicators that were below target in FFY20 (e.g., C1, C4a, C4c, C7, and C8c). The generated improvement strategies were shared and discussed with the regional Early Intervention Program Managers at a CDS Leadership Retreat in the summer of 2022 and, ultimately, were used to implement changes (e.g., revised tool and process for collecting family outcomes data, elimination of paperwork required by Service Coordinators to initiate services for children eligible with established conditions of risk, additional resources to help explain parental rights to families, etc.) to Maine’s early intervention process to improve results for infants and toddlers with disabilities and their families.

**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.**

In FFY21, Maine conducted various activities that were targeted toward increasing the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants/toddlers and their families. Several of Maine’s regional EIS programs continued to explore partnerships with cultural brokers to help get families from diverse cultural backgrounds engaged in stakeholder activities. Culture grahams were also made available to Part C staff and contracted providers as a tool for educating themselves on different cultures to help increase stakeholder engagement from a diverse group of families. In addition, interpreting services were available for all communication and meetings, and all the written materials used within Maine’s Part C program were translated into the top ten primary languages spoken by families of infants/toddlers enrolled in Part C including Arabic, Chinese, French, Kinyarwanda, Lingala, Portuguese, Somali, Spanish, Swahili, and Vietnamese.

Another activity that was conducted to increase the capacity of families in helping to develop and implement activities designed to improve child and family outcomes included the development and implementation of a new family outcomes survey. In June of 2021, based on stakeholder input from the ICC and early intervention providers from across the state, the CDS Data Manager, in conjunction with the Part C Coordinator and regional Early Intervention Program Managers, developed a new process for obtaining family outcomes data using a new state-developed tool. This new tool consists of 15 questions from the item bank of the NCSEAM, which were selected not only to satisfy the reporting requirements for Indicator 4, but also to help identify activities that can be implemented to improve outcomes for infants and toddlers with disabilities and their families throughout each reporting period. The new process for obtaining this input includes sharing the survey link, with an interpreter present for families who do not speak English as their first or primary language, at the last visit with the family before the child transitions out of early intervention. Thus far, given this new process that was implemented at the start of the reporting period for FFY22, Maine’s Part C program has received input regarding performance and improvement strategies from a significantly increased number of families from a wider range of geographic locations statewide.

Additionally, through cross-department collaborations that are occurring as part of the Early Childhood Comprehensive Systems (ECCS) grant, Maine's Parent Ambassador program, which is a year-long leadership and advocacy program for parents with children eight and under living in Maine, will be expanded to develop parent leaders and empower parents from immigrant and refugee populations to advocate for themselves and their children. Although none of the parent members of the ICC in FFY21 were New Mainers, the Executive Director of the New Mainers Public Health Initiative (NMPHI), an ethnic-based organization directly serving the needs of immigrant and refugee youth and their families, provided input on ways to increase engagement with Maine’s immigrant and refugee population at quarterly ICC meetings. Maine’s Parent Ambassador program, once expanded, will be utilized to help Maine's Part C system identify additional mechanisms for increasing 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.

**Soliciting Public Input:**

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

Public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress for FFY20-FFY25 was initially solicited through an electronic survey that was posted publicly on the CDS website. During the reporting period for FFY21, CDS continued to invite members of the public to attend the quarterly ICC meetings where Part C performance and compliance data is routinely presented, and meeting participants are encouraged to help analyze performance data, explore Part C trends, and identify improvement strategies for Maine’s early intervention program. The ICC page of the CDS website, which can be accessed at https://www.maine.gov/doe/learning/cds/icc, welcomes members of the community to attend these meetings, and provides contact information that members of the public can use to request a Zoom link to join the quarterly ICC meetings. In addition, the CDS EI Program page on Facebook is also utilized to invite members of the public to attend the quarterly ICC meetings and provide input on Maine’s Part C performance, SPP/APR data analysis, development of improvement strategies, and evaluating progress toward Maine’s SiMR.

**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 Maine’s target setting, data analysis, development of improvement strategies, and evaluation were made available to the public within the ICC meeting minutes, which are publicly posted on the ICC section of the CDS website at https://www.maine.gov/doe/learning/cds/icc. ICC meeting minutes are publicly posted within 24 hours following each ICC meeting.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2020 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its FFY 2020 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State’s SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2020 APR in 2022, is available.**

Reports to the public on the FFY 2020 performance of the 9 regional CDS sites (EIS programs) on Indicators 1-8 are posted under the "Public Reporting" section of the CDS website at https://www.maine.gov/doe/cds/stateperformance, as required by 34 CFR §303.702(b)(1)(i)(A). A complete copy of Maine's SPP/APR for FFY 2020 is available under the "State Performance Plan" section of the CDS website at https://www.maine.gov/doe/cds/stateperformance. Once finalized, a copy of Maine's SPP/APR for FFY 2021 will also be posted under the "State Performance Plan" section of the CDS website at https://www.maine.gov/doe/cds/stateperformance.

## Intro - Prior FFY Required Actions

**Response to actions required in FFY 2020 SPP/APR**

## Intro - OSEP Response

## Intro - Required Actions

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

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

## 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 91.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 93.26% | 93.17% | 97.38% | 95.88% | 98.80% |

**Targets**

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

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,287 | 1,434 | 98.80% | 100% | 98.54% | 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.***

126

**Provide reasons for delay, if applicable.**

Reasons for delay with the provision of timely IFSP services include staff/provider shortages at the regional sites, difficulty contacting families to schedule services, scheduling difficulties with contracted providers who have limited availability to CDS, illness/family emergencies with providers, delays with scheduling due to paperwork/data entry errors, and untimely transfers across regional sites. Delays attributable to exceptional family circumstances included the following: custodial changes with the child, no response from the family when attempting to schedule services, declination of services after the IFSP was developed, families requesting to wait to begin services while in the process of moving to a new location, and cancellations of scheduled services by families due to illness/hospitalizations and childcare closures due to COVID-19 outbreaks.

**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).**

Maine's criteria for "timely" receipt of early intervention services is no later than 30 days from the date the parent provides written consent to when IFSP services begin.

**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).**

7/1/21 to 6/30/22

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

This data was collected for all nine of Maine’s regional EIS programs through the statewide database, CINC, and includes all infants and toddlers with IFSPs who received EI services for the full reporting period.

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

Stakeholder improvement strategies for improving Maine's compliance with timely service delivery in FFY21 included the following: offering to provide services remotely during times of inclement weather; scheduling the first visit at the Initial IFSP Team Meeting to allow enough time to reschedule if needed within the first 30 days; scheduling two visits within the first 30 days in case the first one must be cancelled by the family or provider; adding a feature in CINC to alert the Service Coordinator and providers when services are due; sending paperwork to providers via DocuSign to speed up the referral process/confirmation of the referral; and putting a "hold" on the calendar while waiting to hear from parent to schedule a consultation visit with another provider.

**Correction of Findings of Noncompliance Identified in FFY 2020**

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

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

Prior to considering the findings of noncompliance from FFY 2020 corrected, the CDS State IEU verified that the 6 regional CDS sites with incidents of noncompliance were correctly implementing the regulatory requirements specific to the timely provision of services. Specifically, the CDS State IEU reviewed subsequent, updated data from the state-wide database (CINC), as well as self-assessments and compliance reports submitted by each regional site as part of a Corrective Action Plan. The findings of noncompliance were verified as corrected when, based on a review of updated data that was subsequently collected through CINC, each of the 6 regional CDS sites with incidents of noncompliance in FFY 2020 demonstrated 100% compliance in the timely provision of services for one month.

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

To verify that each individual case of noncompliance was corrected, the CDS State IEU reviewed individual child records in the statewide database (CINC). Based upon the individual child data that was reviewed from CINC, the CDS State IEU verified that all 15 of the individual cases of noncompliance that occurred in FFY 2020 across 6 regional sites had been corrected and, although the provision of services was untimely, all 15 of the affected infants and toddlers did receive the services on their IFSP.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

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

## 1 - Prior FFY Required Actions

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

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

**Response to actions required in FFY 2020 SPP/APR**

## 1 - OSEP Response

## 1 - Required Actions

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

**Data Source**

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

**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 | 89.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| Data | 98.40% | 99.23% | 99.36% | 99.11% | 100.00% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 95.00% | 95.00% | 96.00% | 96.00% | 96.00% |

**Targets: Description of Stakeholder Input**

Maine uses its Interagency Coordinating Council (ICC) as the primary mechanism for soliciting broad stakeholder input on targets in the SPP/APR, including any subsequent revisions that Maine has made to those targets, and the development and implementation of the SSIP. The ICC is routinely presented with performance and compliance data to explore Part C trends and help identify improvement strategies for Maine’s early intervention program. ICC meetings are held quarterly on the first Monday of the month with meetings held during the FFY21 reporting period on 7/12/21, 10/4/21, 3/14/22, and 6/27/22. At the ICC meeting in March of 2022, the Part C Coordinator presented an overview of Maine’s FFY 2020 Part C SPP/APR and SSIP; as part of this presentation, ICC members reviewed baselines and targets for each of the Part C federal indicators, discussed and analyzed state-level performance data, and then generated improvement strategies to improve compliance and/or results with the five indicators that were below targets in FFY 2020 (e.g., Indicators C1, C4a, C4c, C7, and C8c).

In addition to utilizing the ICC to solicit broad stakeholder input on the targets in the SPP/APR, Maine’s Part C State Coordinator continued to work in collaboration with regional CDS regional site leadership and staff, contracted providers, and other state agencies and programs (e.g., Maine Educational Center for the Deaf/Hard of Hearing, Maine Families Home Visiting, Public Health Nursing, Special Supplemental Nutrition Program for Women, Infants, and Children, Maine Center for Disease Control’s Children with Special Healthcare Needs, Child Protective Services, Early Head Start, etc.) throughout the reporting period in regards to the development and implementation of Maine’s SSIP. Maine’s Part C State Coordinator also continued to be involved in several statewide, cross-sector collaborations and initiatives in FFY21, including the Maine Early Childhood Consultation Partnership (ECCP) State Partnership Team, Maine Early Hearing Detection & Intervention Stakeholder Group, Help Me Grow Maine, Early Childhood Comprehensive Systems (ECCS) Grant, Substance Exposed Infants and Maternal Substance Use Community Collaborative, Children’s Cabinet Early Intervention Work Group, New England Consortium Maine Deafblind Networking Group, and the Cytomegalovirus (CMV) Workgroup. Part C SPP/APR performance data and progress towards outcomes identified in the SSIP are readily shared and discussed during these state-level meetings, allowing Maine’s Part C system to solicit ongoing input from a broad group of stakeholders representing various state agencies and other organization that provide services and/or programs for infants/toddlers and their families. At the local EIS program level, Early Intervention Program Managers engage a variety of local stakeholders in Maine’s early intervention program by participating in a variety of regional initiatives and community collaboratives, where site-level performance on the SPP/APR and SSIP is readily shared, analyzed, and discussed.

