

**North Dakota State Systemic Improvement Plan (SSIP)
FFY 2019 Report**



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Section 1: Executive Summary

Introduction

Overview of System Structure, Scale-Up, Practice Change, Sustainability. The SSIP process offered North Dakota a structure for systematic review, planning, and implementation for infrastructure and practice change all leading to improvement in the State Identified Measurable Result (SiMR). Stakeholder involvement and implementation science has been pivotal to the change process and improvement in North Dakota's Part C system. The SSIP provided systematic strategic planning for infrastructure, sustainability, appropriate use of resources, leadership development, and scale-up of evidence-based practices. This Phase III, Year 5 SSIP report details how this process has culminated in innovative changes for the Part C system in North Dakota.

The SSIP structure supported strategic planning, stakeholder involvement, infrastructure improvement, and implementation supports. Stakeholders were integrated at every level of planning and decision-making including, caregivers, service coordinators/early intervention (EI) program staff, community partners, Inter-Agency Coordinating Council (ICC), statewide agency partners, and cross-sector workgroups. Implementation is carefully considered and informed by qualitative and quantitative data based upon the evaluation plan. This structure was vital to practice change in North Dakota, which will be discussed below.

North Dakota Early Intervention continues to develop the infrastructure through the SSIP work in the state. NDEIS is enthusiastic about the significant growth in early intervention in the areas of professional development, data quality, policy and procedure, and evidence-based practices through broad stakeholder involvement. North Dakota is pleased to share the progress in SiMR improvement yearly, implementation of a new child outcome tool, an updated IFSP format for increased data quality, improved and expanded procedures, development of service coordination professional development training, statewide scale-up of Partnering for Outcomes With Real Meaning (POWR), successful implementation of virtual early intervention services due to COVID, and Office of Special Education Programs (OSEP) Leadership Grant award. The continued commitment of dedicated state early intervention professionals has improved services to families of young children through demonstration of real practice change.

Overview of SSIP Phases

The following provides an overview of the three phases of the SSIP in North Dakota, ending with an update with our work in Phase III, year 5.

Phase I. Initially, the state completed an analysis and drill down of data and infrastructure to identify the State Identified Measurable Result (SiMR) and Theory of Action with four strands (Data Quality, Professional Development, Evidence-Based Practices, and Policy and Procedures) with stakeholders. The chosen SiMR was:

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.

The lead agency utilized a systematic process to engage broad stakeholder input to identify a root cause of concern, which was improving understanding the components to identify and support young children with social emotional challenges and the need of a new tool to measure child outcomes, allowing for systematic training for staff and parent feedback. The two key areas of needed improvement were identified as promoting best-practice screening and assessment practices and promoting knowledge of social/emotional/behavioral development. These key areas were derived from the data and infrastructure analyses. Action steps were developed to support the improvement strategies to increase the confidence and competence of EI staff and parents/families in these areas.

Phase II. In Phase II, ND spent considerable time with Stakeholders, considering and, ultimately, deciding upon the activities and steps to achieve the coherent improvement strategies and creating the Action Strand Improvement Plan and Evaluation Plan. In each subsequent SSIP report, these were updated in the Appendices. Stakeholders discussed the rationale for the SiMR, strategies, and targets. There was considerable discussion regarding the measurement process of child outcome summary statements, timely data, and valid and reliable measurement. Stakeholders considered the adoption of a new child outcome tool, the process of choosing the tool, and the important components of the tool, along with the urgency of moving forward. Stakeholders brainstormed local and statewide initiatives to partner within the area of social emotional.

Strategies of professional development, parent involvement, mentoring/coaching, evidence-based tools, and evidence-based intervention in the area of social emotional were finalized. Training around evidence-based assessment, positive behavioral supports, resilience and mindfulness strategies for families, using the new tool for progress monitoring, and supporting social emotional skills were completed. The State continued edits of the electronic data system to ensure more consistency in data entry. The survey methodology for collecting information for Indicator 4, Family Outcomes, was updated with the goal of increasing participation and demographic representation. The

State drilled down on Indicator 3, Child Outcomes, to better understand how other factors affect performance, i.e., socioeconomic status, access to other public supports, types of services accessed, frequency of service accessed, etc.

Phase III. The components prioritized for the completion of the first year of Phase III were identified as Professional Development and Evidence-Based Practices, as it was felt that these foundational components would inform the work to be done. Broad stakeholder groups were utilized for extended feedback in a Plan-Do-Study-Act (PDSA) cycle as the work continued; the Professional Development (PD) stakeholder workgroup developed a state Professional Development Framework with consensus from staff, providers, and caregivers. The PD workgroup developed timelines to phase-in the PD system. The initial content areas were chosen to follow the referral process to intervention. Professional Development modules in triadic strategies were created and assessed with surveys from stakeholders, and work continued in the area of writing functional outcomes for teams. Stakeholder groups around social-emotional foundations and challenging behaviors began meeting, while training was developed and delivered.

The development of components/criteria of a new child outcome tool were completed with the input of stakeholders, and a Request for Proposal (RFP) was issued in January 2016 and awarded in March 2016. Work began to schedule training, incorporating Section 619, so that both ND EIS staff and Section 619 staff could be trained together, in the hopes that this would continue to foster smooth and seamless transitions for children and their families. North Dakota replaced the child outcomes assessment tool in the fall of 2017 with the Assessment, Evaluation, and Programming System (AEPS). Planning for upcoming work in the policy and procedure strand took place, to ensure the child outcome tool, as well as the professional development system, could be incorporated into policy and procedure. The State has sought a group of stakeholders to form a workgroup to review current policy, as well as assist in writing any new policy and procedure.

In Phase III, year 3, the focus moved from the pilot region to scale-up of the statewide evidence-based practice. The pilot region chose to use the Parents Interacting With Infants (PIWI) modules from the Pyramid model to promote staff social-emotional competencies. Using the PIWI was also strategic in supporting the challenges reported in a previously completed caregiver survey. A PIWI Leads project was used to scale-up statewide. The PIWI Leads group allowed local service coordinators and early interventionists to locally utilize leadership development and scale-up evidence-based practices with state supports and mentorship. A PIWI pre-survey was completed during this phase with a post-survey in Phase 4 to capture practice change.

Phase III, Year 4. SSIP activities for April 2019 through March of 2020 occurred in each of the strands. In the *Data Quality Improvement Strand*, the child outcome tool was fully implemented and an interrater reliability tool was made available for the NDEIS professionals. The electronic database, Therap, continued to be improved with enhancements to the system in an ongoing and sustainable process. A *Question and Answer* document (Q&A) was updated for EIS. There was a decrease in individual questions being sent to the Part C Coordinator since the creation of the Q&A Document, resulting in document updates every other month instead of each month. A Data Drill-Down Group made of NDEIS professionals was formed in August 2019 to provide an opportunity for local programs to examine their own APR data with a focus on data reliability in relation to current data collection practice.

In the *Professional Development Improvement Strand*, the PD stakeholder workgroup worked closely with state the Technical Assistance team to finalize and review data for the service coordination training materials, which were developed and studied. A service coordination NDEIS feedback survey and caregiver feedback group gathered input and feedback about the materials. EI polycom stakeholders provided input and feedback in the area of PD.

In the *Evidence-Based Practices Improvement Strand*, the Parents Interacting With Infants (PIWI) Leads Project, Caregiver Feedback Survey, SPARK training and Preschool Development Grant (PDG) collaboration were completed. The PIWI Leads Project was scaled statewide to support the PD framework for social emotional supports for families in creating program leaders at the local level with state level support. The PIWI leads project demonstrated significant growth in practice change. A Caregiver Feedback Survey was completed to demonstrate fidelity with the Pilot Region work of the state evidence base practice, DEC Recommended Practice F6. The PDG supported statewide SPARK training for NDEIS professionals.

In the *Policy and Procedure Improvement Strand*, the Policy and Procedure Workgroup worked with the Part C Coordinator to develop new procedural documents for meeting agendas for 2.7 and 2.9 Transition Meetings. These documents were reviewed by North Dakota's Part B 3-5 partners at the ND Department of Public Instruction (DPI) prior to release. An APR infographic overview was created and shared with NDEIS professionals to increase understanding of the program role in accurate and timely APR data.

Phase III, Year 5. SSIP activities for April 2020 through March of 2021 occurred in each of the strands. In the *Data Quality Improvement Strand*, an interrater reliability training for the child outcome tool was made available for the NDEIS professionals, and North Dakota has provided the majority of webinars for staff around the AEPS assessment

and AEPSi system. The electronic database, Therap, was updated to include an improved Individualized Family Service Plan (IFSP) with increased data quality and more comprehensive documentation process. The *Question and Answer (Q&A)* document continues to be provided for EIS to ensure consistency across the state in implementing early intervention services. The Data Drill-Down Group made of NDEIS professionals was continues to meet to provide an opportunity for local programs to examine their own APR data with a focus on data reliability in relation to current data collection practice.

