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

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

**For reporting on
FFY 2020**

**Maine**



**PART C DUE
February 1, 2022**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

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

## Intro - Indicator Data

**Executive Summary**

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 9 regional locations that serve as system points of entry for Part C and 619 and one state office. The state CDS 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 regional site offices, contractor agencies, service providers, and the CDS staff. 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.

CINC is internet-based and, therefore, remained accessible to CDS staff and contracted providers throughout the entire reporting period. Although the COVID-19 pandemic did not impact data validity, reliability, or completeness, it may have negatively affected Maine's overall compliance and performance with Part C indicators since most evaluations and services continued to be delivered remotely throughout the reporting period as a result of state and local COVID-19 safety protocols and precautions. The prolongation of remote services and evaluations due to the COVID-19 pandemic continued to make it more difficult to schedule appointments with families for a variety of reasons: challenges with accessing/using technology, increased family stressors due to children being out of school/childcare, and/or changes in employment status. Additionally, many CDS staff applied for and received benefits under the Families First Coronavirus Response Act (FFCRA) in order to seek medical treatment and/or self-isolate after being diagnosed with COVID-19, care for family members who had tested positive for COVID-19, and/or adhere to quarantining mandates following exposure to someone who had tested positive for COVID-19.

**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.

The goal of CDS’s fiscal monitoring and compliance system is 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 benefits, insurance, and sliding scale fees 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.

All regional sites are monitored, provided letter of findings, required to submit corrective action plans and correct findings of noncompliance as soon as possible but no later than one year from when the finding is issued, and are provided determinations annually. The Part C State Coordinator provides certification of the information by submitting the letters of findings. 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.

The 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 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 monthly. 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, evidenced based technical assistance and support to early intervention service (EIS) programs.**

In October of 2020, CDS hired 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 FFY20, topics of technical assistance provided to the regional sites 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: using teleintervention for RBEI, transitioning from the BDI-2NU to the BDI-3, conducting an annual Routines-Based Interview, writing participation-based outcomes, reviewing updated data system reference guides and Part C process document, conducting assessments with children who are eligible with established conditions of risk, fulfilling child find requirements, providing a smooth and timely transition from Part C to Part B, supporting childcare providers using remote service delivery, and adding assistive technology to Individualized Family Service Plans (IFSPs).

In addition, the Part C State Coordinator meets with regional Early Intervention Program Managers (EIPMs) monthly to review state-level Part C data and revise procedures and policies as needed to ensure compliance with IDEA requirements, as well as fidelity to the RBEI model and other evidenced-based practices. The Part C State Coordinator also meets with each regional EIPM individually on a monthly basis to review site-level Part C data and provide any technical assistance specific to the performance of the EIS program at their respective site. Additionally, the Part C State Coordinator hosts an open “office hour” for one hour 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 Part B 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.

Throughout the reporting period for FFY20, CDS accessed technical assistance from the Early Childhood Technical Assistance Center (ECTA Center), the Center for IDEA Early Childhood Data Systems (DaSy), the Infant and Toddler Coordinators Association (ITCA), and the Center for IDEA Fiscal Reporting (CIFR) in the following areas: SPP/APR, 508 compliance, SSIP, Part C SPP Indicator 1, evidence-based practices for infants/toddlers with Autism Spectrum Disorder (ASD), data analysis methods for the target setting process, the Part C Grant Application process, and fiscal monitoring. As a result, CDS provided trainings and updated guidance documents for Service Coordinators and Part C providers to increase compliance with Indicator 1 and improve Maine’s overall delivery of high quality, evidence-based services to the infants/toddlers and their families enrolled in Maine’s Part C program in a timely manner.

**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 this initial 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.

In FFY20, 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 FFY20. 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.

Additionally, Early Intervention Program Managers (EIPMs) develop and implement site-level trainings and collaborate with outside agencies to provide ongoing professional development based on the specific needs of the early intervention team members at their regional site. In FFY20, professional development opportunities were provided to regional early intervention teams on a variety of topics including, but not limited to, federal and state special education law, feeding and mealtime challenges, interpreting results of evaluations for families, infant massage, selective mutism, using social stories with toddlers, the McKinney-Vento Homeless Assistance Act, collaborating with Early Head Start, Neonatal Abstinence Syndrome (NAS), motor difficulties in Autism, distinguishing ADHD warning signs from typical toddler behavior, Fetal Alcohol Spectrum Disorder (FASD), depression in infants, immigration law, and promoting healthy discipline. In addition, professional development was provided to regional sites from a multitude of outside agencies, such as Maine Parent Federation, Maine Families Home Visiting Program, Southern Kennebec Child Development Corporation, Kennebec Valley Community Action Program, Maine Educational Center for the Deaf and Hard of Hearing, Education Services for Blind and Visually Impaired Children, New England Consortium on Deafblindness, Selective Mutism Association, March of Dimes, GEAR Parent Network, Immigrant Legal Advocacy Project, Kids Free to Grow, Hanger Clinic, Opportunity Alliance, FASD Maine, Sunrise Opportunities, and Gateway Community Services.

**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).**

CDS utilizes Maine’s Interagency Coordinating Council (ICC) to solicit 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 priorities and improvement strategies for Maine’s early intervention program. ICC meetings are generally held on the first Monday of the month on a quarterly basis with meetings held on 2/1/21, 4/6/21, and 7/12/21, and 10/4/21. To have sufficient time to solicit input regarding the target setting process from ICC members, as well as the groups of diverse stakeholders they represent, the frequency of ICC meetings was increased from quarterly to monthly in the fall of 2021 with 2 additional meetings held on 11/15/21 and 12/13/21.

During the quarterly ICC meeting in October of 2021, the Part C Coordinator provided an overview of the target setting process, as well as the requirements for broad stakeholder input. As a way for ICC members to share in the decision-making process, an electronic survey was used to solicit their ideas regarding ways to engage stakeholders in the target setting process. Following the meeting, the survey link was sent to all ICC members with the minutes of the meeting so that those not in attendance, as well as those who chose not to complete the survey during the meeting, could provide their input.

At the next meeting ICC meeting in November of 2021, the Part C Coordinator gave a presentation on the Part C results-based indicators that require new targets for FFY20-FFY25. The Data Manager then shared that the results of the survey conducted at the previous ICC meeting supported the use of an electronic survey to solicit broad stakeholder input on the proposed targets for FFY20-FFY25. The Part C Coordinator and Data Manager worked collaboratively with the ICC members to identify what specific information and data should be included when creating an electronic survey to distribute to stakeholders. The meeting concluded with a brainstorming session in which ICC members shared the names of various parent advocacy groups, as well as any other groups that work with infants/toddlers with developmental delays and disabilities and their families, that could help CDS distribute the target setting survey to a diverse group of families.

The electronic target setting survey was then developed utilizing the input and suggestions provided during the ICC meetings in October and November. Once completed on 12/1/21, the link to the survey was distributed to all Part C staff, contracted providers of early intervention services, and families of infants/toddlers currently enrolled in Maine’s Part C program. The survey link was also emailed to representatives of all the parent advocacy groups and organizations that were identified by ICC members during the meeting on 11/15/21 (e.g., Maine Developmental Disabilities Council, Maine Parent Federation, Autism Society of Maine, Adoptive and Foster Families of Maine, GEAR Parent Network, FASD Maine, Maine Autism Institute for Education and Research, Maine Down Syndrome Network, NAMI Maine, Maine Hands and Voices, New Mainers Public Health Initiative, Population and Health Equity Maine, Southern Maine Parent Awareness, Maine Immigrant Rights Coalition, and Mano en Mano), requesting that each representative help distribute the survey link to all of the families affiliated with their advocacy group or organization. In addition, the survey link was sent to Program Managers that oversee Maine Families Home Visiting, Public Health Nursing, and Early Head Start, with a request for their help in eliciting responses from families of infants/toddlers served within their state-wide programs. Additionally, the survey link was posted publicly on the CDS website and the CDS Early Intervention Program Facebook page. Survey responses were received from a total of 169 respondents, including 17 parents/guardians of children who previously received Part C services, 58 parents/guardians of children currently receiving Part C services, 1 family member of a child receiving Part C services, 72 early intervention providers, 5 childcare providers, 4 representatives of parent advocacy organizations, and 12 representatives of state agencies (i.e., Maine Department of Education, Head Start, and the Office of Child and Family Services under the Maine Department of Health and Human Services).

At the second additional ICC meeting in December of 2021, the Data Manager presented the historical data for each of the Part C indicators that require new targets, reviewed the new targets and baselines being proposed for FFY20-FFY25, and sought feedback regarding improvement strategies to help Maine meet the proposed target for each indicator. In addition, ICC members were asked to help identify ways to elicit responses from underrepresented populations based on a preliminary demographic analysis. The group also spent some time reflecting on the target setting process and discussed new ideas for future target setting (e.g., focus groups and/or videos to explain the indicators, consideration of the timing since both Part C and Part B are required to do target setting at the same time with crossover between stakeholders and families, and finding a way for Part C providers to assist families with providing input without cutting into the time spent providing intervention).

In addition to utilizing the ICC to solicit broad stakeholder input on the SPP/APR, the Part C State Coordinator also works closely with regional CDS site leadership and staff, contracted providers, and other state entities, such as the Maine Educational Center for the Deaf/Hard of Hearing, Maine Families Home Visiting, Public Health Nursing, Maine Center for Disease Control’s Children with Special Healthcare Needs, Child Protective Services, and Early Head Start. The Part C State Coordinator also continues to be involved in a number of initiatives in Maine where Part C information and data is shared, and the challenges that Maine faces with providing services and supports to infants/toddlers with developmental delays and disabilities and their families are addressed with cross-sector representation. These state-level collaborations and initiatives include the Maine Early Childhood Consultation Partnership State Partnership Team, Maine Early Hearing Detection & Intervention Stakeholder Group, Substance Exposed Infants & Maternal Substance Use Community Collaborative, Children’s Cabinet Early Intervention Working Group, New England Consortium Maine Deafblind Networking Group, and Cytomegalovirus (CMV) Workgroup. These collaborations and initiatives allow for increased community awareness and stakeholder engagement with Maine’s comprehensive system of early intervention services.

At the local level, Early Intervention Program Managers engage stakeholders in Maine’s early intervention program by participating in a variety of regional initiatives and community collaboratives. These include the Maine Newborn Hearing Program Board, Downeast Regional Community of Practice, Child Abuse and Neglect Prevention Council Advisory Board, Building Community for Children Waldo County, Families First Prevention Services Act Stakeholders Implementation Workgroup, Penobscot Partners, Penquis Family Enrichment Services Advisory Board, Head Start Health Services Advisory Committee, Developmental Screening Community Initiative, Maternal Child Health Lead and Domain Partners, Maine Families Home Visiting Advisory Board, Early Childhood Interest Group, Children’s Mental Health Champions, Extension for Community Health Outcomes - Supporting Children of the Opioid Epidemic, Bangor Public Health and Community Services Quality Improvement Committee, and the Advisory Board for the Early Childhood Department at Kennebec Valley Community College.

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

YES

**Number of Parent Members:**

8

**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.**

Per stakeholder input that was solicited from the ICC, Maine used an electronic survey to engage parent members of the ICC, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents in setting targets, analyzing data, developing improvement strategies, and evaluating progress. The link to the electronic survey was sent to the regional Early Intervention Program Managers by the Data Manager on 12/1/21 for distribution to all families of infants/toddlers currently enrolled in Maine’s Part C program. The Data Manager also sent the survey link via email on 12/1/21 to all members of the ICC, including parent members, as well as representatives of all the parent advocacy groups and organizations (e.g., Maine Developmental Disabilities Council, Maine Parent Federation, Autism Society of Maine, Adoptive and Foster Families of Maine, GEAR Parent Network, FASD Maine, Maine Autism Institute for Education and Research, Maine Down Syndrome Network, NAMI Maine, Maine Hands and Voices, New Mainers Public Health Initiative, Population and Health Equity Maine, Southern Maine Parent Awareness, Maine Immigrant Rights Coalition, and Mano en Mano) that were identified by ICC members during the meeting on 11/15/21. In the email that was sent to this wide array of parent advocacy groups and organizations on 12/1/21, each representative was asked to help distribute the survey link to all of the families affiliated with their advocacy group, especially families with infants/toddlers with developmental delays and/or disabilities. The Data Manager also sent the survey link to the Program Managers that oversee Maine Families Home Visiting, Public Health Nursing, and Early Head Start, with a request for their help in eliciting responses from families of infants/toddlers served within their state-wide programs.
Responses to the electronic survey were received from 17 parents/guardians of children who previously received Part C services, 58 parents/guardians of children currently receiving Part C services, 1 family member of a child receiving Part C services, and 4 representatives of parent advocacy organizations. By completing the survey and providing valuable input, parent members of the ICC, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents became shared decision makers with setting new baselines and targets, as well as the development of improvement strategies to meet the new targets. In addition to being shared decision makers by completing the electronic survey, parent members of the ICC were highly involved with every step of the target setting process (e.g., analyzing data, evaluating progress, setting targets, and developing improvement strategies) through the transformative work that was done while soliciting stakeholder input from ICC members during the monthly meetings that were held throughout the fall of 2021.

