Phase III, year three of the North Dakota Early Intervention System (NDEIS) State Systemic Improvement Plan (SSIP) continues building on the work completed during Phase I, Phase II, and year one and two of Phase III, focusing on implementation using evidence-based practices with children and their families, which will support an increase in the State Identified Measurable Result (SiMR):

There will be improved social emotional outcomes for children who come in below age expectation but make substantial gains (Indicator 3a, Summary Statement 1) while involved with 1 identified provider as a result of participation in early intervention.

SiMR progress. For FFY 2017, North Dakota was above the state target in summary statement A1 with slight improvement from FFY 2016 (see Table 1 below). It is important to note that the state began using a new tool, Assessment, Evaluation and Programming System (AEPS), on October 1, 2017.

Table 1. Indicator 3a, Summary Statement 1 Data

Indicator	Compliance or Results Indicator	FFY 2017 Target	FFY 2016 Performance	FFY 2017 Performance	Comments
3. C. Percent of children who demonstrate improved use of appropriate behaviors to meet their needs. Summary Statement 1: Of those children who entered of exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program.	Results	39.10%	72.04%	72.14%	Above state target and slight improvement from last year

Through the data analysis completed in Phase I, the State selected one provider as the pilot region for the SSIP work. This decision was due to the experience level of the provider in terms of EI service provision within the state, decreased availability of state provided professional development, and expanded size of the program since the start of providing services in the region.

DaSy, ECTA and NCSI technical assistance. During Phase III, year three, work on the SSIP continues with input from several stakeholder groups and technical assistance from ECTA, NCIS, and DaSy. In Phase I, North Dakota (ND) completed broad and in-depth analysis of our infrastructure and data, which informed the SiMR. This work led to the development of the Theory of Action and Coherent Improvement Strategies in Phase I. In Phase II, ND spent considerable time with Stakeholders, considering and deciding upon the activities and steps to achieve the coherent improvement strategies. In years one and two of Phase III, the focus has primarily been on completing activities in the strands to work towards implementing the evidence-based practice. *During*

Phase III, year three, the focus has moved to statewide scale-up of the evidence-based practice.

Onsite TA was provided by ECTA in September 2018, with collaborative phone calls throughout the year. ECTA and DaSy assisted in a September 2018 one-and-a-half-day training with the ICC on Indicator 4 data. The TA provided focused on analysis of Indicator 4 data with respect to representativeness and return rate. As a result, the ICC created a subcommittee to further explore the data and provide recommendations to the ICC on how to improve the family survey process to ensure accurate responses and representation. This subcommittee utilized further TA from ECTA and has met five times since its inception. The subcommittee made recommendations to the full ICC at their March 2019 meeting. Recommendations included utilizing the primary early intervention professional to deliver and gather the family survey, focus groups for underrepresented groups to determine how to better engage the group, and the exploration of an online survey. The ND team is also a part of the social-emotional communities of practice (SE COP) with ECTA. In addition to this, conference calls were scheduled to support the SSIP. The ND team takes part in the NCSI social-emotional collaborative with face-to-face meetings in June and September 2018.

Below is the Theory of Action that was developed in Phase I and revised in Phase II by the State Part C Team, with input from Stakeholders. No additional changes have been made to the Theory of Action since it's submission with Phase II. For ease of review, the Theory of Action can be found, to scale, as Appendix A.

ND Theory of Action

Strands of Action	If ND EIS...	Then...	Then...	Then...
Data Quality	...selects & implements a new child outcome tool... ...enhances its data system to ensure that valid & reliable data are available...	...regional programs will have increased knowledge & skill in completing entry & exit assessment on all children within the program... ...the state & regional programs will have data available for program planning & improvement...	...families will have increased information about their child's development... ...families will be better able to support their children's social-emotional development... ...service coordinators & EI providers will have more effective working relationships with children and their families...	...there will be improved social emotional outcomes for children who come in below age expectation but make substantial gains while involved with 1 identified provider will be demonstrated as a result of participation in early intervention
Professional Development	...designs & implements a statewide professional learning system with core features including mentoring & coaching...	...service coordinators & EI providers will have increased knowledge & skills in use of evidence-based practices...		
Evidence-Based Practices	...develop & implement training on the new child outcome tool... ...selects & facilitates implementation of evidence-based intervention practice(s)...	...service coordinators & EI providers will increase their use of recommended/evidence-based assessment & intervention practices to include coaching & mentoring with families...		
Policy & Procedure	...review policies & develop necessary procedures to ensure implementation of high-quality Early Intervention practices as necessary to improve social/emotional results of children & families...	...regional programs will have available to them policies & procedures to ensure consistent implementation statewide... ...service coordinators & EI providers will effectively implement statewide policies & procedures for high-quality service provision...		

In the Theory of Action, the State Part C team and Stakeholders determined that there are four areas that need to be improved to reach the SiMR. They are:

- **Data Quality**
- **Professional Development**
- **Evidence-Based Practices**
- **Policy and Procedure**

In considering these four Action Strands, the State Part C Team and Stakeholders agreed upon the following Coherent Improvement Strategies*:*

- **Data Quality**
  - North Dakota will select and implement a new child outcome tool
  - North Dakota will enhance its data system to ensure that valid and reliable data are available
- **Professional Development**
  - North Dakota will design and implement a statewide professional learning system with core features including mentoring and coaching.
- **Evidence-Based Practice**
  - North Dakota will develop and implement training on the new child outcome tool.
  - North Dakota will select and facilitate implementation of evidence-based intervention practice(s).
- **Policy and Procedure**
  - North Dakota will review policies and develop necessary procedures to ensure implementation of high-quality Early Intervention practices as necessary to improve social/emotional results of children and families.

The Theory of Action, Action Strands, Coherent Improvement Strategies and the results of these strategies, formed the foundation for all Phase II and III work. The State Team continued to meet with several stakeholder groups during years one and two of Phase III work, to gather insight, expertise and perspective. The North Dakota Interagency Coordinating Council (NDICC) was consulted; as well as stakeholder groups consisting of a Professional Development (PD) work group, Evidence-Based Practices (EBP) workgroup, Procedures work group, pilot region and an informal second pilot region, parents, and an EI state video-conference group made up of service coordinators, service providers and experienced parents, regarding the Phase III, year three work.

NDEIS continues to use the Theory of Action as a foundation for the SSIP work. The action strands and coherent improvement strategies are a group of activities designed to accomplish the work the State identified. The activities within each of the components are detailed below.

Data Quality Improvement Strand

There are two coherent improvement strategies within the Data Quality strand. The *first* coherent improvement strategy is ND will select and implement a new child outcome tool. The outcomes identified for this, include 1) A data system will be in place to allow the State to collect, analyze and report child outcome data, for both Federal & State requirements and 2) Families will have information about their child's status on developmental outcomes.

The *second* coherent improvement strategy is ND will enhance its data system to ensure that valid and reliable data are available. The outcomes identified by Stakeholders for this strategy include 1) Improve data quality by increasing the proportion of children for who there is exit child outcome data; 2) Improve data quality through increased accurate selection of type (initial, annual, or exit) of the child outcome assessment (PAR) & entering service termination dates where appropriate; and 3) Data will be available to answer State identified critical questions regarding child outcomes (see Action Strand Improvement Plan – Appendix B). Stakeholders chose seven activities to meet the coherent improvement strategies.

The *first activity* to meet the *first* coherent improvement strategy is that the State will complete the self-assessment for selected components of the Child Outcomes Measurement System Framework (COMS). For specific activities and progress made, refer to the status/notes section of Appendix B of the data quality strand.

The *second activity* to meet the *first* coherent improvement strategy is that the State will select and implement a new child outcome tool. For specific activities and progress made, refer to the status/notes section of Appendix B of the data quality strand.

The *third activity* to meet the *first* coherent improvement strategy is that the State will develop and implement a data system for child outcome data. For specific activities and progress made, refer to the status/notes section of Appendix B of the data quality strand.

The *first activity* to meet the *second* coherent improvement strategy is that the State will refine Therap, state's data system, for data quality purposes. For specific activities and progress made, refer to the status/notes section of Appendix B of the data quality strand.

The *second activity* to meet the *second* coherent improvement strategy is that the State will include the child outcome results indicator in the Data Guidance document. For specific activities and progress made, refer to the status/notes section of Appendix B of the data quality strand.

The *third activity* to meet the *second* coherent improvement strategy is that the State will complete the self-assessment for relevant components of the DaSy Framework. For specific activities and progress made, refer to the status/notes section of Appendix B of the data quality strand.

The *fourth activity* to meet the *second* coherent improvement strategy is that the State will use data to answer programmatic questions. For specific activities and progress made, refer to the status/notes section of Appendix B of the data quality strand.

Noteworthy activities related to both coherent improvement strategies:

Child outcome tool.

North Dakota replaced the child outcomes assessment tool in the fall of 2017 with the Assessment, Evaluation, and Programming System (AEPS) after significant planning for several years and reporting the transition process to a new child outcomes tool in our last APR. The outcome tool replacement was needed due to challenges in using the Oregon Early Childhood Assessment tool (Oregon). The Oregon is no longer being utilized and supported by its creators, therefore, had limited criteria for defining "comparable to same-aged peers," no continued support for calculating cut-offs, and no formalized training available. Staff received AEPS training in June 2017 and were able to pilot the system for the months of July-September 2017. North Dakota began using the AEPS and entering data into the AEPSi data system on 10.2.17. The previous tool, the Oregon, was used as the assessment tool for child outcome data in FFY 2017 before the transition date of 10.2.17.

This is North Dakota's first APR year of being able to report entrance/exit data using the AEPS, however our AEPS data this year has a very small N (n = 11) because of the truncated data collection window and implementation to the new system. Our outgoing tool, the Oregon, has an N of 328. Because of the planned transition to a tool that provides a more valid and reliable result, North Dakota has had to adjust Indicator 3 reporting. North Dakota is reporting performance data for the larger sample of children using the old tool data, the Oregon, with the larger N of 328. North Dakota has been working with DaSy and ECTA Technical Assistance on the transition to the new tool.

Fidelity & Inter-Rater Reliability of Child Outcomes Tool.

The Part C Coordinator is collaborating with the AEPS publisher to plan inter-rater reliability training opportunities on the new child outcome tool. Discussions with AEPS have occurred regarding the procedures for the use of the inter-rater reliability modules for the field. To continue data quality improvement and ensure fidelity, North Dakota will implement inter-rater reliability training on the AEPS to new and existing staff members. North Dakota will have the inter-rater reliability training available for the field by fall 2019.

ND DPI strategic initiative. In December 2017, the linking work described above was incorporated into another initiative (ND DPI Strategic Initiative). The Initiative meets at least monthly and work continues to answer the critical questions. It is the hope, that in answering the above questions, ND will better be able to serve families and maximize the State's ability to collaborate with other agencies, providing smooth and effective transitions for children and their families.

Critical questions. In addition, in January 2018, the State identified a preliminary set of critical questions around the area of characteristics of children served and IDEA services and settings. In March 2018, two stakeholder groups (the ICC and EI professionals group) were brought together on separate occasions to assist the State in narrowing the focus from the broad topic areas to specific critical questions within the topic areas. The following questions were selected with stakeholder input:

- **1.A.1.b.:** What are the characteristics of children and families currently enrolled in EI/ECSE (e.g., disability, demographics, risk)?

- **1.B.2.f.:** What percentage of children leave EI/ECSE because the family withdrew from services? What percentage of children leave EI/ECSE for other reasons?

- **1.B.2.e.:** What percentage of children who receive EI services continue on to ECSE? What percentage of children in ECSE received EI services?

These questions will serve as a guide for developing public reports for all stakeholders.

A collaborative group of stakeholders, including state Part C and Part B leadership, early intervention stakeholders and technical assistance by WestEd utilized the critical questions to consider Child Find issues. The group focused on using the information as a guide to better inform future decisions. This work was completed in 2018.

In May 2019, North Dakota Part C leadership and the early intervention stakeholder group will begin a data-drill down on APR data, with specific consideration given to the critical questions. IDEA Data Center (IDC) TA will be assisting the group with analyzing data to better answer the questions outlined above, as well as to consider data trends and data quality. Five-year trend data was provided to the EI Stakeholder group in December 2018. This data will drive the drill-down with IDC. Information about the data drill-down opportunity was shared with the ICC at their meeting in March and the ICC offered feedback and considerations.