Additionally, the Part C Coordinator solicited stakeholder input from the Part C staff and contracted providers from each of Maine’s nine regional EIS programs by holding a series of nine meetings between March and June of 2022 to review Maine’s performance on the FFY 2020 SPP/APR and SSIP. During each of these meetings, the regional Part C staff and contracted providers reviewed baselines and targets for each of the Part C federal indicators, discussed and analyzed state- and site-level performance data, and then generated improvement strategies to improve compliance and/or results with the five indicators that were below targets in FFY 2020 (e.g., Indicators C1, C4a, C4c, C7, and C8c). Stakeholder improvement strategies were then shared and discussed with the regional Early Intervention Program Managers at a CDS Leadership Retreat in the summer of 2022 and, ultimately, were used to implement changes (e.g., revised tool and process for collecting family outcomes data, elimination of paperwork required by Service Coordinators to initiate services for children eligible with established conditions of risk, additional resources to help explain parental rights to families, etc.) to Maine’s early intervention process to improve results for infants and toddlers with disabilities and their families.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 1,036 |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Total number of infants and toddlers with IFSPs | 1,036 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,036 | 1,036 | 100.00% | 95.00% | 100.00% | Met target | No Slippage |

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

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

A. Positive social-emotional skills (including social relationships);

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

C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

 A. Positive social-emotional skills (including social relationships);

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

 C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

**Summary Statements for Each of the Three Outcomes:**

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

**Measurement for Summary Statement 1:**

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

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

**Measurement for Summary Statement 2:**

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

**Instructions**

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

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

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

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

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

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

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

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

## 3 - Indicator Data

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

NO

**Targets: Description of Stakeholder Input**

Maine uses its Interagency Coordinating Council (ICC) as the primary mechanism for soliciting broad stakeholder input on targets in the SPP/APR, including any subsequent revisions that Maine has made to those targets, and the development and implementation of the SSIP. The ICC is routinely presented with performance and compliance data to explore Part C trends and help identify improvement strategies for Maine’s early intervention program. ICC meetings are held quarterly on the first Monday of the month with meetings held during the FFY21 reporting period on 7/12/21, 10/4/21, 3/14/22, and 6/27/22. At the ICC meeting in March of 2022, the Part C Coordinator presented an overview of Maine’s FFY 2020 Part C SPP/APR and SSIP; as part of this presentation, ICC members reviewed baselines and targets for each of the Part C federal indicators, discussed and analyzed state-level performance data, and then generated improvement strategies to improve compliance and/or results with the five indicators that were below targets in FFY 2020 (e.g., Indicators C1, C4a, C4c, C7, and C8c).

In addition to utilizing the ICC to solicit broad stakeholder input on the targets in the SPP/APR, Maine’s Part C State Coordinator continued to work in collaboration with regional CDS regional site leadership and staff, contracted providers, and other state agencies and programs (e.g., Maine Educational Center for the Deaf/Hard of Hearing, Maine Families Home Visiting, Public Health Nursing, Special Supplemental Nutrition Program for Women, Infants, and Children, Maine Center for Disease Control’s Children with Special Healthcare Needs, Child Protective Services, Early Head Start, etc.) throughout the reporting period in regards to the development and implementation of Maine’s SSIP. Maine’s Part C State Coordinator also continued to be involved in several statewide, cross-sector collaborations and initiatives in FFY21, including the Maine Early Childhood Consultation Partnership (ECCP) State Partnership Team, Maine Early Hearing Detection & Intervention Stakeholder Group, Help Me Grow Maine, Early Childhood Comprehensive Systems (ECCS) Grant, Substance Exposed Infants and Maternal Substance Use Community Collaborative, Children’s Cabinet Early Intervention Work Group, New England Consortium Maine Deafblind Networking Group, and the Cytomegalovirus (CMV) Workgroup. Part C SPP/APR performance data and progress towards outcomes identified in the SSIP are readily shared and discussed during these state-level meetings, allowing Maine’s Part C system to solicit ongoing input from a broad group of stakeholders representing various state agencies and other organization that provide services and/or programs for infants/toddlers and their families. At the local EIS program level, Early Intervention Program Managers engage a variety of local stakeholders in Maine’s early intervention program by participating in a variety of regional initiatives and community collaboratives, where site-level performance on the SPP/APR and SSIP is readily shared, analyzed, and discussed.

Additionally, the Part C Coordinator solicited stakeholder input from the Part C staff and contracted providers from each of Maine’s nine regional EIS programs by holding a series of nine meetings between March and June of 2022 to review Maine’s performance on the FFY 2020 SPP/APR and SSIP. During each of these meetings, the regional Part C staff and contracted providers reviewed baselines and targets for each of the Part C federal indicators, discussed and analyzed state- and site-level performance data, and then generated improvement strategies to improve compliance and/or results with the five indicators that were below targets in FFY 2020 (e.g., Indicators C1, C4a, C4c, C7, and C8c). Stakeholder improvement strategies were then shared and discussed with the regional Early Intervention Program Managers at a CDS Leadership Retreat in the summer of 2022 and, ultimately, were used to implement changes (e.g., revised tool and process for collecting family outcomes data, elimination of paperwork required by Service Coordinators to initiate services for children eligible with established conditions of risk, additional resources to help explain parental rights to families, etc.) to Maine’s early intervention process to improve results for infants and toddlers with disabilities and their families.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **A1** | 2008 | Target>= | 53.00% | 53.00% | 54.00% | 54.00% | 63.00% |
| **A1** | 51.50% | Data | 64.03% | 64.24% | 65.18% | 67.30% | 64.76% |
| **A2** | 2008 | Target>= | 41.00% | 41.00% | 42.00% | 42.00% | 30.00% |
| **A2** | 39.70% | Data | 41.67% | 39.26% | 35.17% | 33.20% | 30.27% |
| **B1** | 2008 | Target>= | 60.00% | 60.00% | 61.00% | 61.00% | 67.00% |
| **B1** | 59.10% | Data | 73.59% | 67.99% | 71.12% | 70.80% | 70.06% |
| **B2** | 2008 | Target>= | 27.00% | 27.00% | 28.00% | 28.00% | 23.00% |
| **B2** | 25.60% | Data | 29.94% | 31.13% | 27.11% | 23.32% | 23.24% |
| **C1** | 2008 | Target>= | 53.00% | 53.00% | 54.00% | 54.00% | 68.00% |
| **C1** | 51.50% | Data | 68.34% | 70.54% | 70.23% | 72.01% | 69.73% |
| **C2** | 2008 | Target>= | 38.00% | 38.00% | 39.00% | 39.00% | 28.00% |
| **C2** | 37.20% | Data | 41.36% | 39.81% | 33.96% | 31.23% | 28.25% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1>= | 63.00% | 64.00% | 64.00% | 65.00% | 65.00% |
| Target A2>= | 32.00% | 34.00% | 36.00% | 38.00% | 40.00% |
| Target B1>= | 67.00% | 67.00% | 68.00% | 68.00% | 68.00% |
| Target B2>= | 24.00% | 25.00% | 26.00% | 27.00% | 27.00% |
| Target C1>= | 68.00% | 69.00% | 69.00% | 70.00% | 70.00% |
| Target C2>= | 30.00% | 32.00% | 34.00% | 36.00% | 38.00% |

 **FFY 2021 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

761

**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 | 0.92% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 198 | 26.02% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 327 | 42.97% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 132 | 17.35% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 97 | 12.75% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 459 | 664 | 64.76% | 63.00% | 69.13% | 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 | 229 | 761 | 30.27% | 32.00% | 30.09% | Did not meet target | No Slippage |

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

| **Outcome B Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 9 | 1.18% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 190 | 24.97% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 382 | 50.20% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 134 | 17.61% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 46 | 6.04% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 516 | 715 | 70.06% | 67.00% | 72.17% | 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 | 180 | 761 | 23.24% | 24.00% | 23.65% | Did not meet target | No Slippage |

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

| **Outcome C Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 10 | 1.31% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 175 | 23.00% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 360 | 47.31% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 151 | 19.84% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 65 | 8.54% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 511 | 696 | 69.73% | 68.00% | 73.42% | 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 | 216 | 761 | 28.25% | 30.00% | 28.38% | Did not meet target | No Slippage |

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

| **Question** | **Number** |
| --- | --- |
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting 618 data | 1,100 |
| 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. | 339 |

| **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.**

Maine uses the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS) to gather data for this indicator. The ECO is embedded within Maine's Early Intervention data system. COS ratings are determined by the IFSP team using the ECTA Center COS Decision Tree based on a combination of information gathered through initial assessment with the Battelle Developmental Inventory, 2nd Edition, ongoing progress monitoring with the Measurement of Engagement, Independence and Social Relationships (MEISR), informal observation, and family report. 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. The COS form has been built into CINC, Maine's statewide data system, with validations to ensure every child has a COS form on file at entry and at exit from Part C services if they have been in services for more than six months.

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

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

## 3 - Required Actions

# Indicator 4: Family Involvement

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

**Data Source**

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

**Measurement**

A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs) divided by the (# of respondent families participating in Part C)] times 100.

C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

**Instructions**

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline**  | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| A | 2006 | Target>= | 91.00% | 91.00% | 92.00% | 92.00% | 92.00% |
| A | 76.00% | Data | 96.55% | 94.05% | 95.07% | 94.16% | 91.56% |
| B | 2006 | Target>= | 91.00% | 91.00% | 92.00% | 92.00% | 92.00% |
| B | 85.00% | Data | 96.55% | 97.62% | 96.48% | 95.45% | 92.21% |
| C | 2006 | Target>= | 91.00% | 91.00% | 92.00% | 92.00% | 92.00% |
| C | 88.00% | Data | 96.55% | 96.43% | 96.48% | 95.45% | 85.71% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 92.00% | 92.00% | 93.00% | 93.00% | 93.00% |
| Target B>= | 92.00% | 92.00% | 93.00% | 93.00% | 93.00% |
| Target C>= | 92.00% | 92.00% | 93.00% | 93.00% | 93.00% |

**Targets: Description of Stakeholder Input**

Maine uses its Interagency Coordinating Council (ICC) as the primary mechanism for soliciting broad stakeholder input on targets in the SPP/APR, including any subsequent revisions that Maine has made to those targets, and the development and implementation of the SSIP. The ICC is routinely presented with performance and compliance data to explore Part C trends and help identify improvement strategies for Maine’s early intervention program. ICC meetings are held quarterly on the first Monday of the month with meetings held during the FFY21 reporting period on 7/12/21, 10/4/21, 3/14/22, and 6/27/22. At the ICC meeting in March of 2022, the Part C Coordinator presented an overview of Maine’s FFY 2020 Part C SPP/APR and SSIP; as part of this presentation, ICC members reviewed baselines and targets for each of the Part C federal indicators, discussed and analyzed state-level performance data, and then generated improvement strategies to improve compliance and/or results with the five indicators that were below targets in FFY 2020 (e.g., Indicators C1, C4a, C4c, C7, and C8c).

In addition to utilizing the ICC to solicit broad stakeholder input on the targets in the SPP/APR, Maine’s Part C State Coordinator continued to work in collaboration with regional CDS regional site leadership and staff, contracted providers, and other state agencies and programs (e.g., Maine Educational Center for the Deaf/Hard of Hearing, Maine Families Home Visiting, Public Health Nursing, Special Supplemental Nutrition Program for Women, Infants, and Children, Maine Center for Disease Control’s Children with Special Healthcare Needs, Child Protective Services, Early Head Start, etc.) throughout the reporting period in regards to the development and implementation of Maine’s SSIP. Maine’s Part C State Coordinator also continued to be involved in several statewide, cross-sector collaborations and initiatives in FFY21, including the Maine Early Childhood Consultation Partnership (ECCP) State Partnership Team, Maine Early Hearing Detection & Intervention Stakeholder Group, Help Me Grow Maine, Early Childhood Comprehensive Systems (ECCS) Grant, Substance Exposed Infants and Maternal Substance Use Community Collaborative, Children’s Cabinet Early Intervention Work Group, New England Consortium Maine Deafblind Networking Group, and the Cytomegalovirus (CMV) Workgroup. Part C SPP/APR performance data and progress towards outcomes identified in the SSIP are readily shared and discussed during these state-level meetings, allowing Maine’s Part C system to solicit ongoing input from a broad group of stakeholders representing various state agencies and other organization that provide services and/or programs for infants/toddlers and their families. At the local EIS program level, Early Intervention Program Managers engage a variety of local stakeholders in Maine’s early intervention program by participating in a variety of regional initiatives and community collaboratives, where site-level performance on the SPP/APR and SSIP is readily shared, analyzed, and discussed.

Additionally, the Part C Coordinator solicited stakeholder input from the Part C staff and contracted providers from each of Maine’s nine regional EIS programs by holding a series of nine meetings between March and June of 2022 to review Maine’s performance on the FFY 2020 SPP/APR and SSIP. During each of these meetings, the regional Part C staff and contracted providers reviewed baselines and targets for each of the Part C federal indicators, discussed and analyzed state- and site-level performance data, and then generated improvement strategies to improve compliance and/or results with the five indicators that were below targets in FFY 2020 (e.g., Indicators C1, C4a, C4c, C7, and C8c). Stakeholder improvement strategies were then shared and discussed with the regional Early Intervention Program Managers at a CDS Leadership Retreat in the summer of 2022 and, ultimately, were used to implement changes (e.g., revised tool and process for collecting family outcomes data, elimination of paperwork required by Service Coordinators to initiate services for children eligible with established conditions of risk, additional resources to help explain parental rights to families, etc.) to Maine’s early intervention process to improve results for infants and toddlers with disabilities and their families.