In the *Professional Development Improvement Strand*, the PD stakeholder workgroup worked closely with state the Technical Assistance team to finalize service coordination training material. The PD workgroup also began working on development of a new authentic assessment training. In March 2020, due to the Covid-19 health emergency, North Dakota moved to provide early intervention Part C services and professional development through virtual platforms. State-level Technical Assistance (TA) was utilized to support programs in implementing quality, evidence-based virtual services with the development of resource documents and statewide early intervention meetings and trainings.

In the *Evidence-Based Practices Improvement Strand*, The Partnering for Outcomes with Real meaning (POWR) Project moved to statewide scale-up in support of *EBP DEC F6* based on the feedback and data from the previous Parents Interacting With Infants (PIWI) Project. During Phase III, year four, the PIWI Project identified program leaders, known as PIWI Leads, for each program across the state, including service coordinators and early interventionists as a model of peer support and local program leadership development, aligned with state guided PD mentorship. Based on feedback during the POWR Project, a family assessment structure was developed.

In the *Policy and Procedure Improvement Strand*, the Policy and Procedure Workgroup is creating procedures around tele-intervention services in response to the COVID-19 pandemic. The group is working in conjunction with an ICC group on tele-intervention to provide these resources in a timely manner to the field. The APR infographic overview is shared annually NDEIS professionals to increase understanding of the program role in accurate and timely APR data.

Section 2: Theory of Action

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.

Figure 1.

ND Theory of Action

| Strands of Action | If ND EIS... | Then... | Then... | Then... |
|---------------------------------|--|--|---|---|
| Data Quality | <ul style="list-style-type: none"> ...selects & implements a new child outcome tool... ...enhances its data system to ensure that valid & reliable data are available... | <ul style="list-style-type: none"> ...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... | <ul style="list-style-type: none"> ...families will have increased information about their child's development... | <p>...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</p> |
| Professional Development | <ul style="list-style-type: none"> ...designs & implements a statewide professional learning system with core features including mentoring & coaching... | <ul style="list-style-type: none"> ...service coordinators & EI providers will have increased knowledge & skills in use of evidence-based practices... | <ul style="list-style-type: none"> ...families will be better able to support their children's social-emotional development... | |
| Evidence-Based Practices | <ul style="list-style-type: none"> ...develop & implement training on the new child outcome tool... ...selects & facilitates implementation of evidence-based intervention practice(s)... | <ul style="list-style-type: none"> ...service coordinators & EI providers will increase their use of recommended/evidence-based assessment & intervention practices to include coaching & mentoring with families... | <ul style="list-style-type: none"> ...service coordinators & EI providers will have more effective working relationships with children and their families... | |
| Policy & Procedure | <ul style="list-style-type: none"> ...review policies & develop necessary procedures to ensure implementation of high-quality Early Intervention practices as necessary to improve social/emotional results of children & families... | <ul style="list-style-type: none"> ...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.

NDEIS (North Dakota Early Intervention System) continues to use the Theory of Action as a foundation for the SSIP work. The action strands and coherent improvement served as a roadmap to guide the state in the important work of moving the quality of early intervention forward for North Dakota families.

Section 3: Status of the State-identified Measurable Result (SiMR)

North Dakota Early Intervention System (NDEIS) State Systemic Improvement Plan (SSIP) continues building on the work completed during Phase I, Phase II, and 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 2019, North Dakota demonstrated no slippage in the state target in for the SiMR (summary statement A1) from FFY 2018 (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. The number of children included in the data set for the new tool, AEPS, continues to grow every month as the state transitions to a full cohort by FFY 2020. As the transition to the AEPS continues, North Dakota is monitoring the data for the AEPS cohort to assure fidelity, as well as valid and reliable data. In an effort to monitor the continued increase of use of the new tool during this transitional time, North Dakota examines the completion rate of the AEPS data monthly for increase in use. There has been an average monthly increase in AEPS entry and exit data of 50.2 children monthly. There were no changes made to the targets. While transitioning to a new child outcome tool, the SiMR has met the target and demonstrated no slippage every year of the SSIP. The following table shows the target and performance for FFY 2016, 2017, 2018, and 2019.

Table 1.
SiMR Target and Performance, FFY 2016, 2017, 2018, SiMR Target FFY 2019

| | FFY 2013 (Baseline) | FFY 2016 | FFY 2017 | FFY 2018 | FFY 2019 |
|--------------------|------------------------------|------------------------|------------------------|------------------------|---|
| Target | 37.70% | 38% | 39.19% | 39.20% | 60.50% |
| Performance | 38.05% (Baseline Data) | 72.04% (Met Target) | 72.14% (Met Target) | 71.96% (Met Target) | 82.80% (No slippage, Met Target) |

North Dakota did not identify any data quality concerns, related or unrelated to COVID-19, that affected progress toward the SiMR during the reporting period.

Section 4: Status of Infrastructure Improvement Strategies

This section will describe the activities of Phase III, Year 5, which relate specifically to infrastructure in three of the strands of the Action Strand Improvement Strands, including the Data Quality Improvement Strand, Professional Development Improvement Strand, and Policy and Procedure Improvement Strand. The activities are outlined in detail in the body of the report and status noted in the Action Strand Improvement Plans in Appendix B and the Evaluation Plan in Appendix C.

Data Quality Improvement Strand

Following are the two coherent improvement strategies within the Data Quality Improvement Strand:

- ND will select and implement a new child outcome tool.
- ND will enhance its data system to ensure that valid and reliable data are available.

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. The child outcome tool replacement was needed due to challenges in using the Oregon Early Childhood Assessment tool (Oregon). The Oregon was 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.

North Dakota continues to transition from the Oregon tool to the AEPS. The performance data for this indicator is comprised of AEPS data for the 647 infants and toddlers for whom the state had entry and exit ratings with the AEPS, which is higher than the 76 children for whom the state had entry and exit data with the old tool, the Oregon. North Dakota had 1226 children who exited in FFY 2019. Entry/exit data of 76 children were recorded using the phased-out Oregon tool. The new tool, AEPS, database includes 647 children with entry/exit data, and 167 children with less than 6 months of service.

The FFY 2019 data demonstrates an increase in five out of six summary statements. This is an improvement from FFY 2018, which had three out of six summary statements showing an increase in performance and is considered more accurate and reliable with use of the new tool. As the transition to the AEPS continues, North Dakota is monitoring

the data for the AEPS cohort to assure fidelity, as well as valid and reliable data. In an effort to monitor the continued increase of use of the new tool during this transitional time, North Dakota examines the completion rate of the AEPS data monthly for increase in use. There has been an average monthly increase in AEPS entry and exit data of 50.2 children.

North Dakota anticipates a full cohort by FFY 2020. North Dakota continues to work with ECTA and DaSy during the transition to full implementation of the AEPS.

Fidelity & Inter-Rater Reliability of Child Outcomes Tool. The delays in securing the publisher training have been resolved and as of March 1, 2020, North Dakota has 125 available seats for online inter-rater reliability training from AEPS publisher, Brookes Publishing. Additionally, ND has completed 4 of the 6 available hours of online training available for new staff members who have not been provided the initial AEPS training that was provided in 2017. To continue to improve data quality and ensure fidelity, North Dakota will make available the trainings to all staff, new and existing.

Critical Questions. In January 2018, the State identified a preliminary set of DaSy 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 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 IDEA Data Center (IDC) 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.

The Data Drill-Down Group continues to meet monthly to examine state and program level data. After reviewing APR Indicator 7 and 8 data, the group decided to focus on APR Indicator 3 data. The Data Drill-Down Group considered the impact of referral data, including age at referral, referral source, and other demographics on child outcomes.

The state began working with the Decision Support Services (DSS) Division in June 2019 to create additional data reports using a program called Power BI that allows users to isolate individual programs' data in several APR data areas. The first reports that were created allowed the Part C Coordinator to better analyze the APR Data for FFY 2018. Reports on state and program level data on each indicator continue to be shared at Data Drill-Down Group meetings.

Electronic Database Improvement. The Part C Coordinator seeks input on an ongoing basis from stakeholders on how the electronic database (Therap) can be improved. When suggestions are made, or difficulties are encountered, that information is taken to the Therap development team and considered for either enhancements or fixes to the system. This ongoing process that the State uses 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.

On January 4, 2021, North Dakota implemented an improved Individualized Family Service Plan (IFSP) within the provider portal of Therap. The improved IFSP increases data quality by implementing additional data checks within the system for APR data points, providing a comprehensive documentation system for all types of IFSP events, including home visits, IFSP meetings and reviews, and evaluations. The improved IFSP also allows providers to generate data reports in real-time using their program's data.

Providers were directed to begin using the improved IFSP with all initial and annual IFSPs starting on January 4, 2021. All children will be transitioned to the improved IFSP by January, 2022. Multiple trainings were provided to all staff via video conference. An FAQ document was created and posted on the ND Early Intervention website along with the training materials.

Question and Answer Document. To improve consistency across providers, a Question and Answer Document (Q&A) was created in fall 2018 and was initially updated 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. After six months of use, the Part C Coordinator surveyed the group on the utility of the document and stakeholders

expressed finding the document useful. A request was made by multiple stakeholders to have the Q&A document organized by topic as the questions and responses increased. As the document has evolved, it was made further interactive by creating links to each topic as well as to the top of the document. The document continues to be updated every other month and distributed to the field.