Electronic database improvement. Additionally, the Part C Coordinator is always seeking input from stakeholders on how the electronic database (Therap) can be improved. When suggestions are made, or difficulties are encountered, that information is taken back to the Therap development team and are considered for either enhancements or fixes to the system. This is an ongoing process that the State will

continue to use as improvements are made or concerns arise. Stakeholder input is critical to identifying enhancements and/or additional needs, so feedback is frequently sought when meeting with EI staff or when reviewing data with the ICC, as well as additional stakeholders. In July 2018, the state-initiated work on moving the IFSP document in Therap from the state portal to the provider portal location in the system. This move will increase data quality by providing the same capabilities to all providers in the state, enhance users' ability to collect and attach documents to the IFSP, document interactions with families, and increase ease of use. This date for implementation is being prioritized and is upcoming.

To improve consistency across providers, a Question and Answer Document (Q&A) was created in fall 2018 and is distributed monthly. This document includes questions submitted by the field to the Part C Coordinator, and responses from the coordinator. The Q&A document was developed in response to a request by the field to have consistent and timely clarifying information, or relevant changes in online tool usage, procedures, and expectations.

Q&A Document

The following is a working document with questions that have been asked by Service Coordinators and Infant Development Providers. Please continue to email questions to me at jadusumilli@nd.gov or call at 701-328-8968. As questions are asked and answered, they will be added to this sheet for reference.

Date	Question	Response	Comments/Clarification
12/28/18	I have a child who is one year old who is receiving only program management services. She was in the hospital when found eligible and immediately transferred to a nursing home, where she continues to reside. Do I need to do a full evaluation and write the IFSP if she is only receiving program management?	Program Management is considered Service Coordination under Part C regulations, and therefore the family is receiving a Part C service. To satisfy the Part C requirements, a full assessment and IFSP need to be completed as long as the family is interested in receiving service coordination services.	
12/20/18	Therap lists several evaluation tools in their system, and we are aware of the AEPS. Is there a list of appropriate protocols that are acceptable for use in each evaluation area?	The tools listed in Therap are only populated due to the frequency of use, not a specific recommendation or endorsement of tools. There is no list maintained at a state level, as each professional may know of appropriate tools for their discipline. Regions or ID programs may have created lists of their own.	
12/18/18	A DDPM was misinformed of the time of a transition meeting and was not able to attend the meeting before it ended. Can the meeting still be billed as a transition meeting?	The DDPM (Service Coordinator) is a required member of the team. If they are not present at the meeting, it cannot be considered a meeting, nor can it be billed as such.	

Professional Development Improvement Strand

There are two outcomes in the PD strand, including a 1) Professional Development (PD) plan, which will be developed to support the use of evidence-based practices, and the 2) PD plan (see Action Strand Improvement Plan Appendix B). The Coherent Improvement Strategy is North Dakota will design and implement a statewide

professional learning system with core features including mentoring and coaching. The Stakeholders chose three activities to meet the coherent improvement strategy.

The *first activity* to meet the coherent improvement strategy is that the State will complete the Personnel/Workforce component of the ECTA System framework. For specific activities and progress made during Phase III, year two, refer to the status/notes section of Appendix B of the professional development strand.

Professional development workgroup. During Phase III, year three, the professional development system work continued with the input of stakeholders in EI, TA and the state Part C team. The stakeholders considered implementation drivers to continue building the PD system, including considering the knowledge of EI staff in ND, the intensity of ongoing supports necessary for EI, the current policies and procedures, the administrative support and the funding. The EI stakeholders groups involved in the SSIP are included in Table 2 below.

TABLE 2. Early Intervention Stakeholder Groups

Early Intervention Stakeholder Groups	Members
PD Workgroup	Regional representatives of service coordinators, EI providers, parents, and technical assistance.
Policy and Procedures Workgroup	Regional representatives of service coordinators, EI providers, parents, and Part C Coordinator.
Interagency Coordinating Council (ICC)	Statewide, designated agency and caregiver stakeholders appointed by the governor.
Caregivers	Parents of children who have been or are in early intervention.
PIWI Leads Group	Group made of regional representatives from across the state for infant development and service coordination.
Statewide EI PolyCom Group	Group comprised of supervisory staff in the area of early intervention and service coordination across the state. In addition, EI provider staff, service coordination staff, and experienced parents attend.
Inter-Department Preschool Development Grant Workgroup	Office of Early Learning (OEL) Director, OEL Assistant Director/Part B 619, Head Start/Early Head Start Collaboration, CCDF Lead Administrator, Part C Coordinator, DoH Section Chief, DoC Program Specialist, and ITD Enterprise Architect.
Statewide Early MTSS Committee	Cross-sectional statewide group of agency leaders including, Department of Public Instruction, Office of Early Learning, Prevent Child Abuse North Dakota, Maternal Child Health/Department of Public Health, Lutheran Social Services, North Dakota Home Visiting Coalition, Department of Human Services, EI providers, higher education, and technical assistance providers.

During Phase III, year three, the professional development (PD) workgroup that was initially created over the summer of 2016, continued to meet. The workgroup includes stakeholders from across the state (experienced parents, EI, TA, and service coordinators). The workgroup's goal was to delineate state and local responsibilities in PD and to create a possible structure for PD in North Dakota EI. During Phase III, year two, PD workgroup finalized the following statement outlining state and local responsibilities in PD:

State Responsibilities in the Professional Development Framework	Local Responsibilities in the Professional Development Framework
State responsibilities include sharing federal policy and state procedures for early intervention while supporting a professional development system for new and existing providers.	Local EI programs are responsible for following state and federal Part C regulations with local implementation. In addition, local EI programs are responsible for the supervision and application of EI service provisions to include local coaching, local procedures in early intervention, community resources, and local inter-agency activities/processes.

PDSA cycle. The Plan-Do-Study-Act (PDSA) cycle has been vital to the SSIP process. Stakeholder groups consistently offer insight and feedback on SSIP projects. The PD workgroup reviews information and offers feedback as the core EI content areas in PD are being developed in kind by MTAC, LLC. The PD workgroup meets regularly and reviews materials developed for the PD content areas, including narrated presentations, reflective questions, supplemental information (videos, documents, web resources) and infographics. Ongoing stakeholder feedback is an integral part of this process to continually improve the final product.

With the use of the PDSA cycle, during Phase III, year three, it was evident that the content area of Service Coordination needed to be added and prioritized along with Family Assessment. See Table 3 below. Several other opportunities for feedback from stakeholders, in addition to the PD workgroup, are also built into the PD development, as discussed below.

PD Content Areas. The PD workgroup originally developed timelines to phase-in the PD system as a way to support the use of the SSIP evidence-based practice (DEC F6). The PD plan was originally developed because of lack of funding and no professional development system in North Dakota for Part C services. The original intent to move forward with specific PD materials around social emotional. However, it quickly became evident that the group needed to back up to cover the basic foundations of EI before specifically covering social emotional. The foundational content areas have been adapted and topic areas have been added or the order of material development changed related to data around most poignant needs identified through the ongoing use of the PDSA cycle with early intervention providers.

**Table 3. Professional Development Content Area Completion and Revision**

Professional Development Content Areas *Developed Phase III, Year One*	Revised Professional Development Content Areas *Developed Phase III, Year Three*
Mission and Key Principles	**Mission and Key Principles**
Triadic Strategies	**Triadic Strategies**
Family-Centered Practices	**Functional Outcomes**
Evaluation and Assessment	**Family-Centered Practices**
Family Assessment	*Service Coordination
Functional Outcomes	*Family Assessment
Routines-Based Intervention	Evaluation & Assessment
Transition	Routines-Based Intervention
Part C General Supervision	Transition
Social-Emotional Foundations and Strategies	Social-Emotional Foundations and Strategies
*EI Coaching	Part C General Supervision
	EI Coaching

Key
Bold PD Content Areas are completed
*Added or prioritized due to stakeholder feedback
Green PD Content Areas are in process

PD Content Area Development. During Phase III, year one, videos and an infographic were created on the key principles of early intervention. During Phase III, year two, the group identified the next two content areas to focus on during the upcoming year as *triadic strategies* and *family-centered practices.* The initial content areas were chosen to follow the referral process to intervention. In Phase III, year three, the group finalized the Family Centered Practices content area with stakeholder feedback.

Family-Centered Practices in Early Intervention

Building partnerships → **Strengthening the family's capacity to function**
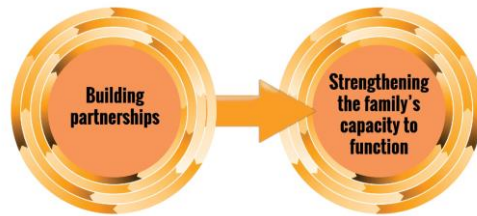
Stakeholder Survey Responses. The Family-Centered Practices PD materials were released to the entire state for use and feedback in June of 2018. Before the materials were released, a pre-survey was given to all Experienced Parents, service coordinators, and early interventionists. The materials were released at the monthly statewide EI PolyCom with discussion of how the materials could be used with new and experienced staff and families. Staff had eight weeks to view the materials and use the reflective questions to support their practice with families.

A post eight-week survey was released for Family Centered Practices to obtain feedback following the PDSA cycle. The survey participants included 25 early interventionists and 13 service coordinators, with 3 participants having less than a year experience, 14 participants with one to five years' experience and 20 participants with over five years' experience. Following are questions and responses to the survey:

Table 4. Family-Centered Practices Survey Responses

Question	Response
The PD materials helped me to have a better understanding of family-centered practices.	94.59% of participants reported better understanding
The information increased my knowledge about supporting families' during home visits.	100% of participants reported increased knowledge.
This information helped me talk with families about how family-centered practices drive early intervention.	97.36% of participants reported increased ability to share about family-centered practices.
This information helped me understand why it is important for caregivers to be active participants in early intervention.	100% of participants reported increased understanding.
The reflective questions were considered.	94.74% of participants reported considering the reflective questions.
The graphics supported my learning about family-centered practices.	97.37% of participants reported the graphics as supporting understanding.

The presentation supported my learning about family-centered practices.	100% of participants reported presentation as supporting understanding.
The supplemental document supported my learning about family-centered practices.	97.37% of participants reported the supplemental document as supporting learning.

The information demonstrated a powerful impact on practices for families. Over 55% of participants reported that the use of the Family-Centered Practices materials helped them to empower families during EI.

This information helped me empower families to be a part of early intervention.

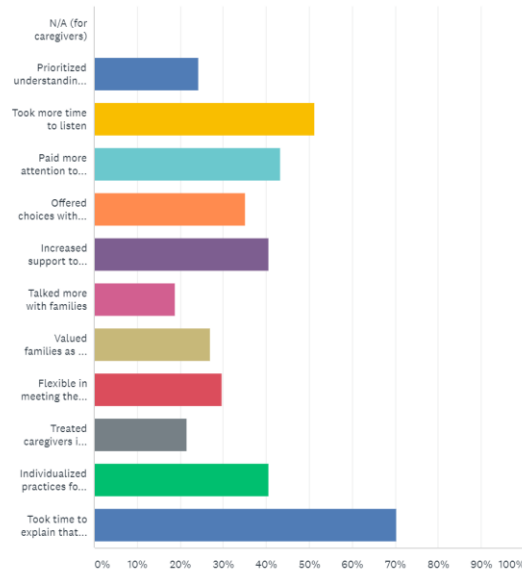Answered: 38   Skipped: 1
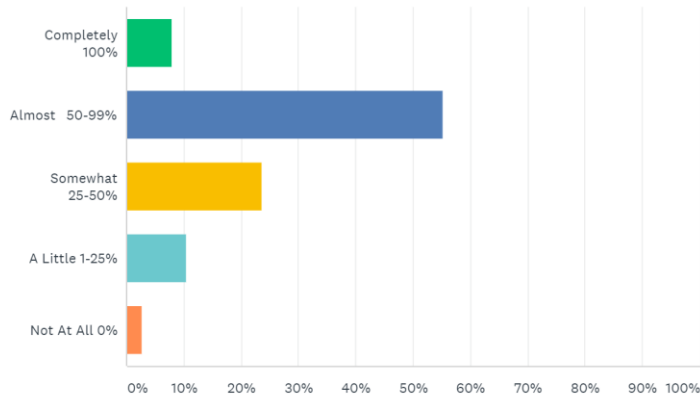
Participants reported ways their **practice changed** after viewing material and considering families centered practices. The top five areas of reported practice change included prioritizing family strengths, taking time to explain the EI role emphasis is on caregivers, more time to listen, paid more attention to routines, and individualized practices for families.

12

If you are a service coordinator, early interventionist, or experienced parent check the boxes that apply to indicate ways your practice changed when considering family-centered practices. If you are a caregiver, check N/A:

Answered: 37 Skipped: 2

If the PD materials (infographics, presentation, supplemental document) were available online, who would you share this with? Check all that apply.