Stakeholder improvement strategies for improving Maine's performance with helping families know their rights in FFY21 included the following: developing an infographic highlighting the key points of the procedural safeguards document; standardizing information shared to help families understand their rights statewide; translation of Maine’s Procedural Safeguards into other languages; developing a state-wide training on how to explain parental rights to families; ensuring that the wording of the family outcomes survey matches what we are asking (procedural safeguards vs. parental rights), reviewing the procedural safeguards document when in person with the family in the home/sharing screen when going over parental rights during a meeting being held remotely; sending the family outcomes survey to families as they exit Part C instead of waiting until after the reporting period has ended; creating a video to watch with families that reviews parental rights; and developing an elevator script for explaining procedural safeguards as parental rights. Stakeholder improvement strategies for improving Maine's performance with helping families help their children develop and learn in FFY21 included the following: having Service Coordinators begin to ask this question during IFSP reviews to get input directly from the parent/caregiver on a regular basis; sending the family outcomes survey at the time the child exits Part C and from a familiar person to increase response rate and obtain information in a timelier manner; fully resuming in-person services and Maine’s Early Start Maine (ESM) program for children with autism spectrum disorder (ASD); increasing awareness of community resources to help connect families with additional services when needed; better education/ training of referral sources about early intervention services under Part C; incorporating basic parenting skills that would improve behavior/developmental skills into home visits; and helping families identify ways to increase their access to social opportunities (i.e., play groups) for their children.

**FFY 2021 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 1,085 |
| Number of respondent families participating in Part C  | 32 |
| Survey Response Rate | 2.95% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 26 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 29 |
| 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 | 25 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 29 |
| 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 | 26 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 29 |

| **Measure** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 91.56% | 92.00% | 89.66% | Did not meet target | Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 92.21% | 92.00% | 86.21% | Did not meet target | Slippage |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2) | 85.71% | 92.00% | 89.66% | Did not meet target | No Slippage |

**Provide reasons for part A slippage, if applicable**

The Family Outcomes Survey was redesigned for FFY21, with questions selected based on the NCSEAM for both internal, program improvement use and to meet reporting requirements. This modification, combined with a low response rate, could be the cause for slippage in this area. Additionally, Service Coordinators were asked to distribute the survey via email, rather than the state Data Manager, with the hope that the relevance of receiving an email from a known person would increase responsiveness to the survey. However, the 3 largest sites in the state did not have any responses to the survey, likely impacting survey results.

**Provide reasons for part B slippage, if applicable**

Maine saw a low response rate in FFY21 to the Family Outcomes Survey. In addition, the survey was redesigned, with questions that described the 3 reporting categories rather than explicitly duplicating the questions word for word. This modification, combined with a low response rate, could contribute to slippage seen in part B of this indicator. Zero caregivers self identified as having received services from the 3 largest sites in the state, thus potentially skewing results across parts of this indicator.

| **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?  | YES |
| If your collection tool has changed, upload it here. | FFY21 Family Outcomes Survey |
| 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.**

In order to increase this representation in the future, the state has embedded dissemination of the Family Outcomes Survey into the transition / exit process for all children exiting early intervention services. So far in FFY22, this has resulted in receipt to date of nearly 3 times as many responses to the Family Outcomes electronic survey, with 89 responses received at the time of this writing.

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2020** | **2021** |
| Survey Response Rate | 6.61% | 2.95% |

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

At the onset of FFY 2022, Maine began embedding the Family Outcomes Survey in site level practice upon each child's planned exit from early intervention by having the provider working primarily with the child share an invitation to complete the survey and offer the opportunity for concurrent survey completion at a last early intervention visit. For those children whose exit was unplanned, the Service Coordinator sent either a mailed invitation with a QR code to complete an online survey, or sent the online survey link directly via email to the parent if an email address was provided. This method has nearly tripled the responses received to the online survey (32 responses received in FFY21, 89 responses so far in FFY22). A site level analysis completed in November 2022 compared responses from families at each site to the FFY 2022 survey to the geographic representation of the 2022 Child Count. This analysis identified that 2 of the 3 sites that did not have family responses in 2021 continue to show underrepresentation thus far in 2022-2023: (First Step response percentage: 6.58%, Child Count: 9.21%; York response percentage: 19.74%, Child Count: 24.52%; Reach response percentage: 10.53%, Child Count: 24.68%). Steps to mediate this in future include embedding the dissemination of the Family Outcomes Survey into site level practice upon every child's exit from early intervention, recognizing that specific underrepresented categories (geographic location and race / ethnicity) could be related to language access and site level practice of disseminating surveys in aggregate at the close of the reporting year. The Data Manager and Part C Coordinator will monitor survey responses for FFY 2022 quarterly to ensure that responses are representative of statewide enrollment in the program, with the Part C Coordinator addressing imbalances throughout the year to ensure that site level survey distribution is occurring for every family that exits the early intervention system.

**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.**

Representativeness was analyzed in the areas of race/ethnicity, gender and geographic location. The statewide response rate for this year’s Family Outcomes Survey is 2.95%.
An analysis of respondents’ race / ethnicity compared to the 2021 Child Count demographics identified nonresponse bias in families who identify their child as White or Black. White families accounted for the highest percentage of responses (87.1%) and are the highest represented demographic in the Child Count each year in Maine (82.24%). There were zero responses from families that identify their child as Black or African American, while this category accounts for 7.33% of children in the 2021 Child Count. Responses were representative from families that self-identify their child as falling into the category of two or more races follow (Response percentage: 6.45%, Child Count: 5.5), Hispanic (Response percentage: 3.23%, Child Count: 2.6%), American Indian or Alaska Native (Response percentage: 3.23%, Child Count: 0.96%), Asian (Response percentage: 0% / 0 Responses, Child Count: 1.06%), and Native Hawaiian or Pacific Islander (Response percentage: 0% / 0 Responses, Child Count: 0.29%).
Respondent parent / caregivers’ responses regarding their children’s gender was representative of the Child Count Gender analysis, with responses from caregivers of male children accounting for 62.5% of responses (Child Count: 61.97%) and 37.5% of respondents identifying their child as female (Child Count: 38.03%).
Respondents’ geographic location, when compared to the Child Count demographics, showed that each site across the state did not align with the percentage of children served by the site when compared to 2021 Child Count figures. The state’s largest sites (Reach, York and First Step) did not have any responses to the survey. Meanwhile, Child Count representation for each, respectively, account for 28.67% (Reach), 23.46% (York) and 9.17% (First Step) of children enrolled in the program. The regional site with the highest response was the PEDS site (Response percentage: 46.67%, Child Count: 8.49%) followed by the Two Rivers site, with 16.67% of families contacted responding to the survey (Child Count: 8.30%). The Downeast site’s families accounted for 13.33% of responses (Child Count: 4.34%), followed by Opportunities (Responses: 10%, Child Count: 4.63%), Aroostook (10%, Child Count 4.44%), and Midcoast (3.33%, Child Count: 8.49%).

In order to increase this representation in the future, the state has embedded dissemination of the Family Outcomes Survey into the transition / exit process for all children exiting early intervention services beginning in FFY 2022. As a component of this, staff members will offer parents the opportunity to complete the survey on an iPad to ensure that access to technology or access to the survey in a family’s primary spoken language are not prohibitive factors in survey completion. Training staff in both the importance and explanation of the survey will continue statewide, with efforts geared specifically toward sites that displayed a low parent / caregiver survey response rate in FFY 2021.

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

The gender of children whose caregivers responded to the survey was found to be representative of Maine's Child Count population using a +/- 3% calculation. A race/ethnicity analysis reveals overrepresentation from White families and underrepresentation from Black families. Respondents were not found to be representative of the population in the area of geographic location for regional sites statewide. While some areas of the state were overrepresented, others had virtually no representation due to not receiving responses from families residing in the catchment area of / receiving services from 3 of the state's largest regional sites (the York (0%), Reach (0%), and First Step (0%) sites located respectively in Arundel, Portland and Lewiston, Maine).

**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).**

Representativeness was analyzed by comparing the demographics of survey respondents’ self report to the 2021 Child Count. Category percentages were compared to one another using a +/-3% threshold to determine representativeness in the areas of race / ethnicity, gender, and geographic location of the families that responded to the FFY21 Family Outcomes Survey and the children accounted for in the 2021 Child Count. This metric was chosen to allow sensitivity in ensuring that demographics that contain a small population in Maine's Child Count are accounted for in respondents. Results show an overrepresentation of White respondents (+ approximately 5%) and an underrepresentation of Black respondents (- approximately 7%).

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

## 4 - Prior FFY Required Actions

None

## 4 - OSEP Response

## 4 - Required Actions

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

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

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the E*DFacts* Metadata and Process System (E*MAPS*)) 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** |
| --- | --- |
| 2017 | 0.61% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 0.82% | 0.82% | 0.83% | 0.83% | 0.53% |
| Data | 0.74% | 0.61% | 0.60% | 0.64% | 0.54% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 0.55% | 0.58% | 0.60% | 0.63% | 0.65% |

Targets: Description of Stakeholder Input

Maine uses its Interagency Coordinating Council (ICC) as the primary mechanism for soliciting broad stakeholder input on targets in the SPP/APR, including any subsequent revisions that Maine has made to those targets, and the development and implementation of the SSIP. The ICC is routinely presented with performance and compliance data to explore Part C trends and help identify improvement strategies for Maine’s early intervention program. ICC meetings are held quarterly on the first Monday of the month with meetings held during the FFY21 reporting period on 7/12/21, 10/4/21, 3/14/22, and 6/27/22. At the ICC meeting in March of 2022, the Part C Coordinator presented an overview of Maine’s FFY 2020 Part C SPP/APR and SSIP; as part of this presentation, ICC members reviewed baselines and targets for each of the Part C federal indicators, discussed and analyzed state-level performance data, and then generated improvement strategies to improve compliance and/or results with the five indicators that were below targets in FFY 2020 (e.g., Indicators C1, C4a, C4c, C7, and C8c).

In addition to utilizing the ICC to solicit broad stakeholder input on the targets in the SPP/APR, Maine’s Part C State Coordinator continued to work in collaboration with regional CDS regional site leadership and staff, contracted providers, and other state agencies and programs (e.g., Maine Educational Center for the Deaf/Hard of Hearing, Maine Families Home Visiting, Public Health Nursing, Special Supplemental Nutrition Program for Women, Infants, and Children, Maine Center for Disease Control’s Children with Special Healthcare Needs, Child Protective Services, Early Head Start, etc.) throughout the reporting period in regards to the development and implementation of Maine’s SSIP. Maine’s Part C State Coordinator also continued to be involved in several statewide, cross-sector collaborations and initiatives in FFY21, including the Maine Early Childhood Consultation Partnership (ECCP) State Partnership Team, Maine Early Hearing Detection & Intervention Stakeholder Group, Help Me Grow Maine, Early Childhood Comprehensive Systems (ECCS) Grant, Substance Exposed Infants and Maternal Substance Use Community Collaborative, Children’s Cabinet Early Intervention Work Group, New England Consortium Maine Deafblind Networking Group, and the Cytomegalovirus (CMV) Workgroup. Part C SPP/APR performance data and progress towards outcomes identified in the SSIP are readily shared and discussed during these state-level meetings, allowing Maine’s Part C system to solicit ongoing input from a broad group of stakeholders representing various state agencies and other organization that provide services and/or programs for infants/toddlers and their families. At the local EIS program level, Early Intervention Program Managers engage a variety of local stakeholders in Maine’s early intervention program by participating in a variety of regional initiatives and community collaboratives, where site-level performance on the SPP/APR and SSIP is readily shared, analyzed, and discussed.