Specific topics, such as the transition to the updated IFSP, have had individualized Q&A documents created in response to the volume of questions received on that single topic.

Figure 2.
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. The sheet has been organized by category to make it easier to locate a previously asked question.

- Topics:**
 AEPS/AEPSI
 Assessment/Evaluation and Eligibility
 Billing
 DD Services
 Documentation Requirements
 Hiring
 Home Visits
 NICU
 Parent/Guardian
 Providers
 Therap
 Timelines
 Training
 Transition

| Date | Question | Response | Comments/Clarification |
|-------------------|---|---|------------------------|
| AEPS/AEPSI | | | |
| 7/25/19 | When does the 6 months begin? From date of eligibility or IFSP start date/mtg date? | The 6 months begins with the IFSP meeting date. Not all states have separate eligibility/IFSP dates, so OSEP considers the IFSP date to be the starting date of services. | |
| 1/28/19 | If there is a child in AEPSI who does not complete 6 months of service, what should we do with them? What about a child who you know will not be in for 6 months? What about a child | Archive any children who were not in the program for more than 6 months but on whom an entrance AEPS was conducted. We are required to report the numbers of children with less than 6 months of service to OSEP. | |

Professional Development Improvement Strand

One coherent improvement strategy is included within the Professional Development Improvement Strand:

- ND will design and implement a statewide professional learning system with core features including mentoring and coaching.

Status on this strategy is summarized in the Action Strand Improvement Plans in Appendix B and the Evaluation Tables in Appendix C.

Professional Development Workgroup. During Phase III, year 5, the professional development system work continued with the input of stakeholders in Early Intervention (EI), Technical Assistance (TA), and the state Part C team. The stakeholders considered implementation drivers to continue building the Professional Development (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.

PDSA Cycle. The Plan-Do-Study-Act (PDSA) cycle (see below Figure 3) has been vital to the SSIP process. The existing Professional Development (PD) stakeholder workgroup offer insight and feedback monthly regarding the PD SSIP work. All SSIP Stakeholder groups are outlined in Section 6, Table 7. The PD workgroup reviews information at group meetings and offers feedback on the content of the PD core areas developed in kind by MTAC, LLC. The PD workgroup meets and reviews materials, including narrated presentations, reflective questions, supplemental information (videos, documents, web resources) and infographics. Ongoing stakeholder feedback continues to be an integral part of this process to continually improve the final product.

Figure 3.
Plan-Do-Study-Act (PDSA) Cycle



PD Content Areas. As described in earlier SSIP reports, 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). There was previously no professional development system in North Dakota for Part C services. The original intent was to move forward with specific PD materials around the area of 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.

Needs Survey. The POWR Project, which will be discussed below in this report, provided information about future needs in early intervention. When POWR Project participants were surveyed about additional support needs, the following were noted as priorities:

Family Assessment (17.35%)

Developing strategies to align with outcomes (39.80%)

Embedding routines in child outcomes (26.53%)

Writing family outcomes (35.71%)

Authentic Assessment (18.37%)

Norm – referenced assessment (18.37%)

Routines – Based Intervention (21.43%)

Expanding routines beyond play (33.67%)

Using reflection to improve practice (19.39%)

Leading staff in practice change (17.35%)

Leadership skills (17.35%)

With this information, the state team pivoted to begin work on creating professional development in family assessment and authentic assessment.

PD Content Area Development. PD development work continues with the completion of PD content areas noted in Table 4 below. 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*. During Phase III, year three, triadic strategies and family-centered practices were finalized. During Phase III, year four, the Service Coordination content area was released for feedback including a narrated presentation and infographic.

During Phase III, year five, the development of North Dakota's early intervention professional development continued. During Phase III, year five, the service coordination presentation was updated and finalized after feedback from stakeholders, and a family assessment project was prioritized as a result of the Partnering for Outcomes With Real Meaning (POWR) Project. The family assessment structure was developed to include plans for development of three modules about the Routines-Based Interview (RBI), including RBI Overview (3 training videos), Components of the RBI (6 training videos), and RBI Fidelity Coach & Practice (7 videos). Final development and roll out to the field will begin in the next year as a continuation of the POWR philosophy of increasing program leadership and peer mentoring for impactful professional development. The PD workgroup also began working on development of a new authentic assessment training as shown in Figure 4 below.

Table 4.

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 four |
|---|--|
| 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
- Highlighted PD Content Areas are in process

Virtual Delivery. In March 2020, due to the Covid-19 health emergency, North Dakota moved to provide early intervention Part C services and professional development through virtual platforms. All services, including evaluation and assessment, home visits, consultations, and IFSP development were able to be provided using virtual platforms. This flexibility allowed services to continue for families uninterrupted. State-level Technical Assistance (TA) was utilized to support programs in implementing quality, evidence-based virtual services with the development of resource documents and statewide early intervention meetings and trainings. The POWR Project, discussed below, was delivered virtually with the focus of increasing program leadership and peer mentoring for impactful professional development.

Caregiver Feedback. In October 2020, the Tele-intervention committee of the ICC created a caregiver feedback survey. The purpose of the survey was to gather information from families about the virtual delivery system that was put into place during COVID. The survey was completed by 12 caregivers. Participants responded to four questions. Following are the themes from each area.

Caregiver Feedback 1: As you reflect on tele-intervention from when we started in March to now, what could we have done differently to better prepare your family?

- Families noted that the transition to tele-intervention went well overall
- Suggestions of a written agenda/planning for what a home visit session would look like for families to understand during implementation
- Concern about using technology, but families felt supported by early interventionist

Caregiver Feedback 2: What did you most appreciate about tele-intervention? What did you find most challenging?

- Appreciation of tele-intervention offering continuity of services
- Flexibility of tele-intervention offered support of early intervention with feeling of safety
- Challenge of setting boundaries with child for use of technology
- Using technology effectively during initial visits was a challenge
- Missing the in-person contact and options for demonstration

Caregiver Feedback 3: If you were to visit with a family starting tele-intervention for the first time, what advice would you give them?

- Prepare families for use of technology and what the flow of the visit is like
 - Use good phone/device mount
- Be open-minded with flexibility and patience
- Plan ahead with your questions and sharing about what your child has been doing

Caregiver Feedback 4: What do you like about in-person visits? What do you like about virtual visits?

- In-person visits are easier for the family as the early interventionist comes to us and participates in our routines
- Interaction at in-person visit offers connection to early interventionist
- The flexibility of virtual visits is wonderful as the visits can be done when we are traveling to doctor, at the lake, or home
- Virtual visits offer the feeling of safety, but still give us the ability to have supports from early intervention

Overall, caregivers appreciated the flexibility and safety of the virtual option. Many of the comments noted that with planning, the supports of early intervention can still happen in tele-intervention. Families enjoy the in-person interactions and the connection when the early intervention goes to their home.

The SSIP executive summary was shared with the ICC on March 25, 2021. The PD strand data was shared with NDEIS stakeholders at the March 16, 2021, statewide early intervention meeting. All PD materials are available statewide; materials are a resource for statewide technical assistance, new staff, and experienced staff. Reflection and supports are incorporated into statewide early intervention meetings on an ongoing basis.

Policy and Procedures Improvement Strand

There is one coherent improvement strategy within the Policy and Procedures Improvement Strand:

- ND 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 status of these activities is summarized in the Action Strand Improvement Plans in Appendix B and the Evaluation Tables in Appendix C.

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. All policies are written consistent with the federal state and regulations.

The State has identified a stakeholder work group to review current policies, identify procedure topics, as well as assist in developing new tools or procedures in support of existing policies. The workgroup includes early intervention providers and service coordinators. Stakeholder input is crucial to ensure that procedures are written effectively and with families in mind, so these can be carried out as efficiently as possible.

Procedures Workgroup. The Procedures Workgroup began meeting in October 2018 and has met monthly since its inception. The workgroup has chosen to focus on procedures that their staff have expressed a desire for additional clarity or uniformity around.

New Procedures. Procedures and tools for IFSP development and service coordinator/early intervention roles have been created and reviewed by the Procedures Workgroup. Two service coordinator/early intervention roles and responsibilities documents have been created: 1) a single page infographic and 2) a multiple page table with color-coded event sections. Additionally, the checklist for IFSP development was created in two formats: 1) a single page document in a standard checklist format, and 2) a multiple page document with additional visual aids to ensure items are not missed. These procedures and tools were distributed to the field and posted on the ND Early Intervention website in September 2020.

The Procedures Workgroup has chosen to focus on tele-intervention procedures in response to the shift to virtual instruction during the COVID-19 pandemic. The group is

currently reviewing other states' guidance and creating materials that are specific to North Dakota procedures and expectations. The group has created a draft consent form and is working on a technology readiness checklist. The Procedures Workgroup is working in conjunction with the ICC Tele-Intervention Committee to look at the major components of appropriate tele-intervention guidance, including costs, equity, training and best practices.