Answered: 36 Skipped: 3
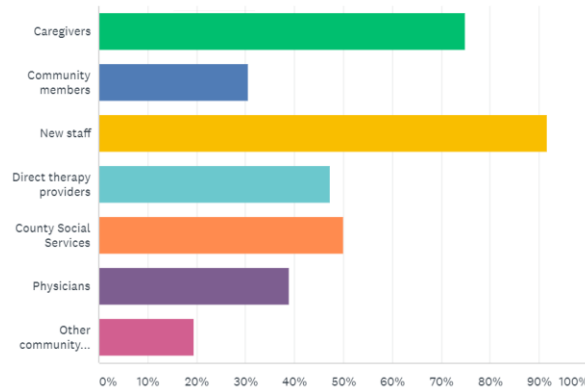
The second content area developed during Phase III, year three was Service Coordination. This content area was added due to stakeholder feedback. In September 2018, during the ND Service Coordination monthly meeting, technical assistance led a discussion on the roles and responsibilities of Part C service coordination. Service coordinators reported a need for more information to support the understanding of roles and responsibilities around service coordination in early intervention.

This topic of service coordination was discussed at the following PD workgroup. The stakeholder PD workgroup recommended that the content area of service coordination needed to be added as a core area and prioritized for development. In addition, the PD workgroup recruited and added service coordinators to the workgroup for broader

stakeholder perspective. The workgroup is currently in the process of revising the service coordinator content area developed in kind by MTAC, LLC, to be released fall of 2019.

Creating Quality Service
Coordination Services in ND:
Understanding IDEA Part C
Requirements

Part C Website. Increasing supports on the website was vital during Phase III, year three. A tab for professional development was added to the state website. The early intervention resources added to the website focused on guidance materials to promote core concepts around the states evidenced based practice of DEC F6. The site now includes the following information since Phase III work began:

- Mission and Key Principles of Early Intervention Video,
- Mission and Key Principles Infographic with 7 Interactive Video Links,
- Mission and Key Principles Link from ECTA center,
- Triadic Family Centered Practices,
- Triadic Family Centered Practices Strategies in EI and Interactive Video Link,
- Triadic Strategies Supplemental Document,
- Family Centered Practices Infographic with Interactive Video Link,
- Family Centered Practice Supplemental Document,
- Functional Outcome Visual Guidance Document,
- Functional Outcome Self-Assessment Tool.

The information on the website is for caregivers, early interventionists, and service coordinators in North Dakota. The goal of building the website it to increase access, understanding, and implementation of early intervention concepts. Storing information on the website creates a central area for stakeholders to view consistent and foundational information for early intervention.

ICC Stakeholder Feedback. The ICC offers feedback and insight on the progress of the SSIP throughout the year. The ICC was given a progress report highlighting activities and data around each strand at their March 28, 2019 meeting. The ICC discussed and offered feedback regarding focus and prioritization of activities for the coming year.

PD Budget. For this fiscal year, there are no funds available to fully implement the PD system, as designed. Each year, the budget will be reviewed, to determine if funds can be made available. Given this, the PD workgroup decided to continue to implement a PD structure that is budget neutral.

The direction of the PD system is structured to ultimately lead to the creation of a statewide coaching system in early intervention. The SSIP focused on increasing the understanding of social-emotional foundations. Part C has begun conversations about the possibility of using the Pyramid model in conjunction with the statewide Early MTSS committee. The state considered making an application to the new TA center, the National Center for Pyramid Model Innovations (NCPMI), to aid this implementation, but the required funding was not available.

Evidence-Based Practice Strand
The state's Theory of Action (see Appendix A) includes an Evidence-Based Practice (EBP) strand of action that was developed into an Action Strand Improvement Plan (see Appendix B) during Phase II. The state worked with a variety of Stakeholders to develop a plan to choose and implement the evidence-based practice in several collaborative efforts during year one of Phase III. The state decided that the selection of the EBP would be based on the DEC Recommended Practices (DEC RPs). In order to refine the selection of the EBP from the DEC RPs, stakeholders were a part of several training, survey, ranking, and discussion processes. Stakeholders were included from the ICC, EIP, regional service coordinators, regional experienced parents, and regional early interventionists. The selected EBP is *DEC RP F6: Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences.*

Evidence-Based Improvement Strand

Evidence-based action strand improvement plan. In the *first* coherent improvement strategy, North Dakota will develop and implement training on the new child outcome tool, there is one outcome 1) EI providers will be trained on the tool according to the Publisher's protocol (see action strand improvement plan Appendix B). The Stakeholders chose one *activity* and several steps to meet the coherent improvement **strategy**.

The *first* activity was to develop a PD plan for the new child outcome tool with input from a stakeholder group (service coordinators, experienced parents, EI) and in conjunction with the publisher of the new child outcome tool. This has been completed.

In the *second* coherent improvement strategy with this strand, ND selected an evidence-based intervention practice(s). There are two outcomes 1) EI providers will increase their use of selected evidence-based practices (EBP) as intended and 2)

Families will be better able to support their children's social-emotional development. The Stakeholders chose three activities to meet the coherent strategy.

The *first activity* to meet the coherent improvement strategy is that the state will develop and implement a process for selecting EBPs, and this was completed during Phase III, year one. For specific activities and progress made, refer to the status/notes section of Appendix B of the EBP strand.

The *second activity* to meet the coherent improvement strategy is that the State will develop a PD plan for EBP. This was interrelated with the PD Action Strand Improvement Plan and completed in Phase III, year one. For specific activities and progress made, refer to the status/notes section of Appendix B of the EBP strand.

The *third activity* to meet the coherent improvement strategy was to develop and implement a learning system for writing high quality functional outcomes. This was a state initiative that began in early 2014 with regional and onsite trainings. Training materials evolved with feedback and were completed during Phase III, year two. Functional outcome visual outcome guidance documents were shared and uploaded to website for wide distribution during Phase III, year three. For specific activities and progress made, refer to the status/notes section of Appendix B of the EBP strand.

The evidence-based practice plan is continually scaled up through the support of Stakeholders in EI, TA, Part C team and the involvement of the Publisher of the new child outcome tool for ND. As EBP's are put into place stakeholders will provide feedback to the implementation process as the State continues work in the pilot region and eventually scales up to other regions in the state.

New Child Outcome Tool. During Phase III, year three, AEPS use is fully implemented in ND as an evaluation/assessment tool for child outcomes. This goal is met. For additional information about child outcome activities see information in the data quality section above.

Evidence-Based Practices. The selected EBP is *DEC RP F6: Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences.* During Phase III, year one SSIP work, it was determined that PD strand activities needed to be closely aligned to the EBP strand. The activities discussed in the PD strand continue to be closely aligned with the EBP work.

The development of consistent and available resources on the EI website, including mission and key principles videos, triadic strategies video and resources, family-centered practices video and resources, and functional outcomes visual guidance have been a foundation for all activities around the selected EBP. The availability of early

intervention resources for caregivers, early interventionists, and service coordinators supports performance and practice change.

EBP Scale Up

Caregiver Survey/ Gathering Family Input. During Phase III, year two, the pilot region met with State Technical Assistance with the goal of creating a survey for practice change around DEC RP F6. The pilot region service coordinators and early interventionists reviewed the DEC fidelity checklists to create the survey for families. First, the groups reviewed all DEC fidelity checklists. Next, the pilot group circled the checklist items that they felt most closely aligned with DEC RP F6. Then, each group worked to make the wording family friendly. The groups presented their top choices for the survey. State technical assistance reviewed the top choices and created a survey. The survey was then presented to family member stakeholders for review. Significant changes were made from the feedback to make the survey more family friendly. The purpose was to chart change of home visiting practice over time from the perspective of caregivers. This survey is planned to be completed again in December 2019, so that practice change can be captured.

During Phase III, year three, the pilot region also discussed the best methodology for distributing the survey to families in the region with consideration of how to get the best response rate. The survey was mailed to 128 families in April of 2018 with reminders from service coordinators and early interventionists to please complete the survey. Following is the survey with data compilation:

EARLY INTERVENTION (EI) CAREGIVER FEEDBACK

	Scale				
We are gathering information to learn from families about early intervention (EI). Your service coordinator (DDPM) and early interventionist have been working very hard to learn about serving families through understanding and supporting your family's everyday activities (routines). To do this, we are asking families about their EI services so we can see if additional staff training in family-centered practices makes a difference for your family. The information will be used to improve EI services. Thank you for providing valuable feedback about your family's experience with early intervention.	NOT AT ALL	A LITTLE	SOMEWHAT	ALMOST	COMPLETELY
For each statement below, circle the number to the right that best fits your judgment of its quality.	0-25%	25-50%	50-75%	75-99%	100%
Priorities					
My involvement in early intervention (EI) helps me identify opportunities to learn during our family's everyday activities.	0%	3%	9%	20%	69%
Individualized Family Service Plan (IFSP)					
I helped to develop and choose the outcomes for the Individualized Family Service Plan (IFSP).	0%	0%	3%	3%	91%
Everyday Activities (routines)					
My involvement in EI helps me find more ways for my child to participate in my family's everyday activities.	0%	0%	9%	20%	69%
My involvement in EI helps me to learn how to make changes in everyday activities to help my child learn.	0%	3%	6%	11%	80%
Promoting Positive Behavior					
I understand my child and his/her behavior better because I am involved with Early Intervention.	3%	3%	9%	6%	80%
Because of early intervention, I have more positive ways to respond to my child's behavior.	0%	9%	3%	11%	77%
Because of early intervention, I have strategies such as providing choices, asking questions, modeling, etc., to help my child learn positive ways to get their needs met.	0%	6%	6%	9%	77%
Strengths					
My involvement in EI has helped me to identify the strengths of my family to support my child.	0%	3%	6%	14%	77%
Because of early intervention, my family has more fun and creative ways to help my child learn.	0%	6%	3%	11%	80%
Confidence					
My involvement in EI helps me feel more confident in helping my child learn and grow.	0%	6%	6%	3%	86%
My involvement in EI helps my family offer more opportunities for my child to learn throughout the day.	0	3%	9%	3%	86%

	Less than 6 months	6 – 18 months	19 – 36 months
My family has had EI services for this length of time: (circle one) No response 6%	31%	46%	17%

The survey requested caregiver feedback in six areas including, priorities, Individual Family Service Plan, everyday activities (routines), promoting positive behavior, strengths, and confidence. The results skewed towards positive ratings overall, which is

typical in North Dakota. Taking this into account, the decision to focus on areas that were rated the lowest rated (not at all, a little and somewhat) are the focus of improvement. Caregiver's responses indicated more challenges in the areas of promoting positive behavior and caregiver confidence. The highest ratings were in IFSP development and utilizing caregiver strengths.

Parents Interacting with Infants (PIWI). During Phase III, year two, the pilot region met to determine the focus of social-emotional competencies. The pilot region chose to use the Parents Interacting with Infants (PIWI) modules from the Pyramid model to promote staff social-emotional competencies. The PIWI was chosen as the starting point with the long-term goal of utilizing the Pyramid Model. Using the PIWI was also strategic in supporting the challenges reported in the caregiver survey. The service coordinators and early interventionists each determined the plan of action for working through PIWI modules with a defined completion date of six months, later extended to twelve months, due to stakeholder feedback and need.

Service coordinators and early interventionists separately led their teams through the PIWI modules. The service coordinators completed this, finding concentrating on areas of additional interest for their work, including Adverse Childhood Experiences (ACEs) and trauma-informed care. The early interventionists struggled to complete the modules in twelve months due to staff turnover.

The information gained from stakeholders regarding the process of module implementation was used to identify program needs. The feedback aided in understanding the components of scaling up the PIWI model. Regional leaders also met with their staff and reviewed guided questions about the wins and hiccups of the process, sharing feedback with technical assistance. Feedback included the need for additional focused time to engage with the PIWI materials and plan effective delivery, as well as a request for additional content areas around ACEs, trauma, and relationships. In addition, stakeholders stressed the vital need to strategically identify motivated leaders to facilitate and engage peers in the PIWI process. Early Interventionists noted that the resources previously created for professional development on triadic strategies and the intervention triad supported their understanding of the PIWI modules on dyadic relationships. This stakeholder feedback was vital in determining the specific steps of implementation for statewide PIWI scale-up.

PIWI Scale-Up. In order to scale up the PIWI, feedback from the pilot region stakeholder process was taken into consideration. On January 15th, 2019 the PolyCom stakeholder group met to discuss their needs and recommendations for determining the specific steps in the PIWI scale-up process in the state. Recommendations included the following:

- ✓ Regional PIWI leaders are service coordinators and early interventionists to support ownership in the process,
- ✓ Consistent monthly meeting time for accountability and guidance in planning regional PIWI delivery,

✓ Additional meetings times for those who may need additional support and reflection,
✓ Structured process based on stakeholder feedback and sustainability to guide the development,
✓ Sustainability plan focusing on regional leadership and peer support,
✓ Guided learning of the PIWI process to further develop peer learning and ownership regionally.