Additionally, the Part C Coordinator solicited stakeholder input from the Part C staff and contracted providers from each of Maine’s nine regional EIS programs by holding a series of nine meetings between March and June of 2022 to review Maine’s performance on the FFY 2020 SPP/APR and SSIP. During each of these meetings, the regional Part C staff and contracted providers reviewed baselines and targets for each of the Part C federal indicators, discussed and analyzed state- and site-level performance data, and then generated improvement strategies to improve compliance and/or results with the five indicators that were below targets in FFY 2020 (e.g., Indicators C1, C4a, C4c, C7, and C8c). Stakeholder improvement strategies were then shared and discussed with the regional Early Intervention Program Managers at a CDS Leadership Retreat in the summer of 2022 and, ultimately, were used to implement changes (e.g., revised tool and process for collecting family outcomes data, elimination of paperwork required by Service Coordinators to initiate services for children eligible with established conditions of risk, additional resources to help explain parental rights to families, etc.) to Maine’s early intervention process to improve results for infants and toddlers with disabilities and their families.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 1 with IFSPs | 98 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 1 | 11,261 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 98 | 11,261 | 0.54% | 0.55% | 0.87% | Met target | No Slippage |

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

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

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

**Data Source**

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (E*MAPS*)) 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** |
| --- | --- |
| 2017 | 2.39% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 2.81% | 2.81% | 2.90% | 2.90% | 2.30% |
| Data | 2.43% | 2.39% | 2.46% | 2.72% | 2.35% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 2.40% | 2.50% | 2.60% | 2.70% | 2.80% |

Targets: Description of Stakeholder Input

Maine uses its Interagency Coordinating Council (ICC) as the primary mechanism for soliciting broad stakeholder input on targets in the SPP/APR, including any subsequent revisions that Maine has made to those targets, and the development and implementation of the SSIP. The ICC is routinely presented with performance and compliance data to explore Part C trends and help identify improvement strategies for Maine’s early intervention program. ICC meetings are held quarterly on the first Monday of the month with meetings held during the FFY21 reporting period on 7/12/21, 10/4/21, 3/14/22, and 6/27/22. At the ICC meeting in March of 2022, the Part C Coordinator presented an overview of Maine’s FFY 2020 Part C SPP/APR and SSIP; as part of this presentation, ICC members reviewed baselines and targets for each of the Part C federal indicators, discussed and analyzed state-level performance data, and then generated improvement strategies to improve compliance and/or results with the five indicators that were below targets in FFY 2020 (e.g., Indicators C1, C4a, C4c, C7, and C8c).

In addition to utilizing the ICC to solicit broad stakeholder input on the targets in the SPP/APR, Maine’s Part C State Coordinator continued to work in collaboration with regional CDS regional site leadership and staff, contracted providers, and other state agencies and programs (e.g., Maine Educational Center for the Deaf/Hard of Hearing, Maine Families Home Visiting, Public Health Nursing, Special Supplemental Nutrition Program for Women, Infants, and Children, Maine Center for Disease Control’s Children with Special Healthcare Needs, Child Protective Services, Early Head Start, etc.) throughout the reporting period in regards to the development and implementation of Maine’s SSIP. Maine’s Part C State Coordinator also continued to be involved in several statewide, cross-sector collaborations and initiatives in FFY21, including the Maine Early Childhood Consultation Partnership (ECCP) State Partnership Team, Maine Early Hearing Detection & Intervention Stakeholder Group, Help Me Grow Maine, Early Childhood Comprehensive Systems (ECCS) Grant, Substance Exposed Infants and Maternal Substance Use Community Collaborative, Children’s Cabinet Early Intervention Work Group, New England Consortium Maine Deafblind Networking Group, and the Cytomegalovirus (CMV) Workgroup. Part C SPP/APR performance data and progress towards outcomes identified in the SSIP are readily shared and discussed during these state-level meetings, allowing Maine’s Part C system to solicit ongoing input from a broad group of stakeholders representing various state agencies and other organization that provide services and/or programs for infants/toddlers and their families. At the local EIS program level, Early Intervention Program Managers engage a variety of local stakeholders in Maine’s early intervention program by participating in a variety of regional initiatives and community collaboratives, where site-level performance on the SPP/APR and SSIP is readily shared, analyzed, and discussed.

Additionally, the Part C Coordinator solicited stakeholder input from the Part C staff and contracted providers from each of Maine’s nine regional EIS programs by holding a series of nine meetings between March and June of 2022 to review Maine’s performance on the FFY 2020 SPP/APR and SSIP. During each of these meetings, the regional Part C staff and contracted providers reviewed baselines and targets for each of the Part C federal indicators, discussed and analyzed state- and site-level performance data, and then generated improvement strategies to improve compliance and/or results with the five indicators that were below targets in FFY 2020 (e.g., Indicators C1, C4a, C4c, C7, and C8c). Stakeholder improvement strategies were then shared and discussed with the regional Early Intervention Program Managers at a CDS Leadership Retreat in the summer of 2022 and, ultimately, were used to implement changes (e.g., revised tool and process for collecting family outcomes data, elimination of paperwork required by Service Coordinators to initiate services for children eligible with established conditions of risk, additional resources to help explain parental rights to families, etc.) to Maine’s early intervention process to improve results for infants and toddlers with disabilities and their families.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 3 with IFSPs | 1,036 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 3 | 36,480 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,036 | 36,480 | 2.35% | 2.40% | 2.84% | Met target | No Slippage |

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

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

## 7 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 94.40% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 98.45% | 91.20% | 95.95% | 92.86% | 97.60% |

**Targets**

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

**FFY 2021 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 811 | 967 | 97.60% | 100% | 97.72% | 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.**

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**Provide reasons for delay, if applicable.**

Reasons for delay with this indicator include shortages of qualified staff/contracted providers to complete eligibility evaluations in a timely manner, cancellations by Part C staff/contracted providers due to illness and family emergencies, and delays with Service Coordinators contacting families following the eligibility determination to schedule the initial IFSP meeting. Documented delays attributable to exceptional family circumstances include the following: cancellations due to illness and/or hospitalizations, requests by families to wait and schedule services later than what was offered due to conflicting appointments and/or competing priorities, and no response following numerous attempts by various methods to contact families to schedule services.

**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).**

7/1/2021 to 6/30/2022

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

The data for this indicator was collected for all nine of Maine’s regional EIS programs through the statewide database, CINC, and it includes all children with IFSPs who received EI services for the full reporting period.

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

Stakeholder improvement strategies for improving Maine's compliance with developing an IFSP within 45 days of referral in FFY21 included the following: increasing the number of qualified evaluators who can conduct eligibility evaluations in a timely manner; allowing flexibility with number of evaluations that can be conducted per week/not designating evaluation slots but scheduling as many are needed during any given week; training more evaluators so that more evaluations can be conducted without taking providers away from service provision; utilizing the Service Coordinator as one of the evaluators, when qualified, to ease scheduling constraints; exploring a more efficient system for getting referrals from the CDS state office to sites for same-day CINC entry; identifying a quicker pathway for obtaining medical records from physicians to document eligibility under an established condition; listing the 45-day timeline on the upper right corner on the paper referral so it’s visible to the Service Coordinator each time the file is opened; continuing to allow electronic signatures for getting paperwork competed quicker; scheduling the initial evaluation and follow-up initial IFSP meeting, if needed, during initial contact with the family; delegating an intake Service Coordinator for Part C who is responsible for following-up on new referrals and completing the scheduling process; finding out best days/times for parents from the beginning to note on paperwork; adding a CINC prompt to alert the Service Coordinator when the 45-day timeline is coming due; scheduling the initial IFSP with enough time left in the timeline in case the meeting must be cancelled; setting up a coverage plan with another Service Coordinator to avoid missing the timeline if unexpectedly out of work due to illness, inclement weather, etc.

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 5 | 5 | 0 | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

Prior to considering the findings of noncompliance from FFY 2020 corrected, the CDS State IEU verified that the 5 regional CDS sites with incidents of noncompliance were correctly implementing the regulatory requirements specific to conducting initial evaluations/assessments and initial IFSP meetings for all infants/toddlers determined eligible within 45 days of referral to Part C. Specifically, the CDS State IEU reviewed subsequent, updated data from the state-wide database (CINC), as well as self-assessments and compliance reports submitted by each regional site as part of a Corrective Action Plan. The findings of noncompliance were verified as corrected, based on a review of updated data pulled from CINC, when each of the 5 regional CDS sites with incidents of noncompliance that occurred in FFY 2020 had achieved 100% compliance with conducting initial evaluations/assessments and initial IFSP meetings for all infants/toddlers determined eligible within 45 days of referral to Part C for one month.

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

To verify that each individual case of noncompliance was corrected, the CDS State IEU reviewed individual child data from the state-wide database (CINC). Based upon the individual child data that was reviewed from CINC, the CDS State IEU verified that all 19 individual cases of noncompliance across 5 regional sites that occurred in FFY 2020 had been corrected and that, although beyond the 45-day timeline, an assessment, evaluation, and initial IFSP meeting occurred for all 19 of the affected infants and toddlers.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

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

## 7 - Prior FFY Required Actions

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

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

**Response to actions required in FFY 2020 SPP/APR**

## 7 - OSEP Response

## 7 - Required Actions

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 69.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 797 | 797 | 100.00% | 100% | 100.00% | Met target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**
**This number will be added to the “Number of children exiting Part C who have an IFSP with transition steps and services” field to calculate the numerator for this indicator.**

**Provide reasons for delay, if applicable.**

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

State database

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

7/1/2021 to 6/30/2022

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

The data for this indicator was collected for all of Maine’s nine regional EIS programs through the statewide database, CINC, and it includes all toddlers with IFSPs exiting Part C for the full reporting period.

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

**Correction of Findings of Noncompliance Identified in FFY 2020**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

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

## 8A - Prior FFY Required Actions

None

## 8A - OSEP Response

## 8A - Required Actions

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8B - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

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

**FFY 2021 SPP/APR Data**

**Data include notification to both the SEA and LEA**

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 715 | 797 | 100.00% | 100% | 100.00% | Met target | No Slippage |

**Number of parents who opted out**

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

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**Provide reasons for delay, if applicable.**

**Describe the method used to collect these data.**

Data for this indicator is collected from Maine's statewide database, CINC, and is derived from the date entered into the database to document when the notification to 619 (including both the SEA and LEA) was made.

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

YES

**If yes, is the policy on file with the Department? (yes/no)**

YES

**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).**

7/1/2021 to 6/30/2022

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

The data for this indicator was collected for all of Maine’s nine regional EIS programs through the statewide database, CINC, and it includes all toddlers with IFSPs exiting Part C who were potentially eligible for Part B for the full reporting period.

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

**Correction of Findings of Noncompliance Identified in FFY 2020**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

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

## 8B - Prior FFY Required Actions

None

## 8B - OSEP Response

## 8B - Required Actions

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

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

## 8C - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 87.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 90.45% | 97.45% | 96.63% | 97.35% | 96.29% |

**Targets**

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

**FFY 2021 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 684 | 797 | 96.29% | 100% | 97.34% | 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.**

82

**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.**

12

**Provide reasons for delay, if applicable.**

Reasons for delay included scheduling difficulties with 619 staff, 619 staffing shortages, late Part C eligibility determinations, and scheduling errors/conflicts with Part C staff. Documented delays attributable to exceptional family circumstances include the following: cancellations due to illness, hospitalizations, and deaths in the family, no response following numerous attempts by various methods to contact families to schedule the transition conference, and family requests to hold off on holding the transition conference until after subsequent evaluations were completed.

**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).**

7/1/2021 to 6/30/2022

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

The data for this indicator was collected for all of Maine’s nine regional EIS programs through the statewide database, CINC, and it includes all toddlers with IFSPs exiting Part C who were potentially eligible for Part B for the full reporting period.

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

Stakeholder improvement strategies for improving Maine's compliance with conducting timely transition conferences in FFY21 included the following: beginning the transition process earlier (after the child turns 2 years, 3 months) due to ongoing 619 staffing challenges/new 619 meeting structure that can make the transition conference feel redundant when held closer to the child’s 3rd birthday; implementing a system to allow required meeting participants to be available for transition conferences that must be held on short notice due to the referral being made close to the 3rd birthday; combining the transition conference with the Initial IFSP Team Meeting for late referrals; bolstering resources/training for late referrals to work more collaboratively with Part B eligibility process; allowing Service Coordinators access to 619 Intake Coordinators’ calendars for ease of scheduling; increasing collaboration with site-level leadership teams (Regional Site Directors and Early Childhood Special Education Program Managers) to ensure that 619 staff have availability to schedule timely transition conferences; allowing Transition Conferences to be held virtually, given family approval, for ease of scheduling; adding a CINC alert to show the child’s provider(s) when the Transition Conference is coming due; having designated 619 staff at each site to conduct all Transition Conferences and oversee the transition process for consistency and ease of scheduling; and scheduling monthly meetings between Part C and 619 staff to review the status of all children in the transition process.