Therap Provider Side IFSP. In January 2021, the state instructed providers to use the improved IFSP held on the provider side of the state's electronic database, Therap. Prior to this transition, providers were given the opportunity to attend three technical trainings on the IFSP, as well as one of five content trainings on the IFSP. Materials used at this training, including an "IFSP Quick Guide" and PowerPoint presentation were emailed out to providers as well as placed on the ND Early Intervention website. In response to provider questions, two Q&A sessions were held after the implementation of the improved IFSP where providers were able to ask questions in an open forum. Frequently Asked Questions were placed into an FAQ document that continues to be updated regularly and shared with the field.

Policy Stakeholder Feedback & Community Partners. Prior to dissemination of any new procedure or TA tool, the documents are reviewed first by the NDEIS local program staff, then by the ND ICC. In some instances, these are also discussed with and reviewed by Federal Technical Assistance Centers such as ECTA and DaSy. Changes are made after each review to ensure that all feedback is considered and integrated as appropriate.

Infrastructure Improvement

Part C infrastructure has been positively impacted by SSIP activities. 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 responsibility of service coordinator supervision changed from the regional human service centers to the state level with the hiring of a full-time Service Coordinator Supervisor. The new structure allows the Part C Coordinator and Service Coordinator Supervisor to collaborate and offer increased supports to early intervention. In the past year, the Service Coordinator Supervisor and Part C Coordinator have collaborated on providing guidance to Service Coordinators regarding the improved IFSP, billing guidance, and improving procedures around documentation across the state.

As a rural state, North Dakota has identified technology as an area of increased need. The state now has the use of Microsoft Teams 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 and webinars. Microsoft Teams will also allow increased cross-agency collaboration. During the COVID-19 pandemic, all stakeholder meetings have been conducted virtually. Provider comfort with technology has increased significantly during this time, with providers routinely asking to meet with the Part C Coordinator and TA Providers virtually using Microsoft Teams or other videoconferencing technology. The use of this technology will continue to link the state of North Dakota long after the COVID-19 pandemic is over.

Through the SSIP activities the state has improved data quality, as well as policy and procedures. The state implemented the use of a new child outcome tool, increasing data validity and reliability. The statewide web-based data system, Therap, continues to be reviewed and there is a system to refine data queries as needed. The Part C Coordinator regularly reviews necessary updates for the Therap system. There is a process in place to share data drill down tools and visuals for programs leaders. Procedures and visuals have been developed with stakeholders to support the work of Part C Early Intervention in North Dakota.

Infrastructure has been created for the state PD framework. The development of consistent and available PD resources on the EI website, including mission and key principles videos, triadic strategies video and resources, family-centered practices video and resources, service coordination video and resources, and functional outcomes visual guidance have been a foundation for all activities around the selected EBPs. The framework is based on the philosophy of the availability of early intervention resources for caregivers, early interventionists, and service coordinators supports performance and practice change. This has dramatically impacted the development of leaders within programs who have been scaling up supports through PIWI Leads Project, POWR project and SPARK. This has led to significant practice growth within our EBP DEC F6.

Section 5: Status of Evidence-Based Practices

Evidence-Based Practices Improvement Strand

There are two coherent improvement strategies within the Evidence-Based Practices Improvement Strand:

- ND developed and implemented training on the new child outcome tool.
- ND selected an evidence-based intervention practice(s).

The activities are outlined in detail in the body of the report and status noted in the Action Strand Improvement Plans in Appendix B and the Evaluation Tables in Appendix C.

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.

New Child Outcome Tool. During Phase III, year four, the AEPS was fully implemented in ND as an evaluation/assessment tool for child outcomes, and the goal was 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.* As determined in Phase III, year one SSIP work, PD strand activities need to be closely aligned to the EBP strand. The activities discussed in the PD strand continue to be closely aligned with the EBP work and were described in detail in the previous section.

Implementation Science and Leadership

Implementation science continues to be the lead framework in the development and planning of professional development materials in the PD Strand, which has been interconnected with the Evidence-Based Practices Strand. At the beginning of the SSIP, a state PD framework was developed with timelines and consideration of sustainability. The development of consistent and available PD resources on the EI website, including mission and key principles videos, triadic strategies video and resources, family-centered practices video and resources, service coordination video and resources, and functional outcomes visual guidance have been and continue to serve as a foundation for all activities around the selected EBP.

POWR Project Leadership Scale-Up

The Partnering for Outcomes with Real meaning (POWR) Project moved to statewide scale-up in support of *EBP DEC F6* based on the feedback and data from the previous Parents Interacting With Infants (PIWI) Project. During Phase III, year four, the PIWI Project identified program leaders, known as PIWI Leads, for each program across the state, including service coordinators and early interventionists as a model of peer support and local program leadership development, aligned with state guided PD mentorship. The family-centered principles used in PIWI were the foundation for the POWR Project.

The POWR Project followed the PIWI Project model. Implementation planning was the first activity of the project, allowing individualization of the structure of the PD in the POWR Project for each program. Each program of the state had the option to cross train between service coordination and early intervention. The State TA team provided the overall structure, training, and mentorship for the project. The process included monthly meetings for accountability and guidance in planning regional POWR delivery. Additional support meetings were available for POWR Leads. The focus of the support meetings was peer to peer support based on stakeholder feedback and sustainability to guide the process. At the completion of the project, each program submitted an action plan, including planning for sustainability within their program. The ultimate goal of the POWR Leads Project was to develop regional leaders, peer learning, and ownership at the program level for activities in support of EBP DEC F6 around family-centered principles.

POWR project team lead applications were submitted to the state in February 2020 from 14 of 15 programs in 8 regions of the state. The POWR Project began in April 2020 with implementation planning, and pre-survey of all participants. POWR Project Leads met monthly and were led through a structured training discussion with training materials, reflection, and activities. A post-survey was completed at the end of the project in February 2021. The topics for the POWR Project were the following:

- Team Preparation/Virtual Delivery
- Foundations of Early Intervention
- Understanding of Authentic Assessment
- Using Family Assessment to Build Outcomes
- Meaningful Outcomes
- Measuring Outcomes and High-Quality Strategies
- Reflection

Figure 8.
POWR Project Areas and Dates

Teaming for Meaningful Outcomes
Areas to be covered:



- **Team preparation**
 - Pre-Survey for all Participants released April 13-23
 - April 23, 11:00-12:30 Introduction Webinar for POWR Leads and Program Implementation Forms
- **Foundations of EI**
 - May 14, 11:00-12:30 Webinar (POWR Leads)
- **Understanding authentic assessment in EI**
 - June 11, 11:00-12:30 Webinar (POWR Leads)
- **Support Call**
 - July 30, 11:00-12:00 Optional Support Call (POWR Leads)
- **Using family assessment to build outcomes**
 - August 20, 11:00-12:30 Webinar (POWR Leads)
- **Meaningful outcomes**
 - September 24, 11:00-12:30 Webinar (POWR Leads)
- **Support Call**
 - October 15, 11:00-12:00 Optional Support Call (POWR Leads)
- **Measuring outcomes and high-quality strategies**
 - November 19, 11:00-12:30 Webinar (POWR Leads)
- **Feedback & Reflection**
 - January 14, 11:00-12:00 Webinar (POWR Leads)

POWR Pre-Survey. The pre-survey was sent to all participating NDEIS staff in April 2020. There were 139 respondents in the POWR pre-survey in which 26 were service coordinators, 112 were early interventionists, and was an 1 experienced parent. Each of the eight regions in the state was adequately represented.

POWR Post-Survey. The post-survey was sent out in February of 2021. There were 106 respondents in the POWR post-survey in which 28 respondents were service coordinators and 78 respondents were early interventionists. Each of the eight regions in the state was adequately represented.

POWR Pre/Post Survey Data. There was more than expected positive growth in perceptions of practice change from early interventionists and service coordinators when comparing the pre/post survey responses. Responses indicated participants perceived an increase in their knowledge in all areas from the POWR Project. Participants moved from the categories of *A little* and *Somewhat* to categories of *Almost* & *Completely*. See Table 6 for the POWR Pre/Post survey comparison of *Almost* & *Completely*.