Based on stakeholder feedback, the following roles and responsibilities were used for recruitment of regional PIWI leaders, referred to as "PIWI Leads." The PIWI Leads function as the regional leader for each group (service coordination and early interventionist) in facilitating PIWI modules regionally for scale-up.

Each ID program and each DD/SC unit will choose **one person** within their region to be the PIWI Lead. The PIWI Lead will facilitate monthly PIWI modules within their region. The PIWI Lead *does not need* to be the coordinator in the region.

This person should be interested and committed in the following:

·   Social emotional foundations and the pyramid module.

·   Planning and facilitating monthly meetings with their team to learn about the PIWI module.

·   Attending the Monthly PIWI Leads meetings through webinar to support their regional PIWI facilitation.

·   Attending March 7th Getting Starting with PIWI webinar at 1:00

·   Being the PIWI contact person for their peers in the region.

This commitment is expected to take 9 to 11 months for regions to complete reviewing the PIWI material as the state EI system scales up learning about the pyramid model and relationships in home visiting.

The PIWI leads met on March 7th to begin the planning process. The initial work with the PIWI Leads group focused on gathering information to survey field staff around their knowledge base and needs for support in understanding and implementing the PIWI process. The topics identified by the group included the following:

➢ Understanding how to use PIWI in their day to day practice,
➢ Framing social-emotional challenges for families,
➢ Need for additional information that impacts social-emotional development such as ACEs, trauma-informed care, drug-endangered infants, impact on development, social-emotional assessment, family assessment, NEAR@Home Toolkit, and staffing difficult cases.

PIWI Pre-Survey. The survey was developed based on stakeholder feedback from the PIWI Leads meeting and sent to staff on March 11th. There were 129 respondents in the PIWI pre-survey in which 40 were service coordinators and 89 were early interventionists. There were 15 respondents reporting less than one year experience, 43 respondents reported 1-5 years' experience, with 70 respondents with over 5 years' experience. Each of the eight regions in the state was adequately represented. Following is the information reported from the survey:

- 79% reported that they had never worked with the Pyramid model.
- 28% of respondents indicated limited confidence in defining social-emotional development; whereas 5% of respondents reported complete confidence.
- 14% of respondents were challenged with knowing the relationship and interaction; whereas 17% of respondents reported complete confidence.
- 33% of respondents were not comfortable in helping caregivers establish a predictable routine; whereas 6% of respondents reported complete confidence.
- 40% of respondents uncomfortable in framing questions to talk with caregivers about social-emotional challenges; whereas 5% of respondents reported complete confidence.
- 34% of respondents need assistance in explaining the role of play in facilitating social-emotional development; whereas 5% of respondents reported complete confidence.
- 26% of respondents need more information in understanding social-emotional milestones; whereas 6% of respondents reported complete confidence.
- 37% of respondents need assistance in helping caregivers set the stage to promote interactions with their child; whereas 3% of respondents reported complete confidence.
- 37% of respondents need more support in the practice of using dyadic interactions with caregivers; whereas 4% of respondents reported complete confidence.
- 40% of respondents need assistance in providing strategies for families on self-regulation and emotional literacy; whereas 3% of respondents reported complete confidence.
- 41% of respondents need additional information in helping families make intentional choices to strengthen social-emotional development; whereas 4% of respondents reported complete confidence.
- 32% of respondents need support to use social-emotional strategies in their day-to-day practice; whereas 5% of respondents reported complete confidence.
- 29% of respondents need assistance in using strategies with caregivers to understand expectations; whereas 5% of respondents reported complete confidence.
- 27% of respondents need assistance in promoting engagement; whereas 5% of respondents reported complete confidence.
- 20% of respondents need assistance helping families understand their child's behavior; whereas 5% of respondents reported complete confidence.

- 20% of respondents need assistance in helping families have positive ways to respond to their child's behavior; whereas 9% of respondents reported complete confidence.
- 17% of respondents need help in developing strategies for choices, asking questions, and modeling to help children learn positive ways to get their needs met; whereas 14% of respondents reported complete confidence.

The questions were developed to capture a change in practice with the PIWI scale-up. This survey will be given again at the completion of the PIWI scale-up.

PIWI Fidelity. Feedback from the pilot region stakeholder process was taken into consideration in planning the PIWI scale-up. The specific steps were identified to support implementation and fidelity of the PIWI scale-up in the state. The specific steps include the following:

- Regional PIWI Leads for service coordinators and early interventionists,
- Monthly PIWI Leads meeting time for accountability and guidance in planning regional PIWI delivery,
  - PDSA cycle incorporated
  - Reflection activities, including wins and hiccups experienced
- Additional meetings times for those who may need support and reflection,
- Regionally-developed implementation plan outlining a structured process for sustainability,
- Practice change and regional data review,
- Sustainability plan focusing on regional leadership and peer support,
- Quarterly additional training webinars for statewide staff.

The first quarterly training webinar was provided on March 26th on the topic of Adverse Childhood Experiences (ACE's) for all service coordinators and early interventionists. Additional topical learning events like this will be supplements to the PIWI scale-up process based on feedback from stakeholders.

Completed Evidence-Based Practice Supports. Throughout Phase III, year three, mini professional development sessions were provided for the PolyCom stakeholder group as a way to offer supplemental information and strategies for the EBP. Following are the mini PD sessions offered:

PolyCom Mini PD's
- SSIP Review
- Professional Development Resources on the EI Website
- Introduction to the Pyramid Model
- Considering Routines and Challenging Behavior
- Trauma-Informed Care in Early Intervention
- Evidence-Based Decision-Making in Early Intervention

Cross Agency Collaboration. North Dakota Part C has worked to scale-up collaborative work with partner agencies and groups across the state.

Early MTSS. A state collaborative group, the Early Childhood Social/Emotional Partners (ECSEP), was created in Fall of 2016. The group is made of agency leaders including: Lutheran Social Services (Child Care Aware, Inclusion Specialist, and Health Families ND); Department of Human Services (DD Division-Part C, Behavioral Health & Children & Family Services); Department of Health; Dept. of Public Instruction-Section 619; the Early Head Start and Head Start Collaborator, from the Office of Early Learning; EI/ECSE/Right Track provider, Prevent Child Abuse North Dakota (PCAND), and MIECHV. This collaborative group has heightened awareness of the need for social-emotional supports in the state. The group met in 2018 to discuss the opportunities from the newly created National Center for Pyramid Model Innovations (NCPMI). Unfortunately, the group chose not to apply for the identified grants due to limited funds in the state. The group continues to meet and identify opportunities in creating a state MTSS system in early childhood.

Preschool Development Grant. Part C was included in the state's first PDG grant as a collaborative team member. The Department of Public Instruction (DPI) was the lead agency for the PDG, coordinating with the Inter-Departmental PDG (IDPDG) workgroup through the Office of Early Learning. The IDPDG includes the OEL Director, OEL Assistant Director/Part B 619, Head Start/Early Head Start Collaboration, CCDF Lead Administrator, Part C Coordinator, DoH Section Chief, DoC Program Specialist, and the ITD Enterprise Architect. Additional advisory teams, including stakeholders, caregivers, families, and state agency directors that were integral to the planning and coordination of the PDG activities were included. Part C worked collaboratively throughout the process, with specific goals and objectives identified for support in the area of social-emotional. The state was awarded the PDG, and Part C will continue to work collaboratively with this cross-agency group.

PolyCom Community Members/Statewide Agency Collaboration. The statewide PolyCom group has a standing agenda item that includes a presentation from a community agency that serves infants and toddlers. The presentation is an opportunity for the agency to network, sharing information about their program and initiatives. Discussion and time for questions is included to build relationships and collaboration across agencies. Since this agenda item has been added, Pathfinder Parent Information Center, North Dakota Vision Services, and the Department of Health - Special Needs Services have presented.

Infrastructure. Several exciting changes have impacted the infrastructure of Part C in North Dakota during the last year. Foremost, the state increased the part-time Part C position to a full-time Part C coordinator position. A new Part C coordinator was hired in May 2018 to fulfill this role. The full-time position was the result of stakeholder voice,

governance review, and the SSIP to update infrastructure to meet the service needs of infants and toddlers and their families in North Dakota.

The structure of service coordinator supervision in the state has been an ongoing discussion and planning process. In March 2019, the service coordinator supervision changed from the regional human service centers to the state level with the hiring of a Service Coordinator supervisor. The new structure allows the Part C coordinator and Service Coordinator supervisor to collaborate and offer increased supports to early intervention.

As a rural state, North Dakota has identified technology as an area of increased need. The state now has the use of Skype as a tool to connect staff at a distance for regular meetings. This will significantly reduce travel time to sites for communication and increase opportunities to connect for meetings, webinars, and. Skype will also allow increased cross-agency collaboration.

Functional Outcomes. The state developed and implemented a learning system for writing high quality functional outcomes in Phase II. Since 2014, regional training and resource development and revision has been ongoing with feedback from EI professionals and caregivers. Resources and training to support writing functional outcomes were developed based on a PDSA (Plan, Do, Study, ACT) cycle over a four-year process. Initially, the ECTA (Early Childhood Technical Assistance Center) framework was used as an introduction for developing, high quality functional IFSP outcomes. Through working with teams and collecting data, the criteria were redefined and condensed to support IFSP teams in writing functional outcomes based on family priorities. Updated guidance documents were developed over the last three years with dissemination in February 2018 and added to the website "Professional Development" link in March 2019. Below are examples of two of the documents:

IFSP FUNCTIONAL OUTCOME OVERVIEW

The outcome focuses on ways to support the child and family in participating in the activities and routines that are already a part of the family's day.

MEASURABLE

CROSSES DEVELOPMENTAL DOMAINS
is discipline free

ACTIVE
uses active words rather than passive

ROUTINE

JARGON-FREE
is jargon-free, clear and simple

POSTIVE
emphasizes the positive, not the negative

MEASURABLE

MEASURABLE

MEASURABLE

MTAC LLC Votava & Johnson (2018), adapted from ECTA/WRRC (2014)

IFSP FUNCTIONAL OUTCOME SELF-ASSESSMENT

Directions: Write the outcome you are assessing at the bottom of the form.

Next, refer to the definitions of each criteria and review the outcome.

Assign the corresponding score if your outcome meets the criteria. If you have a score of 6 or more, you are on the way to writing functional outcomes!

If your score is 5 or less, review the family priorities written with the family after the family assessment. Is the routine included? What criteria is most challenging for you? Review the definitions and examples while considering how you can improve on writing outcomes based on family priorities as part of an IFSP team.

MY SCORE

MEASURABLE = 1 POINT

ACTIVE = 1 POINT

POSITIVE = 1 POINT

JARGON-FREE = 1 POINT

CROSSES DEVELOPMENTAL DOMAINS = 1 POINT

ROUTINE = 5 POINTS

OUTCOME: TOTAL:

MTAC, LLC Votava & Johnson (2018)

Functional Outcomes Data.

Pre and post data collection demonstrated an increase in writing functional outcomes in nine of ten early intervention programs from 2015 to 2017. In December 2018, data were collected and analyzed for comparison to 2015 and 2017 data to ensure continued use of functional outcomes. Results were consistent, but the pilot region was an outlier with decrease in functional outcomes due to staff turnover.

Table 5. 2015, 2017, 2018 Functional Outcome Regional Comparison

2015	2017	2018
Percentage		
20	40	53
50	10	33
0	73	80
10	60	93
10	80	77
40	70	20
0	80	80
50	80	80
20	90	50
20	90	80

Functional outcomes survey. To better understand the impact of the past several years of focus on supporting staff in writing functional outcomes, a survey was developed for administrators of early intervention. Each administrator was encouraged to review questions of the survey, talk with their staff about the impact, and then respond to the survey.

The survey included 17 respondents, made up of supervisors of service coordinators, infant development and the experienced parent program administrator. Of the 19 administrators in the state, 17 responded. A majority of the respondents had over 5 years of experience.

Of the respondents, 65% reported that learning about functional outcomes over the last three years had a moderate to high impact on their intervention. Table ## below shows that respondents reported that the most impactful activity to support writing functional outcomes is family assessment (85%). This feedback is helpful to direct the next steps in professional development and evidence-based practice work, as an emphasis will be placed on family assessment.

Q4 Regionally, what activities supported staff in writing functional outcomes the most?