**Activities to Improve Outcomes for Children with Disabilities:**

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

To increase the capacity of a diverse group of parents to support the development of implementation activities designed to improve outcomes for infants/toddlers with developmental delays and disabilities and their families, CDS enlisted representatives from a wide variety of parent advocacy groups (see complete list above) to help distribute Maine’s target setting survey. Following the distribution of the target setting survey to all families currently enrolled in Maine’s Part C program, providers and Service Coordinators followed-up with families on their caseloads to offer any assistance that may be needed to complete the survey (i.e., access to technology, translation of the survey from English to the family’s primary language, etc.) to elicit as much input from diverse groups of families as possible. In addition, CDS added an open-ended question to the survey that was sent to all families who participated in Maine's Part C program in FFY20 to collect data for Indicator 4, which allowed parents and other primary caregivers to provide input on what CDS could have done differently to improve outcomes for their child/family.

**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 was solicited through an electronic survey that was published on the main page of the CDS website at https://www.maine.gov/doe/learning/cds on 12/1/21. The link to the survey was also posted on 12/1/21 to the ICC page of the CDS website at https://www.maine.gov/doe/learning/cds/icc. In addition, the link to the target setting survey was included in a post on the CDS Early Intervention Program Facebook page to solicit public input on 12/9/21.

**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 minutes from the monthly ICC meetings that were held in the fall of 2021, which are posted on the ICC page of the CDS website at https://www.maine.gov/doe/learning/cds/icc. The results of data analysis and development of improvement strategies were also included within the target setting survey was that was publicly posted on the main page of the CDS website at https://www.maine.gov/doe/learning/cds on 12/1/21.

**Reporting to the Public:**

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

Reports to the public on the FFY 2019 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 2019 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 2020 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 2019 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.03% | 93.26% | 93.17% | 97.38% | 95.88% |

**Targets**

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

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,172 | 1,250 | 95.88% | 100% | 98.80% | 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.***

63

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

Reasons for delay with the provision of timely IFSP services include staff/provider shortages at 1 of the regional sites, scheduling difficulties with contracted providers who have limited availability to CDS, illness/family emergencies with providers, and delays with scheduling due to paperwork/data entry errors. 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, scheduling conflicts, limited availability due to work schedules, and childcare/school 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).**

7/1/20 to 6/30/21

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

This data was collected for all CDS 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)**

In addition to the reasons identified above, the COVID-19 pandemic was a significant reason for delay. Because of the ongoing pandemic, CDS staff continued to work remotely with decreased levels of direct supervision, only being required to work from their regional offices 2 days per week, throughout the reporting period. Additionally, CDS staff, contracted providers, and families receiving Part C services continued to face a multitude of COVID-related stressors (i.e., children at home while working remotely, changes in employment status of others in the home, needing to support remote learning for school-aged children, etc.), which often made it difficult to begin IFSP services within 30 days of parental consent.

**Correction of Findings of Noncompliance Identified in FFY 2019**

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

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

Prior to considering the findings of noncompliance from FFY 2019 corrected, the CDS State IEU verified that the 7 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 updated data from the state-wide database (CINC), regional CDS site self-assessments, and subsequent compliance reports submitted by each regional site. The findings of noncompliance were verified as corrected when all 7 of the regional CDS sites with incidents of noncompliance had achieved 100% compliance in the timely provision of services for one month based on a review of updated data that was subsequently collected through CINC.

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

The CDS State IEU verified that the 63 individual cases of noncompliance across 7 regional sites which occurred in FFY 2019 had been corrected. All affected infants and toddlers whose services were not provided in a timely manner did receive those services, although the provision of those services was late.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

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

## 1 - Prior FFY Required Actions

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

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

**Response to actions required in FFY 2019 SPP/APR**

## 1 - OSEP Response

## 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** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| Data | 98.79% | 98.40% | 99.23% | 99.36% | 99.11% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 95.00% | 95.00% | 95.00% | 96.00% | 96.00% | 96.00% |

**Targets: Description of Stakeholder Input**

CDS utilizes Maine’s Interagency Coordinating Council (ICC) to solicit 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 priorities and improvement strategies for Maine’s early intervention program. ICC meetings are generally held on the first Monday of the month on a quarterly basis with meetings held on 2/1/21, 4/6/21, and 7/12/21, and 10/4/21. To have sufficient time to solicit input regarding the target setting process from ICC members, as well as the groups of diverse stakeholders they represent, the frequency of ICC meetings was increased from quarterly to monthly in the fall of 2021 with 2 additional meetings held on 11/15/21 and 12/13/21.

During the quarterly ICC meeting in October of 2021, the Part C Coordinator provided an overview of the target setting process, as well as the requirements for broad stakeholder input. As a way for ICC members to share in the decision-making process, an electronic survey was used to solicit their ideas regarding ways to engage stakeholders in the target setting process. Following the meeting, the survey link was sent to all ICC members with the minutes of the meeting so that those not in attendance, as well as those who chose not to complete the survey during the meeting, could provide their input.

At the next meeting ICC meeting in November of 2021, the Part C Coordinator gave a presentation on the Part C results-based indicators that require new targets for FFY20-FFY25. The Data Manager then shared that the results of the survey conducted at the previous ICC meeting supported the use of an electronic survey to solicit broad stakeholder input on the proposed targets for FFY20-FFY25. The Part C Coordinator and Data Manager worked collaboratively with the ICC members to identify what specific information and data should be included when creating an electronic survey to distribute to stakeholders. The meeting concluded with a brainstorming session in which ICC members shared the names of various parent advocacy groups, as well as any other groups that work with infants/toddlers with developmental delays and disabilities and their families, that could help CDS distribute the target setting survey to a diverse group of families.

The electronic target setting survey was then developed utilizing the input and suggestions provided during the ICC meetings in October and November. Once completed on 12/1/21, the link to the survey was distributed to all Part C staff, contracted providers of early intervention services, and families of infants/toddlers currently enrolled in Maine’s Part C program. The survey link was also emailed to representatives of all the parent advocacy groups and organizations that were identified by ICC members during the meeting on 11/15/21 (e.g., Maine Developmental Disabilities Council, Maine Parent Federation, Autism Society of Maine, Adoptive and Foster Families of Maine, GEAR Parent Network, FASD Maine, Maine Autism Institute for Education and Research, Maine Down Syndrome Network, NAMI Maine, Maine Hands and Voices, New Mainers Public Health Initiative, Population and Health Equity Maine, Southern Maine Parent Awareness, Maine Immigrant Rights Coalition, and Mano en Mano), requesting that each representative help distribute the survey link to all of the families affiliated with their advocacy group or organization. In addition, the survey link was sent to Program Managers that oversee Maine Families Home Visiting, Public Health Nursing, and Early Head Start, with a request for their help in eliciting responses from families of infants/toddlers served within their state-wide programs. Additionally, the survey link was posted publicly on the CDS website and the CDS Early Intervention Program Facebook page. Survey responses were received from a total of 169 respondents, including 17 parents/guardians of children who previously received Part C services, 58 parents/guardians of children currently receiving Part C services, 1 family member of a child receiving Part C services, 72 early intervention providers, 5 childcare providers, 4 representatives of parent advocacy organizations, and 12 representatives of state agencies (i.e., Maine Department of Education, Head Start, and the Office of Child and Family Services under the Maine Department of Health and Human Services).

At the second additional ICC meeting in December of 2021, the Data Manager presented the historical data for each of the Part C indicators that require new targets, reviewed the new targets and baselines being proposed for FFY20-FFY25, and sought feedback regarding improvement strategies to help Maine meet the proposed target for each indicator. In addition, ICC members were asked to help identify ways to elicit responses from underrepresented populations based on a preliminary demographic analysis. The group also spent some time reflecting on the target setting process and discussed new ideas for future target setting (e.g., focus groups and/or videos to explain the indicators, consideration of the timing since both Part C and Part B are required to do target setting at the same time with crossover between stakeholders and families, and finding a way for Part C providers to assist families with providing input without cutting into the time spent providing intervention).

In addition to utilizing the ICC to solicit broad stakeholder input on the SPP/APR, the Part C State Coordinator also works closely with regional CDS site leadership and staff, contracted providers, and other state entities, such as the Maine Educational Center for the Deaf/Hard of Hearing, Maine Families Home Visiting, Public Health Nursing, Maine Center for Disease Control’s Children with Special Healthcare Needs, Child Protective Services, and Early Head Start. The Part C State Coordinator also continues to be involved in a number of initiatives in Maine where Part C information and data is shared, and the challenges that Maine faces with providing services and supports to infants/toddlers with developmental delays and disabilities and their families are addressed with cross-sector representation. These state-level collaborations and initiatives include the Maine Early Childhood Consultation Partnership State Partnership Team, Maine Early Hearing Detection & Intervention Stakeholder Group, Substance Exposed Infants & Maternal Substance Use Community Collaborative, Children’s Cabinet Early Intervention Working Group, New England Consortium Maine Deafblind Networking Group, and Cytomegalovirus (CMV) Workgroup. These collaborations and initiatives allow for increased community awareness and stakeholder engagement with Maine’s comprehensive system of early intervention services.

At the local level, Early Intervention Program Managers engage stakeholders in Maine’s early intervention program by participating in a variety of regional initiatives and community collaboratives. These include the Maine Newborn Hearing Program Board, Downeast Regional Community of Practice, Child Abuse and Neglect Prevention Council Advisory Board, Building Community for Children Waldo County, Families First Prevention Services Act Stakeholders Implementation Workgroup, Penobscot Partners, Penquis Family Enrichment Services Advisory Board, Head Start Health Services Advisory Committee, Developmental Screening Community Initiative, Maternal Child Health Lead and Domain Partners, Maine Families Home Visiting Advisory Board, Early Childhood Interest Group, Children’s Mental Health Champions, Extension for Community Health Outcomes - Supporting Children of the Opioid Epidemic, Bangor Public Health and Community Services Quality Improvement Committee, and the Advisory Board for the Early Childhood Department at Kennebec Valley Community College.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/07/2021 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 878 |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/07/2021 | Total number of infants and toddlers with IFSPs | 878 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 878 | 878 | 99.11% | 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**

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At the second additional ICC meeting in December of 2021, the Data Manager presented the historical data for each of the Part C indicators that require new targets, reviewed the new targets and baselines being proposed for FFY20-FFY25, and sought feedback regarding improvement strategies to help Maine meet the proposed target for each indicator. In addition, ICC members were asked to help identify ways to elicit responses from underrepresented populations based on a preliminary demographic analysis. The group also spent some time reflecting on the target setting process and discussed new ideas for future target setting (e.g., focus groups and/or videos to explain the indicators, consideration of the timing since both Part C and Part B are required to do target setting at the same time with crossover between stakeholders and families, and finding a way for Part C providers to assist families with providing input without cutting into the time spent providing intervention).

In addition to utilizing the ICC to solicit broad stakeholder input on the SPP/APR, the Part C State Coordinator also works closely with regional CDS site leadership and staff, contracted providers, and other state entities, such as the Maine Educational Center for the Deaf/Hard of Hearing, Maine Families Home Visiting, Public Health Nursing, Maine Center for Disease Control’s Children with Special Healthcare Needs, Child Protective Services, and Early Head Start. The Part C State Coordinator also continues to be involved in a number of initiatives in Maine where Part C information and data is shared, and the challenges that Maine faces with providing services and supports to infants/toddlers with developmental delays and disabilities and their families are addressed with cross-sector representation. These state-level collaborations and initiatives include the Maine Early Childhood Consultation Partnership State Partnership Team, Maine Early Hearing Detection & Intervention Stakeholder Group, Substance Exposed Infants & Maternal Substance Use Community Collaborative, Children’s Cabinet Early Intervention Working Group, New England Consortium Maine Deafblind Networking Group, and Cytomegalovirus (CMV) Workgroup. These collaborations and initiatives allow for increased community awareness and stakeholder engagement with Maine’s comprehensive system of early intervention services.

At the local level, Early Intervention Program Managers engage stakeholders in Maine’s early intervention program by participating in a variety of regional initiatives and community collaboratives. These include the Maine Newborn Hearing Program Board, Downeast Regional Community of Practice, Child Abuse and Neglect Prevention Council Advisory Board, Building Community for Children Waldo County, Families First Prevention Services Act Stakeholders Implementation Workgroup, Penobscot Partners, Penquis Family Enrichment Services Advisory Board, Head Start Health Services Advisory Committee, Developmental Screening Community Initiative, Maternal Child Health Lead and Domain Partners, Maine Families Home Visiting Advisory Board, Early Childhood Interest Group, Children’s Mental Health Champions, Extension for Community Health Outcomes - Supporting Children of the Opioid Epidemic, Bangor Public Health and Community Services Quality Improvement Committee, and the Advisory Board for the Early Childhood Department at Kennebec Valley Community College.