Table 6.
POWR Pre/Post Survey (Completely/Almost)

| Questions | Pre | Post |
|--|--------|--------|
| I am confident in understanding key principles and philosophy of EI. | 89.21% | 94.34% |
| I am confident in using key principles and philosophy of EI in my practice. | 73.72% | 94.34% |
| I am comfortable helping families & caregivers understand their role in EI. | 79.14% | 94.34% |
| I identify the everyday family activities and daily routines that the child finds most interesting and enjoyable. | 80.43% | 94.34% |
| I am comfortable helping caregiver's work within their family routines. | 79.85% | 91.51% |
| I help caregivers "set the stage" with their child to promote interactions. | 56.83% | 80.19% |
| I am comfortable framing questions to talk with caregivers about their child's development within their daily routines. | 74.10% | 91.51% |
| During assessment, I explicitly acknowledge and use the family's observations about their child's behavior, skills, and development | 77.70% | 91.51% |
| I use formal tools, interviews, and informal methods like observation to identify child strengths or what might be challenging for the child's participation in everyday activities. | 79.85% | 85.51% |
| I understand the difference between criterion-referenced and norm-referenced assessment tools. | 65.70% | 81.13% |
| During family assessment, I engage the parents in identifying family concerns, and resources around family routines. | 83.34% | 90.56% |
| During the family assessment, I summarize the parent-identified concerns and priorities in a way that provides opportunities for the parents to create IFSP outcomes. | 78.99% | 87.84% |
| I work with the IFSP team to support the parents in writing meaningful, routines-based outcomes. | 80.58% | 91.51% |

| | | |
|---|--------|--------|
| I use the IFSP outcomes to guide intervention. | 82.02% | 91.51% |
| I use strategies with caregivers to promote engagement and interactions within their family routines | 71.94% | 86.80% |
| I help families understand their child's behavior | 76.26% | 88.46% |
| I help families have more positive ways to respond to their child's behavior | 76.41% | 89.63% |
| I help families develop strategies such as providing choices, asking questions, modeling to help their child learn positive ways to get their needs met | 76.98% | 90.57% |
| I help families find joy in their daily routines with their child | 72.66 | 90.57% |
| I enjoy the process of peer learning | 89.93 | 87.73% |
| Using a team lead from my program supported learning in the POWR | | 87.50% |
| The POWR training built community within my program. | | 75.23 |
| The POWR training strengthened opportunities for peer learning in my program. | | 81.90 |
| Through the POWR training, I feel I have peers that support my learning. | | 83.81 |
| The POWR training, increased leaders or leadership in our program. | | 74.29 |

POWR Focus Group. A focus group of the POWR Project team leads scheduled a final meeting to gather input about impact and process on January 14, 2021. The leads shared reflections on the POWR Project work that was just completed. The leads responded to two areas of discussion. The first area of discussion centered on the impact of the POWR Project. POWR Leads discussed practice change experienced within their program and with families. The second area of discussion was focused on the design of the POWR Project using program-level team leads and peer support. Some of the comments and themes for each of the areas are highlighted below:

Impact Area 1: POWR Project Practice Change

POWR Leads discussed practice change experiences in their program using the POWR Project. The following are themes from the discussion. The conversation focused on increased value placed on the importance of conversations with families as the group embraced understanding of early intervention philosophy and regulations. POWR

participants worked to increase skills in active listening and open-ended questions during conversation, especially family assessment and authentic assessment.

- Facilitating richer conversations with families to focus on routines in intervention
- Focusing on improving family assessment skills such as active listening and asking open-ended questions, especially while approaching sensitive conversations
- Focusing on outcomes that are powerful for families through conversations with families about what they want the outcome to look like
- Service coordination and early intervention working to understand EI philosophy and teaming together with the family as the focus
- Helped solidify caregiver, early intervention and service coordination roles in the IFSP process as a team effort
- Need for fidelity of the family assessment process and teaming

Impact Area 2: POWR Project Design

POWR Leads discussed POWR Project design strengths and challenges. Overall, participants shared that the POWR Project brought renewed understanding of family-centered practice in early intervention, which were applicable to new and experienced staff. While some programs struggled with virtual delivery during COVID, most programs found virtual delivery to be an effective training method.

- Brought together an understanding of past trainings and why the emphasis of Part C is family
- Refresher for veteran staff and provided foundations of early intervention for new staff
- Can be utilized as an ongoing training tool and is available when needed for performance support
- Demonstrated virtual training as a feasible delivery method for training and supporting staff
- Ability for programs to individualize the core training to meet regional needs
- Need for growth increasing knowledge and confidence of local peer trainers
- Promoted peer and local collaboration of supporting early intervention foundations
- Opportunity to promote relationship-based local leadership

POWR Fidelity. The POWR Project surveys were a continuation of the study of practice change from the PIWI Project. The survey contained items from the EBP DEC F6 fidelity checklist. A review of practitioner perception of growth from the beginning of the PIWI Project to the end of the POWR Project demonstrates the continual increase of knowledge and practice change. See Table 7 below.

Table 7.*PIWI Pre/POWR Post Practice Change Survey (Completely/Almost)*

| Questions | Pre | Post |
|---|--------|--------|
| I am comfortable helping caregivers work within their family routines | 28.68% | 91.51% |
| I am comfortable framing questions to talk with caregivers about their child’s development within their daily routines. | 21.11% | 91.51% |
| I help caregivers “set the stage” with their child to promote interactions. | 22.66% | 80.19% |
| I use strategies with caregivers to promote engagement and interactions within their family routines | 38.76% | 86.80% |
| I help families understand their child's behavior | 44.53% | 88.46% |
| I help families have more positive ways to respond to their child's behavior | 43.31% | 89.63% |
| I help families develop strategies such as providing choices, asking questions, modeling to help their child learn positive ways to get their needs met | 56.59% | 90.57% |

Sustainability. Significant reported growth in practice change of the PIWI project informed practices to ensure fidelity in the POWR project. The POWR Project included implementation planning, pre/post survey of all participants, and the completion of fidelity checklist for family capacity building practices. The pre and post survey included fidelity checks based on the DEC Recommended Practices Family checklist, which is a match for our evidence-based practice of DEC F6. The checklist aligned with the previous fidelity work of the caregiver feedback survey and PIWI survey, which was led by stakeholders. The pre-PIWI to post-POWR results demonstrate the sustained growth of knowledge of participants from the PIWI to the POWR. Overall, the PIWI Project demonstrated a growth in participation knowledge, and the growth was maintained in the POWR Project, generally showing a growth of an addition 10% in post-surveys.

These specific steps were identified to support implementation and fidelity of the POWR scale-up in the state. The specific steps included the following:

- Regional POWR Leads for service coordinators and early interventionists
- Monthly POWR Leads meeting time for accountability and guidance in planning regional PIWI delivery:
 - Incorporation of PDSA cycle

- Inclusion of reflection activities
- Meeting times for those who need support and reflection
- Regionally developed implementation plan outlining a structured process for sustainability
- Completion of data demonstrating practice change pre/post data

Early Intervention and Service Coordinator Feedback Meeting. The Professional Development and Evidence-Based Practice Strand data was shared with NDEIS stakeholders at the March 16, 2020 statewide early intervention meeting. The Partnering for Outcomes With Real meaning (POWR) Project data was discussed with early interventionists and service coordinators. The group reviewed data demonstrating further need for family assessment and authentic assessment as a focus. The PD Workgroup reported the area of authentic assessment material development began and will continue over the next year. Family assessment is targeted as the next Evidence-Based Practice focus aligning with the PIWI and POWR Project models.

OSEP Leadership Grant. The state successfully applied for the *Personnel Development To Improve Services and Results for Children With Disabilities- Leadership Development Programs: Increasing the Capacity of Leaders To Improve Systems Serving Children With Disabilities* grant. This work will be completed in collaboration with the lead agency, the ND Department of Human Services Developmental Disabilities Division, Part C program, and the University of North Dakota Early Childhood and Special Education Program. The grant will build on the POWR Project model of peer support and local program leadership development, aligned with state guided PD mentorship. The grant initiative will develop EI leaders who understand and employ practices based on leadership competencies, evidence-based practices, and Part C federal and state regulations in supporting infants and young children with disabilities and their families.

The grant initiative will build a tiered, sustainable system of leadership opportunities to increase the capacity of leaders across the state, region, and local early childhood system. The ND EI leadership program, Resilient Early Intervention Leaders (REIL), will support 100 cross-agency leaders, including parents, in a multiyear learning collaborative and 36 interdisciplinary professionals in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated. The culminating initiative will be a scaled-up, statewide leadership and reflective supervision cohort of 50 participants promoting regional coaching supports. Alongside this work, leadership and reflective supervision state competencies will be updated with stakeholders, including parents. The REIL project will ultimately lead to increased options and quality services for families and their children.

Section 6: Stakeholder Engagement

Stakeholders have been and continue to be vital partners in all ND Part C SSIP activities through the process. Each of the four strands of the theory of action have included stakeholder groups. Stakeholders represent caregivers, service coordinators, community partners, early interventionists, and state agencies. The EI stakeholder groups involved in the SSIP are included in Table 7 below.

Table 7.
Early Intervention Stakeholder Groups

| <u>Early Intervention Stakeholder Groups</u> | <u>Members</u> |
|--|---|
| PD Workgroup | Regional representatives of service coordinators, EI providers, parents, and technical assistance. |
| Procedures Workgroup | Regional representatives of service coordinators, EI providers, parents, and Part C Coordinator. |
| Regional Pilot Group | Original provider targeted for work with evidence-based practice DEC F6. |
| 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 and POWR Leads Group | Scale-up group made of regional representatives from across the state for EI providers and service coordination. |
| Partnering for Outcomes With Real Meaning (POWR) Leads Group | Scale-up group made of program representatives from across the state for EI providers and service coordination, focusing on developing program leaders. |
| Statewide EI Meeting 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. |
| North Dakota Parent Training Information Center (PTI)/Experienced Parent Program | The North Dakota Parent Training Information Center (PTI) hosts the Part C Experienced Parent program, which provides emotional support and information to families of children in early intervention. |
| ND DPI Strategic Initiative 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. |

SSIP Dissemination. The state continues to use a variety of methods to inform and engage stakeholder groups about SSIP activities, including meetings, website and newsletters. Several statewide meetings occur regularly where SSIP information is shared. The Statewide Early Intervention Polycom Group occurs six times per year and includes service coordinators, experienced parents, early interventionists and community partners as stakeholders. The Interagency Coordinating Council (ICC) meets four times a year with a broader stakeholder group that aligns with the federal legislation requirements; ND requires a higher percentage of caregiver members in the ICC. The State’s website includes minutes of meetings as well as annual SSIP reports. The Part C Coordinator annually shares a newsletter outlining activities as well as requests regular feedback as seen in Figure 9 below.