Answered: 17   Skipped: 0
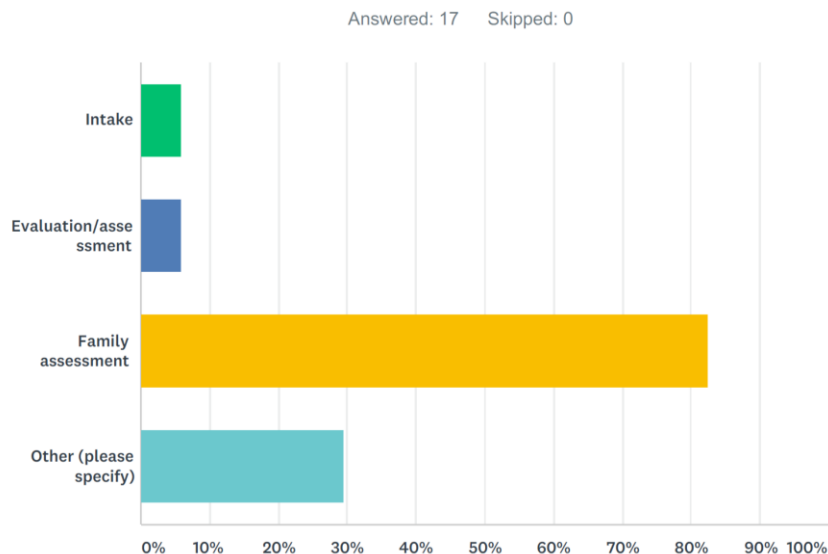
Respondents reported a variety of resources as helpful in learning about functional outcomes. The figure below, shows that team discussion rated the highest (100%), with the visual guidance documents (65%), and mentoring (53%). Self-assessment was reported at 29%, but this is expected as not all programs have begun using the self-assessment tool.

Q6 What resources has your team used to support understanding of functional outcomes in the past 2-3 years?

Answered: 17   Skipped: 0
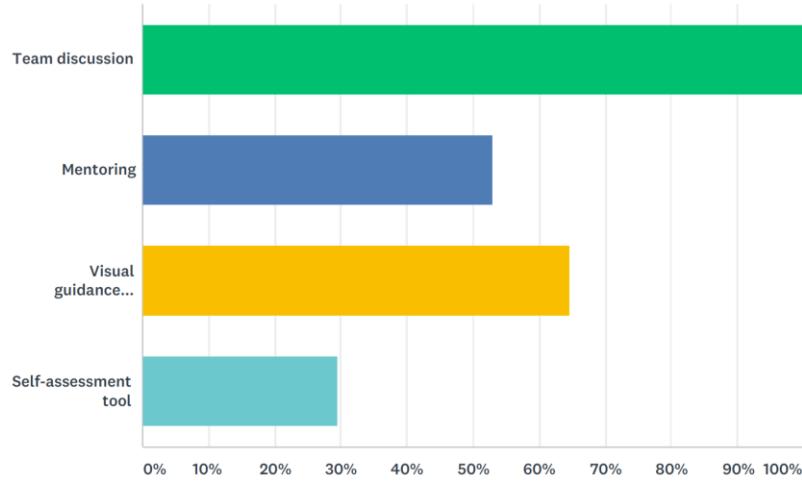
Respondents have reported the visual guidance documents for understanding functional outcomes to be very beneficial. The visual guidance documents are being used in a variety of ways to support professionals, caregivers, and community team members. The visual guidance documents have been used with teams, for self-reflection, self-assessment, and with families.

Q7 How were the visual guidance documents by ND Part C about functional outcomes used?

Answered: 17   Skipped: 0
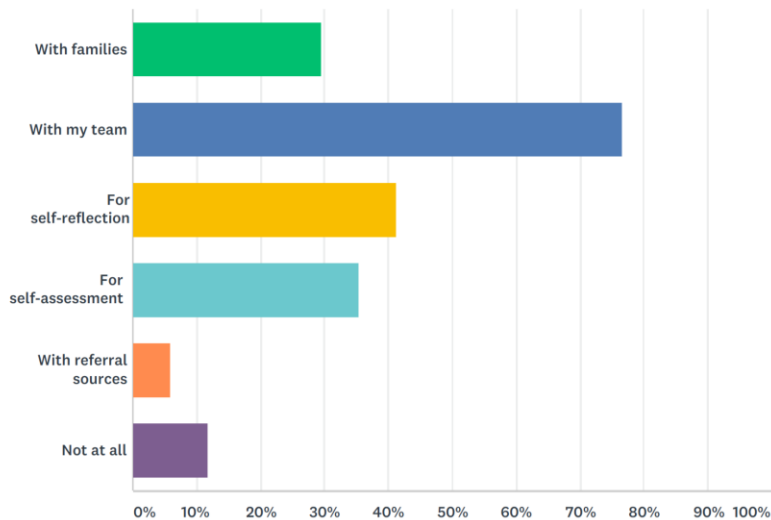
Future supports were identified as help in preparing families for writing functional outcomes and reviewing the basics of writing functional outcomes. The visual guidance documents were developed to support professionals, caregivers, and community team members, but more discussion is needed for preparing families and their understanding of functional outcomes. With staff turnover, it is helpful to have a process in place that re-visits the basics of writing functional outcomes. This feedback will be incorporated in future planning.

State TA will continue to provide ongoing support to scale up the writing of functional outcomes. The State has and will continue to use functional outcomes as a quality indicator for local determinations for APR activities.

Policy and Procedures Strand

Policy and Procedure Action Strand Improvement Plan. There are two outcomes in the Policy and Procedure strand, including 1) ND EI will disseminate a completed procedural guidance to regional administrators and 2) Regional programs will ensure use of procedural guidance in their region (see Action Strand Improvement Plan – Appendix B). The Coherent Improvement Strategy is North Dakota will review policies and develop necessary procedures to ensure implementation of high-quality Early Intervention practices as necessary to improve social/emotional results of children and families. Stakeholders chose one activity to meet the coherent improvement strategy.

The activity to meet the coherent improvement strategy is to create a procedural guide to support implementation of policies to support improvement in the SiMR.

The work on the policy and procedure strand began in the fall of 2017 with the writing and release of a procedure regarding the use of the child outcome tool. On 10.2.18, the procedure was revised and updated to include name changes, for example, during an adoption.

The State has identified a stakeholder work group to review current policies, identify procedure topics, as well as assist in writing any new policies and procedures. The workgroup includes early intervention providers and service coordinators. Stakeholder input is crucial to ensure that policy is written with families in mind and that procedure is written effectively, so it can be carried out as efficiently as possible. The state will work with ND's Parent Training Information center (PTI), which holds the states Experienced Parent contract to ensure policy and procedure is written with a family perspective.

In October 2018, the stakeholder procedures work group began by prioritizing procedures for creation and implementation. The group identified two priorities for procedures: IFSP development, and delineation of roles between service coordinators and early intervention providers. The group has created a procedural checklist for

IFSPs, and a procedural document and infographic for service coordination and early intervention roles. These documents will be presented to the field for review in May 2019.

Roles and Responsibilities Infographic

	Referral and Intake		Evaluation and Eligibility		Initial IFSP		6-Month Review		Annual IFSP		2.5-2.7 Transition		2.9- 3 Transition	
	DD	EI	DD	EI	DD	EI	DD	EI	DD	EI	DD	EI	DD	EI
	Take referral and contact family within 2 days	Gather developmental information.	For infants in the hospital, obtain medical information for evaluation and write IFSP with family. Refer to EI when home.	Schedule and send out prior notice for evaluation	Complete risk assessment, assist team writing outcomes and ISP, complete IDA, provide MA application	Complete family resources, functional skills, needs identified, write outcomes with team, assign consultants, discuss authorization.	Attend meeting, update IDAs, complete QER every 6 months.	Schedule meeting and send prior notice	Schedule and complete annual evaluation, complete write-up, review with parents	MA Redetermination, update ISP and IDA, check releases, review outcomes as a team.	If chosen, by 2.5, attach Opt-Out to IFSP.	Write a transition outcome by 2.6 years, assist with discussion of Opt-Out or LEA notification.	.2.9 DD eligibility redetermination. Contact with family regarding eligibility after age 3. Complete PAR, service plan for adult, review other services.	Support DD by reminding family of appointments for evaluations for eligibility.
	Schedule Intake		Two disciplines complete evaluation with family.		Document IFSP in Therap and send to DD within 10 days of IFSP meeting.	Review IFSP, update information where needed, take notes and document in Therap.				MA redetermination reminders, check releases, review and write outcomes as a team.	Attend meeting and support family by providing information about child. Discuss DD eligibility after age 3.	If chosen, by 2.6, attach LEA notification to IFSP & send to LEA.		Complete closing AEPS and enter in AEPSi.
	Start Risk Assessment, ROI, Admitting Paperwork	Schedule tentative date for evaluation	Send results to DDPM for eligibility determination.	Review IFSP and activate within 5 days.		Provide copies to parents and provider				Input annual IFSP into Therap, update risk assessment.		Schedule 2.7 transition meeting & send prior notice.		Visit preschool with the family.
			Attach evaluation to Therap. Enter AEPS into AEPSi if child is eligible.	Review evaluation with family, schedule IFSP, write prior notice.		Begin providing services according to IFSP				Contact DDPM when complete.		Assist family in providing information about their child to school personnel Review outcomes, update IFSP.		Follow-up with the family 3 months after transition.
			Eligibility results given to family and EI Letter sent to family			Conduct face-to-face visit at least every 90 days.			Activate annual IFSP, contact EI when activated.			Input 2.6 transition summary in Therap.		

Ongoing Responsibilities

DD: Arrange for and set up additional services such as in-home support, equipment & supplies, assists with MA follow up when needed, works with county as needed	EI: Write up home visit notes, schedule and write up consults and attach to IFSP in Therap	Both DD and EI Staff have a responsibility to put notes in Therap, especially about scheduling difficulty leading up to an Initial or Annual IFSP.

DD and EI Roles and Responsibilities

Evaluation Activity Overview
The evaluation plan (see Appendix C) is organized by strand and includes both an Implementation Evaluation, as well as an Impact Evaluation, table. The Implementation tables include information regarding the outcome, performance indicator, the measurement/data collection methods, a proposed timeline, and a results/notes section. The Impact Evaluation tables include a description of the short-term outcome, evaluation questions, performance indicator, the method used for measurement/data collection, a proposed timeline, and results/notes. All evaluation results are included in the tables, along with any updates to timelines, etc.

Data Quality Evaluation Table Overview
The results/notes column of the evaluation plan (see Appendix C) for Data Quality indicates that all items are complete or in progress. As illustrated in the Data Quality implementation evaluation table, adjustments were made, and the child outcome tool was implemented in October 2017. As shown in the impact evaluation table, an adjustment was made to the timeline for family reports, to correspond following the implementation of the child outcome tool.

Professional Development Evaluation Table Overview
The results/notes column of the evaluation plan (see Appendix C) for PD indicates that all items are completed or in progress. As illustrated in the PD implementation evaluation table, the implementation of the intended outcomes is occurring as scheduled. The professional development work plan (see Appendix D) was developed in August 2016 and updated in 2018. The PD content areas were re-prioritized with the addition of service coordination, which is the current priority. See Professional Development section above for specific activities/implementation procedures and information from feedback loops that drove changes to the plan.

Evidence-Based Practices Evaluation Table Overview
The evaluation plan (see Appendix C) for EBP results notes that all items are completed or in progress. As illustrated in the EBP implementation evaluation table, the implementation of the intended outcomes, including Child Outcome Tool roll-out and EBP scale-up continue.

The second outcome of identifying a provider to be trained on the evidence-based practice is completed. The third outcome of families being supported in the implementation of EBP practices within their routines is in progress with a change of completion date from December 2018 to December 2019. Several activities were completed (see EBP section above with plan and notes).

The second short-term outcome of EI professionals in the identified provider increasing their knowledge of selected evidence-based practices (EBP) is in progress as a survey was completed in the fall of 2015, and a post-survey will be collected in July of 2019.

The third short-term outcome of EI professionals in the identified provider increasing their use of selected evidence-based practices (EBP) as intended to support children and families in the area of social/emotional development is in progress. The EI professionals in the pilot region used PD developed materials to increase their use of triadic strategies. The outcome is reviewed within the tables below and the EBP strand above.

The fourth short-term outcome of IFSPs in the identified provider including increased numbers of functional outcomes according to identified criteria is in progress. Materials and guidance were released to EI professionals in the state. A review of functional outcomes in IFSPs demonstrated an increased use of functional outcomes within routines with a data comparison in years 2015, 2017, 2018.