To solicit stakeholder input specific to Indicator 3, the Part C Coordinator, CDS State Director, and State Director of Special Services, along with a Technical Assistance provider from the Early Childhood Technical Assistance (ECTA) Center, participated in a meeting with Maine Developmental Behavioral Group, which consists of numerous developmental pediatricians and other specialists who diagnose and provide follow-up treatment/therapies for young children with autism across the state of Maine, on 11/17/21. During this meeting, information about Maine’s evidence-based services for eligible infants/toddlers, including those with autism, as well as Maine's historical and current child outcomes data, was shared and discussed. A follow-up meeting is planned for February of 2022 to continue the discussion and identify improvement strategies that may be implemented to help improve child outcomes for infants/toddlers receiving early intervention services in Maine.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| **A1** | 2008 | Target>= | 53.00% | 53.00% | 53.00% | 54.00% | 54.00% |
| **A1** | 51.50% | Data | 59.52% | 64.03% | 64.24% | 65.18% | 67.30% |
| **A2** | 2008 | Target>= | 41.00% | 41.00% | 41.00% | 42.00% | 42.00% |
| **A2** | 39.70% | Data | 44.03% | 41.67% | 39.26% | 35.17% | 33.20% |
| **B1** | 2008 | Target>= | 60.00% | 60.00% | 60.00% | 61.00% | 61.00% |
| **B1** | 59.10% | Data | 71.69% | 73.59% | 67.99% | 71.12% | 70.80% |
| **B2** | 2008 | Target>= | 27.00% | 27.00% | 27.00% | 28.00% | 28.00% |
| **B2** | 25.60% | Data | 27.35% | 29.94% | 31.13% | 27.11% | 23.32% |
| **C1** | 2008 | Target>= | 53.00% | 53.00% | 53.00% | 54.00% | 54.00% |
| **C1** | 51.50% | Data | 67.97% | 68.34% | 70.54% | 70.23% | 72.01% |
| **C2** | 2008 | Target>= | 38.00% | 38.00% | 38.00% | 39.00% | 39.00% |
| **C2** | 37.20% | Data | 45.91% | 41.36% | 39.81% | 33.96% | 31.23% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1>= | 63.00% | 63.00% | 64.00% | 64.00% | 65.00% | 65.00% |
| Target A2>= | 30.00% | 32.00% | 34.00% | 36.00% | 38.00% | 40.00% |
| Target B1>= | 67.00% | 67.00% | 67.00% | 68.00% | 68.00% | 68.00% |
| Target B2>= | 23.00% | 24.00% | 25.00% | 26.00% | 27.00% | 27.00% |
| Target C1>= | 68.00% | 68.00% | 69.00% | 69.00% | 70.00% | 70.00% |
| Target C2>= | 28.00% | 30.00% | 32.00% | 34.00% | 36.00% | 38.00% |

 **FFY 2020 SPP/APR Data**

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

839

**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 | 5 | 0.60% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 254 | 30.27% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 326 | 38.86% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 150 | 17.88% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 104 | 12.40% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 476 | 735 | 67.30% | 63.00% | 64.76% | 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 | 254 | 839 | 33.20% | 30.00% | 30.27% | Met target | No Slippage |

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

| **Outcome B Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 7 | 0.83% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 231 | 27.53% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 406 | 48.39% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 151 | 18.00% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 44 | 5.24% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 557 | 795 | 70.80% | 67.00% | 70.06% | 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 | 195 | 839 | 23.32% | 23.00% | 23.24% | Met 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 | 7 | 0.83% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 227 | 27.06% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 368 | 43.86% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 171 | 20.38% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 66 | 7.87% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 539 | 773 | 72.01% | 68.00% | 69.73% | 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 | 237 | 839 | 31.23% | 28.00% | 28.25% | Met target | No Slippage |

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

| **Question** | **Number** |
| --- | --- |
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting 618 data | 1,078 |
| 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. | 239 |

| **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. 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** | **2015** | **2016** | **2017** | **2018** | **2019** |
| A | 2006 | Target>= | 91.00% | 91.00% | 91.00% | 92.00% | 92.00% |
| A | 76.00% | Data | 96.74% | 96.55% | 94.05% | 95.07% | 94.16% |
| B | 2006 | Target>= | 91.00% | 91.00% | 91.00% | 92.00% | 92.00% |
| B | 85.00% | Data | 97.65% | 96.55% | 97.62% | 96.48% | 95.45% |
| C | 2006 | Target>= | 91.00% | 91.00% | 91.00% | 92.00% | 92.00% |
| C | 88.00% | Data | 99.06% | 96.55% | 96.43% | 96.48% | 95.45% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 92.00% | 92.00% | 92.00% | 93.00% | 93.00% | 93.00% |
| Target B>= | 92.00% | 92.00% | 92.00% | 93.00% | 93.00% | 93.00% |
| Target C>= | 92.00% | 92.00% | 92.00% | 93.00% | 93.00% | 93.00% |

**Targets: Description of Stakeholder Input**

CDS utilizes Maine’s Interagency Coordinating Council (ICC) to solicit 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 priorities and improvement strategies for Maine’s early intervention program. ICC meetings are generally held on the first Monday of the month on a quarterly basis with meetings held on 2/1/21, 4/6/21, and 7/12/21, and 10/4/21. To have sufficient time to solicit input regarding the target setting process from ICC members, as well as the groups of diverse stakeholders they represent, the frequency of ICC meetings was increased from quarterly to monthly in the fall of 2021 with 2 additional meetings held on 11/15/21 and 12/13/21.

During the quarterly ICC meeting in October of 2021, the Part C Coordinator provided an overview of the target setting process, as well as the requirements for broad stakeholder input. As a way for ICC members to share in the decision-making process, an electronic survey was used to solicit their ideas regarding ways to engage stakeholders in the target setting process. Following the meeting, the survey link was sent to all ICC members with the minutes of the meeting so that those not in attendance, as well as those who chose not to complete the survey during the meeting, could provide their input.

At the next meeting ICC meeting in November of 2021, the Part C Coordinator gave a presentation on the Part C results-based indicators that require new targets for FFY20-FFY25. The Data Manager then shared that the results of the survey conducted at the previous ICC meeting supported the use of an electronic survey to solicit broad stakeholder input on the proposed targets for FFY20-FFY25. The Part C Coordinator and Data Manager worked collaboratively with the ICC members to identify what specific information and data should be included when creating an electronic survey to distribute to stakeholders. The meeting concluded with a brainstorming session in which ICC members shared the names of various parent advocacy groups, as well as any other groups that work with infants/toddlers with developmental delays and disabilities and their families, that could help CDS distribute the target setting survey to a diverse group of families.

The electronic target setting survey was then developed utilizing the input and suggestions provided during the ICC meetings in October and November. Once completed on 12/1/21, the link to the survey was distributed to all Part C staff, contracted providers of early intervention services, and families of infants/toddlers currently enrolled in Maine’s Part C program. The survey link was also emailed to representatives of all the parent advocacy groups and organizations that were identified by ICC members during the meeting on 11/15/21 (e.g., Maine Developmental Disabilities Council, Maine Parent Federation, Autism Society of Maine, Adoptive and Foster Families of Maine, GEAR Parent Network, FASD Maine, Maine Autism Institute for Education and Research, Maine Down Syndrome Network, NAMI Maine, Maine Hands and Voices, New Mainers Public Health Initiative, Population and Health Equity Maine, Southern Maine Parent Awareness, Maine Immigrant Rights Coalition, and Mano en Mano), requesting that each representative help distribute the survey link to all of the families affiliated with their advocacy group or organization. In addition, the survey link was sent to Program Managers that oversee Maine Families Home Visiting, Public Health Nursing, and Early Head Start, with a request for their help in eliciting responses from families of infants/toddlers served within their state-wide programs. Additionally, the survey link was posted publicly on the CDS website and the CDS Early Intervention Program Facebook page. Survey responses were received from a total of 169 respondents, including 17 parents/guardians of children who previously received Part C services, 58 parents/guardians of children currently receiving Part C services, 1 family member of a child receiving Part C services, 72 early intervention providers, 5 childcare providers, 4 representatives of parent advocacy organizations, and 12 representatives of state agencies (i.e., Maine Department of Education, Head Start, and the Office of Child and Family Services under the Maine Department of Health and Human Services).

At the second additional ICC meeting in December of 2021, the Data Manager presented the historical data for each of the Part C indicators that require new targets, reviewed the new targets and baselines being proposed for FFY20-FFY25, and sought feedback regarding improvement strategies to help Maine meet the proposed target for each indicator. In addition, ICC members were asked to help identify ways to elicit responses from underrepresented populations based on a preliminary demographic analysis. The group also spent some time reflecting on the target setting process and discussed new ideas for future target setting (e.g., focus groups and/or videos to explain the indicators, consideration of the timing since both Part C and Part B are required to do target setting at the same time with crossover between stakeholders and families, and finding a way for Part C providers to assist families with providing input without cutting into the time spent providing intervention).

In addition to utilizing the ICC to solicit broad stakeholder input on the SPP/APR, the Part C State Coordinator also works closely with regional CDS site leadership and staff, contracted providers, and other state entities, such as the Maine Educational Center for the Deaf/Hard of Hearing, Maine Families Home Visiting, Public Health Nursing, Maine Center for Disease Control’s Children with Special Healthcare Needs, Child Protective Services, and Early Head Start. The Part C State Coordinator also continues to be involved in a number of initiatives in Maine where Part C information and data is shared, and the challenges that Maine faces with providing services and supports to infants/toddlers with developmental delays and disabilities and their families are addressed with cross-sector representation. These state-level collaborations and initiatives include the Maine Early Childhood Consultation Partnership State Partnership Team, Maine Early Hearing Detection & Intervention Stakeholder Group, Substance Exposed Infants & Maternal Substance Use Community Collaborative, Children’s Cabinet Early Intervention Working Group, New England Consortium Maine Deafblind Networking Group, and Cytomegalovirus (CMV) Workgroup. These collaborations and initiatives allow for increased community awareness and stakeholder engagement with Maine’s comprehensive system of early intervention services.

At the local level, Early Intervention Program Managers engage stakeholders in Maine’s early intervention program by participating in a variety of regional initiatives and community collaboratives. These include the Maine Newborn Hearing Program Board, Downeast Regional Community of Practice, Child Abuse and Neglect Prevention Council Advisory Board, Building Community for Children Waldo County, Families First Prevention Services Act Stakeholders Implementation Workgroup, Penobscot Partners, Penquis Family Enrichment Services Advisory Board, Head Start Health Services Advisory Committee, Developmental Screening Community Initiative, Maternal Child Health Lead and Domain Partners, Maine Families Home Visiting Advisory Board, Early Childhood Interest Group, Children’s Mental Health Champions, Extension for Community Health Outcomes - Supporting Children of the Opioid Epidemic, Bangor Public Health and Community Services Quality Improvement Committee, and the Advisory Board for the Early Childhood Department at Kennebec Valley Community College.

**FFY 2020 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 2,329 |
| Number of respondent families participating in Part C  | 154 |
| Survey Response Rate | 6.61% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 141 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 154 |
| 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 | 142 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 154 |
| 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 | 132 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 154 |

| **Measure** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 94.16% | 92.00% | 91.56% | Did not meet target | Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 95.45% | 92.00% | 92.21% | Met target | No 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) | 95.45% | 92.00% | 85.71% | Did not meet target | Slippage |

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

Slippage for part A may be attributable to parental rights being explained and discussed during virtual meetings with families, as well as the procedural safeguards being shared electronically, rather than having these discussions in-person using a paper copy of the procedural safeguards as was done in previous years prior to the COVID-19 pandemic. Another reason for slippage may be an increase in the number of families who do not speak English as their primary language and, therefore, received the explanation of their parental rights through an interpreter.

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

Slippage for part C is likely a result of the disruption of early intervention services that resulted from the ongoing COVID-19 pandemic. Throughout the reporting period, services were often cancelled or postponed by providers and families due to illness and intermittent quarantine/isolation requirements due to testing positive, or having close contact with someone who tested positive, for COVID-19. Additionally, childcare closures due to ongoing COVID-19 outbreaks and exposures prohibited many visits from taking place in this environment, leading to further disruptions with service provision. These types of ongoing disruptions decreased the consistency of early intervention services for many infants/toddlers and their families and, subsequently, likely led to a decrease in parents who reported that early intervention services helped their children develop and learn.