**Correction of Findings of Noncompliance Identified in FFY 2020**

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

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

Prior to considering the findings of noncompliance corrected, the CDS State IEU verified that the 7 regional CDS sites with incidents of noncompliance that occurred in FFY 2020 were correctly implementing the regulatory requirements specific to timely transition planning. Specifically, the CDS State IEU reviewed updated data from the state-wide database (CINC), as well as self-assessments and compliance reports submitted by each regional site as part of a Corrective Action Plan. The findings of noncompliance were verified as corrected when, based on a review of updated data that was subsequently collected through CINC, all 7 of the regional CDS sites with incidents of noncompliance that occurred in FFY 2020 demonstrated 100% compliance with conducting timely transition conferences for one month.

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

To verify that each individual case of noncompliance was corrected, the CDS State IEU reviewed individual child data from the state-wide database (CINC). Based upon the individual child data that was reviewed from CINC, the CDS State IEU verified that the 23 individual cases of noncompliance across 7 regional sites that occurred in FFY 2020 had been corrected and that a transition conference, although less than 90 days from their third birthday, was conducted for all 23 of the affected toddlers.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

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

## 8C - Prior FFY Required Actions

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

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

**Response to actions required in FFY 2020 SPP/APR**

## 8C - OSEP Response

## 8C - Required Actions

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

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

**Data Source**

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

**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 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/02/2022 | 3.1 Number of resolution sessions | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/02/2022 | 3.1(a) Number resolution sessions resolved through settlement agreements | 0 |

**Targets: Description of Stakeholder Input**

Maine uses its Interagency Coordinating Council (ICC) as the primary mechanism for soliciting broad stakeholder input on targets in the SPP/APR, including any subsequent revisions that Maine has made to those targets, and the development and implementation of the SSIP. The ICC is routinely presented with performance and compliance data to explore Part C trends and help identify improvement strategies for Maine’s early intervention program. ICC meetings are held quarterly on the first Monday of the month with meetings held during the FFY21 reporting period on 7/12/21, 10/4/21, 3/14/22, and 6/27/22. At the ICC meeting in March of 2022, the Part C Coordinator presented an overview of Maine’s FFY 2020 Part C SPP/APR and SSIP; as part of this presentation, ICC members reviewed baselines and targets for each of the Part C federal indicators, discussed and analyzed state-level performance data, and then generated improvement strategies to improve compliance and/or results with the five indicators that were below targets in FFY 2020 (e.g., Indicators C1, C4a, C4c, C7, and C8c).

In addition to utilizing the ICC to solicit broad stakeholder input on the targets in the SPP/APR, Maine’s Part C State Coordinator continued to work in collaboration with regional CDS regional site leadership and staff, contracted providers, and other state agencies and programs (e.g., Maine Educational Center for the Deaf/Hard of Hearing, Maine Families Home Visiting, Public Health Nursing, Special Supplemental Nutrition Program for Women, Infants, and Children, Maine Center for Disease Control’s Children with Special Healthcare Needs, Child Protective Services, Early Head Start, etc.) throughout the reporting period in regards to the development and implementation of Maine’s SSIP. Maine’s Part C State Coordinator also continued to be involved in several statewide, cross-sector collaborations and initiatives in FFY21, including the Maine Early Childhood Consultation Partnership (ECCP) State Partnership Team, Maine Early Hearing Detection & Intervention Stakeholder Group, Help Me Grow Maine, Early Childhood Comprehensive Systems (ECCS) Grant, Substance Exposed Infants and Maternal Substance Use Community Collaborative, Children’s Cabinet Early Intervention Work Group, New England Consortium Maine Deafblind Networking Group, and the Cytomegalovirus (CMV) Workgroup. Part C SPP/APR performance data and progress towards outcomes identified in the SSIP are readily shared and discussed during these state-level meetings, allowing Maine’s Part C system to solicit ongoing input from a broad group of stakeholders representing various state agencies and other organization that provide services and/or programs for infants/toddlers and their families. At the local EIS program level, Early Intervention Program Managers engage a variety of local stakeholders in Maine’s early intervention program by participating in a variety of regional initiatives and community collaboratives, where site-level performance on the SPP/APR and SSIP is readily shared, analyzed, and discussed.

Additionally, the Part C Coordinator solicited stakeholder input from the Part C staff and contracted providers from each of Maine’s nine regional EIS programs by holding a series of nine meetings between March and June of 2022 to review Maine’s performance on the FFY 2020 SPP/APR and SSIP. During each of these meetings, the regional Part C staff and contracted providers reviewed baselines and targets for each of the Part C federal indicators, discussed and analyzed state- and site-level performance data, and then generated improvement strategies to improve compliance and/or results with the five indicators that were below targets in FFY 2020 (e.g., Indicators C1, C4a, C4c, C7, and C8c). Stakeholder improvement strategies were then shared and discussed with the regional Early Intervention Program Managers at a CDS Leadership Retreat in the summer of 2022 and, ultimately, were used to implement changes (e.g., revised tool and process for collecting family outcomes data, elimination of paperwork required by Service Coordinators to initiate services for children eligible with established conditions of risk, additional resources to help explain parental rights to families, etc.) to Maine’s early intervention process to improve results for infants and toddlers with disabilities and their families.

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 6.00% | 6.00% | 0.00% | 6.00% |  |
| Data |  |  |  |  |  |

**Targets**

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

**FFY 2021 SPP/APR Data**

| **3.1(a) Number resolutions sessions resolved through settlement agreements** | **3.1 Number of resolutions sessions** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 |  |  |  | N/A | N/A |

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

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

## 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 (E*MAPS*)).

**Measurement**

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

**Instructions**

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

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

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

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

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

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

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

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

NO

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1 Mediations held | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

Maine uses its Interagency Coordinating Council (ICC) as the primary mechanism for soliciting broad stakeholder input on targets in the SPP/APR, including any subsequent revisions that Maine has made to those targets, and the development and implementation of the SSIP. The ICC is routinely presented with performance and compliance data to explore Part C trends and help identify improvement strategies for Maine’s early intervention program. ICC meetings are held quarterly on the first Monday of the month with meetings held during the FFY21 reporting period on 7/12/21, 10/4/21, 3/14/22, and 6/27/22. At the ICC meeting in March of 2022, the Part C Coordinator presented an overview of Maine’s FFY 2020 Part C SPP/APR and SSIP; as part of this presentation, ICC members reviewed baselines and targets for each of the Part C federal indicators, discussed and analyzed state-level performance data, and then generated improvement strategies to improve compliance and/or results with the five indicators that were below targets in FFY 2020 (e.g., Indicators C1, C4a, C4c, C7, and C8c).

In addition to utilizing the ICC to solicit broad stakeholder input on the targets in the SPP/APR, Maine’s Part C State Coordinator continued to work in collaboration with regional CDS regional site leadership and staff, contracted providers, and other state agencies and programs (e.g., Maine Educational Center for the Deaf/Hard of Hearing, Maine Families Home Visiting, Public Health Nursing, Special Supplemental Nutrition Program for Women, Infants, and Children, Maine Center for Disease Control’s Children with Special Healthcare Needs, Child Protective Services, Early Head Start, etc.) throughout the reporting period in regards to the development and implementation of Maine’s SSIP. Maine’s Part C State Coordinator also continued to be involved in several statewide, cross-sector collaborations and initiatives in FFY21, including the Maine Early Childhood Consultation Partnership (ECCP) State Partnership Team, Maine Early Hearing Detection & Intervention Stakeholder Group, Help Me Grow Maine, Early Childhood Comprehensive Systems (ECCS) Grant, Substance Exposed Infants and Maternal Substance Use Community Collaborative, Children’s Cabinet Early Intervention Work Group, New England Consortium Maine Deafblind Networking Group, and the Cytomegalovirus (CMV) Workgroup. Part C SPP/APR performance data and progress towards outcomes identified in the SSIP are readily shared and discussed during these state-level meetings, allowing Maine’s Part C system to solicit ongoing input from a broad group of stakeholders representing various state agencies and other organization that provide services and/or programs for infants/toddlers and their families. At the local EIS program level, Early Intervention Program Managers engage a variety of local stakeholders in Maine’s early intervention program by participating in a variety of regional initiatives and community collaboratives, where site-level performance on the SPP/APR and SSIP is readily shared, analyzed, and discussed.

Additionally, the Part C Coordinator solicited stakeholder input from the Part C staff and contracted providers from each of Maine’s nine regional EIS programs by holding a series of nine meetings between March and June of 2022 to review Maine’s performance on the FFY 2020 SPP/APR and SSIP. During each of these meetings, the regional Part C staff and contracted providers reviewed baselines and targets for each of the Part C federal indicators, discussed and analyzed state- and site-level performance data, and then generated improvement strategies to improve compliance and/or results with the five indicators that were below targets in FFY 2020 (e.g., Indicators C1, C4a, C4c, C7, and C8c). Stakeholder improvement strategies were then shared and discussed with the regional Early Intervention Program Managers at a CDS Leadership Retreat in the summer of 2022 and, ultimately, were used to implement changes (e.g., revised tool and process for collecting family outcomes data, elimination of paperwork required by Service Coordinators to initiate services for children eligible with established conditions of risk, additional resources to help explain parental rights to families, etc.) to Maine’s early intervention process to improve results for infants and toddlers with disabilities and their families.

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 85.00% | 85.00% | 86.00% | 85.00% |  |
| Data |  | 100.00% |  |  |  |

**Targets**

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

**FFY 2021 SPP/APR Data**

| **2.1.a.i Mediation agreements related to due process complaints** | **2.1.b.i Mediation agreements not related to due process complaints** | **2.1 Number of mediations held** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 |  |  |  | N/A | N/A |

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

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

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

**Instructions**

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

***Targets:*** In its FFY 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State’s FFY 2025 target must demonstrate improvement over the State’s baseline data.

***Updated Data:*** In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2021 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

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

*Phase I: Analysis*:

- Data Analysis;

- Analysis of State Infrastructure to Support Improvement and Build Capacity;

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

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

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

- Infrastructure Development;

- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and

- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

**Specific Content of Each Phase of the SSIP**

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

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

***Phase III: Implementation and Evaluation***

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

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2021 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State’s last SSIP submission (i.e., February 1, 2022). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

## 11 - Indicator Data

**Section A: Data Analysis**

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

Maine will increase the percentage of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills by the time they turn three or exit the program.

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

NO

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

NO

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

NO

**Please provide a link to the current theory of action.**

Maine’s current theory of action is posted on the CDS website at: https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/toa-c-2013.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** |
| --- | --- |
| 2008 | 59.10% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 67.00% | 67.00% | 68.00% | 68.00% | 68.00% |

**FFY 2021 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The total number of infants and toddlers who entered early intervention below age expectations in acquisition of knowledge and skills (e.g., COS rating less than 6 at entry) and substantially increased their rate of growth (e.g., improved developmental trajectory and demonstrated progress) by the time they turned 3 years of age or exited the program | The total number of infants and toddlers who entered early intervention below age expectations (e.g., COS rating less than 6 at entry) in acquisition of knowledge and skills | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| 516 | 715 | 70.06% | 67.00% | 72.17% | Met target | No Slippage |

**Provide the data source for the FFY 2021 data.**

Maine uses the ECO process for COS. The form has been built into the statewide data system, the Child Information Network Connection (CINC), with validations to ensure every child has a COS form on file at entry and at exit from Part C services if they have been in services for more than six months. To calculate the FFY20 data reported in the table above, the numerator and denominator were obtained from Maine’s data system, CINC. The denominator is comprised of the total number of infants and toddlers who entered early intervention below age expectations (e.g., COS rating less than 6 at entry) in acquisition of knowledge and skills, and the numerator is the total number of infants and toddlers who entered early intervention below age expectations in acquisition of knowledge and skills (e.g., COS rating less than 6 at entry) and substantially increased their rate of growth (e.g., improved developmental trajectory and demonstrated progress) by the time they turned 3 years of age or exited the program.