Figure 9.
Stakeholder SSIP Newsletter



Stakeholders input, collaboration and feedback are built into all aspects of the SSIP strand work as follows:

Data Quality. The statewide EI Polycom Group, Policy and Procedure Group and the Interagency Coordinating Council regularly collaborate, discuss and give feedback on the child outcome results, child outcome tool, and the use of data to answer programmatic questions. The ICC also reviews data and considers statewide long-term needs.

Professional Development. The Professional Development (PD) Workgroup was initially created over the summer of 2016. 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, create a structure for PD and to review, and vet PD materials. An additional stakeholder was the Caregiver Group. The Caregiver Group reviews material from a family perspective. The Statewide EI Meeting Group also reviews material and provides feedback on the final product.

Evidence-Based Practices. The Statewide EI Polycom Group, Regional Pilot Group, Policy and Procedure Group, Caregiver Group, PIWI Leads Group, POWR Leads Group, and the Interagency Coordinating Council regularly collaborate, discuss, review and offer feedback in regard to the work of the EBP strand. The diverse stakeholders have created an effective network to inform this strand.

Policy and Procedure. The State identified the Policy and Procedure Workgroup 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 Polycom Group and the ICC Group review policy and procedure created by the Policy and Procedure Workgroup, supplying additional input.

Section 7: Plans for Next Year

The SSIP structure encourages strategic planning, stakeholder involvement, infrastructure improvement, and implementation supports. Stakeholders are and continue to be integrated at every level of planning and decision-making including, caregivers, service coordinators/early intervention (EI) program staff, community partners, Inter-Agency Coordinating Council (ICC), statewide agency partners, and cross-sector workgroups. Implementation is carefully considered and informed by qualitative and quantitative feedback. Using this structure remains vital to practice change in North Dakota and will continue in the coming year. Activities for each strand are sustainable and will continue, building upon the work of the past SSIP progression. Following are the activities and timelines anticipated to support SiMR progress for each strand for the upcoming year:

Data Quality Improvement Strand. In the upcoming year, one of the primary activities of the data quality and improvement strand will be the ongoing transition of the IFSP from the state side of Therap to the provider side of Therap. This will include stakeholder feedback during the first year of implementation. The other key activities will be continued Data Drill Down Group meetings and improved program and stakeholder Power BI reports.

Timeline of Activities: Data Quality

| | |
|---|------------------------|
| NDEIS Program Feedback IFSP Transition | Jan. 2021- Jan. 2022 |
| Data Drill Down (DDD) Meetings | April 2021- March 2022 |
| DSS Report Revision | April 2021- March 2022 |
| Individualized Power BI reports for Programs | Jan. 2022- April 2023 |
| Individualized Power BI Reports for DDD Members | April 2021- March 2022 |

Professional Development Improvement Strand. The PD focus for the upcoming year will be assessment, including authentic assessment and family assessment. Training materials for authentic assessment will be developed through MTAC, LLC with review by the PD focus group. Family assessment is discussed in the Evidence-Based Practice area below as a parallel leadership project.

Timeline of Activities: Professional Development

| | |
|--|-----------------------|
| Authentic Assessment Training Material Development | March 2021-March 2022 |
|--|-----------------------|

Evidence-Based Practices Improvement Strand. The key activities of the evidence-based work in the upcoming year will include family assessment training materials developed by the State technical assistance team, including a fidelity component. The

family assessment focus will follow the PIWI and POWR Project model in supporting identified program leaders for each program across the state, including service coordinators and early interventionists. The family assessment project will continue the model of peer support and local program leadership development, aligned with state guided PD mentorship and data-based decision-making.

Work on the Federal Personnel Development Leadership Grant will continue.

Timeline of Activities: Evidence-Based Practices

| | |
|--|----------------------------|
| Develop Family Assessment Training Materials | January 2021–December 2021 |
| Family Assessment Leads Implementation | October 2021–October 2022 |
| Federal Personnel Development Leadership Grant | November 2020–April 2022 |

Policy and Procedure Improvement Strand. In the upcoming year, the Policy and Procedure improvement plan will continue work on finalization and review of the existing revised procedures. The Procedures work group will continue work on creating additional procedures as requested by the NDEIS providers, with a focus on tele-intervention procedures.

Timeline of Activities: Policy and Procedure

| | |
|---|-------------------------------|
| Procedures Work Group Procedures Finalization | April 2021- Sept. 2021 |
| Use of Procedures Survey | Quarterly, starting June 2021 |
| Continued Work on Procedures | October 2021- March 2022 |

Technical Assistance. Throughout the SSIP process, ND has been involved with numerous in-person and remote technical assistance opportunities. ND is very grateful for the support it has received from ECTA, DaSy, 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. Beginning in Spring 2020, ND is transitioning to primarily working with DaSy for technical assistance.

Section 8: Appendix A

ND Theory of Action

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

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 Self-Assessment for selected components of the Child Outcomes Measurement System Framework (COMS) | Complete the Self-Assessment | 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 Child Outcomes Measurement System Framework (COMS) |

| 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 |
|--|--|--|---------------------------------|-------------------------------|--|
| | | | | | was completed in December of 2015. |
| Complete Self-Assessment for selected components of the Child Outcomes Measurement System Framework (COMS) | Analyze data & utilize results. | Regional Program workgroup ICC Federal TA State Part C Office State TA | State Part C Office State TA | December 2015 – December 2016 | 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 ICC | 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, training to fidelity, parent-guides, and interactive capabilities. |
| Select & implement a new child outcome tool | 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 |

| 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 |
|--|--|--|----------------------------------|-------------------------|--|
| | | | | | January of 2016 and awarded in March of 2016. |
| Select & implement a new child outcome tool | 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 1 st , 2017, to allow for more practice with implementation and opportunity to clarify administration |

| 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 |
|--|--|--|----------------------------------|-----------------------------|--|
| | | | | | 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. |
| 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 2 nd , 2017, their initial, annual & exit evaluation/assessment include the administration of the AEPS. As of October 2 nd , 2017, any annual or exit assessment for any child currently in the system includes the administration of the AEPS. |
| Develop & implement a data system for child outcome data | Determine process for linking/matching data from new child outcome tool with Therap. | 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, |

| 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 |
|--|---|--|-----------------------|--------------------|---|
| | <p>Publisher & State Data Team will collaborate to develop procedures in linking child outcome data & child demographic information</p> | | | | <p>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.</p> |

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. |
| Refining Therap for data quality purposes | 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 | State Part C Office Therap | April 2015 – Ongoing | Completed with Process in Place for Continued Improvement- There continues to be communication between the field and the State Office regarding edits to be |

| 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 |
|---|---|--|---|------------------------------|---|
| | | | | | <p>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. The state transitioned the IFSP from the state portal to the provider portal to ensure greater data reliability and ease of use for providers in January 2021. Weekly meetings are held to discuss the implementation of the IFSP. NDEIS stakeholders provide regular feedback on the IFSP transition process.</p> |
| <p>Child Outcome Results Indicator will be included in the Data Guidance Document</p> | <p>Review & revise the data guidance document to include dates, timelines & places data needs to be recorded.</p> | <p>State Part C Office State TA</p> | <p>State Part C Office State TA</p> | <p>March 2016 – May 2016</p> | <p>Completed: The child outcome results indicator was included in the FFY 2016 data guidance, which was</p> |

| 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 |
|--|---|--|---------------------------------|----------------------------|--|
| | | | | | 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 for relevant components of the DaSy Framework | Complete Self-Assessment | Regional Program Workgroup ICC Federal TA State Part C Office State TA | State Part C Office State TA | March 2016 – November 2017 | 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. |
| Complete Self-Assessment for relevant components of the DaSy Framework | Analyze & use results in planning for improved data quality | Regional Program Workgroup ICC Federal TA State Part C Office State TA | State Part C Office State TA | March 2016 – November 2017 | 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 |

| 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 |
|--|--|---|---------------------------------|------------------------------|--|
| | | | | | and will continue to ensure fidelity. |
| 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 | <p>Completed: Two critical questions were selected as part of the Linking Cohort, but these do not include the use of child outcomes.</p> <p>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</p> |

| 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 |
|--|--|--|---------------------------------|--|---|
| | | | | | <p>garner their input on which critical questions the State should focus on first. Based on this input, final questions were selected in March 2018.</p> <p>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 reviewing and responding to data for the critical questions decisions, APR and SSIP.</p> |
| Using data to answer programmatic questions | Develop reports/tools to analyze & display data to answer critical questions at State & Regional Level | 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 | January 2018 – June 2018 December 2019 | Completed- 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. |

| 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 |
|--|-----------------------------------|--|-----------------------|--------------------|---|
| | | | | | <p>The Data Drill Down Group met in August 2019 to review local program APR Data and has met three additional times since August. The group is focused on analyzing APR Indicators 7 and 8 to determine changes in practice that may impact their outcomes in these areas.</p> <p>The state began working with the Decision Support Services (DSS) Division in June 2019 to create additional data reports using a program called Power BI that allows users to isolate individual programs' data in several APR data areas. These reports have been shared with members during Data Drill-Down</p> |

| 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 |
|--|-----------------------------------|--|-----------------------|--------------------|--|
| | | | | | Group meetings and will be shared with the larger group in April 2020. Work with DSS to generate reports for all programs will continue. |