Another reason for slippage with part C may have been the dissatisfaction with remote service provision that was expressed by many families while, at the same time, recognizing that remote services were a necessary response to the COVID-19 pandemic. While this information was not explicitly requested in the survey, there was an opportunity for respondents to enter comments in addition to the questions explicitly outlining the 3 areas of data collection for this indicator. It is possible that many families were unable to connect with and/or develop a relationship with their service providers at the same level when meeting with them remotely versus interacting in person and, as a result, may not have been as effective with carrying over strategies to help their child develop and learn between sessions.

A third and final reason for slippage with part C may have been the change in dynamics within the natural environment for children throughout the reporting period, With many families having to focus on meeting basic needs due to changes in employment, as well as needing to focus their attention on assisting school-age children with remote learning, competing priorities and changes in daily routines may have had a negative impact on children’s ability to develop and learn during the ongoing COVID-19 pandemic.

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

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

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2019** | **2020** |
| Survey Response Rate | 9.90% | 6.61% |

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

In order to increase the response rate in future years, Service Coordinators will be required to send the survey link to families when a child exits Part C during the reporting period. The Data Manager will then facilitate distribution of the survey to families of children who remain actively enrolled in Part C at the conclusion of the reporting period. This procedural change is expected to increase the response rate since families will receive an invitation to complete the survey from individuals they have built a relationship with rather than the unfamiliar Data Manager, making them more likely to respond. Updates to Maine's current Part C process document, along with state-wide training for Service Coordinators, will be completed by the Part C Coordinator, the Data Manager, and the regional Early Intervention Program Managers to ensure that this new process is consistent across sites. Training will include a description of the data points required to inform this indicator (each of the 3 required questions and relevant supportive documentation for each, such as the association of the Procedural Safeguards with parents’ knowledge of their rights, for example), as well as a script that can be sent via text or email to all families of children who exit early intervention services during the reporting period, with a link to the survey included. The Data Manager will also explore survey templates to potentially begin using during the next reporting period, as templates exist that include additional questions that serve an inherent explanatory purpose for each of the 3 required questions. In addition, for families that speak languages other than English (the language in which the survey is offered), Part C providers will offer to complete the survey with the family and an interpreter upon exit from early intervention services.

**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.**

The statewide response rate for this year’s family outcomes survey is 6.61%. White families had the highest response rates (5.54%), followed by two or more races (0.60%), African American or Black (0.39%), American Indian or Alaska Native (0.04%), Asian (0%), and Native Hawaiian or Pacific Islander (0%).

Responses from each of the 9 sites that comprise the statewide system had the highest response from the Reach site (1.98%), followed by York (1.07%), Midcoast (0.9%), First Step (0.6%), PEDS (0.56%), Two Rivers (0.52%), Aroostook (0.34%), Opportunities (0.3%), and Downeast (0.26%).

In order to ensure that responses are received from a broad group of families that receive early intervention services in the future, survey dissemination will be more intentionally embedded into site-level practice to ensure that all families receive the survey link as soon as their child exits early intervention services. For families whom English is not their preferred language, CDS staff will offer to complete the survey with the family supported by an interpreter to ensure that all families have the opportunity to provide feedback.

**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.**

Parents who identified their children as falling into the category of two or more races responded at a rate of 9.09% of respondents, while the representation of this category in the Child Count was 4.30% of children enrolled in services. Further, parents of white children responded at a rate of 83.77%; the representation of this group of children in the Child Count report was 86.88%, revealing a slight underrepresentation of this demographic group in the survey respondents.

Analysis revealed that of the 9 sites across the state, the York site had a lower percentage of families that responded to the survey used to inform data for this indicator (16.45%) than were represented in the 2020 Child Count (25.58%). The Midcoast site had an overrepresentation of responses, with 13.82% of responses generated from this site, while the Child Count for the Midcoast site contributes 8.45% of the children engaged in early intervention services at that point in time.

**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).**

Representation of race and ethnicity and site level survey responses were compared to Maine's October 1st, 2020 Child Count report. Responses were analyzed to identify if any specific identified racial/ethnic or geographic group was represented outside a +/- 3% discrepancy range in the percentage of respondents compared to the state’s racial/ethnic and geographic percentages represented in the Child Count. This measurement was used in lieu of a statistical analysis of proportional difference, as identifying statistically significant meaningful differences using this formula is less effective for small numbers, and the subject group of respondents does not meet the threshold to provide meaningful results. The specific measurement used to determine representativeness was selected to account for the small number of children in each subgroup that make up the race/ethnicity of Maine's population.

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

There were 2,329 children with active IFSPs throughout the duration of the reporting period. An attempt to contact each of these children's families was made by sending a survey link via email or text message. 154 families submitted survey responses.

## 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** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 0.82% | 0.82% | 0.82% | 0.83% | 0.83% |
| Data | 0.62% | 0.74% | 0.61% | 0.60% | 0.64% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 0.53% | 0.55% | 0.58% | 0.60% | 0.63% | 0.65% |

Targets: Description of Stakeholder Input

CDS utilizes Maine’s Interagency Coordinating Council (ICC) to solicit 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 priorities and improvement strategies for Maine’s early intervention program. ICC meetings are generally held on the first Monday of the month on a quarterly basis with meetings held on 2/1/21, 4/6/21, and 7/12/21, and 10/4/21. To have sufficient time to solicit input regarding the target setting process from ICC members, as well as the groups of diverse stakeholders they represent, the frequency of ICC meetings was increased from quarterly to monthly in the fall of 2021 with 2 additional meetings held on 11/15/21 and 12/13/21.

During the quarterly ICC meeting in October of 2021, the Part C Coordinator provided an overview of the target setting process, as well as the requirements for broad stakeholder input. As a way for ICC members to share in the decision-making process, an electronic survey was used to solicit their ideas regarding ways to engage stakeholders in the target setting process. Following the meeting, the survey link was sent to all ICC members with the minutes of the meeting so that those not in attendance, as well as those who chose not to complete the survey during the meeting, could provide their input.

At the next meeting ICC meeting in November of 2021, the Part C Coordinator gave a presentation on the Part C results-based indicators that require new targets for FFY20-FFY25. The Data Manager then shared that the results of the survey conducted at the previous ICC meeting supported the use of an electronic survey to solicit broad stakeholder input on the proposed targets for FFY20-FFY25. The Part C Coordinator and Data Manager worked collaboratively with the ICC members to identify what specific information and data should be included when creating an electronic survey to distribute to stakeholders. The meeting concluded with a brainstorming session in which ICC members shared the names of various parent advocacy groups, as well as any other groups that work with infants/toddlers with developmental delays and disabilities and their families, that could help CDS distribute the target setting survey to a diverse group of families.

The electronic target setting survey was then developed utilizing the input and suggestions provided during the ICC meetings in October and November. Once completed on 12/1/21, the link to the survey was distributed to all Part C staff, contracted providers of early intervention services, and families of infants/toddlers currently enrolled in Maine’s Part C program. The survey link was also emailed to representatives of all the parent advocacy groups and organizations that were identified by ICC members during the meeting on 11/15/21 (e.g., Maine Developmental Disabilities Council, Maine Parent Federation, Autism Society of Maine, Adoptive and Foster Families of Maine, GEAR Parent Network, FASD Maine, Maine Autism Institute for Education and Research, Maine Down Syndrome Network, NAMI Maine, Maine Hands and Voices, New Mainers Public Health Initiative, Population and Health Equity Maine, Southern Maine Parent Awareness, Maine Immigrant Rights Coalition, and Mano en Mano), requesting that each representative help distribute the survey link to all of the families affiliated with their advocacy group or organization. In addition, the survey link was sent to Program Managers that oversee Maine Families Home Visiting, Public Health Nursing, and Early Head Start, with a request for their help in eliciting responses from families of infants/toddlers served within their state-wide programs. Additionally, the survey link was posted publicly on the CDS website and the CDS Early Intervention Program Facebook page. Survey responses were received from a total of 169 respondents, including 17 parents/guardians of children who previously received Part C services, 58 parents/guardians of children currently receiving Part C services, 1 family member of a child receiving Part C services, 72 early intervention providers, 5 childcare providers, 4 representatives of parent advocacy organizations, and 12 representatives of state agencies (i.e., Maine Department of Education, Head Start, and the Office of Child and Family Services under the Maine Department of Health and Human Services).

At the second additional ICC meeting in December of 2021, the Data Manager presented the historical data for each of the Part C indicators that require new targets, reviewed the new targets and baselines being proposed for FFY20-FFY25, and sought feedback regarding improvement strategies to help Maine meet the proposed target for each indicator. In addition, ICC members were asked to help identify ways to elicit responses from underrepresented populations based on a preliminary demographic analysis. The group also spent some time reflecting on the target setting process and discussed new ideas for future target setting (e.g., focus groups and/or videos to explain the indicators, consideration of the timing since both Part C and Part B are required to do target setting at the same time with crossover between stakeholders and families, and finding a way for Part C providers to assist families with providing input without cutting into the time spent providing intervention).

In addition to utilizing the ICC to solicit broad stakeholder input on the SPP/APR, the Part C State Coordinator also works closely with regional CDS site leadership and staff, contracted providers, and other state entities, such as the Maine Educational Center for the Deaf/Hard of Hearing, Maine Families Home Visiting, Public Health Nursing, Maine Center for Disease Control’s Children with Special Healthcare Needs, Child Protective Services, and Early Head Start. The Part C State Coordinator also continues to be involved in a number of initiatives in Maine where Part C information and data is shared, and the challenges that Maine faces with providing services and supports to infants/toddlers with developmental delays and disabilities and their families are addressed with cross-sector representation. These state-level collaborations and initiatives include the Maine Early Childhood Consultation Partnership State Partnership Team, Maine Early Hearing Detection & Intervention Stakeholder Group, Substance Exposed Infants & Maternal Substance Use Community Collaborative, Children’s Cabinet Early Intervention Working Group, New England Consortium Maine Deafblind Networking Group, and Cytomegalovirus (CMV) Workgroup. These collaborations and initiatives allow for increased community awareness and stakeholder engagement with Maine’s comprehensive system of early intervention services.

At the local level, Early Intervention Program Managers engage stakeholders in Maine’s early intervention program by participating in a variety of regional initiatives and community collaboratives. These include the Maine Newborn Hearing Program Board, Downeast Regional Community of Practice, Child Abuse and Neglect Prevention Council Advisory Board, Building Community for Children Waldo County, Families First Prevention Services Act Stakeholders Implementation Workgroup, Penobscot Partners, Penquis Family Enrichment Services Advisory Board, Head Start Health Services Advisory Committee, Developmental Screening Community Initiative, Maternal Child Health Lead and Domain Partners, Maine Families Home Visiting Advisory Board, Early Childhood Interest Group, Children’s Mental Health Champions, Extension for Community Health Outcomes - Supporting Children of the Opioid Epidemic, Bangor Public Health and Community Services Quality Improvement Committee, and the Advisory Board for the Early Childhood Department at Kennebec Valley Community College.

The baseline for Indicator 5 has been changed to reflect Maine's Child Find (birth to one) percentage reported in 2017 due to a new data system that was fully implemented for the 2017 reporting year. All future data for this indicator will be gathered from this same system, which will allow for a more direct comparison of Maine's annual Child Find data to the baseline and proposed targets. Stakeholders were engaged in this decision through the electronic target setting survey that was sent to a broad group of stakeholders (see detailed description above) in December of 2021, as well as through the input that was solicited from ICC members during the meeting in December of 2021.

To solicit additional stakeholder input specific to Indicator 5, the Part C Coordinator presented Maine's historical and current Child Find (birth to one) data and discussed ways to increase the identification rate of infants enrolled in Maine's Part C program with the Substance Exposed Infants Internal Workgroup on 4/15/21. Also, a meeting with stakeholders representing a variety of parent advocacy groups/organizations that work with infants/toddlers with developmental delays and disabilities and their families (i.e., Maine Parent Federation, Maine Developmental Disabilities Council, Maine Autism Institute for Education and Research, Center for Autism and Developmental Delays, etc.) was convened by the Part C Coordinator, CDS State Director, and State Director of Special Services on 5/3/21. During this meeting, current and historical Child Find data was shared, and input on improvement strategies to increase the number of infants (birth to age 1) enrolled in Part C services was sought from the stakeholders in attendance. In addition, stakeholder input specific to Indicator 5 was sought during quarterly ICC meetings on 7/12/21 and 10/4/21 when ICC members were asked to help identify specific activities that could be implemented using the Part C ARPA funds to increase public awareness and, therefore, increase Maine’s Child Find (birth to one).