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

Service Coordinators at each of the nine regional sites complete the COS form in the statewide data system (CINC). A report is generated by the system that includes both the percentage and number of children whose level of progress falls into one of the following five categories: (a) Children who did not improve functioning, (b) children that improved functioning with no change in their developmental trajectory, (c) children that moved closer to functioning like same-aged peers, (d) children who improved functioning to that of same-aged peers, and (e) children functioning like same-age peers. To determine the percentage of children that substantially increase their rate of growth by the time they exit the program, the total children from categories (c) and (d) is divided by the total number of children in categories (a), (b), (c), and (d). The CINC system automatically calculates the total for each category. The percentage of children who make substantial progress based on this calculation is generated by the EMAPS system, using the total number of children entered into the associated fields.

The CINC system-generated report displays statewide and site-level totals for each category, as well as individual child data. Random selections were analyzed to ensure that the automatically generated report accurately portrayed progress categories based on the total number of children at both the state and site-level. While the child's developmental trajectory is internally assessed by the system, the total children in specific categories aligns with the total number of children assessed. In addition, a manual calculation using the aforementioned formula produces an identical value to the EMAPS system-generated percentage.

**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

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

Maine's most recent evaluation matrix is posted on the CDS website at the following link: https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/Maine%202020%20SSIP%20Evaluation%20Matrix\_final.doc\_0.pdf

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

NO

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

In FFY21, Maine worked to further develop and implement a sustainable, comprehensive professional development plan for all Part C staff and contracted providers to ensure that infants and toddlers with disabilities and their families are receiving high quality, evidence-based services and, subsequently, increase the percentage of Maine’s infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills by the time they turn three or exit the program. In doing so, Maine’s Part C system continued to provide trainings for all new Part C staff and contracted providers that focus on the components of Routines-Based Early Intervention (RBEI), including family ecology, needs assessment, intervention planning, and routines-based home visiting, within 90 days of being hired by, or contracting with, CDS to provide early intervention services. In conjunction with these ongoing training efforts, Maine also continued to provide associated fidelity assessment measures for the implementation of its evidence-based practices, including RBEI, Early Start Denver Model (ESDM), and Parent-Implemented ESDM. In addition, Maine continued to provide ongoing professional development opportunities at both the state and regional site level to continually improve the quality of services being provided to infants/toddlers and their families.

Maine also continued to work towards increasing public awareness and understanding of Maine’s EI system in FFY21. The goal of this improvement strategy is that an increased number of infants and toddlers will be referred and potentially identified at a younger age, resulting in an increased percentage of Maine’s infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills by the time they turn three or exit the program. To further address this goal, Maine demonstrated robust early intervention outreach efforts to increase public awareness by continuing the implementation of a state-wide, annual outreach plan. Per the state-wide outreach plan, all primary referral sources were contacted by staff at the regional CDS sites to offer materials about Maine’s early intervention program and/or presentations on the post-referral process for intake, eligibility evaluations/assessments, IFSP development, and provision of services. Given previous concern from stakeholders regarding the low percentage of infants (birth to one) served by Maine's Part C program, additional outreach efforts targeted towards birthing hospitals and other community-based services that have contact with babies born with established conditions of risk were made throughout the reporting period.

Lastly, throughout the reporting period for FFY21, Maine continued to implement improvement strategies for building a sustainable EI workforce so that infants and toddlers will receive services from highly qualified professionals and, as a result, increase Maine’s percentage of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills by the time they turn three or exit the program. Maine’s ongoing efforts to recruit and hire qualified staff to maintain a highly qualified workforce were expanded to include active exploration of new avenues for advertising job vacancies. Vacant positions continued to be advertised internally at all the CDS regional sites state-wide, as well as posted on various websites. One website that is still used by CDS to advertise vacant positions is ServingSchools.com, which describes itself as an online marketplace that provides schools, agencies, and job seekers with a fast and easy way to find each other. Another website that continues to be used by CDS to advertise vacant positions is Indeed.com, an advertising service that gives job seekers free access to search for jobs, post resumes, and research companies.

**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.**

Maine’s short-term outcome for providing new staff with timely training, which directly relates to professional development in a systems framework, continued to be achieved with 100% of the 22 new Part C staff and contracted providers receiving training in components of RBEI at the site-level within 90 days of being hired/contracting with CDS to provide Part C services in FFY21. In addition, Early Intervention Program Managers (EIPMs) developed and implemented 17 site-level trainings that focused on increasing compliance with Part C IDEA requirements and improving fidelity with evidence-based practices. As a result, fidelity with Routines-Based Interviews increased from 84% in FFY20 to 87% in FFY21 and, similarly, fidelity with Routines-Based Home Visits increased from 78% in FFY20 to 86% in FFY21. EIPMs also collaborated with 23 outside agencies to provide ongoing professional development specific to the needs of their regional teams, allowing providers to gain knowledge and resources to help meet a wider variety of needs at both the child and family level and, therefore, produce better child and family outcomes. Additionally, to expand its evidence-based practices and increase family engagement, Maine utilized a portion of its Part C American Rescue Plan Act (ARPA) funds to being having all Part C staff and providers trained in both the Newborn Behavioral Observation (NBO) system and Touchpoints approach through the Brazelton Institute.

Maine’s continuation of its robust early intervention outreach efforts in FFY21 helped maintain achievement of three long-term outcomes: (1) Referral sources will be well-informed of EI services; (2) More eligible children and families will receive EI services; and (3) The number of referrals that lead to eligibility will increase. These outcomes most closely relate to the systems framework areas of accountability/monitoring and technical assistance. Achievement of these outcomes was measured using outreach data that is entered into a tracking spreadsheet, as well as data collected in Maine’s state-wide database, CINC. The data that was collected and analyzed showed that information and/or materials about Maine’s Part C program was provided to 1,497 referral sources during the reporting period (up from 1,100 in FFY20). Consequently, the total number of Part C referrals increased by 14% in FFY21, and there was a 18% increase in the total number of children with IFSPs. Moreover, Maine demonstrated a 48% increase in the number of infants (birth to one year of age) with IFSPs from FFY20 to FFY21, as well as an 88% increase in Part C referrals from hospitals and a 7% increase in the percentage of children determined eligible for Part C with an established condition of risk.

For the first time since the initial development and implementation the SSIP, Maine achieved its short-term outcome under System Support for providing staff with opportunities annually to provide input regarding job satisfaction in FFY21. As part of the Part C Coordinator’s ongoing supervision of the regional Early Intervention Program Managers who oversee the implementation of Maine’s local EIS programs, a survey was sent to all Part C staff and contracted providers to assess their experiences and satisfaction with current leadership practices. Survey results were used to identify areas for improvement with leadership practices at both the state and regional site levels, yielding an individualized leadership action plan for each Early Intervention Program Manager and the Part C Coordinator, which will help guide and improve the technical assistance and support offered to each Part C provider statewide and, subsequently, help Maine continue to improve results for infants and toddlers with disabilities and their families.

These strategies, as well as continual improvement with and/or achievement of the short-term outcomes described above, continue to be necessary for both the achievement of Maine’s SiMR and the sustainability of Maine’s improvement efforts. Highly qualified providers trained to implement evidence-based practices with fidelity have a direct impact on child and family outcomes, and helping to identify children earlier to begin providing early intervention at a younger age yields a higher probability of generating improved outcomes for eligible infants/toddlers and their families. Furthermore, implementation of these strategies cannot be sustained without equitable staffing to ensure timely delivery of high-quality early intervention services state-wide, providing support for continued system change to sustain improvement efforts already being implemented to achieve Maine’s SiMR.

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

NO

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

Maine will continue to provide ongoing professional development opportunities at both the state and regional site level to continually improve the quality of services being provided to infants/toddlers and their families and, therefore, improve child and family outcomes. A significant portion of the funds that were allocated to Maine’s Part C program through the American Rescue Plan Act (ARPA) were budgeted for professional development and will continue to be utilized to provide professional development to Maine’s Part C workforce in FFY22. By the end of September of 2023, reflective supervision training will be provided to all supervisors, as well as compassion fatigue/burnout training for all early intervention providers, to lower staff turnover rates and, consequently, help Maine achieve its long-term outcome for increasing the longevity of EI providers to ensure a highly experienced workforce. Other topics of professional development planned to improve the quality and equity of Maine’s early intervention services in FFY22 include reducing stigma when working with families affected by substance use disorder and working with adult learners. In addition, to expand evidence-based practices and increase family engagement, Maine will complete the process of having all Part C staff and providers trained in both the Newborn Behavioral Observation (NBO) system and Touchpoints approach through the Brazelton Institute.

In addition to providing ongoing professional development opportunities, Maine also still intends to create training modules/videos for the components of RBEI (e.g., ecomaps, Routines-Based Interviews, Routines-Based Home Visits, and Collaborative Consultation to Childcare) to use when onboarding and training new staff/providers in FFY22. These training modules will help standardize initial training provided to new staff and contracted providers and will also help Maine work towards achieving its long-term goal for having detailed and accessible PD resources. Maine has also requested intensive technical assistance from the Early Childhood Personnel Center (ECPC) to further develop its Comprehensive System of Professional Development (CSPD), which will help Maine begin working toward its long-term outcome for having a sustainable and effective support plan for credentialing in place. Maine will also continue to offer an annual job satisfaction survey to all Part C staff and contracted providers to help inform state- and site-level leadership on areas for improvement, as well as any professional development needs, to increase the longevity of Part C providers and, subsequently, ensure a highly experienced workforce.

To continue to sustain the achievement of the long-term outcomes for referral sources to be well-informed of EI services, increasing the number of children and families receiving Part C services, and increasing the number of referrals that lead to eligibility, Maine will continue its rigorous early intervention outreach efforts in FFY22. To accomplish this, Maine intends to contract with a Strategic Initiatives and Special Projects Manager, who will help develop and implement targeted outreach strategies specific to the needs of each region based on referral and child find data. The Strategic Initiatives and Special Projects Manager will also be responsible for overseeing the rebranding and marketing campaign that did not occur as planned in FFY21. Included with this rebranding and marketing campaign will be a new website for Maine’s early intervention program, promotional videos, and table materials for conferences and community events. In addition, Maine’s list of established conditions that make infants/toddlers automatically eligible for Part C will continue to be reviewed bi-annually with the updated document posted publicly on the CDS website and shared with primary referral sources annually as part of the state-wide outreach plan.

Lastly, Maine will continue to follow the state-wide written protocol for the training and ongoing fidelity assessment of all Part C providers that was developed and implemented in FFY20. In FFY22, Maine plans to develop and implement a new database to track training and fidelity and alert Early Intervention Program Managers when training and fidelity assessments are due. This new and improved database will help the Part C Coordinator ensure that the protocol is being followed and, in addition, will help Maine continue to work towards achieving its short-term goals for providing new early intervention providers with timely training and participants mastering and implementing RBEI training content with fidelity.

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

Maine continued implementing Dr. Robin McWilliam’s Routines-Based Early Intervention (RBEI) model throughout the entire reporting period. Maine also continued to offer early intervention services from providers trained in the Early Start Denver Model (ESDM) and Parent-Implemented ESDM for children with, or suspected of having, a diagnosis of Autism Spectrum Disorder (ASD).

**Provide a summary of each evidence-based practice.**

Routines-Based Early Intervention (RBEI) is an evidence-based model for family-centered intervention in natural environments. RBEI consists of 5 main components: (1) Understanding the family ecology (e.g., ecomap), (2) Functional intervention planning (e.g., Routines-Based Interview), (3) Integrated services (e.g., Primary Service Provider), (4) Effective home visits (e.g., Routines-Based Home Visits), and (5) Collaborative consultation to child care (e.g., integrated services). As described by McWilliam on his blog at http://naturalenvironments.blogspot.com/2018/07/overview-of-routines-based-model.html, the Routines-Based Model is “a collection of practices that, together, provide a unified approach to working with young children with disabilities and their families” that emphasize (a) children’s functioning in their everyday routines and (b) supporting families.