The fifth short-term outcome of families having strategies to be better able to support their child's social-emotional development is in progress. Timeline and measurement have been changed to allow sufficient time for EBP to be implemented and for families to experience a perceived change in their ability to better support their child's

social/emotional development. A survey was developed by stakeholders to be used to gather family input in April 2018. The survey requested caregiver feedback in six areas including, priorities, Individual Family Service Plan, everyday activities (routines), promoting positive behavior, strengths, and confidence. The results skewed towards positive ratings overall, which is typical in North Dakota. Taking this into account, the decision to focus on areas that were rated the lowest rated (not at all, a little and somewhat) are the focus of improvement. Caregiver's responses indicated more challenges in the areas of promoting positive behavior and caregiver confidence. The highest ratings were in IFSP development and utilizing caregiver strengths.

Policy and Procedures Evaluation Table Overview
The results/notes column of the evaluation plan (see Appendix C) for Policy & Procedure indicates items that are in progress or upcoming. As illustrated in the Policy & Procedure evaluation table overview, two procedures are to be distributed to the field for review by May 2019. These procedures have been developed with a stakeholder group that includes service coordinators and early intervention providers.

Plans for the fourth year of Phase III

ND EIS remains committed to continuing the important work of improving social/emotional outcomes for children and their families. The Action Strand Improvement Plans and Evaluation Plans (Appendices B & C) show the timeline for activities upcoming the ND will be working to achieve, along with potential partners and stakeholder groups.

The SSIP is giving the early intervention system an opportunity to produce better outcomes for children and families, providers, and the state EI system. All strands are connected by the work on the evidence-based practice. The work in the areas of professional development, data quality, and policy/procedure will intertwine to create a better system.
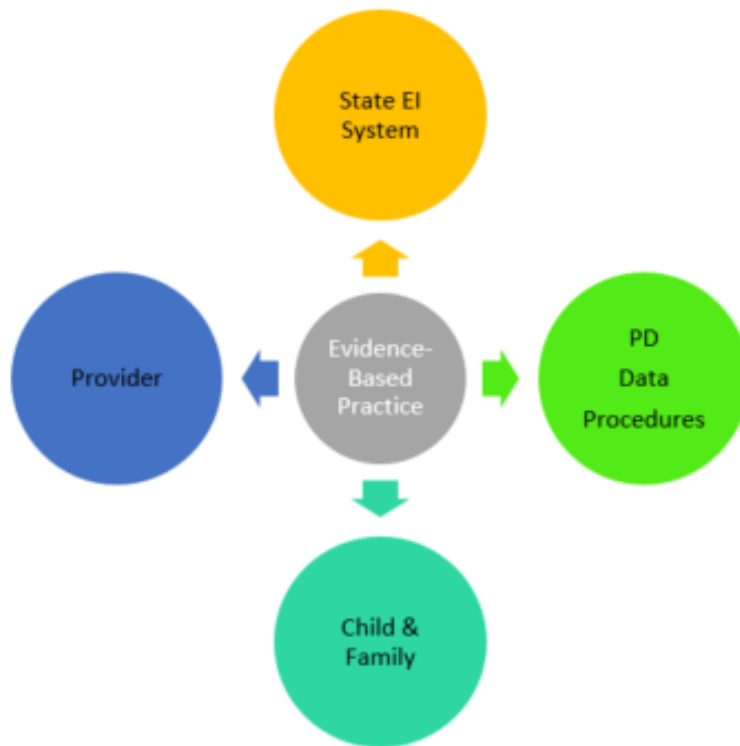
The EBP scale-up includes a PIWI Leads group focused on gathering information to survey field staff around their knowledge base and needs for support in understanding and implementing the PIWI process. The PIWI scale-up focus is understand how to use PIWI in day to day practice, frame social-emotional challenges for families, and provide additional information to practitioners that impacts social-emotional development such as ACEs and trauma-informed care.

As with many other states, funding/ability to support the work is a barrier and concern in ND. The State team continues to look for ways to partner, collaborate and share resources with other early childhood entities and partners. This also affords the State the opportunity to ensure families are receiving optimum services.

ND is very grateful for the support it has received from ECTA, DaSy, NCSI and IDC. The State team recognizes that the TA provided thus far has been critical in bringing ND to where it is and knows that the TA ND receives in the future will only further push the work forward.

ND Theory of Action

Strands of Action	If ND EIS…	Then…	Then…	Then…
Data Quality	**…selects & implements a new child outcome tool…** **…enhances its data system to ensure that valid & reliable data are available…**	…regional programs will have increased knowledge & skill in completing entry & exit assessment on all children within the program… …the state & regional programs will have data available for program planning & improvement…	…families will have increased information about their child's development… …families will be better able to support their children's social-emotional development… …service coordinators & EI providers will have more effective working relationships with children and their families…	**…there will be improved social emotional outcomes for children who come in below age expectation but make substantial gains while involved with 1 identified provider will be demonstrated as a result of participation in early intervention**
Professional Development	**…designs & implements a statewide professional learning system with core features including mentoring & coaching…**	…service coordinators & EI providers will have increased knowledge & skills in use of evidence-based practices…		
Evidence-Based Practices	**…develop & implement training on the new child outcome tool…** **…selects & facilitates implementation of evidence-based intervention practice(s)…**	…service coordinators & EI providers will increase their use of recommended/evidence-based assessment & intervention practices to include coaching & mentoring with families…		
Policy & Procedure	**…review policies & develop necessary procedures to ensure implementation of high-quality Early Intervention practices as necessary to improve social/emotional results of children & families…**	…regional programs will have available to them policies & procedures to ensure consistent implementation statewide… …service coordinators & EI providers will effectively implement statewide policies & procedures for high-quality service provision…		

North Dakota Theory of Action

Appendix B

ACTION STRAND IMPROVEMENT PLAN

DATA QUALITY

Coherent Improvement Strategy 1 of 2: North Dakota will select and implement a new child outcome tool.
Outcome 1: A data system will be in place to allow the State to collect, analyze, & report child outcome data, for both Federal & State requirements.
Outcome 2: Families will have information about their child's status on developmental outcomes.

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
Complete Self-Assessment for selected components of the Child Outcomes Measurement System Framework (COMS)	Select relevant components	Regional Program workgroup ICC Federal TA State Part C Office State TA	State Part C Office State TA	December 2015 – December 2016	**Completed:** The self-assessment for selected components of the Child Outcomes Measurement System Framework (COMS) was completed in December of 2015. Components 1-9 were completed by the state team and DaSy/ECTA TA.
	Complete the Self-Assessment				**Completed:** The self-assessment for selected components of Child Outcomes Measurement System Framework (COMS) was completed in December of 2015.
	Analyze data & utilize results.				**Completed:** Selected components of Child Outcomes Measurement System Framework (COMS) was used for SSIP planning and the roll-out of the new child outcome tool.
Select & implement a new child outcome tool	Complete Needs Assessment	State Part C Office State TA	Part C Office State TA	April 2015 – March 2016	**Completed:** The state team completed a needs assessment to develop criteria for the selection of a new tool, including the components of observation, routines-based, curriculum-based,

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
		ICC			training to fidelity, parent-guides, and interactive capabilities.
	Analyze & use needs assessment results to develop and issue RFP to select a new tool	State Part C Office State TA Publisher Regional Program workgroup ICC	Part C Office State TA	July 2014 – March 2016	**Completed:** Data was analyzed and used to aid in the selection of a new tool. An RFP was released in January of 2016 and awarded in March of 2016.
	Develop roll-out plan with timeline for new tool	Publisher State Part C Office State TA 619 Coordinator Head Start Collaborator/Association Parents	Publisher State Part C Office	January 2016 –June 2017	**Completed**. Four publisher-lead training sessions were completed in June 2017, with a focus on understanding how to administer the tool, as well as how to use the online system. In June & August 2017, the State conducted statewide video conferencing sessions to discuss the trainings, provide clarification on practice and gather additional feedback. Due to feedback received, the roll-out has been revised to October 1st, 2017, to allow for more practice with implementation and opportunity to clarify administration procedures. The 175 practitioners that were trained have had access to the beta system and were practicing on enrolled children during July, August, and September.

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
Develop & implement a data system for child outcome data	Implement a data system for the new child outcome tool Upon selection of the tool, the State will work with the Publisher to determine how data will be transmitted to the State.	Publisher State Part C Office State TA 619 Coordinator	Publisher State Part C Office	January 2016 – June 2017	**Completed:** For any child referred on or after October 2nd, 2017, their initial, annual & exit evaluation/assessment include the administration of the AEPS. As of October 2nd, 2017, any annual or exit assessment for any child currently in the system includes the administration of the AEPS.
	Determine process for linking/matching data from new child outcome tool with Therap. Publisher & State Data Team will collaborate to develop procedures in linking child outcome data & child demographic information	Publisher State Part C Office State TA DSS Data Scientist DHS Business Analyst	Publisher State Part C Office	January 2016 – October 2017	**Completed:** Decision was made to have providers enter the child's Therap ID into the AEPS record. Starting in December, to assure that the Therap ID & Part C data "button" are being entered and selected, the State Office will run periodic data pulls will be completed to compare data.

Coherent Improvement Strategy 2 of 2: North Dakota will enhance its data system to ensure that valid & reliable data are available.

Outcome 1: Improve data quality by increasing the proportion of children for whom there is exit child outcome data.

Outcome 2: Improve data quality through increased accurate selection of type (initial, annual, exit) of child outcome assessment (PAR) & entering service termination dates where appropriate.

Outcome 3: Data will be available to answer State identified critical questions regarding child outcomes.

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
Refining Therap for data quality purposes	Review & refine query criteria for Child Outcome measurement (Indicator 3) in the APR to ensure accurate & reliable data Field will be queried quarterly regarding anomalies in Child Outcome data (March 2016 – March 2017)	Publisher Therap DSS Data Scientist DHS Business Analyst State Part C Office State TA	State Part C Office	April 2015 – March 2018	**Completed:** Use of the old tool was discontinued October 1, 2017. The new tool was implemented on October 2, 2017. Monthly, during the statewide video-conference, state team is checking in with providers to discuss any questions or concerns with utilizing the new tool.
	Identify needs for additional edit checks within Therap to ensure complete & accurate data	Regional Program Workgroup Therap DSS Data Scientist DHS Business Analyst State Part C Office State TA	Therap State Part C Office	April 2015 – Ongoing	**In Progress:** There continues to be communication between the field and the State Office regarding edits to be made within Therap. This process includes determining if edit checks made are what was intended. This topic continues to be a regular agenda item on monthly statewide EI meetings. Therap will be transitioning the IFSP from the state portal to the provider portal

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
					to ensure greater data reliability and ease of use for providers.
Child Outcome Results Indicator will be included in the Data Guidance Document	Review & revise the data guidance document to include dates, timelines & places data needs to be recorded.	State Part C Office State TA	State Part C Office State TA	March 2016 – May 2016	**Completed:** The child outcome results indicator was included in the FFY 2016 data guidance, which was disseminated May 2016.
Complete Self-Assessment for relevant components of the DaSy Framework	Select relevant components	Regional Program Workgroup ICC Federal TA State Part C Office State TA	State Part C Office State TA	March 2016 – November 2017	**Completed:** The components chosen from the DaSy Framework were Data Governance and Data Use.
	Complete Self-Assessment				**Completed**: The Data Governance framework was completed in September 2016 during the IDC Linking 619 & Part C data cohort. The State Team completed the Data Use framework in October 2017.
	Analyze & use results in planning for improved data quality				**Completed**: Results from the Data Use self-assessment were used in October and November of 2017 to strength data usage and improve data quality. The State reviewed data queries to determine accuracy and will continue to ensure fidelity.

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
Using data to answer programmatic questions	Identify critical questions to be answered with child outcomes data.	Federal TA State Part C Office State TA Regional Program Workgroup ICC DaSy-Linking Part C and 619 Data Cohort Dept. of Health	State Part C Office State TA	July 2017 – December 2017	**Completed:** Two critical questions were selected as part of the Linking Cohort, but these do not include the use of child outcomes. ECTA TA presented on the importance of the child outcomes work, its relationship to the SIMR and the possible critical questions that can be addressed in January 2018. Several possible critical questions related to the use of child outcomes data were selected by state team and then presented to the providers on at the March 2018 PolyCom. An activity regarding the critical questions was conducted at the March ICC meeting to garner their input on which critical questions the State should focus on first. Based on this input, final questions were selected in March 2018. State ICC meeting retreat occurred September 7-8, 2017 with TA assisting in ICC members in expanding their understanding of IDEA data in anticipation of their

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
					reviewing and responding to data for the critical questions decisions, APR and SSIP.
	Develop reports/tools to analyze & display data to answer critical questions at State & Regional Level			January 2018 – ~~June 2018~~ December 2019	**In-progress:** Input from stakeholders were considered by the lead agency and a final list of questions was determined in Spring 2018. These are reported in the narrative. ND will be working with IDC to conduct a data-drill down with a focus on the critical questions. Five-year trend data was provided to the EI Stakeholder group in December 2018. This data will drive the drill-down with IDC.