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/07/2021 | Number of infants and toddlers birth to 1 with IFSPs | 66 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/01/2020 | Population of infants and toddlers birth to 1 | 12,272 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 66 | 12,272 | 0.64% | 0.53% | 0.54% | 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** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 2.81% | 2.81% | 2.81% | 2.90% | 2.90% |
| Data | 2.34% | 2.43% | 2.39% | 2.46% | 2.72% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 2.30% | 2.40% | 2.50% | 2.60% | 2.70% | 2.80% |

Targets: Description of Stakeholder Input

CDS utilizes Maine’s Interagency Coordinating Council (ICC) to solicit 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 priorities and improvement strategies for Maine’s early intervention program. ICC meetings are generally held on the first Monday of the month on a quarterly basis with meetings held on 2/1/21, 4/6/21, and 7/12/21, and 10/4/21. To have sufficient time to solicit input regarding the target setting process from ICC members, as well as the groups of diverse stakeholders they represent, the frequency of ICC meetings was increased from quarterly to monthly in the fall of 2021 with 2 additional meetings held on 11/15/21 and 12/13/21.

During the quarterly ICC meeting in October of 2021, the Part C Coordinator provided an overview of the target setting process, as well as the requirements for broad stakeholder input. As a way for ICC members to share in the decision-making process, an electronic survey was used to solicit their ideas regarding ways to engage stakeholders in the target setting process. Following the meeting, the survey link was sent to all ICC members with the minutes of the meeting so that those not in attendance, as well as those who chose not to complete the survey during the meeting, could provide their input.

At the next meeting ICC meeting in November of 2021, the Part C Coordinator gave a presentation on the Part C results-based indicators that require new targets for FFY20-FFY25. The Data Manager then shared that the results of the survey conducted at the previous ICC meeting supported the use of an electronic survey to solicit broad stakeholder input on the proposed targets for FFY20-FFY25. The Part C Coordinator and Data Manager worked collaboratively with the ICC members to identify what specific information and data should be included when creating an electronic survey to distribute to stakeholders. The meeting concluded with a brainstorming session in which ICC members shared the names of various parent advocacy groups, as well as any other groups that work with infants/toddlers with developmental delays and disabilities and their families, that could help CDS distribute the target setting survey to a diverse group of families.

The electronic target setting survey was then developed utilizing the input and suggestions provided during the ICC meetings in October and November. Once completed on 12/1/21, the link to the survey was distributed to all Part C staff, contracted providers of early intervention services, and families of infants/toddlers currently enrolled in Maine’s Part C program. The survey link was also emailed to representatives of all the parent advocacy groups and organizations that were identified by ICC members during the meeting on 11/15/21 (e.g., Maine Developmental Disabilities Council, Maine Parent Federation, Autism Society of Maine, Adoptive and Foster Families of Maine, GEAR Parent Network, FASD Maine, Maine Autism Institute for Education and Research, Maine Down Syndrome Network, NAMI Maine, Maine Hands and Voices, New Mainers Public Health Initiative, Population and Health Equity Maine, Southern Maine Parent Awareness, Maine Immigrant Rights Coalition, and Mano en Mano), requesting that each representative help distribute the survey link to all of the families affiliated with their advocacy group or organization. In addition, the survey link was sent to Program Managers that oversee Maine Families Home Visiting, Public Health Nursing, and Early Head Start, with a request for their help in eliciting responses from families of infants/toddlers served within their state-wide programs. Additionally, the survey link was posted publicly on the CDS website and the CDS Early Intervention Program Facebook page. Survey responses were received from a total of 169 respondents, including 17 parents/guardians of children who previously received Part C services, 58 parents/guardians of children currently receiving Part C services, 1 family member of a child receiving Part C services, 72 early intervention providers, 5 childcare providers, 4 representatives of parent advocacy organizations, and 12 representatives of state agencies (i.e., Maine Department of Education, Head Start, and the Office of Child and Family Services under the Maine Department of Health and Human Services).

At the second additional ICC meeting in December of 2021, the Data Manager presented the historical data for each of the Part C indicators that require new targets, reviewed the new targets and baselines being proposed for FFY20-FFY25, and sought feedback regarding improvement strategies to help Maine meet the proposed target for each indicator. In addition, ICC members were asked to help identify ways to elicit responses from underrepresented populations based on a preliminary demographic analysis. The group also spent some time reflecting on the target setting process and discussed new ideas for future target setting (e.g., focus groups and/or videos to explain the indicators, consideration of the timing since both Part C and Part B are required to do target setting at the same time with crossover between stakeholders and families, and finding a way for Part C providers to assist families with providing input without cutting into the time spent providing intervention).

In addition to utilizing the ICC to solicit broad stakeholder input on the SPP/APR, the Part C State Coordinator also works closely with regional CDS site leadership and staff, contracted providers, and other state entities, such as the Maine Educational Center for the Deaf/Hard of Hearing, Maine Families Home Visiting, Public Health Nursing, Maine Center for Disease Control’s Children with Special Healthcare Needs, Child Protective Services, and Early Head Start. The Part C State Coordinator also continues to be involved in a number of initiatives in Maine where Part C information and data is shared, and the challenges that Maine faces with providing services and supports to infants/toddlers with developmental delays and disabilities and their families are addressed with cross-sector representation. These state-level collaborations and initiatives include the Maine Early Childhood Consultation Partnership State Partnership Team, Maine Early Hearing Detection & Intervention Stakeholder Group, Substance Exposed Infants & Maternal Substance Use Community Collaborative, Children’s Cabinet Early Intervention Working Group, New England Consortium Maine Deafblind Networking Group, and Cytomegalovirus (CMV) Workgroup. These collaborations and initiatives allow for increased community awareness and stakeholder engagement with Maine’s comprehensive system of early intervention services.

At the local level, Early Intervention Program Managers engage stakeholders in Maine’s early intervention program by participating in a variety of regional initiatives and community collaboratives. These include the Maine Newborn Hearing Program Board, Downeast Regional Community of Practice, Child Abuse and Neglect Prevention Council Advisory Board, Building Community for Children Waldo County, Families First Prevention Services Act Stakeholders Implementation Workgroup, Penobscot Partners, Penquis Family Enrichment Services Advisory Board, Head Start Health Services Advisory Committee, Developmental Screening Community Initiative, Maternal Child Health Lead and Domain Partners, Maine Families Home Visiting Advisory Board, Early Childhood Interest Group, Children’s Mental Health Champions, Extension for Community Health Outcomes - Supporting Children of the Opioid Epidemic, Bangor Public Health and Community Services Quality Improvement Committee, and the Advisory Board for the Early Childhood Department at Kennebec Valley Community College.

The baseline for Indicator 6 has been changed to reflect Maine's Child Find (birth to three) percentage reported in 2017 due to a new data system that was fully implemented for the 2017 reporting year. All future data for this indicator will be gathered from this same system, which will allow for a more direct comparison of Maine's annual Child Find data to the baseline and proposed targets. Stakeholders were engaged in this decision through the electronic target setting survey that was sent to a broad group of stakeholders (see detailed description above) in December of 2021, as well as through the input that was solicited from ICC members during the meeting in December of 2021.

To solicit additional stakeholder input specific to Indicator 6, a meeting with stakeholders representing a variety of parent advocacy groups/organizations that work with infants/toddlers with developmental delays and disabilities and their families (i.e., Maine Parent Federation, Maine Developmental Disabilities Council, Maine Autism Institute for Education and Research, Center for Autism and Developmental Delays, etc.) was convened by the Part C Coordinator, CDS State Director, and State Director of Special Services on 5/3/21. During this meeting, current and historical Child Find data was shared, and input on improvement strategies to increase the number of infants/toddlers (birth to age 3) enrolled in Part C services was sought from the stakeholders in attendance. In addition, stakeholder input specific to Indicator 6 was sought during quarterly ICC meetings on 7/12/21 and 10/4/21 when the ICC members were asked to help identify specific activities that could be implemented using the Part C ARPA funds to increase public awareness and, therefore, increase Maine’s Child Find (birth to three).

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/07/2021 | Number of infants and toddlers birth to 3 with IFSPs | 878 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/01/2020 | Population of infants and toddlers birth to 3 | 37,368 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 878 | 37,368 | 2.72% | 2.30% | 2.35% | 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 81.36% | 98.45% | 91.20% | 95.95% | 92.86% |

**Targets**

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

**FFY 2020 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 671 | 792 | 92.86% | 100% | 97.60% | 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 delays in receiving medical records to document eligibility under an established condition of risk, regional site closures due to inclement weather, and delays with Service Coordinators scheduling initial IFSP meetings. Provider/staffing shortages at 1 of the regional sites has also been identified as a reason for delay with this indicator since they were found to negatively affect the sites' ability to conduct eligibility evaluations in a timely manner. In addition, the impact of the ongoing COVID-19 pandemic on CDS staff, providers, and families receiving Part C services is another significant reason for delay with this indicator. CDS staff and contracted providers at all the regional sites continued to experience a significant increase in cancellations/no shows for evaluations and meetings throughout the reporting period, which caused delays in determining Part C eligibility and, if eligible, the development of an IFSP. Delays attributable to exceptional family circumstances included the following: custodial changes with the child, no response from the family when attempting to schedule evaluations and/or meetings to develop an initial IFSP, families requesting to wait to schedule evaluations/meetings while in the process of moving to a new location, and cancellations of scheduled evaluations/meetings by families due to illness/hospitalizations, scheduling conflicts, limited availability due to work schedules, and childcare/school closures due to COVID-19 outbreaks.

**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).**

7/1/2020 to 6/30/2021

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

This data was collected for all CDS 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).**

**Correction of Findings of Noncompliance Identified in FFY 2019**

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

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

Prior to considering the findings of noncompliance from FFY 2019 corrected, the CDS State IEU verified that the 6 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), regional CDS site self-assessments, and compliance reports submitted by each regional site. The findings of noncompliance were verified as corrected when all 6 of the regional CDS sites with incidents of noncompliance had achieved 100% compliance with the 45-day timeline for one month based on a review of updated data that was subsequently collected through CINC.

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

The CDS State IEU verified that the 53 individual cases of noncompliance across 6 regional sites which occurred in FFY 2019 had been corrected and that an assessment, evaluation, and initial IFSP meeting occurred for all affected infants and toddlers, although beyond the 45-day timeline. Individual child records were reviewed and showed that, although late, an IFSP was developed for all 53 children.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

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

## 7 - Prior FFY Required Actions

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

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

**Response to actions required in FFY 2019 SPP/APR**

## 7 - OSEP Response

## 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

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

**FFY 2020 SPP/APR Data**

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

YES

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 620 | 620 | 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.**

0

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

N/A

**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).**

7/1/2020 to 6/30/2021

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

This data was collected for all CDS 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)**

Since CINC is internet-based and, therefore, remained accessible to CDS staff and contracted providers throughout the entire reporting period, it is not felt that the COVID-19 pandemic impacted data validity, reliability, or completeness for this indicator.

**Correction of Findings of Noncompliance Identified in FFY 2019**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

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

## 8A - Prior FFY Required Actions

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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

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

**FFY 2020 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 620 | 695 | 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.**

75

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

N/A

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

The data for this indicator is collected from Maine's state-wide database (CINC) which requires Service Coordinators at the regional sites to document the date Part C made notification to the SEA and LEA of a toddler potentially eligible for Part B preschool services.

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

NO

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

State database

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

7/1/2020 to 6/30/2021

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

This data was collected for all CDS 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).**

Since CINC is internet-based and, therefore, remained accessible to CDS staff and contracted providers throughout the entire reporting period, it is not felt that the COVID-19 pandemic impacted data validity, reliability, or completeness for this indicator.

**Correction of Findings of Noncompliance Identified in FFY 2019**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

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

## 8B - Prior FFY Required Actions

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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 80.24% | 90.45% | 97.45% | 96.63% | 97.35% |

**Targets**

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

**FFY 2020 SPP/APR Data**

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

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 580 | 695 | 97.35% | 100% | 96.29% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

Reasons for slippage include scheduling difficulties with Part B-619 staff, as well as staffing shortages at the two largest CDS sites throughout the majority of the reporting period, which prevented transition conferences from being scheduled and held in a timely manner.

**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.**

75

**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.**

17

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

In addition to the reasons for slippage identified above, including staffing shortages in Part C and scheduling difficulties with staff from Part B-619, the COVID-19 pandemic was another reason for delay. CDS staff continued to work remotely, only being required to work from their regional CDS office 2 days per week, yielding decreased levels of direct supervision for all Maine's Service Coordinators throughout the reporting period. Also, CDS staff, contracted providers, and families receiving Part C services continued to face COVID-related stressors (i.e., the need to quarantine or self-isolate as result of testing positive, or having close contact with someone who tested positive, for COVID-19, or caring for a member of their household who tested positive, or had close contact with someone who tested positive, for COVID-19), which frequently required meetings to be canceled or postponed and, therefore, often made it difficult to conduct transition conferences in a timely manner. Delays attributable to exceptional family circumstances included the following: no response from the family when attempting to obtain permission to share information with Part B-619 and/or schedule a transition conference, families requesting to wait to schedule transition conferences while in the process of moving to a new location, and cancellations of scheduled transition conferences by families due to illness/hospitalizations, scheduling conflicts, changes in their employment and/or work schedules, and childcare/school closures due to COVID-19 outbreaks.