The Early Start Denver Model (ESDM) is a behavioral therapy for children with autism between the ages of 12-48 months. It is based on the methods of applied behavior analysis (ABA). Under this model, parents and providers use play to build positive and fun relationships. Through play and joint activities, the child is encouraged to boost language, social, and cognitive skills. The parent-implemented version of ESDM uses these same methods but, in contrast, is focused on helping parents and other primary caregivers learn to support the child’s learning via use of ESDM strategies during everyday activities at home.

**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.**

Implementation of RBEI is intended to have a positive impact on Maine’s SiMR, which is to increase the percentage of children who significantly improve their acquisition of knowledge and skills by the time they exit Part C, by increasing the engagement, independence, and social relationships of the infants/toddlers receiving early intervention services. Since RBEI consists of the early interventionist providing the family with strategies that can be used to support their child’s development, this model of service delivery increases the opportunities for the child to acquire knowledge and skills through repeated practice within the context of daily routines and activities.

Provision of ESDM as part of Maine's comprehensive provision of early intervention services is intended to positively impact the SiMR by helping the children with ASD receiving ESDM services to acquire a greater level of knowledge and skills. This is mainly due to the ESDM's proven efficacy with children who have a wide range of learning styles and abilities. In addition, evidence has shown that ESDM can help children make progress in their social skills, language skills, and cognitive skills.

Additionally, the parent-implemented version of ESDM is intended to impact Maine’s SiMR in two main ways. First, given that it is a caregiver-implemented intervention, parent-implemented ESDM increases Maine’s capacity to provide sustainable, evidence-based services to children diagnosed with, or suspected of having, ASD. Being able to serve a greater number of children than what was previously available through the more intensive, therapist-implemented approach yields a much greater opportunity for improved child outcomes. Second, ESDM has been shown to help children with ASD develop social communication, language, and play skills, as well as relationships with others, through everyday activities, making it highly likely that the children receiving parent-implemented ESDM will increase their acquisition of knowledge and skills while receiving early intervention services.

The training process for all 3 of the evidence-based practices described above, combined with job-embedded professional development through subsequent fidelity checks, is intended to provide all new Part C staff and contracted providers with the initial and ongoing professional development that is required to deliver Maine’s current evidence-based practices with fidelity. This, in turn, allows early intervention providers to provide high quality services that give families and other primary caregivers strategies to promote the child’s development within their daily routines and activities. As a result, infants/toddlers are provided with maximal opportunities to improve their knowledge and skills and, therefore, improve child outcomes.

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

An initial fidelity check for each RBEI component relevant to the specific role of each new Part C provider is completed by the Early Intervention Program Manager (EIPM) at their regional site within 60 days of initial training. Fidelity checks are completed through in-person observation by the EIPM or through a video that, with parental consent, is recorded and submitted to the EIPM by the provider. Fidelity checks are repeated at an individualized frequency (i.e., monthly, quarterly, etc.) until the provider achieves fidelity. Once the provider has achieved fidelity, a follow-up fidelity check is repeated in 6 months. Once the new provider demonstrates fidelity on 2 fidelity checks in a row, the frequency of fidelity checks is reduced to annually. All providers who have reached and continue to maintain fidelity with RBEI have follow-up fidelity checks on an annual basis. If a provider does not demonstrate fidelity at an annual fidelity check, then follow-up fidelity checks are repeated at an individualized frequency (i.e., monthly, quarterly, etc.) until the provider achieves fidelity. Once the provider has achieved fidelity, a follow-up fidelity check is repeated in 6 months. Once the provider demonstrates fidelity on 2 fidelity checks in a row, the frequency of fidelity checks is, once again, reduced to annually.

Following a significant decrease in fidelity with Maine’s implementation of RBEI in FFY20, the data that was collected to assess and monitor fidelity showed an increase in Maine’s implementation of RBEI with fidelity in FFY21. The percentage of providers who demonstrated fidelity with conducting Routines-Based Home Visits (RBHVs) increased from 78% in FFY20 to 86% in FFY21, and the percentage of providers who demonstrated fidelity with administering Routines-Based Interviews (RBIs) increased from 84% in FFY20 to 87% in FFY21. Of the 14% of providers who did not demonstrate fidelity with RBHVs in FFY21, 54% of them were new providers who were still working toward reaching fidelity, and 46% were experienced providers who had previously reached (but were unable to maintain) fidelity with conducting RBHVs. Of the 13% of providers who did not demonstrate fidelity with RBIs in FFY21, 50% of them were new providers who were still working toward reaching fidelity, and 50% were experienced providers who had previously reached (but were unable to maintain) fidelity with administering RBIs. These overall increases with fidelity are likely attributable to the resumption of in-person service delivery following the COVID-19 pandemic, in conjunction with the refresher trainings on RBEI that were conducted with all Part C staff and contracted providers; however, regardless of the cause, this data indicates the need for Maine to continue analyzing the effectiveness of its current training and fidelity practices to increase the percentage of providers who reach and maintain fidelity with the implementation of RBEI and, therefore, provide high quality, evidence-based services that lead to improved child and family outcomes.

In addition to the formal fidelity monitoring system described above, informal measures are also used to monitor fidelity and assess practice change in Maine. One example of this is what the regional sites have termed “the buddy system.” This consists of 2 providers being paired together to observe and provide feedback about each other’s fidelity (i.e., strengths, areas of need, missing components) with completing ecomaps, administering Routines-Based Interviews, and conducting Routines-Based Home Visits. No formal fidelity checklist is completed or shared following these informal fidelity checks, but the main talking points from the feedback meetings are sent to the regional Early Intervention Program Manager, allowing for any patterns or challenges with meeting fidelity to be identified and addressed in a timely manner. Additionally, providers are highly encouraged to video themselves and then use the video to complete self-assessments in which they rate and reflect on their own fidelity with various components of RBEI (i.e., ecomaps, RBI, RBHVs) prior to, or in between, formal fidelity checks.

For providers implementing the Early Start Denver Model (ESDM) in Maine, there is a separate process for assessing and monitoring fidelity. After completing the First Steps training for ESDM, providers start to work with a child and submit a video of a sensory social activity to demonstrate fidelity to the certified ESDM consultant. Once that is completed, the provider self-rates a 15-minute and 30-minute video, which are then rated by the consultant. Once both videos are rated at 80% or higher, the provider is considered to have met fidelity. Ongoing support is provided once a month from the consultant, and fidelity is checked every quarter by a recorded 15-minute video that is rated by the provider and consultant. A meeting time is set to review the rating, give feedback, and address any areas of support that are needed. Once the provider meets fidelity for 2 consecutive quarters, the frequency of fidelity checks decreases to semi-annually. If a provider requests support, or fidelity is not reached during a subsequent check, quarterly fidelity checks are resumed. Data collected to assess and monitor fidelity of Maine’s ESDM providers in FFY21 showed that 95% of providers were implementing ESDM with fidelity.

In Maine, fidelity with parent-implemented ESDM is met when the provider has submitted 3 consecutive recorded sessions that receive a rating of 80% or higher by the certified consultant, and a review of relevant data and summaries has been completed. Continuation of fidelity self-assessment remains part of Maine’s implementation of parent-implemented ESDM after fidelity has been met, and Maine fidelity is re-assessed every 6 months. In FFY21, there were a total of 40 providers trained to deliver parent-implemented ESDM services within Maine’s comprehensive system of early intervention services. During the reporting period, 35 of these trained providers actively provided parent-implemented ESDM services to children/families, with 14 of them meeting Maine’s criteria for fidelity with parent-implemented ESDM.

**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.**

Progress monitoring using the Measure of Engagement, Independence, and Social Relationships (MEISR) is completed at 6-month intervals and is used to help determine the individualized services for each infant/toddler enrolled in Maine’s Part C program during IFSP reviews. The anecdotal data collected from the MEISR supports the continued use of RBEI and ESDM, as nearly all children gain skills and/or demonstrate progress towards IFSP outcomes when receiving services using RBEI and/or ESDM. In addition, qualitative data from informal interviews conducted with families who participated in services using the parent-implemented version of ESDM support Maine’s decision to continue the ongoing use of this practice.

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

During the next reporting period, Maine will continue to provide all new Part C staff and providers with training on the components of RBEI at the site-level within 30 days of hire, with a renewed focus on providing follow-up training at the state-level within 90 days of hire, followed by ongoing fidelity assessment and monitoring. This will help Maine maintain achievement of the short-term outcome for new early intervention providers to receive timely training, in addition to working towards achieving several long-term outcomes, including: (1) Families will receive high quality evidence-based services, (2) All Routines-Based Interviews will be conducted with families by Maine approved practitioners, (3) All Routines-Based Home Visits will be conducted with families by fully approved practitioners, and (4) All families will be able to enhance the development of their children through achieving full implementation of the RBEI model.

Given the increase in the percentage of experienced Part C providers who were unable to maintain fidelity with conducting Routines-Based Home Visits (RBHVs) and administering Routines-Based Interviews (RBIs) in FFY21, the Part C Coordinator will collaborate with Early Intervention Program Managers to identify and resolve barriers to maintaining fidelity during the next reporting period to help Maine continue to work towards its short-term outcome for providers mastering and implementing RBEI training content with fidelity. Based on the low percentage of parent-implemented ESDM providers who met fidelity in FFY21, the Part C Coordinator will also collaborate with the statewide coordinator of the parent-implemented ESDM program to develop and implement improvement strategies to increase the percentage of providers who have met Maine’s fidelity criteria. To continue expanding this program and, subsequently, serve an increased number of children with, or suspected of having, a diagnosis of Autism Spectrum Disorder, Maine intends to continue offering Part C providers who have not previously been trained in ESDM to complete the introductory ESDM training and/or parent-implemented ESDM training. These improvement strategies are expected to have a positive impact on Maine’s SiMR by helping work towards achieving the long-term outcome for families to receive high quality evidence-based services.

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

NO

**If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.**

Since the data that was collected and analyzed for the SSIP showed that Maine’s implementation of evidence-based practices with fidelity increased but remained lower than it was in previous reporting periods, combined with fidelity data that showed some new practitioners have not yet reached fidelity and some experienced staff who had previously reached fidelity have not sustained it, Maine intends to implement additional sub-activities to ensure a high level of fidelity with current evidence-based practices utilized within the Part C system. Also, although Maine provided 100% of the 22 new Part C staff and contracted providers with training in components of RBEI at the site-level within 90 days of being hired/contracting with CDS to provide Part C services in FFY21, only 55% of new providers received subsequent RBEI training at the state-level within 90 days of being hired/contracting with CDS, demonstrating the need for Maine to develop and implement additional improvement strategies to ensure that state-level RBEI trainings are scheduled and held for all new Part C staff and contracted providers at least quarterly to improve this data.

In addition, collected data showed a steep decline in Maine’s ability to recruit and hire qualified individuals throughout the reporting period. In FFY21, 11 new Part C positions were added, and an additional 11 Part C replacement positions were approved following staff resignations. Of those 22 job vacancies within Maine’s Part C system, only 10 were advertised and successfully filled during the reporting period. This demonstrates a significant decrease in Maine’s success with recruiting and hiring qualified individuals from 100% in FFY20 to 45% in FFY21. Furthermore, job vacancies remaining at the end of the reporting period quadrupled from two at the end of FFY20 to eight at the end of FFY21, supporting the need to add some additional sub-activities and improvement strategies to address this challenge and, ultimately, improve results for recruiting a highly qualified workforce.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

Maine uses its Interagency Coordinating Council (ICC) as the primary mechanism for soliciting broad stakeholder input on targets in the SPP/APR, including any subsequent revisions that Maine has made to those targets, and the development and implementation of the SSIP. The ICC is routinely presented with performance and compliance data to explore Part C trends and help identify improvement strategies for Maine’s early intervention program. ICC meetings are held quarterly on the first Monday of the month with meetings held during the FFY21 reporting period on 7/12/21, 10/4/21, 3/14/22, and 6/27/22. At the ICC meeting in March of 2022, the Part C Coordinator presented an overview of Maine’s FFY 2020 Part C SPP/APR and SSIP; as part of this presentation, ICC members reviewed baselines and targets for each of the Part C federal indicators, discussed and analyzed state-level performance data, and then generated improvement strategies to improve compliance and/or results with the five indicators that were below targets in FFY 2020 (e.g., Indicators C1, C4a, C4c, C7, and C8c).