PROFESSIONAL DEVELOPMENT

Coherent Improvement Strategy: North Dakota will design & implement a statewide professional learning system with core features including mentoring & coaching.
Outcome 1: A Professional Development (PD) plan will be developed to support the use of evidence-based practices.
Outcome 2: The PD plan will be implemented.

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
Complete PD components of ECTA Framework	Complete Self-Assessment for PD component	Federal TA ICC	State Part C office State TA	July 2016	**Completed:** The PD components of the ECTA Framework was completed in December of 2015 and we are currently using the results with the PD workgroup to plan the PD system.
	Analyze & use results to plan PD System				
Design & implement PD system with State & Regional Roles	Convene a workgroup to outline PD structure	Stakeholder work group (service coordinator, early interventionist) ICC Parent Advocacy Groups	State Part C office State TA	July 2016 – December 2016	**Completed:** The PD work group began outlining the structure in July 2016. The work group defined mentoring, coaching, and reflective supervision for the state of North Dakota with feedback from the state PolyCom and ICC in June 2017. The group continues to meet monthly.
	Determining what mentoring & coaching will look like in PD for ND EI	Stakeholder work group (service coordinator, early interventionist) ICC Parent Advocacy Groups Home Visiting Coalition	State Part C office State TA	October 2016 – June 2017	

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
		(MIECHV) Existing coaches & materials from FGRBI Project (2008-2010)			
	Develop timelines for phase-in of PD system	Stakeholder work group (service coordinator, early interventionist) ICC Parent Advocacy Groups	State Part C office State TA	October 2016 – June 2017	**Completed:** The work group continues to meet as the phase-in of PD materials began roll out statewide in September of 2017. The group is now developing a series of foundational EI PD materials. The group is using a process of feedback through plan, do, study.
	Develop and secure a budget for implementing the PD system	State Part C office ICC	State Part C office	July 2016 – June 2018	**Completed:** At this time, the state has determined that there are no funds available for a PD system. The group decided to continue to develop a PD structure that is budget neutral.
Develop & implement an orientation plan for EI professionals	Conduct 2 onsite boot camps as pilots in preparation for orientation development	State TA	State TA	July 2014 – September 2014	**Completed:** Pilot onsite boot camps were completed in May of 2014 in Bismarck and Grand Forks.
	Convene a small workgroup to outline orientation content areas	Stakeholder work group (service coordinator, experienced parent, early interventionist)	State TA	July 2017 – June 2018	**Completed**: The PD workgroup was used for this work as well. Additional members are continually sought out to ensure

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
		ICC			full stakeholder representation.
	Develop content for orientation	State TA	State TA	April 2018 – ~~June 2018~~ December 2019	**In Progress**: The workgroup identified the content areas as follows: Mission and key principles, Triadic strategies, Family-centered practices, Child outcomes, Assessment and evaluation practices, Family Assessment, Functional outcomes, Routines-based Intervention, Transition, General Supervision and Adult Learning strategies. The workgroup continues to revisit for any necessary changes and/or additions to this list. In September 2018, Service Coordination was added to the list. In October 2017, workgroup rolled-out Triadic Strategies document statewide for feedback and finalization. Several surveys are being used to collect feedback and changes will be made based on input. Final version of Triadic was posted in May 2018. Family Centered Practices was released statewide for review in April 2018. Feedback was collected in May 2018. Final revisions were made and documents for Family

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
					Centered Practices were posted on website in the March 2019. A tab was added to the state website called "Professional Development" to store and disseminate PD content.
	Develop & secure a budget for implementing the orientation plan	State Part C office	State Part C office	October 2017 – March 2018	**Completed:** At this time, the state has determined that there are no funds available for a PD system. The group decided to continue to develop a PD structure that is budget neutral.
	Design delivery system/methods for orientation plan	State Part C office Stakeholder work group (service coordinator, early interventionist) ICC	State Part C office	April 2018 – June 2018	**Completed**: The workgroup developed a consistent format for each of the 11 sections. The sections include infographic with reflective questions, presentation of the topic (available in PPT video, podcast, and PDF for visual), supplemental materials and resources. The workgroup will continue to study how to improve the system as it goes statewide and continue to provide input on the products as they are developed. MTAC (State TA) saw the need for these products to be available to the ND EI System and

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
					has prioritized developing these products on an in-kind basis.

EVIDENCE-BASED PRACTICES

Coherent Improvement Strategy 1 of 2: North Dakota will develop & implement training on the new child outcome tool.
Outcome 1: EI providers will be trained on the new tool according to the Publisher's protocol.

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
Complete roll-out of new child outcome tool	Develop a PD plan for the new child outcome tool with workgroup input	Publisher Regional program workgroup 619 Coordinator Head Start Collaborator & Association	Publisher State Part C office	April 2016 – April 2017	**Completed:** Initial training occurred in June 2017. See below for further detail.
	Implement the PD plan for the new child outcome tool	Publisher State TA 619 Coordinator Head Start Collaborator & Association	Publisher State Part C office	July 2016 – June 2017	**Completed:** Four publisher-lead training sessions were completed in June 2017, with a focus on understanding how to administer the tool, as well as how to use the online system. In June & August 2017, the State conducted statewide video conferencing sessions to discuss the trainings, provide clarification on practice and gather additional feedback. Due to feedback received, the roll-out was revised to October 1st, 2017, to allow for more practice with implementation and opportunity to clarify

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
					administration procedures. The 175 practitioners that were trained had access to the beta system and were practicing on enrolled children during July, August, and September.
	Procure & disseminate new child outcome tool materials	Publisher State Part C office	Publisher State Part C office	April 2016 – June 2017	**Completed**: Materials were disseminated at the 4 trainings, which took place in June 2017 and the State continues to work with the publisher for additional materials.

Coherent Improvement Strategy 2 of 2: North Dakota will select & facilitate implementation of evidence-based intervention practice(s).

Outcome 1: EI providers will increase their use of selected evidence-based practices (EBP) as intended.

Outcome 2: Families will be better able to support their children's social-emotional development.

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
Develop & implement a process for selecting EBPs.	Provider training on DEC Recommended Practices	Videos Power points PolyCom meetings Targeted provider meeting	State TA	July 2015 – September 2015	**Completed:** The state developed and implemented a process for selecting EBPs. This process was completed in 2015/2016. The process included training on DEC recommended practices through several modalities and used a survey process for stakeholders to rank their top choices of the practices to move the SiMR. The final EBP chosen practice was F6. Practitioners will improve their engagement of the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences. Checklists will be chosen for professionals and families to document use of the chosen EBP.

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
	ICC training on & ranking of DEC Recommended Practices	Survey Discussion groups	State TA State Part C Office	October 2015 – December 2015	**Completed:** The state developed and implemented a process for selecting EBPs. This process was completed in 2015/2016. The process included training on DEC recommended practices through several modalities, and used a survey process for stakeholders to rank their top choices of the practices to move the SiMR
	Complete surveys to rank DEC Recommended Practices (top 5 practices that will improve the SiMR)	Survey Regional programs	State TA	July 2015 – September 2015	**Completed:** The state used a survey process for stakeholders to rank their top choices of the practices to move the SiMR in December 2015. The top two practices were discussed with EI stakeholders, including providers, service coordinators, experienced parents, and the ICC.
	Select EBPs	PolyCom focus groups Regional meetings Survey	State TA	January 2016 – March 2016	**Completed:** The top two practices were discussed with EI stakeholders, including providers, service coordinators, experienced parents, and the ICC. The final EBP chosen practice was F6.
	Select checklists to be used with professionals and				**Completed:** The state chose the fidelity checklists aligned with the

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
	families to document use of EBPs.				DEC-RP family practices. As EBP's are put into place providers will regularly use fidelity checklists for themselves and families to evaluate their knowledge, implementation and use of EBP. This information will provide feedback to the implementation process as the State begins work in the target region of the state and eventually scales up to other regions in the state.
Develop & implement a PD plan for EBP	Complete surveys related to knowledge of social/emotional, assessment, & resources.	Survey Regional programs PolyCom meetings	State TA	July 2015 – December 2015	**Completed:** The providers were surveyed to determine their baseline knowledge of social emotional, assessment, and resources.
	Develop a PD plan for EBPs.	Federal TA Stakeholder groups	State TA State Part C ICC	October 2016 – December 2019	**Completed:** Social-emotional survey information was used to develop a preliminary PD plan for the pilot region beginning August 2016. The preliminary plan was developed to provide the foundations of understanding social-emotional skills to be put into practice using coaching to reach fidelity on skills through December 2019. The intent is to add regions as resources allow

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
					during that time period.
	Implement a PD plan for EBPs.	Federal TA Stakeholder groups (service coordinator, early interventionist)	State TA State Part C	January 2017 – December 2019	**In Progress**: The pilot group (service coordinators and early interventionists) met and developed a plan after choosing the Parents Interacting with Infants (PIWI) from the Pyramid model to use for enhancing social-emotional development and improving the SIMR. Feedback from the pilot informed the statewide PIWI Leads scale-up project initiated in January 2019. Baseline data was gathered pre-PIWI, and post data will be obtained in December 2019 to determine practice change.
Develop & implement a learning system for improved functional outcomes (EBP)	Develop & provide onsite training	Regional training PolyCom meetings Regional surveys Self-assessment tool Ongoing functional outcome initiative for quality indicator	State TA	May 2014 – May 2018	**Completed**: Training was developed and provided. The state developed and implemented a learning system for writing high quality functional outcomes. Since 2014, regional training and resource development and revision has been ongoing with feedback from EI professionals and caregivers.
	Develop training materials				**Completed:** Resources and training to support writing

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
					functional outcomes were developed based on a PDSA (Plan, Do, Study, ACT) cycle over a four-year process. Initially, the ECTA (Early Childhood Technical Assistance Center) framework was used as an introduction for developing, high quality functional IFSP outcomes. Through working with teams and collecting data, the criteria were redefined and condensed to support IFSP teams in writing functional outcomes based on family priorities. Updated guidance documents were developed over the last three years with dissemination in February 2018 to include the following: 1) stair step visualization of functional outcomes, 2) functional criteria and definitions, 3) criteria examples, 4) functional outcome self-rating scale, and 5) tip sheet by MTAC, LLC.
	Developed active learning outcomes around functional outcomes				**Completed:** Regional providers engaged in a process of self-assessment using functional outcome ratings. Several

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
					programs had their staff use a rating scale to self-assess two outcomes and then sent their rating scale to TA. TA independently rated the outcomes and provided feedback to individual staff and compiled regional inter-rater reliability data to the coordinator. The tool is available for all regions to use.
	Provide ongoing support in knowledge and skills in developing and using functional outcomes				**Completed**: The State used functional outcomes as a quality indicator for the FFY 2016 APR and regional determinations. Data demonstrated improvement in writing functional outcomes with a routine in 9 of 10 programs.

POLICY & PROCEDURE

Coherent Improvement Strategy: North Dakota will review policies & develop necessary procedures to ensure implementation of high-quality Early Intervention practices as necessary to improve social/emotional results of children & families.
Outcome 1: ND EI will disseminate completed procedural guidance to regional administrators.
Outcome 2: Regional programs will ensure use of procedural guidance in their region.

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
Create procedural guide to support implementation of policies to support improvement in the SiMR.	Develop a procedural guide	State Part C Office State TA ICC Federal TA Parent Advocacy Group	State Part C Office State TA	January 2018 – ~~June 2019~~ December 2019	**In Progress**: The first procedure was developed regarded the new child outcome tool, AEPS. The procedure was distributed in final form October 3, 2017. The policy and procedure were updated to address procedures when a child's name changes and other special considerations related to reporting the data. The revised policy was disseminated October 2, 2018. Procedures for IFSP development and service coordinator/early intervention roles have been created and reviewed by the procedures work group. These will be reviewed by the early intervention stakeholder group in May 2019.
	Develop plan for gathering regional input on procedural	State Part C Office State TA	State Part C Office State TA	April 2018 – June 2019	**Completed**: The LA solicited membership for a workgroup of regional administrators, service

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
	guide	ICC			coordinators and EI providers in the spring of 2018. A stakeholder group was created in October 2018 to prioritize and create procedures. The workgroup met several times from October through March. Activities included creating a list of several initial procedures to be developed, how much time this will take and anticipated completion dates.
	Identify the procedures needed to support implementation of the SiMR & related activities	Regional Program Workgroup State Part C Office State TA ICC Federal TA Parent Advocacy Group	State Part C Office State TA	July 2018 – June 2019	**Completed:** The stakeholder work group met initially and created a master list of procedures to be completed. At the October 2018 meeting, the group prioritized IFSP development and roles for service coordinators/early interventionist across the time a child is in services. The stakeholder group has created a procedural document for IFSP development which will be reviewed by the field in May 2019. The group has also created a document and infographic for roles of early interventionists and service coordinators that is in

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
					review. It is anticipated to be reviewed by the field in May 2019.
	Identify timelines & create dissemination plan for procedural guide	State Part C Office State TA Regional Program Workgroup ICC	State Part C Office State TA	October 2018 – June 2019	**Completed:** Timelines and dissemination plan for each set of procedures was completed in March of 2018. Details in the narrative.
	Develop tool to measure implementation of the use of procedures within the procedural guide at the regional level.	State Part C Office State TA Regional Program Workgroup ICC	State Part C Office State TA	April 2019 – June 2019	**Upcoming:** Activities scheduled to begin April 2019. Consideration will be given to process of administrators' dissemination, and review on regional PolyCom meetings. The procedures will be available on the website.