**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).**

7/1/2020 to 6/30/2021

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

This data was collected for all CDS 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).**

**Correction of Findings of Noncompliance Identified in FFY 2019**

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

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

Prior to considering the findings of noncompliance from FFY 2019 corrected, the CDS State IEU verified that the 5 regional CDS sites with incidents of noncompliance were correctly implementing the regulatory requirements specific to timely transition planning. Specifically, the CDS State IEU reviewed subsequent updated data from the state-wide database (CINC), regional CDS site self-assessments, and compliance reports submitted by each regional site. The findings of noncompliance were verified as corrected when all 5 of the regional CDS sites with incidents of noncompliance had achieved 100% compliance with conducting timely transition conferences for one month based on a review of updated data that was subsequently collected through CINC.

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

The CDS State IEU verified that the 19 individual cases of noncompliance across 5 regional sites which occurred in FFY 2019 had been corrected and that a transition conference had been conducted for all affected toddlers, although less than 90 days from their third birthday. Individual child records were reviewed to verify that, although late, a transition conference was conducted for all 19 children.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

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

## 8C - Prior FFY Required Actions

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

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

**Response to actions required in FFY 2019 SPP/APR**

## 8C - OSEP Response

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

**Targets: Description of Stakeholder Input**

CDS utilizes Maine’s Interagency Coordinating Council (ICC) to solicit 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 priorities and improvement strategies for Maine’s early intervention program. ICC meetings are generally held on the first Monday of the month on a quarterly basis with meetings held on 2/1/21, 4/6/21, and 7/12/21, and 10/4/21. To have sufficient time to solicit input regarding the target setting process from ICC members, as well as the groups of diverse stakeholders they represent, the frequency of ICC meetings was increased from quarterly to monthly in the fall of 2021 with 2 additional meetings held on 11/15/21 and 12/13/21.

During the quarterly ICC meeting in October of 2021, the Part C Coordinator provided an overview of the target setting process, as well as the requirements for broad stakeholder input. As a way for ICC members to share in the decision-making process, an electronic survey was used to solicit their ideas regarding ways to engage stakeholders in the target setting process. Following the meeting, the survey link was sent to all ICC members with the minutes of the meeting so that those not in attendance, as well as those who chose not to complete the survey during the meeting, could provide their input.

At the next meeting ICC meeting in November of 2021, the Part C Coordinator gave a presentation on the Part C results-based indicators that require new targets for FFY20-FFY25. The Data Manager then shared that the results of the survey conducted at the previous ICC meeting supported the use of an electronic survey to solicit broad stakeholder input on the proposed targets for FFY20-FFY25. The Part C Coordinator and Data Manager worked collaboratively with the ICC members to identify what specific information and data should be included when creating an electronic survey to distribute to stakeholders. The meeting concluded with a brainstorming session in which ICC members shared the names of various parent advocacy groups, as well as any other groups that work with infants/toddlers with developmental delays and disabilities and their families, that could help CDS distribute the target setting survey to a diverse group of families.

The electronic target setting survey was then developed utilizing the input and suggestions provided during the ICC meetings in October and November. Once completed on 12/1/21, the link to the survey was distributed to all Part C staff, contracted providers of early intervention services, and families of infants/toddlers currently enrolled in Maine’s Part C program. The survey link was also emailed to representatives of all the parent advocacy groups and organizations that were identified by ICC members during the meeting on 11/15/21 (e.g., Maine Developmental Disabilities Council, Maine Parent Federation, Autism Society of Maine, Adoptive and Foster Families of Maine, GEAR Parent Network, FASD Maine, Maine Autism Institute for Education and Research, Maine Down Syndrome Network, NAMI Maine, Maine Hands and Voices, New Mainers Public Health Initiative, Population and Health Equity Maine, Southern Maine Parent Awareness, Maine Immigrant Rights Coalition, and Mano en Mano), requesting that each representative help distribute the survey link to all of the families affiliated with their advocacy group or organization. In addition, the survey link was sent to Program Managers that oversee Maine Families Home Visiting, Public Health Nursing, and Early Head Start, with a request for their help in eliciting responses from families of infants/toddlers served within their state-wide programs. Additionally, the survey link was posted publicly on the CDS website and the CDS Early Intervention Program Facebook page. Survey responses were received from a total of 169 respondents, including 17 parents/guardians of children who previously received Part C services, 58 parents/guardians of children currently receiving Part C services, 1 family member of a child receiving Part C services, 72 early intervention providers, 5 childcare providers, 4 representatives of parent advocacy organizations, and 12 representatives of state agencies (i.e., Maine Department of Education, Head Start, and the Office of Child and Family Services under the Maine Department of Health and Human Services).

At the second additional ICC meeting in December of 2021, the Data Manager presented the historical data for each of the Part C indicators that require new targets, reviewed the new targets and baselines being proposed for FFY20-FFY25, and sought feedback regarding improvement strategies to help Maine meet the proposed target for each indicator. In addition, ICC members were asked to help identify ways to elicit responses from underrepresented populations based on a preliminary demographic analysis. The group also spent some time reflecting on the target setting process and discussed new ideas for future target setting (e.g., focus groups and/or videos to explain the indicators, consideration of the timing since both Part C and Part B are required to do target setting at the same time with crossover between stakeholders and families, and finding a way for Part C providers to assist families with providing input without cutting into the time spent providing intervention).

In addition to utilizing the ICC to solicit broad stakeholder input on the SPP/APR, the Part C State Coordinator also works closely with regional CDS site leadership and staff, contracted providers, and other state entities, such as the Maine Educational Center for the Deaf/Hard of Hearing, Maine Families Home Visiting, Public Health Nursing, Maine Center for Disease Control’s Children with Special Healthcare Needs, Child Protective Services, and Early Head Start. The Part C State Coordinator also continues to be involved in a number of initiatives in Maine where Part C information and data is shared, and the challenges that Maine faces with providing services and supports to infants/toddlers with developmental delays and disabilities and their families are addressed with cross-sector representation. These state-level collaborations and initiatives include the Maine Early Childhood Consultation Partnership State Partnership Team, Maine Early Hearing Detection & Intervention Stakeholder Group, Substance Exposed Infants & Maternal Substance Use Community Collaborative, Children’s Cabinet Early Intervention Working Group, New England Consortium Maine Deafblind Networking Group, and Cytomegalovirus (CMV) Workgroup. These collaborations and initiatives allow for increased community awareness and stakeholder engagement with Maine’s comprehensive system of early intervention services.

At the local level, Early Intervention Program Managers engage stakeholders in Maine’s early intervention program by participating in a variety of regional initiatives and community collaboratives. These include the Maine Newborn Hearing Program Board, Downeast Regional Community of Practice, Child Abuse and Neglect Prevention Council Advisory Board, Building Community for Children Waldo County, Families First Prevention Services Act Stakeholders Implementation Workgroup, Penobscot Partners, Penquis Family Enrichment Services Advisory Board, Head Start Health Services Advisory Committee, Developmental Screening Community Initiative, Maternal Child Health Lead and Domain Partners, Maine Families Home Visiting Advisory Board, Early Childhood Interest Group, Children’s Mental Health Champions, Extension for Community Health Outcomes - Supporting Children of the Opioid Epidemic, Bangor Public Health and Community Services Quality Improvement Committee, and the Advisory Board for the Early Childhood Department at Kennebec Valley Community College.

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= | 6.00% | 6.00% | 6.00% | 0.00% | 6.00% |
| Data |  |  |  |  |  |

**Targets**

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

**FFY 2020 SPP/APR Data**

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

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

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

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

Targets: Description of Stakeholder Input

CDS utilizes Maine’s Interagency Coordinating Council (ICC) to solicit 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 priorities and improvement strategies for Maine’s early intervention program. ICC meetings are generally held on the first Monday of the month on a quarterly basis with meetings held on 2/1/21, 4/6/21, and 7/12/21, and 10/4/21. To have sufficient time to solicit input regarding the target setting process from ICC members, as well as the groups of diverse stakeholders they represent, the frequency of ICC meetings was increased from quarterly to monthly in the fall of 2021 with 2 additional meetings held on 11/15/21 and 12/13/21.

During the quarterly ICC meeting in October of 2021, the Part C Coordinator provided an overview of the target setting process, as well as the requirements for broad stakeholder input. As a way for ICC members to share in the decision-making process, an electronic survey was used to solicit their ideas regarding ways to engage stakeholders in the target setting process. Following the meeting, the survey link was sent to all ICC members with the minutes of the meeting so that those not in attendance, as well as those who chose not to complete the survey during the meeting, could provide their input.

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At the second additional ICC meeting in December of 2021, the Data Manager presented the historical data for each of the Part C indicators that require new targets, reviewed the new targets and baselines being proposed for FFY20-FFY25, and sought feedback regarding improvement strategies to help Maine meet the proposed target for each indicator. In addition, ICC members were asked to help identify ways to elicit responses from underrepresented populations based on a preliminary demographic analysis. The group also spent some time reflecting on the target setting process and discussed new ideas for future target setting (e.g., focus groups and/or videos to explain the indicators, consideration of the timing since both Part C and Part B are required to do target setting at the same time with crossover between stakeholders and families, and finding a way for Part C providers to assist families with providing input without cutting into the time spent providing intervention).

In addition to utilizing the ICC to solicit broad stakeholder input on the SPP/APR, the Part C State Coordinator also works closely with regional CDS site leadership and staff, contracted providers, and other state entities, such as the Maine Educational Center for the Deaf/Hard of Hearing, Maine Families Home Visiting, Public Health Nursing, Maine Center for Disease Control’s Children with Special Healthcare Needs, Child Protective Services, and Early Head Start. The Part C State Coordinator also continues to be involved in a number of initiatives in Maine where Part C information and data is shared, and the challenges that Maine faces with providing services and supports to infants/toddlers with developmental delays and disabilities and their families are addressed with cross-sector representation. These state-level collaborations and initiatives include the Maine Early Childhood Consultation Partnership State Partnership Team, Maine Early Hearing Detection & Intervention Stakeholder Group, Substance Exposed Infants & Maternal Substance Use Community Collaborative, Children’s Cabinet Early Intervention Working Group, New England Consortium Maine Deafblind Networking Group, and Cytomegalovirus (CMV) Workgroup. These collaborations and initiatives allow for increased community awareness and stakeholder engagement with Maine’s comprehensive system of early intervention services.

At the local level, Early Intervention Program Managers engage stakeholders in Maine’s early intervention program by participating in a variety of regional initiatives and community collaboratives. These include the Maine Newborn Hearing Program Board, Downeast Regional Community of Practice, Child Abuse and Neglect Prevention Council Advisory Board, Building Community for Children Waldo County, Families First Prevention Services Act Stakeholders Implementation Workgroup, Penobscot Partners, Penquis Family Enrichment Services Advisory Board, Head Start Health Services Advisory Committee, Developmental Screening Community Initiative, Maternal Child Health Lead and Domain Partners, Maine Families Home Visiting Advisory Board, Early Childhood Interest Group, Children’s Mental Health Champions, Extension for Community Health Outcomes - Supporting Children of the Opioid Epidemic, Bangor Public Health and Community Services Quality Improvement Committee, and the Advisory Board for the Early Childhood Department at Kennebec Valley Community College.

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= | 85.00% | 85.00% | 85.00% | 86.00% | 85.00% |
| Data |  |  | 100.00% |  |  |

**Targets**

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

**FFY 2020 SPP/APR Data**

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

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

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

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

**Instructions**

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

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

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

Overview of the Three Phases of the SSIP

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

*Phase I: Analysis*:

- Data Analysis;

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

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

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

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

- Infrastructure Development;

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

- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

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

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

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

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

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

## 11 - Indicator Data

**Section A: Data Analysis**

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

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** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 67.00% | 67.00% | 67.00% | 68.00% | 68.00% | 68.00% |

**FFY 2020 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Numerator | Denominator | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| 557 | 795 | 70.80% | 67.00% | 70.06% | Met target | No Slippage |

**Provide the data source for the FFY 2020 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.

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

Service Coordinators at each of the 9 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)**

YES

**Describe any data quality issues, unrelated to COVID-19**, **specific to the SiMR data and include actions taken to address data quality concerns.**

Maine continues to examine ongoing data quality concerns, specifically surrounding the completion of the assessment tool embedded in the state-wide database (CINC). The assessment tool that is currently used to inform COS ratings (the Measurement of Engagement, Independence and Social Relationships - MEISR) is not a standardized assessment, which contributes to variance in Service Coordinators' ratings. COS ratings are determined by the IFSP team using the ECTA Center COS Decision Tree based on a combination of information gathered through initial and ongoing assessment with the the Battelle Developmental Inventory, 2nd Edition and the Measurement of Engagement, Independence and Social Relationships (MEISR), informal observation, and family report. Variance in interpretation amongst IFSP teams leads to low interrater reliability, and internal validity concerns are present due to the administration of a non-standardized assessment. As described below, an electronic resource has been developed to improve staff's ability to complete the MEISR while remote work is being conducted. Currently, this resource does not allow the user to separate the data to directly inform COS categories. To improve interrater reliability, the Data Manager is working to ensure that this tool accurately separates data into COS categories and consistently outlines the child's acquired skills in each category. Utilizing alternate data sources to compare children's functional skills at entrance and exit will be explored in the upcoming fiscal year.