In addition to utilizing the ICC to solicit broad stakeholder input on the targets in the SPP/APR, Maine’s Part C State Coordinator continued to work in collaboration with regional CDS regional site leadership and staff, contracted providers, and other state agencies and programs (e.g., Maine Educational Center for the Deaf/Hard of Hearing, Maine Families Home Visiting, Public Health Nursing, Special Supplemental Nutrition Program for Women, Infants, and Children, Maine Center for Disease Control’s Children with Special Healthcare Needs, Child Protective Services, Early Head Start, etc.) throughout the reporting period in regards to the development and implementation of Maine’s SSIP. Maine’s Part C State Coordinator also continued to be involved in several statewide, cross-sector collaborations and initiatives in FFY21, including the Maine Early Childhood Consultation Partnership (ECCP) State Partnership Team, Maine Early Hearing Detection & Intervention Stakeholder Group, Help Me Grow Maine, Early Childhood Comprehensive Systems (ECCS) Grant, Substance Exposed Infants and Maternal Substance Use Community Collaborative, Children’s Cabinet Early Intervention Work Group, New England Consortium Maine Deafblind Networking Group, and the Cytomegalovirus (CMV) Workgroup. Part C SPP/APR performance data and progress towards outcomes identified in the SSIP are readily shared and discussed during these state-level meetings, allowing Maine’s Part C system to solicit ongoing input from a broad group of stakeholders representing various state agencies and other organization that provide services and/or programs for infants/toddlers and their families. At the local EIS program level, Early Intervention Program Managers engage a variety of local stakeholders in Maine’s early intervention program by participating in a variety of regional initiatives and community collaboratives, where site-level performance on the SPP/APR and SSIP is readily shared, analyzed, and discussed.

Additionally, the Part C Coordinator solicited stakeholder input from the Part C staff and contracted providers from each of Maine’s nine regional EIS programs by holding a series of nine meetings between March and June of 2022 to review Maine’s performance on the FFY 2020 SPP/APR and SSIP. During each of these meetings, the regional Part C staff and contracted providers reviewed baselines and targets for each of the Part C federal indicators, discussed and analyzed state- and site-level performance data, and then generated improvement strategies to improve compliance and/or results with the five indicators that were below targets in FFY 2020 (e.g., Indicators C1, C4a, C4c, C7, and C8c). Stakeholder improvement strategies were then shared and discussed with the regional Early Intervention Program Managers at a CDS Leadership Retreat in the summer of 2022 and, ultimately, were used to implement changes (e.g., revised tool and process for collecting family outcomes data, elimination of paperwork required by Service Coordinators to initiate services for children eligible with established conditions of risk, additional resources to help explain parental rights to families, etc.) to Maine’s early intervention process to improve results for infants and toddlers with disabilities and their families.

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

In FFY21, Maine continued to use its Interagency Coordinating Council (ICC) as a way to seek broad stakeholder input regarding Maine’s SiMR and ongoing SSIP improvement strategies. Quarterly meetings with the ICC were held during the reporting period on 7/12/21, 10/4/21, 3/14/22, and 6/27/22. During these meetings, information and data about the progress being made toward Maine’s SiMR was shared to help make data-driven decisions about the SSIP activities, particularly those related to professional development and outreach. At the meetings on 7/12/21 and 10/4/21, ICC members were provided with an update on Maine’s Part C Child Find for FFY20. After being presented with the Child Find data, ICC members were asked for their input on ways to continue increasing the number of children and families receiving Part C services in FFY21. At the meeting on 3/14/22, the Part C Coordinator presented an overview of Maine’s Part C SPP/APR for FFY20 and asked ICC members to advise CDS on ways to improve compliance and/or results with indicators that did not meet the targets (e.g., Indicators C1, C4a, C4c, C7, and C8c). The Part C Coordinator subsequently gave this presentation to each of the regional early intervention teams across the state in the spring of 2022, resulting in a comprehensive list of stakeholder improvement strategies for FFY21.

To further help with the implementation and evaluation of the SSIP, the Part C Coordinator held weekly “Office Hours” with Early Intervention Program Managers throughout the reporting period. During these meetings, the Part C Coordinator provided technical assistance and shared ongoing compliance data to ensure that timely, high quality early intervention services were being provided statewide, yielding improved child and family outcomes. The Part C Coordinator also sought continuous input from Early Intervention Program Managers regarding barriers to meeting targets and used consensus building to identify improvement strategies specific to staffing challenges, improving fidelity with evidence-based practices, and providing targeted outreach. As a follow-up, the Part C Coordinator continued to meet with each Early Intervention Program Manager individually once per month to ensure that SSIP activities were implemented as intended within their regional EIS program and, if not, determine viable solutions to barriers with implementation.

In addition, the Part C Coordinator sought input on key improvement efforts from a broad range of stakeholders through virtual presentations that were provided to a variety of state-level groups throughout the reporting period. On 8/20/21, the Part C Coordinator met with 18 Program Managers from the Maine Families Home Visiting Program to present an overview of Maine’s Part C program, discuss barriers to making referrals to Part C, review Maine’s Part C established conditions list, and share written materials (e.g., referral form, release of information, and EI Program brochure). On 1/13/22, the Part C Coordinator, in collaboration with staff from the Maine Educational Center for Deaf and Hard of Hearing, provided an overview of the Part C program and post-referral process to Maine’s Pediatric Audiology Workgroup; as a result of this collaborative meeting, 14 pediatric audiologists from across the state were able to increase their knowledge of Maine’s comprehensive system of early intervention services and help identify barriers that may be impacting the results of infants and toddlers with hearing loss (e.g., limited access to audiology services in northern Maine, lack of transportation for families to get their children to audiology clinics, etc.). On 2/10/22, the Part C Coordinator gave a presentation to 85 members of the Northern New England Perinatal Quality Improvement Network (NNPQIN) about comprehensive perinatal systems changes through a cross-department collaboration between Maine’s DHHS (Center for Disease Control and Prevention, Office of MaineCare Services, and Office of Child and Family Services) and DOE that yielded significant increases in referrals to Part C from Maine’s hospitals, as well as the number of infants (birth to one) enrolled in Maine’s Part C program. In addition, stakeholders were engaged in key improvement efforts as part of state-level outreach presentations by the Part C Coordinator with 12 Head Start Child Development Managers on 7/22/21, 27 Perinatal Nurse Managers on 7/23/21, 30 members of the MaineMom Clinical Committee on 9/21/21, and 20 members of the Maine Department of Education Office of Special Services Team on 10/21/21. During and after these presentations, external stakeholders were invited to share their ideas on ways to increase family engagement and help Part C providers provide the services and supports necessary to improve outcomes for infants and toddlers with disabilities and their families.

The Part C Coordinator also continued to engage a wide range of stakeholders in key improvement efforts by actively participating in a variety of state-level collaborations and initiatives, such as the Early Childhood Consultation Partnership (ECCP), Maine Early Hearing Detection & Intervention Stakeholder Group, Substance Exposed Infants & Maternal Substance Use Community Collaborative and State Steering Committee, Maine Children’s Cabinet Early Intervention Working Group, New England Consortium Maine Deafblind Networking Group, Cytomegalovirus (CMV) Workgroup, and the Collaborating Partners Advisory Group for Early Childhood Comprehensive Systems (ECCS) and Help Me Grow Maine. During these ongoing meetings with cross-sector representation, the Part C Coordinator provided current data and updates regarding the status of Maine’s SSIP activities and, subsequently, worked collaboratively with a variety of external stakeholders to explore ways to ensure the best possible long-term developmental outcomes for all of Maine’s infants/toddlers with developmental delays and disabilities and their families. For example, the Part C Coordinator continued to work collaboratively with staff from the Maine Department of Health and Human Services to further improve Maine’s Child Find system. Through this cross-department collaboration, Maine’s Part C program was added to the first page of Maine’s Plan of Safe Care for substance exposed infants. In addition, Maine’s Part C program continued to be included on the CradleME (a free service available to all birthing families in Maine) request form, helping connect families with services available to them and their baby as early as possible.

At the site level, Early Intervention Program Managers continued to keep local stakeholders informed about Maine’s SSIP activities by participating in numerous collaborations and meetings with regional stakeholder groups, such as Maine Families Home Visiting Advisory Boards, Child Abuse and Neglect (CAN) Prevention Councils, Maine Newborn Hearing Program Board, Downeast Regional Community of Practice, Families First Prevention Services Act Stakeholders Implementation Workgroup, Penquis Family Enrichment Services Advisory Board, Early Childhood Interest Group, Early Head Start, Public Health Nurses, Women, Infants, and Children (WIC), Maine Tribal Child Welfare, DHHS - Child Protective Services, and the Developmental Screening Community Initiative. During these ongoing meetings, local stakeholders were provided with site-level data and updates about state-wide SSIP activities and were invited to share ideas and resources for achieving the outcomes on Maine’s SSIP.

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

YES

**Describe how the State addressed the concerns expressed by stakeholders.**

While soliciting input on SSIP activities and progress towards Maine's SiMR in FFY21, stakeholders continued to express concern for the perceived lack of evidence-based services for children under age 3 with autism in Maine. To further address this concern, the Part C Coordinator, CDS State Director, and State Director of Special Services and Inclusive Education, along with a Technical Assistance provider from the Early Childhood Technical Assistance (ECTA) Center, continued to meet with the Maine Developmental Behavioral Group, consisting of developmental pediatricians and other specialists who diagnose and provide follow-up treatment/therapies for young children with autism across the state of Maine, throughout the reporting period. In addition to sharing current information and data about the Early Start Denver Model (ESDM) services that are available for children with, or suspected of having, a diagnosis of autism in Maine, representatives from Maine’s Department of Health and Human Services (DHHS) were invited to join these meetings to encourage improved collaboration between the educational and medically-based programs that serve children under age 3 with autism. Additionally, Maine is using a portion of its funds that were allocated to Part C from the American Rescue Plan Act (ARPA) to offer introductory ESDM training to all Part C staff and contracted providers. With 21 Part C providers registered for the introductory ESDM training, in conjunction with 2 providers scheduled for advanced ESDM training, Maine will be able to expand its ESDM services for children with autism and increase the sustainability of these programs within Maine's Part C system in FFY22.

**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.**

Maine intends to develop a comprehensive training on the completion of the Child Outcomes Summary (COS) that will be implemented with all Service Coordinators across the state in FFY22.

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

A sub-committee comprised of the Part C Coordinator and three Early Intervention Program Managers will begin developing a training on the completion of the Child Outcomes Summary (COS) in early 2023, with a goal of implementing this training statewide with all Service Coordinators by July 1, 2023. Implementation of this statewide COS training is anticipated to increase the quality and reliability of data being reported on Maine’s SiMR and, therefore, may help Maine attain 2 long-term outcomes: (1) High quality COS data are available; and (2) COS data are valid and reliable measures of child progress in the EI system.

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

Staffing shortages at both the state and local levels are a newly identified barrier to the implementation of Maine's SSIP activities, as well as the overall effectiveness and sustainability of Maine’s Part C system. To address this barrier at the state level, Maine has utilized staffing and temp agencies to help fill the roles of vacant state-level positions. At the local level, regional Early Intervention Program Managers have started exploring virtual job boards where open positions can be advertised, as well as establishing partnerships with Maine’s universities and community colleges that have access to students who are being trained to enter fields related to early intervention and early childhood special education. Maine has also requested intensive technical assistance from the Early Childhood Personnel Center (ECPC) to further develop its comprehensive system of personnel development (CSPD) to help address Maine's current and future staffing needs.

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

## 11 - Prior FFY Required Actions

The State must provide the required numerator and denominator descriptions within the data table in the FFY 2021 SPP/APR.

**Response to actions required in FFY 2020 SPP/APR**

## 11 - OSEP Response

## 11 - Required Actions

# Certification

**Instructions**

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

**Certify**

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

**Select the certifier’s role**

Designated Lead Agency Director

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

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Jamie Michaud

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01/31/23 9:33:49 PM