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. |
| Complete PD components of ECTA Framework | Analyze & use results to plan PD System | 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. |
| Design & implement PD system with State & Regional Roles | Convene a workgroup to outline PD structure | Stakeholder work group (service coordinator, early interventionist) | State Part C office State TA | July 2016 – December 2016 | Completed: The PD work group began outlining the structure |

| 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 Parent Advocacy Groups | | | 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. |
| Design & implement PD system with State & Regional Roles | 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 (MIECHV) Existing coaches & materials from FGRBI Project (2008-2010) | State Part C office State TA | October 2016 – June 2017 | 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. |
| Design & implement PD system with State & Regional Roles | 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 |

| 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 |
|--|--|--|-----------------------|----------------------------|---|
| | | | | | 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. |
| Design & implement PD system with State & Regional Roles | 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. |
| Develop & implement an orientation plan for EI professionals | Convene a small workgroup to outline orientation content areas | Stakeholder work group (service coordinator, experienced parent, early interventionist) ICC | 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 full |

| 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 |
|--|-----------------------------------|--|-----------------------|--------------------------------------|---|
| | | | | | stakeholder representation. |
| Develop & implement an orientation plan for EI professionals | Develop content for orientation | State TA | State TA | April 2018 – June 2018–December 2019 | <p>Completed with Process in Place for Ongoing Collaborative Work: The workgroup originally identified the following content areas: 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. In September 2018, Service Coordination was added to the list. Mission and Key Principles (2017), Triadic Strategies (2018), Family-Centered Practices</p> |

| 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 |
|--|---|--|-----------------------|---------------------------|--|
| | | | | | (2019), and Service Coordination (2020-2021). Stakeholder surveys are used to collect feedback with each roll-out. A tab was added to the state website called “Professional Development” to store and disseminate PD content. There is a process in place for ongoing future development of content areas with the PD Workgroup stakeholders. |
| Develop & implement an orientation plan for EI professionals | 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. |
| Develop & implement an orientation plan for EI professionals | Design delivery system/methods for orientation plan | State Part C office | State Part C office | April 2018 – June 2018 | Completed: The workgroup developed a consistent format for |

| 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 |
|--|-----------------------------------|--|-----------------------|--------------------|---|
| | | Stakeholder work group (service coordinator, early interventionist) ICC | | | 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 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. |
| Complete roll-out of new child outcome tool | 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 |

| 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 |
|--|--|--|----------------------------------|------------------------|---|
| | | | | | received, the roll-out was revised to October 1 st , 2017, to allow for more practice with implementation and opportunity to clarify 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. |
| Complete roll-out of new child outcome tool | 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 |
|--|---|---|---------------------------------|------------------------------|--|
| Develop & implement a process for selecting EBPs. | 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 |
| Develop & implement a process for selecting EBPs. | 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. |
| Develop & implement a process for selecting EBPs. | 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. |
| Develop & implement a process for selecting EBPs. | Select checklists to be used with professionals and | PolyCom focus groups Regional meetings Survey | State TA | January 2016 – March 2016 | Completed: The state chose the fidelity checklists aligned with the DEC-RP family practices. As EBP's are put into place providers will |

| 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. | | | | 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 & implement a PD plan for EBP | 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 during that time period. |

| 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 PD plan for EBP | Implement a PD plan for EBPs. | Federal TA Stakeholder groups (service coordinator, early interventionist) | State TA State Part C | January 2017 – December 2019 | <p>Completed: 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 was collected in January 2020 to determine practice change. The pre/post data for the PIWI Leads Project demonstrated an inverse relationship. Over 2/3 of the participants (n=122) reported a significant increase in practice change with the use of strategies to support social-emotional development with caregivers. The PIWI Leads Project developed local leaders in supporting professional development and peer mentoring. Over the next year, this model of mentoring local leaders and expertise will be used in the</p> |

| 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 |
|--|-----------------------------------|--|-----------------------|---------------------|--|
| | | | | | Partnering for Outcomes With Real meaning (POWR) Project. |
| 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 & implement a learning system for improved functional outcomes (EBP) | Develop training materials | Regional training PolyCom meetings Regional surveys Self-assessment tool Ongoing functional outcome initiative for quality indicator | State TA | May 2014 – May 2018 | Completed: 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 |

| 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 |
|--|---|--|-----------------------|---------------------|---|
| | | | | | 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. |
| Develop & implement a learning system for improved functional outcomes (EBP) | Developed active learning outcomes around functional outcomes | Regional training PolyCom meetings Regional surveys Self-assessment tool Ongoing functional outcome initiative for quality indicator | State TA | May 2014 – May 2018 | Completed: Regional providers engaged in a process of self-assessment using functional outcome ratings. Several 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. |
| Develop & implement a learning system for improved functional outcomes (EBP) | Provide ongoing support in knowledge and skills in developing and using functional outcomes | Regional training PolyCom meetings Regional surveys Self-assessment tool Ongoing functional outcome initiative for quality indicator | State TA | May 2014 – May 2018 | 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 September 2020 Ongoing | Completed with Process in Place for Continued Improvement- 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 policies were distributed in September 2020. The procedures work group is currently working on providing |

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| | | | | | procedures around the use of tele-intervention for all EI services. |
| Create procedural guide to support implementation of policies to support improvement in the SiMR. | Develop plan for gathering regional input on procedural guide | State Part C Office State TA ICC | State Part C Office State TA | April 2018 – June 2019 | Completed: The Lead Agency solicited membership for a workgroup of regional administrators, service 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. |
| Create procedural guide to support implementation of policies to support improvement in the SiMR. | 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 |

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| | | | | | 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 review. It is anticipated to be reviewed by the field in May 2019. |
| Create procedural guide to support implementation of policies to support improvement in the SiMR. | 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. |
| Create procedural guide to support implementation of policies to support improvement in the SiMR. | 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 | Completed: A survey tool to measure the use of procedures has been created and will be disseminated to NDEIS program leadership twice a year to measure use of procedures starting in September 2020. |

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 | Completed with Process in Place for Continued Improvement- As the transition to the AEPS continues, North Dakota is monitoring the data for the AEPS cohort to assure fidelity, as well as valid and reliable data. In an effort to monitor the continued increase of use of the new tool during this transitional time, North Dakota examines the completion rate of the AEPS data monthly for increase in use. There has been an average monthly |

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| | | | | increase in AEPS entry and exit data of 50.2 children. |
| 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 & Regional Level | <p>Child outcome reports will be generated & submitted as required from the data system.</p> <p>Consistent & timely availability of child outcome data to regional programs by March 1st of each year.</p> | July 2018 – June 2019 | <p>Completed- The state began working with the Decision Support Services (DSS) Division in June 2019 to create additional data reports using a program called Power BI that allows users to isolate individual programs' data in several APR data areas. These reports have been shared with members during Data Drill-Down Group meetings and will be shared with the larger group in April 2020. Work with DSS to generate reports for all programs will continue.</p> <p>Data generated from the AEPSi system regarding child outcomes was shared with NDEIS program leadership in March 2020 as part of the annual program report.</p> |

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. | <p>July 2016 – June 2018</p> <p>October 2017 – June 2018 December 2019</p> | <p>Completed: In June of 2019, data guidance was issued to include a requirement that programs review the Child Progress Reports from AEPS with families at initial and annual IFSP meetings to begin July 1, 2019. Combined, programs been generating an average of 4500 reports per month. This is consistent with the requirement to generate annually and at</p> |

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| | | | | | initial plans, as ND's point-in-time count from FFY 2018 was 1567. |
| Data quality will improve through increased accurate selection of type of child outcome assessment & entering service termination dates where appropriate. | 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. |
| 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 | Completed with Process in Place for Continued Improvement- As the transition to the AEPS continues, North Dakota is monitoring the data for the AEPS cohort to assure fidelity, as well as valid and reliable data. In an effort to monitor the continued |