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

YES

**If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State’s ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.**

Prior to the pandemic, the tool that is used to inform COS ratings, the Measurement of Independence, Engagement and Social Relationships (MEISR), was completed during in person visits with families. This allowed providers a comprehensive view of child functioning and the opportunity to observe the child as the tool was completed. Throughout the reporting period, as a result of the COVID-19 pandemic and the associated state and local health and safety protocols, the MEISR was most often completed with families remotely. The resulting lack of opportunity for direct and indirect observation during in person visits potentially limited providers' understanding of the full scope of the child's functional skills. In addition, child and family stress during the ongoing global pandemic could have impeded children's natural ability to acquire and use knowledge and skills and, additionally, may have had a negative affect on parents' ability to support such acquisition. To address these challenges, CDS developed an electronic version of the MEISR tool to facilitate on-screen completion of the tool between designated staff and parents. In addition, many providers met with families outside of their homes and in various community locations to inform direct observation of children's functional acquisition of knowledge and skills.

Section B: Implementation, Analysis and Evaluation

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

NO

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

Given Maine's proposal to increase targets for Indicator 3b, as well as the significant decrease in Maine's fidelity with implementation of RBEI, it was decided that no revisions would be made to the current evaluation plan and, instead, the Part C Coordinator and Data Manger will engage stakeholders in assessing the current evaluation plan to make necessary revisions during the next reporting period. A historic analysis of Maine's performance in the area of children's progress in acquisition and use of knowledge and skills shows steady performance over time with minimal variance. Evaluative measures will be reassessed following the implementation of proposed improvements outlined within this report, when data are available to describe how these changes may impact Maine's reporting on child progress. 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

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

In FFY20, Maine continued to provide trainings for 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 its robust early intervention outreach efforts to increase public awareness of the Part C program state-wide. Primary referral sources continued to be contacted annually 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. Additionally, the regional Early Intervention Program Managers collaborated with the Part C Coordinator to develop a Facebook page for Maine’s early intervention program to increase public awareness via social media in July of 2020.

In addition, Maine continued its ongoing efforts to recruit and hire qualified staff to maintain a highly qualified workforce. Vacant positions continue 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 is still being used by CDS to advertise vacant positions is Indeed.com, an advertising service that gives job seeks free access to search for jobs, post resumes, and research companies with a reported 250 unique visitors to the site every month.

**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, was achieved with 100% of the 13 new Part C staff and contracted providers receiving training in components of RBEI within 90 days of being hired/contracting with CDS to provide Part C services in FFY20. In addition, Early Intervention Program Managers developed and implemented over 50 site-level trainings and collaborated with 20 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.

Maine’s robust early intervention outreach efforts in FFY20 helped achieve 3 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 more than 1,100 referral sources during the reporting period. Consequently, the total number of Part C referrals increased by 7% in FFY20, and there was a 22% increase in the total number of children with IFSPs. Maine’s eligibility rate for Part C also increased from 75.2% in FFY19 to 78.6% in FFY20.

Additionally, following the competitive compensation packages that were implemented on 7/1/19, Maine was able to continue to achieve its outcomes for increasing qualified CDS applicants and providing equitable staffing throughout the state in FFY20, which most closely relate to the area of finance in a systems framework. CDS successfully recruited and hired qualified individuals to replace 100% of the Part C staff who resigned or were terminated from their positions during the reporting period. CDS also added 7 new Part C positions in FFY20. Furthermore, there were only 2 job vacancies remaining at the end of the reporting period, representing less than 2% of the total Part C positions. The data analyzed for this outcome supports the continued use of these infrastructure improvement strategies, as attainment of qualified applicants and equitable staffing increases Maine’s ability to provide timely evaluations and services and, therefore improved child outcomes. An example of this includes a regional site’s compliance with Indicator C7 significantly increasing from 77% when experiencing a staffing shortage in FFY19 to 96% once fully staffed in FFY20.

These strategies, as well as continual improvement with and/or achievement of the short-term outcomes described above, are 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)**

YES

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

The Part C Coordinator, who was hired in October of 2020 to focus solely on the implementation and general supervision of Maine’s Part C program, developed and implemented a state-wide outreach plan in January of 2021. The state-wide outreach plan identifies a list of primary referral sources (e.g., primary care physicians, ENTs, audiologists, birthing hospitals/NICUs, Maine Families Home Visiting Program, WIC, DHHS – Child Welfare, community case management agencies, Early Head Start, Maine Birth Defects Program, Public Health Nursing Program, Maine Newborn Hearing Program, home health agencies, and specialty clinics/medical model providers) that must be contacted by each regional site annually. This improvement strategy led to presentations and/or materials about Part C being delivered to a total of 1,144 different referral sources across the state in FFY20 and, thus, helped Maine work towards achieving its short-term outcome for CDS practitioners to provide PR materials to all potential referral sources.

Another new improvement strategy that helped Maine work towards its short-term goal of providing PR materials to all potential referral sources was an updated and expanded list of established conditions that make children under age 3 automatically eligible for early intervention in Maine. This was done in collaboration with staff from the Maine Center for Disease Control and Prevention in April of 2021. Outreach regarding the updated list of established conditions was targeted to medical providers and birthing hospitals, yielding a 164% increase in referrals made to Part C by hospitals in FFY20, as well as an increase of 82% in the number of infants (birth to age 1) enrolled in Maine’s Part C program from 10/1/20 to 10/1/21.

In addition, another new infrastructure improvement strategy implemented in FFY20 was the development and distribution of a state-wide written protocol for the training and ongoing fidelity assessment of all Part C providers. A standardized protocol for ensuring that all Part C providers receive timely training and regular, ongoing fidelity checks immediately allowed for a more standardized approach to training and fidelity amongst the 9 regional sites and, additionally, yielded more comprehensive data for fidelity analysis of Part C providers state-wide. This improvement strategy helped Maine work towards achieving 2 of its short-term goals: (1) new early intervention providers will receive timely training and (2) participants will master and implement RBEI training content with fidelity.

**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) have been budgeted for professional development. This includes reflective supervision training for 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 FFY21 include the following: cultural competency, implicit bias, substance use disorder and the immigrant and refugee population, postpartum mental health, poverty, and working with adult learners. In addition, to expand its evidence-based practices and increase family engagement, Maine intends to begin 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 the late spring/early summer of 2022.

In addition to providing ongoing professional development opportunities, Maine also 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. 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 also plans to begin working on the development and implementation of a system of early intervention credentialing as part of Maine’s 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.

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 FFY21. This will be done primarily through the continuation of the state-wide outreach plan that was developed and implemented in January of 2021, as well as a rebranding and robust marketing campaign that is planned to begin in July of 2022. Included with this 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 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. As a next step, Maine will explore the development of 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) to children with, or suspected of having, a diagnosis of Autism Spectrum Disorder (ASD). Additionally, due to its compatibility with remote service delivery during the COVID-19 pandemic, Maine expanded its program using the parented-implemented version of ESDM.

**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.

The data that was collected to assess and monitor fidelity showed a significant decrease in Maine’s implementation of RBEI with fidelity in FFY20. The percentage of providers who demonstrated fidelity with conducting Routines-Based Home Visits (RBHVs) decreased from 95% in FFY19 to 78% in FFY20, and the percentage of providers who demonstrated fidelity with administering Routines-Based Interviews (RBIs) decreased from 95% in FFY19 to 84% in FFY20. Of the 22% of providers who did not demonstrate fidelity with RBHVs in FFY20, 25% of them were new providers who were still working toward reaching fidelity, whereas 75% were experienced providers who had previously reached (but were unable to maintain) fidelity with conducting RBHVs. Of the 16% of providers who did not demonstrate fidelity with RBIs in FFY20, 21% of them were new providers who were still working toward reaching fidelity, and 79% were experienced providers who had previously reached (but were unable to maintain) fidelity with administering RBIs. These decreases are likely attributable to the shift to remote service delivery during the COVID-19 pandemic but, regardless of the cause, indicate a need for Maine to revisit its current practices for training and fidelity 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. No data was collected to assess and monitor fidelity of ESDM providers in FFY20 since most providers were unable to provide these services in homes due to the COVID-19 health and safety protocols that were in place through the Maine CDC and DOE for the entire duration of the reporting period.

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 FFY20, 7 additional providers were trained to deliver parent-implemented ESDM services, 5 additional providers met Maine’s criteria to meet fidelity with parent-implemented ESDM, and 114 children/families received parent-implemented ESDM services.

**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 follow-up training at the state-level within 90 days of hire, followed by ongoing fidelity assessment and monitoring. This will help Maine continue to achieve its 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 significant decrease in fidelity with conducting Routines-Based Home Visits (RBHVs) and administering Routines-Based Interviews (RBIs) in FFY20, all of Maine’s current Part C staff and providers will participate in a refresher training for RBHVs and RBIs, followed by fidelity assessment and monitoring, during the next reporting period to help Maine achieve its short-term outcome for providers mastering and implementing RBEI training content with fidelity. Maine also plans to resume its in-home ESDM services and will, once again, begin collecting data to assess and monitor the fidelity of ESDM providers. In addition, providers not previously trained in ESDM will be given the opportunity to be trained in delivering parent-implemented ESDM services in order to continue expanding this program to serve an increased number of children with, or suspected of having, a diagnosis of Autism Spectrum Disorder. Both of 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.

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

Since the data that was collected and analyzed for the SSIP showed a steep decline in Maine’s implementation of evidence-based practices with fidelity, Maine intends to continue implementing the SSIP without modifications to ensure a high level of fidelity, as well as attainment of the proposed increased targets for Indicator C3b, before changing any of the activities, strategies, or timeline described in the previous submission. Future modifications to Maine's SSIP activities, strategies, or timelines will be informed by data trends resulting from planned improvements to the COS process (see Additional Implementation Activities below).

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

CDS utilizes Maine’s Interagency Coordinating Council (ICC) to solicit 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 priorities and improvement strategies for Maine’s early intervention program. ICC meetings are generally held on the first Monday of the month on a quarterly basis with meetings held on 2/1/21, 4/6/21, and 7/12/21, and 10/4/21. To have sufficient time to solicit input regarding the target setting process from ICC members, as well as the groups of diverse stakeholders they represent, the frequency of ICC meetings was increased from quarterly to monthly in the fall of 2021 with 2 additional meetings held on 11/15/21 and 12/13/21.

During the quarterly ICC meeting in October of 2021, the Part C Coordinator provided an overview of the target setting process, as well as the requirements for broad stakeholder input. As a way for ICC members to share in the decision-making process, an electronic survey was used to solicit their ideas regarding ways to engage stakeholders in the target setting process. Following the meeting, the survey link was sent to all ICC members with the minutes of the meeting so that those not in attendance, as well as those who chose not to complete the survey during the meeting, could provide their input.

At the next meeting ICC meeting in November of 2021, the Part C Coordinator gave a presentation on the Part C results-based indicators that require new targets for FFY20-FFY25. The Data Manager then shared that the results of the survey conducted at the previous ICC meeting supported the use of an electronic survey to solicit broad stakeholder input on the proposed targets for FFY20-FFY25. The Part C Coordinator and Data Manager worked collaboratively with the ICC members to identify what specific information and data should be included when creating an electronic survey to distribute to stakeholders. The meeting concluded with a brainstorming session in which ICC members shared the names of various parent advocacy groups, as well as any other groups that work with infants/toddlers with developmental delays and disabilities and their families, that could help CDS distribute the target setting survey to a diverse group of families.

The electronic target setting survey was then developed utilizing the input and suggestions provided during the ICC meetings in October and November. Once completed on 12/1/21, the link to the survey was distributed to all Part C staff, contracted providers of early intervention services, and families of infants/toddlers currently enrolled in Maine’s Part C program. The survey link was also emailed to representatives of all the parent advocacy groups and organizations that were identified by ICC members during the meeting on 11/15/21 (e.g., Maine Developmental Disabilities Council, Maine Parent Federation, Autism Society of Maine, Adoptive and Foster Families of Maine, GEAR Parent Network, FASD Maine, Maine Autism Institute for Education and Research, Maine Down Syndrome Network, NAMI Maine, Maine Hands and Voices, New Mainers Public Health Initiative, Population and Health Equity Maine, Southern Maine Parent Awareness, Maine Immigrant Rights Coalition, and Mano en Mano), requesting that each representative help distribute the survey link to all of the families affiliated with their advocacy group or organization. In addition, the survey link was sent to Program Managers that oversee Maine Families Home Visiting, Public Health Nursing, and Early Head Start, with a request for their help in eliciting responses from families of infants/toddlers served within their state-wide programs. Additionally, the survey link was posted publicly on the CDS website and the CDS Early Intervention Program Facebook page. Survey responses were received from a total of 169 respondents, including 17 parents/guardians of children who previously received Part C services, 58 parents/guardians of children currently receiving Part C services, 1 family member of a child receiving Part C services, 72 early intervention providers, 5 childcare providers, 4 representatives of parent advocacy organizations, and 12 representatives of state agencies (i.e., Maine Department of Education, Head Start, and the Office of Child and Family Services under the Maine Department of Health and Human Services).

