

Indicator 13: Secondary Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Compliance indicator: Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services including courses of study that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority.

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

Data Source

Data to be taken from State monitoring or State data system.

Measurement

Percent = [(# of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services including courses of study that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority) divided by the (# of youth with an IEP age 16 and above)] times 100.

If a State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16, the State may, but is not required to, choose to include youth beginning at that younger age in its data for this indicator. If a State chooses to do this, it must state this clearly in its SPP/APR and ensure that its baseline data are based on youth beginning at that younger age.

Instructions

If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.

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 the actual numbers used in the calculation.

Targets must be 100%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

13 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2009	85.30%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	69.03%	73.53%	72.37%	48.98%	82.61%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Number of youth aged 16 and above with IEPs that contain each of the required components for secondary transition	Number of youth with IEPs aged 16 and above	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
32	59	82.61%	100%	54.24%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

From FFY 2022 to FFY 2023, the compliance percentage for Indicator 13 decreased by 28.37 percentage points. Through data analysis of the FFY 2023 monitoring results, the state has determined potential reasons for the slippage. By virtue of selecting records from LEAs in the cyclical monitoring process for a reporting period, data can be prone to fluctuation as the comparison groups are not exactly analogous from year to year (i.e., different LEAs are reviewed each year over a five-year period). For this reason, the state has not been immune to substantial compliance rates from one year to the next. For example, the FFY 2022 data showed a marked improvement over the FFY 2021 data (33.63 percentage point increase).

When analyzing the data for FFY 2023, the state observed that one of the largest LEAs in the state was a part of the monitoring cycle. Given the small student population of Montana, large LEAs tend to have a more notable impact on data sets for the state. This large LEA comprised 30.51% of the total records reviewed by the state in FFY 2023 also accounted for 33.33% of the noncompliant records in the state. This LEA is currently experiencing staffing challenges, systemic issues with noncompliance, and receiving more intensive support from the SEA to address these pervasive issues and concerns. In addition to this large LEA, there were more small LEAs included in the monitoring cohort that are also experiencing broad staffing shortages, particularly in specialized positions, which limits the quality, efficacy, and implementation of things like transition plans.

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

State monitoring

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.

The SEA collected the indicator data as a part of its compliance monitoring procedures during the 2023-24 school year. Compliance monitors reviewed a sampling of student records for students, ages 16 and older (consistent with the process for file selection outlined in the introduction), to ensure their IEPs include appropriate measurable postsecondary goals that are annually updated and based upon an age-appropriate transition assessments, transition services, including courses of study, that will reasonably enable the student to meet their postsecondary goals, and annual IEP goals related to the student's transition service needs. There also must be evidence that the student was invited to the IEP team meeting where transition services were to be discussed and evidence that, if appropriate, a representative of any participating agency that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority.

Question	Yes / No
Do the State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16?	NO

Provide additional information about this indicator (optional)

Information related to the correction of findings of noncompliance from FFY 2021 (25 records with noncompliance) has not been reported in the section titled "Correction of Findings of Noncompliance Identified Prior to FFY 2022" because prior to FFY 2022, the state allowed for pre-finding corrections of noncompliance. As a result, the individual instances of noncompliance reported in the data tables for Indicator 13 in FFY 2021 did not result in written findings of noncompliance because the state allowed LEAs to conduct pre-finding corrections within 90 days of the state first determining the noncompliance.

In FFY 2021, there were 25 student records with noncompliance reported. Upon determining this noncompliance, the state allowed the 6 LEAs responsible for the 25 instances of noncompliance to correct the noncompliance within 90 days. After 90 days, the state planned to issue a written finding of noncompliance. All 6 LEAs with instances of noncompliance were able to demonstrate, within 90 days, child-specific and systemic correction of noncompliance. The state verified that all 25 child-specific instances of noncompliance were corrected through LEA-submitted evidence of completed, compliant, and implemented transition plans. The state verified that the 6 LEAs that were the source of the noncompliance addressed the factors contributing to the noncompliance and determined this through a review of subsequent records completed after correction of child-specific noncompliance. In instances where there were no subsequent records available, the state reviewed revisions to policies and procedures around transition planning for students ages 16 and above to determine systemic compliance. As a result of completion of these required actions, the state was able to determine that the 25 child-specific records were now appropriately corrected and that the 6 LEAs were correctly implementing regulatory requirements with 100% compliance, consistent with the OSEP Memo 09-02 that served as the authoritative source at the time. Due to staff vacancies and turnover, the 25 instances of noncompliance were inadvertently reported as findings of noncompliance in the FFY 2022 SPP/APR submission. This was an error and has since been addressed.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
12	12	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

In FFY 2022, there were 9 LEAs that were the source of noncompliance for the 12 individual records with noncompliance. The state issued written findings and required the 9 LEAs to complete a corrective action plan (CAP) that required the LEAs to drill down into and take steps to correct the root cause of the noncompliance in order to prevent it from recurring. After completion of the CAP and correction of the child-specific noncompliance, the

state conducted a subsequent data review of new student records to evaluate compliance with regulatory requirements. Through these activities, the state verified that the 9 LEAs that were the source of noncompliance are now correctly implementing the regulatory requirements with 100% compliance, consistent with QA 23-01.