Appendix C
SSIP Evaluation Tables

Evaluation Plan for Action Strand: Data Quality
Improvement Strategy 1: North Dakota will select and implement a new child outcome tool.
Improvement Strategy 2: North Dakota will enhance its data system to ensure that valid & reliable data are available.

Implementation Evaluation

Outcome/Output	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Results/Notes
The new AEPSi data system will be in place to allow the State to collect, analyze, & report child outcome data, for both Federal & State requirements.	The State will report & analyze Indicator 3 data at the state, program & child level	Reports from AEPSi data system	July 2017 – Ongoing	**In-progress**: ND began using the AEPS as an evaluation/assessment tool and entering data into the AEPSi data system on 10.2.17. Complete entrance & exit data are being tracked by the State as it is available. The cohort of children with complete entrance and exit data in AEPSi has increased from 15 in July 2018 to 174 in March 2019.
Data will be available to answer State identified critical questions regarding child outcomes.	The State will develop reports/tools to analyze & display data to answer critical questions at the State &	Child outcome reports will be generated & submitted as required from the data system.	July 2018 – June 2019	**In-progress**: The State has identified a preliminary set of critical questions that were brought for review and input

	Regional Level	Consistent & timely availability of child outcome data to regional programs by March 1st of each year.		to stakeholder groups at March of 2018 meetings for review before final selection. With stakeholder input, the final critical questions selected are: **1.A.1.b.:** What are the characteristics of children and families currently enrolled in EI/ECSE (e.g., disability, demographics, risk)? **1.B.2.f.:** What percentage of children leave EI/ECSE because the family withdrew from services? What percentage of children leave EI/ECSE for other reasons? **1.B.2.e.:** What percentage of children who receive EI services continue on to ECSE? What percentage of children in ECSE received EI services? Data reports for these questions were prepared and disseminated to the ICC and during PolyCom meetings in March 2019.

Impact Evaluation

Short term Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)	Results/Notes
Families will have information about their child's status on developmental outcomes.	Are families being provided report information regarding their child's status on developmental outcomes?	An increase in the number of families who received their child's status on development outcomes by the identified provider.	Data will be collected regarding family's receipt of information.	~~July 2016 – June 2018~~ October 2017 – ~~June 2018~~ December 2019	**In-progress**: Family reports were able to be generated beginning 10.2.17 and staff were trained on how to generate them in June 2017. The policy for consistent family report generation and training is being planned for dissemination in fall of 2019, as well as revising the signature pages of the IFSP, so families can indicate they received their child's developmental status. A policy for staff report generation and administration and administrative tracking will be prioritized for development and use by December of 2019.
Data quality will improve through increased accurate selection of type of child outcome assessment & entering service	Are EI professionals entering data with increased accuracy, resulting in decreased data clean up?	A decrease in the amount of field inquiries.	Data will be collected regarding the number of field queries & number of children queried.	April 2015 – August 2017	**Completed & Resolved**: Due to a new tool being implemented 10.2.17, the State does not need to track the data quality in the old tool.

Short term Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)	Results/Notes
termination dates where appropriate.					
Data quality will improve by increasing the proportion of children for whom there is exit child outcome data.	Are EI providers completing the exit child outcome tool for a greater number of exiting children?	An increase in the proportion of exit child outcome assessments being completed.	Data on the number of children with exit child outcome assessments will be compared to the number of exiting children.	April 2015 - Ongoing	**In-progress**: Completion rate continues to improve. Completion rates data will be added as it becomes available. The cohort of children with complete entrance and exit data in AEPSi has increased from 15 in July 2018 to 174 in March 2019.

Evaluation Plan for Action Strand: Professional Development
Improvement Strategy: North Dakota will design & implement a statewide professional learning system with core features including mentoring & coaching.

Implementation Evaluation

Outcome/Output	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Results/Notes
A Professional Development (PD) plan will be developed to support the use of evidence-based practices (EBP).	PD plan to support the use of EBP is developed according to the timelines in the plan	Documentation of PD plan development & dissemination	July 2016 – June 2017	**Completed:** A preliminary PD plan for the pilot region was developed in August 2016.

				References to the use of the self-assessment were deleted for redundancy & are included in the activity below.
The PD plan will be implemented.	Increase in self-assessment rating on ECTA Systems Framework Personnel/Workforce component PD system will be implemented according to the timelines in the plan	Pre-& Post data from the ECTA Systems Framework Self-Assessment, Personnel/Workforce component Documentation of PD activities	July 2017 – Ongoing	**In-progress**: The self-assessment of the PD component of the framework was completed for a second time in June 2018 as the first two PD content areas were rolled out and state collaborative workgroups for early MTSS and early childhood guidelines continue to meet. Additional work is being completed in PD content areas and the personnel/workforce self-assessment will be completed again in December 2019.

Impact Evaluation
　　　Not Applicable
Evaluation Plan for Action Strand: Evidence-Based Practices
Improvement Strategy 1: North Dakota will develop & implement training on the new child outcome tool.
Improvement Strategy 2: North Dakota will select & facilitate implementation of evidence-based intervention practice(s).

Implementation Evaluation

Outcome/Output	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Results/Notes
EI professionals will be trained on the new tool according to the Publisher's protocol.	All EI professionals will have access to the new child outcomes tool materials. All EI professionals will be trained to implement the child outcome tool as intended according to the timeline.	Documentation of child outcomes tool kit dissemination Training attendance records	April 2016 – June 2017	**Completed**: ND began using the AEPS as an evaluation/assessment tool and entering data into the AEPSi data system on 10.2.17. Staff received training in June 2017 and were able to pilot the system for the months of July-September 2017. This included all 10 early intervention providers and all service coordinators in the 8 regional human service centers were trained. The full implementation of using the tool began October 1, 2017.
Identified provider will be trained on selected evidence-based practices.	All EI professionals of the identified provider will be trained on selected evidence-based practices will be implemented according to the timelines in the plan.	Training attendance records	July 2015 - July 2017	**Completed**: The pilot region was trained on DEC: F6 in May 2017. All EI professionals in the pilot region were in attendance. The pilot region is also working through the evidenced-based PIWI modules as part of F6 implementation. In support of the State's chosen EBP, a collaborative

Outcome/Output	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Results/Notes
				state workgroup of several early childhood agencies, is focusing on developing an early MTSS system throughout all of early childhood in the state. As this state system work moves ahead, the goal is to bridge this and introduce it to the pilot region. F6 work is now focusing on statewide implementation with additional work including: reviewing foundational practices in early intervention (family-centered practices, triadic strategies, evaluation/assessment, functional outcomes, mission and key principles), all designed to move toward full implementation of EBP F6.
Families will be supported in implementing evidence-based practices within their routines.	Families will report an increase in their ability to support their child's social-emotional development.	Focus Group	March ~~December~~ 2018 – December 2019	**In-progress**: DEC-RP F6 has been the EBP focus. In February 2018, pilot region stakeholders assisted with survey questions for family input. The baseline survey of

Outcome/Output	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Results/Notes
				families was developed in March 2018 and was distributed in April 2018 and will be again in December 2019. Caregiver's responses indicated more challenges in the areas of promoting positive behavior and caregiver confidence. The highest ratings were in IFSP development and utilizing caregiver strengths.

Impact Evaluation

Short term Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)	Results/Notes
EI professionals will utilize the new State selected child outcomes tool per the state's procedures.	Do EI professionals utilize the new child outcomes tool per the state's procedures?	All regional programs will utilize the new child outcome tool per the state's procedures.	Data will be collected regarding the number of EI professionals utilizing the new child outcome tool per the state's procedures.	July 2017-June 2019	**In-progress**: ND began using the AEPS as an evaluation/assessment tool and entering data into the AEPSi data system on 10.2.17. Staff received training in June 2017 and were able to pilot the system for the

64

Short term Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)	Results/Notes
					months of July-September 2017 and are now implementing use of the tool for all children. Complete entrance & exit data will be tracked by the State as it is available. Data was collected in March 2018 and all EI professionals are currently utilizing the new child outcome tool per the state's procedures. This data will be collected again in October 2018 to ensure continued usage per state procedures. The cohort of children with complete entrance and exit data in AEPSi has increased from 15 in July 2018 to 174 in March 2019.
EI professionals in the identified provider will	Do EI professionals in the identified provider	Most (over 51%) of EI professionals in the	Pre/post survey	June 2015 – July ~~2018~~ 2019	**In-Progress**: Pre and post survey data

Short term Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)	Results/Notes
increase their knowledge of selected evidence-based practices (EBP).	increase their knowledge of the selected evidence-based practices?	identified provider will demonstrate increased knowledge of the selected EBPs.			continue to be collected with the release of each PD foundation EI topic as it is released. The content of the survey is around increased knowledge, confidence, and use of specific strategies. Post-survey was given to stakeholders eight weeks after the release of an EI topic. As of April 2019, pre/post surveys have been completed with pilot regions and statewide for 2 foundational EI topics: - Triadic Strategies - Family-Centered Practices The content area of Service Coordination will be the focus of the upcoming year.
EI professionals in the identified provider will	Have EI professionals in the identified provider	An increase in use of the skills in the performance	DEC RPs Performance checklists	June 2015 – July 2019 ~~ongoing~~	**In-progress**: Work has been ongoing in the pilot

Short term Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)	Results/Notes
increase their use of selected evidence-based practices (EBP) as intended to support children and families in the area of social/emotional development.	increased their use of selected EBPs as intended?	checklists in EI professionals in the identified provider. Most (over 51%) of EI professionals in the identified provider will report increased use of selected EBPs.			region, and progress is expected when the post-survey is completed in July 2019. In addition, the pilot group has informed the statewide scale-up of the PIWI model.
IFSPs in the identified provider will include increased numbers of functional outcomes according to identified criteria.	Do IFSPs in identified provider will include more functional outcomes according to the identified criteria?	An increased percentage of sampled IFSPs in identified provider will show an increase in the number of functional outcomes, according to criteria.	Pre/post qualitative review of sampled IFSPs in identified provider – compare to analyzed IFSPs from before the training to post training	June 2014 –October 2019	**In-progress**: In December 2018, data were collected and analyzed for comparison to 2015 and 2017 data to ensure continued use of functional outcomes. Results were consistent, but the pilot region was an outlier with decrease in functional outcomes due to staff turnover.
Families will have strategies to be better able to support their child's social-emotional development.	Do families served by identified provider report being better able to support their children's social-emotional development?	Families will report an increase in using specific strategies to support their children's social-emotional development.	~~Focus Group~~ Family Survey	March ~~December~~ 2018 – December 2019	In-progress: DEC: F6 has been the EBP focus. A baseline survey of families was completed in April 2018 and will be given again in December 2019.

Evaluation Plan for Action Strand: Policy and Procedure

Improvement Strategy: North Dakota will review policies & develop necessary procedures to ensure implementation of high-quality Early Intervention practices as necessary to improve social/emotional results of children & families.

Implementation Evaluation

Outcome/Output	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Results/Notes
ND EI will disseminate completed procedural guidance to regional administrators.	The Procedural Guide will be completed & disseminated according to the timelines in the plan.	Documentation of completion & revised procedural guidance	January 2018 – ~~June 2019~~ December 2019	**In-progress:** Procedures for IFSP development and service coordinator/early intervention roles have been created and reviewed by the procedures work group. These will be reviewed by the early intervention stakeholder group in May 2019 and will be distributed in final form by December 2019.

Impact Evaluation

Short term Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)	Results/Notes
The identified program will ensure use of procedural guidance in their region.	Does the identified program ensure use of procedural guidance in their region?	The identified program will meet the standard of use of procedural guidance as stated in the tool.	Procedural guidance tool	April 2019 – June 2019	**Upcoming:** Activities scheduled to begin April 2019.