At the second additional ICC meeting in December of 2021, the Data Manager presented the historical data for each of the Part C indicators that require new targets, reviewed the new targets and baselines being proposed for FFY20-FFY25, and sought feedback regarding improvement strategies to help Maine meet the proposed target for each indicator. In addition, ICC members were asked to help identify ways to elicit responses from underrepresented populations based on a preliminary demographic analysis. The group also spent some time reflecting on the target setting process and discussed new ideas for future target setting (e.g., focus groups and/or videos to explain the indicators, consideration of the timing since both Part C and Part B are required to do target setting at the same time with crossover between stakeholders and families, and finding a way for Part C providers to assist families with providing input without cutting into the time spent providing intervention).

In addition to utilizing the ICC to solicit broad stakeholder input on the SPP/APR, the Part C State Coordinator also works closely with regional CDS site leadership and staff, contracted providers, and other state entities, such as the Maine Educational Center for the Deaf/Hard of Hearing, Maine Families Home Visiting, Public Health Nursing, Maine Center for Disease Control’s Children with Special Healthcare Needs, Child Protective Services, and Early Head Start. The Part C State Coordinator also continues to be involved in a number of initiatives in Maine where Part C information and data is shared, and the challenges that Maine faces with providing services and supports to infants/toddlers with developmental delays and disabilities and their families are addressed with cross-sector representation. These state-level collaborations and initiatives include the Maine Early Childhood Consultation Partnership State Partnership Team, Maine Early Hearing Detection & Intervention Stakeholder Group, Substance Exposed Infants & Maternal Substance Use Community Collaborative, Children’s Cabinet Early Intervention Working Group, New England Consortium Maine Deafblind Networking Group, and Cytomegalovirus (CMV) Workgroup. These collaborations and initiatives allow for increased community awareness and stakeholder engagement with Maine’s comprehensive system of early intervention services.

At the local level, Early Intervention Program Managers engage stakeholders in Maine’s early intervention program by participating in a variety of regional initiatives and community collaboratives. These include the Maine Newborn Hearing Program Board, Downeast Regional Community of Practice, Child Abuse and Neglect Prevention Council Advisory Board, Building Community for Children Waldo County, Families First Prevention Services Act Stakeholders Implementation Workgroup, Penobscot Partners, Penquis Family Enrichment Services Advisory Board, Head Start Health Services Advisory Committee, Developmental Screening Community Initiative, Maternal Child Health Lead and Domain Partners, Maine Families Home Visiting Advisory Board, Early Childhood Interest Group, Children’s Mental Health Champions, Extension for Community Health Outcomes - Supporting Children of the Opioid Epidemic, Bangor Public Health and Community Services Quality Improvement Committee, and the Advisory Board for the Early Childhood Department at Kennebec Valley Community College.

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

The Part C Coordinator engaged a wide range of stakeholders in key improvement efforts SSIP by actively participating in a variety of collaborations and initiatives at the state level, such as the Early Childhood Consultation Partnership, 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, and Cytomegalovirus (CMV) Workgroup. 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 began working collaboratively with staff from the Maine CDC in January of 2021 to improve Maine’s current Child Find system. Through shared leadership across agencies, Maine’s list of established conditions that make children automatically eligible for Part C was updated expanded, followed by a plan for targeted outreach to all 25 of Maine’s birthing hospitals and the addition of Maine’s early intervention program to the Plan of Safe Care and CradleME forms, which are both intended to help connect families with services available to them and their baby as early as possible.

In addition, The Part C Coordinator increased stakeholders' knowledge of Maine's comprehensive system of early intervention services and sought their input on key improvement efforts through a number of virtual presentations that were provided to various stakeholder groups throughout the reporting period, including the Maine CDC Lead Poisoning Unit on 1/13/21, Northern Light Home Health and Hospice on 1/19/21, Directors of Special Education from school districts state-wide on 3/18/21, Substance Exposed Infants and Maternal Substance Use State Steering Committee on 4/7/21, maternal child health providers from the Maine CDC, Maine DHHS, Maine AAP, American College of Obstetricians and Gynecologists, Maternal Fetal Medicine, Maine Medical Center Pediatrics/OB, and Northern Light Pediatrics on 5/14/21, and Maine's Public Health Nursing Program on 6/15/21. 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 help families help their infants/toddlers learn and develop.

At the site level, the Early Intervention Program Managers kept 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 Board, Child Abuse and Neglect (CAN) Prevention Councils, Maine Newborn Hearing Program Board, Waldo Community Action Program (CAP) Health Advisory Board, Child & Recovering Mothers (CHARM) Provider Group, Downeast Regional Community of Practice, Building Community for Children Waldo County, Families First Prevention Services Act Stakeholders Implementation Workgroup, Penobscot Partners, 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.

Maine’s Interagency Coordinating Council (ICC) was also used to seek broad stakeholder input regarding Maine’s SiMR and ongoing SSIP improvement strategies. Quarterly meetings with the ICC were held on 2/1/21, 4/6/21, 7/12/21, and 10/4/21. During these meetings, information and data about the progress being made toward the SSIP outcomes 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. During these meetings, ICC members were also engaged in shared decision-making regarding Maine’s use of additional funding for Part C through the American Rescue Plan Act (ARPA). These discussions focused on areas of professional development that is needed for early intervention providers to increase the quality and equity of Part C services, as well as specific strategies for continuing to increase public awareness of Maine’s early intervention program. Additional meetings with the ICC were convened on 11/15/21 and 12/13/21 to allow more time and opportunity for CDS to seek broad stakeholder input with the target setting process and, in addition, analyze the SSIP data and identify improvement strategies. At the meeting on 11/15/21, ICC members provided their input on ways to solicit input on the target setting process from a broad group of stakeholders, which led to the creation of an electronic survey that was sent to all families receiving Part C services and numerous parent advocacy groups and organizations. Through their input on the survey, respondents helped set new targets and baselines and identify key improvement strategies. In addition, ICC members shared their ideas for improvement strategies for each of the Part C results-based indicators, including the SSIP, at the ICC meeting on 12/13/21.

To further help with the implementation and evaluation of the SSIP, the Part C Coordinator convened regular meetings with the regional Early Intervention Program Mangers throughout the reporting period on 7/21/20, 8/4/20, 8/18/20, 9/8/20, 9/15/20, 10/9/20, 10/23/20, 11/13/20, 12/13/20, 1/8/21, 2/5/21, 3/12/21, 4/9/21, 5/14/21, 5/17/21, and 6/11/21. 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 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 met with each Early Intervention Program Manager individually once per month to ensure that SSIP activities were implemented as intended at their regional site and, if not, work collaboratively to determine viable solutions for any areas of difficulty the site was experiencing with implementation.

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

YES

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

One concern expressed by stakeholders while soliciting input on SSIP activities and progress was the perceived lack of evidence-based services for children under age 3 with autism in Maine. To address this concern, the Part C Coordinator, CDS State Director, and State Director of Special Services, along with a Technical Assistance provider from the Early Childhood Technical Assistance (ECTA) Center, participated in a meeting with Maine Developmental Behavioral Group, consisting of numerous developmental pediatricians and other specialists who diagnose and provide follow-up treatment/therapies for young children with autism across the state of Maine. At this meeting on 11/17/21, information about the purpose of Part C under IDEA and Maine’s evidence-based services for eligible infants/toddlers, including those with autism, was shared and discussed. A follow-up meeting was planned for February of 2022 so that any new concerns or questions can be addressed in a timely manner. In addition, Maine has started compiling Child Outcomes Summary (COS) data for all children with autism who have received Part C services in Maine since 2019. The Part C Coordinator, with the assistance of the CDS Data Manager, will analyze this data in the spring of 2022 to determine whether there is any statistical correlation between the progress made by children with autism while receiving early intervention and the primary evidence-based practice (e.g., RBEI, ESDM, parent-implemented ESDM) that was used in service delivery. This will provide Maine with information to share with stakeholders about the efficacy of Maine’s early intervention services and, additionally, will allow for data-driven decisions around the continued use of Maine’s current evidence-based practices.

Another significant concern expressed by stakeholders was Maine’s low Child Find percentage for infants (birth to age 1). In addition to the new infrastructure improvement strategies already described, this concern was addressed in three major ways. First, a meeting with stakeholders representing a variety of parent advocacy groups/organizations that work with infants/toddlers with developmental delays and disabilities and their families (i.e., Maine Parent Federation, Maine Developmental Disabilities Council, Maine Autism Institute for Education and Research, Center for Autism and Developmental Delays, etc.) was convened by the Part C Coordinator, CDS State Director, and State Director of Special Services on 5/3/21. The purpose of this meeting was to share current and historical Child Find data and seek input specifically on improvement strategies to increase the number of infants (birth to age 1) enrolled in Part C services. Second, stakeholders were asked during quarterly ICC meetings on 7/12/21 and 10/4/21 to brainstorm specific activities that could be implemented using the Part C ARPA funds to increase public awareness and increase Maine’s Child Find. Suggestions included connecting with Maine Immigrant Rights Coalition, exploring Maine's Informed Clinical Opinion process to increase/standardize the use of this eligibility option state-wide, especially with the birth-1 age range, collaboration between CDS and homeless, migrant, and other groups, and rebranding Part C to help improve family engagement with services since CDS is often confused with CPS (Child Protective Services). Third, CDS took steps to improve referral pathways for children with established conditions of risk. One of these steps was drafting a revised MOU between DOE-CDS and DHHS in the summer of 2021 that, once reviewed and signed by the Commissioner of Education and the Commissioner of Health and Human Services, will likely increase the number of infants with developmental delays and disabilities receiving Part C services, as it will require various programs under Maine’s DHHS to refer all children with known birth defects and other established conditions of risk, such as Substance Exposed Infants, to Part C. Other steps include collaborating with the Maine CDC and DHHS to have Maine’s early intervention program added to the request form for CradleME, a referral system that helps connect all birthing families in Maine with the right home-based or virtual services for their baby and/or family, as well as working in collaboration with Maine’s Act Early Ambassador to promote early identification of delays and disabilities using materials from the CDC’s campaign “Learn the Signs. Act Early.” This collaborative work, combined with the rest of Maine’s robust outreach efforts, are expected to increase Maine’s Child Find (birth to age one) and, ultimately, help Maine work towards achieving its SiMR by helping more families help their children develop and learn.

**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 implement significant modifications to the current methodology and guidance for completion of the Child Outcomes Summary (COS). Included within this may be the implementation of a subsequent developmental evaluation for each child prior to exiting Part C, allowing direct comparison of entry and exit data using the same evaluation tool.

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

CDS intends to begin piloting developmental re-evaluations for all children prior to their exit from early intervention at one of the regional CDS sites in the late spring/early summer of 2022. Written guidance to help standardize COS ratings at both entry and exit will be developed and distributed to all Part C staff and providers by July 1st, 2022. The Data Manager will use data collected in Maine’s statewide database, CINC, to analyze COS ratings and measure any statistical differences. These activities related to modifying the current methodology and guidance for completion of the COS are 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.**

The Part C Coordinator and CDS Data Manager have identified a significant barrier with the state’s ability to effectively monitor progress and/or compare progress of the infants/toddlers receiving early intervention services using various evidence-based practices given the current capabilities of Maine’s data system. The Data Manager will work with Yahasoft, the vendor of Maine’s state-wide data system known as CINC, to increase the functionality of the data system to remove this barrier by the end of the reporting period in FFY21. This will consist of Maine’s data system being upgraded to include a screen where Service Coordinators and/or Primary Service Providers will be required to enter the results of the Measure of Engagement, Independence, and Social Relationships (MEISR), the tool used for progress monitoring in Maine, at 6-month intervals for every child receiving early intervention services. With this upgraded functionality, the data system will generate a report that will allow authorized users to monitor progress made, per data collected by the MEISR, for individual children, children within a regional site, and children state-wide. Ideally, it will also allow authorized users to compare the progress of children receiving services using various evidence-based practices (e.g., RBEI, ESDM, and parent-implemented ESDM) in order to make more reliable data-driven decisions about the continuation of these practices.

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

## 11 - Prior FFY Required Actions

None

## 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.**

**Name:**

Jamie Michaud

**Title:**

Part C State Coordinator

**Email:**

Jamie.L.Michaud@maine.gov

**Phone:**

2072998290

**Submitted on:**

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