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

The 12 individual cases of noncompliance reported in FFY 2022 were required to be corrected to ensure that a robust, compliant transition plan capturing all required components was in place. LEAs with the 12 cases of noncompliance were required to submit evidence of the corrected transition plans and the state verified that each of the 12 individual cases of noncompliance were corrected, consistent with QA 23-01.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	25		
FFY 2020	11	11	0

FFY 2020

Findings of Noncompliance Verified as Corrected

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

The LEAs that were the source of noncompliance for the 11 written findings of noncompliance issued were required to undergo a review of policies, procedures, and practices and participated in state interviews with conducted with key LEA staff to determine potential root causes of noncompliance and develop a plan to address them. After implementation of identified corrective actions and activities, the state required the LEA to submit subsequent additional student records, which the state reviewed to determine compliance with IDEA requirements. The state was able to verify within one year that all but 2 of the LEAs that were the source of noncompliance for 6 of the 11 records were now implementing the regulatory requirements with 100% compliance within one year of written notification of findings of noncompliance. These verification activities were consistent with the OSEP Memo 09-02 that was the source of authority at the time of correction. The state was also able to verify that the 2 remaining LEAs (responsible for 5 of the noncompliant records) were implementing regulatory requirements with 100% compliance, but this verification was not completed within one of year of written notification of findings of noncompliance.

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

The state required the LEAs that were the source of the 11 written findings of noncompliance to submit corrected, compliant transition plans for each instance of child-specific noncompliance. Through reviews of the submitted IEP evidence, the state was able to verify that each of the 11 individual cases of noncompliance were corrected, consistent with OSEP Memo 09-02 that was the source of authority at the time of correction.

13 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining 25 uncorrected findings of noncompliance identified in FFY 2021, and the remaining 11 uncorrected findings of noncompliance identified in FFY 2020 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2022 and each LEA with remaining noncompliance identified in FFY 2021 and FFY 2020 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 has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

For information on the correction of findings of noncompliance for FFY 2022, please see the section titled “Correction of Findings of Noncompliance Identified in FFY 2022.” For information on the correction of findings of noncompliance for FFY 2020, please see the section titled “Correction of Findings of Noncompliance Identified Prior to FFY 2022.”

Information related to the correction of findings of noncompliance from FFY 2021 (25 records with noncompliance) has not been reported in the section titled “Correction of Findings of Noncompliance Identified Prior to FFY 2022” because prior to FFY 2022, the state allowed for pre-finding corrections of noncompliance. As a result, the individual instances of noncompliance reported in the data tables for Indicator 13 in FFY 2021 did not result in written findings of noncompliance because the state allowed LEAs to conduct pre-finding corrections within 90 days of the state first determining the noncompliance.

In FFY 2021, there were 25 student records with noncompliance reported. Upon determining this noncompliance, the state allowed the 6 LEAs responsible for the 25 instances of noncompliance to correct the noncompliance within 90 days. After 90 days, the state planned to issue a written finding of noncompliance. All 6 LEAs with instances of noncompliance were able to demonstrate, within 90 days, child-specific and systemic correction of noncompliance. The state verified that all 25 child-specific instances of noncompliance were corrected through LEA-submitted evidence of completed, compliant, and implemented transition plans. The state verified that the 6 LEAs that were the source of the noncompliance addressed the factors contributing to the noncompliance and determined this through a review of subsequent records completed after correction of child-specific noncompliance. In instances where there were no subsequent records available, the state reviewed revisions to policies and procedures around transition planning for students ages 16 and above to determine systemic compliance. As a result of completion of these required actions, the state was able to determine that the 25 child-specific records were now appropriately corrected and that the 6 LEAs were correctly implementing regulatory requirements with 100% compliance, consistent with the OSEP Memo 09-02 that served as the authoritative source at the time. Due to staff vacancies

and turnover, the 25 instances of noncompliance were inadvertently reported as findings of noncompliance in the FFY 2022 SPP/APR submission. This was an error and has since been addressed.

13 - OSEP Response

13 - Required Actions