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| | | | | | increase of use of the new tool during this transitional time, North Dakota examines the completion rate of the AEPS data monthly for increase in use. There has been an average monthly increase in AEPS entry and exit data of 50.2 children. |
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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

| Short term Outcome Description | How Will We Know the Intended Outcome Was Achieved? (performance indicator) | Measurement/Data Collection Method | Timeline (projected initiation and completion dates) | Results/Notes |
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| 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 | <p>Completed: A preliminary PD plan for the pilot region was developed in August 2016.</p> <p>References to the use of the self-assessment were deleted for redundancy & are included in the activity below.</p> |
| The PD plan will be implemented. | <p>Increase in self-assessment rating on ECTA Systems Framework Personnel/Workforce component</p> <p>PD system will be implemented according to the timelines in the plan</p> | <p>Pre-& Post data from the ECTA Systems Framework Self-Assessment, Personnel/Workforce component</p> <p>Documentation of PD activities</p> | July 2017 – Ongoing | <p>Completed: The self-assessment of the PD component of the framework was completed for a second time in June 2018 and was completed again in December 2019. The development of online PD utilizing multiple stakeholders demonstrates an increase in rating on the Personnel/Workforce component. The P/W component also highlights the current multi-agency collaboration occurring in ND. Future areas of focus are personnel retention and recruitment, updated cross-discipline competencies, and leadership development.</p> |

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

| Short term Outcome Description | 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 be trained on the new tool according to the Publisher’s protocol. | <p>All EI professionals will have access to the new child outcomes tool materials.</p> <p>All EI professionals will be trained to implement the child outcome tool as intended according to the timeline.</p> | <p>Documentation of child outcomes tool kit dissemination</p> <p>Training attendance records</p> | April 2016 – June 2017 | <p>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.</p> |
| Identified provider will be trained on selected evidence-based practices. | All EI professionals of the identified provider will be trained on selected evidence-based | Training attendance records | July 2015 - July 2017 | <p>Completed: The pilot region was trained on DEC: F6 in May 2017. All EI professionals in the pilot region were in attendance.</p> |

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| | practices will be implemented according to the timelines in the plan. | | | <p>The pilot region is also working through the evidenced-based PIWI modules as part of F6 implementation.</p> <p>In support of the State’s chosen EBP, a collaborative 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.</p> <p>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.</p> |
| <p>Completed: 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 families was developed in March 2018 and was distributed in April 2018 and will be again</p> | Families will report an increase in their ability to support their child’s social-emotional development. | Focus Group | March December 2018 – December 2019 | <p>Completed: DEC: F6 has been the EBP focus. 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 families was developed in March 2018 and was distributed in April 2018. The post-survey was completed in March 2020. Data for this Post-Gathering Family Input Survey demonstrated movement to the upper end of the scale, with no ratings listed at the <i>1-Not At All</i> (0-25%) category and only two ratings were indicated in the 2-A</p> |

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| <p>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. A post-survey of caregiver feedback in family-centered practices in the focus region was completed in March 2020.</p> | | | | <p><i>Little</i> category (25-50%). Therefore, all ratings fell within the areas of <i>3-Somewhat</i> (50-75%), <i>4-Almost</i> (75-99%), and <i>5-Completely</i> (100%). The ratings in <i>4-Almost</i>, increased in every category except “helping my child participate in everyday activities,” decreasing from 20% to 14%. Two questions were added to the post-survey about finding joy in everyday activities. The data indicated that 71% of family members found joy in everyday activities with their child with a rating of <i>5-Completely</i>, and 67% of family members reported that their home visitor helps them find joy in everyday routines with their child with a rating of <i>5-Completely</i>.</p> |
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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 |
|---|--|--|---|--|---|
| <p>EI professionals will utilize the new State selected child outcomes tool per the state's procedures.</p> | <p>Do EI professionals utilize the new child outcomes tool per the state's procedures?</p> | <p>All regional programs will utilize the new child outcome tool per the state's procedures.</p> | <p>Data will be collected regarding the number of EI professionals utilizing the new child outcome tool per the state's procedures.</p> | <p>July 2017- June 2019</p> | <p>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 and began implementing use of the tool for all children. FFY 2018 was North Dakota's first APR year of reporting the AEPS data for this indicator since the performance data represents the larger sample of children, N=278. North Dakota continues to transition from the Oregon tool to the AEPS. North Dakota had 1195 children who exited in FFY 2018. Entry/exit data of 80</p> |

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| | | | | | children were recorded using the phased-out Oregon tool. |
| <p>EI professionals in the identified provider will increase their knowledge of selected evidence-based practices (EBP).</p> | <p>Do EI professionals in the identified provider increase their knowledge of the selected evidence-based practices?</p> | <p>Most (over 51%) of EI professionals in the identified provider will demonstrate increased knowledge of the selected EBPs.</p> | <p>Pre/post survey</p> | <p>June 2015 – July 2018 2019</p> | <p>Completed: Pre and post survey data was collected with the release of each PD foundation EI topic as it was released. The survey results indicated increased knowledge, confidence, and use of specific strategies with each content area. As of February 2020, pre/post surveys have been completed statewide for 3 foundational EI topics:</p> <ul style="list-style-type: none"> - Triadic Strategies - Family-Centered Practices - Service Coordination <p>A survey was given to caregivers to review the Service Coordination PD materials in February 2020, and the majority of caregivers, 83.3%, agreed that the infographic helped them to remember the main points of the service coordination presentation and that they understood the information. The Service Coordinator NDEIS</p> |

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| | | | | <p>Feedback Survey was also offered to service coordinators, early interventionists, and experienced parents for review of the training materials. There was a total of 52 respondents to the survey, with 30 early interventionists, 21 service coordinators, and 1 experienced parent.</p> <p>63.46% felt the training material increased their knowledge about service coordination</p> <p>65.38% reported the information helped them talk with families about service coordination in early intervention</p> <p>70.59% of participants reported that the presentation supported their learning about service coordination</p> <p>Participants noted that they would share materials with caregivers, community members, new staff, direct therapy providers, social services, physicians if available online.</p> |
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| | | | | | 98.04% of participants reported that the materials would be helpful for orientation of new and existing staff. |
| EI professionals in the identified provider will increase their use of selected evidence-based practices (EBP) as intended to support children and families in the area of social/emotional development. | Have EI professionals in the identified provider increased their use of selected EBPs as intended? | An increase in use of the skills in the performance 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. | DEC RPs Performance checklists PIWI Pre/Post Regional Data | June 2015 – July 2019 ongoing | Completed: Work has been ongoing in the pilot region, and progress was demonstrated in practice change completed in January 2020. There was significant growth in practice change when comparing the pre/post survey responses for the PIWI Project. 20 participants from the identified region participated in the January 2020 survey with nearly half noting only 1-5 years experience in their current EI role. All of the responses indicated an inverse relationship as compared to the pre-survey. |
| 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 | Pre/post qualitative review of sampled IFSPs in identified provider – compare to analyzed IFSPs from before the | June 2014 – October 2019 | Completed: In December 2019, data was collected and analyzed from a random sample of functional outcomes in the pilot region. Results indicated 93% of the |

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| | | functional outcomes, according to criteria. | training to post training | | outcomes met criteria including an everyday routine with families. |
| 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 | Completed: DEC: F6 has been the EBP focus. 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 families was developed in March 2018 and was distributed in April 2018 and again in March 2020. Data for the Post-Caregiver Feedback Survey demonstrated movement to the upper end of the scale, with no ratings listed at the <i>1-Not At All</i> (0-25%) category and only two ratings were indicated in the <i>2-A Little</i> category (25-50%). Therefore, all ratings fell within the areas of <i>3-Somewhat</i> (50-75%), <i>4-Almost</i> (75-99%), and <i>5-Completely</i> (100%). The ratings in <i>4-Almost</i> , increased in every category except “helping my child participate in everyday activities,” decreasing from 20% to 14%. |

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 September 2020 Ongoing | Completed with Process in Place for Continued Improvement- Procedures for IFSP development and service coordinator/early intervention roles have been created and reviewed by the procedures work group. These policies were distributed in final form in September 2020. The Procedures Workgroup is currently working on procedures around tele-intervention for all EI services. |

Impact Evaluation

| Outcome/Output | Evaluation Questions | 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 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 | <p>Completed: In June of 2019, data guidance was issued to include a requirement that programs review the Child Progress Reports from AEPS with families at initial and annual IFSP meetings to begin July 1, 2019. Combined, programs been generating an average of 4500 reports per month. This is consistent with the requirement to generate annually and at initial plans, as ND’s point-in-time count from FFY 2018 was 1567.</p> |

Appendix D

508 Compliance Certification

The screenshot shows the Microsoft Word interface with the 'Review' tab selected. The ribbon includes options for Proofing, Speech, Accessibility, Language, Comments, Tracking, Changes, Compare, Protect, Ink, and OneNote. The main document area displays the title 'North Dakota State Systemic Improvement Plan (SSIP) FFY 2019 Report' and the logo for 'NORTH Dakota Human Services' with the tagline 'Be Legendary.'.

An 'Accessibility' pane is open on the right side of the window. It shows the following results:

- Inspection Results**
 - ✓ No accessibility issues found. People with disabilities should not have difficulty reading this document.
- Keep accessibility checker running while I work
- Additional Information**
 - [Read more about making documents accessible](#)