

North Dakota State Systemic Improvement Plan (SSIP) FFY 2018 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 4 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 looks forward to building on the infrastructure and progress of 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, statewide scale-up of Parents Interacting With Infants (PIWI) and Partnering for Outcomes With Real meaning (POWR) Project, and the creation and use of professional development materials. This commitment of the field 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 4.

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, resiliency 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. 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.

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, continues to be improved with enhancements to the system in an ongoing and sustainable process. A *Question and Answer* document (Q&A) continues to be updated for EIS. There has been a decrease in individual questions being sent to the Part C Coordinator since the creation of the Q&A Document, resulting in it being updated 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 and have discussions about data reliability in relation to current data collection practice. The Data Drill-Down Group has met three times since the initial meeting in August.

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 over the last year. A service coordination NDEIS feedback survey and caregiver feedback group were used to gather input and feedback about the materials. EI polycom stakeholders were also used to gather input and feedback in the area of PD.



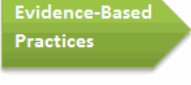
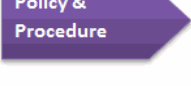
In the *Evidence-Based Practices Improvement Strand*, the Parents Interacting With Infants (PIWI) Leads Project, Caregiver Feedback Survey, SPARK training and Preschool Development Grant (PDG) collaboration were completed. The PIWI Leads Project was scaled statewide to support the PD framework for social 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 continued work with the Part C Coordinator to develop new procedural documents for meeting agendas for 2.7 and 2.9 Transition Meetings. These documents will be 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.

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

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

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

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

- **Data Quality**
 - North Dakota will select and implement a new child outcome tool.
 - North Dakota will enhance its data system to ensure that valid and reliable data are available.
- **Professional Development**
 - North Dakota will design and implement a statewide professional learning system with core features including mentoring and coaching.
- **Evidence-Based Practice**

- North Dakota will develop and implement training on the new child outcome tool.
 - North Dakota will select and facilitate implementation of evidence-based intervention practice(s).
- **Policy and Procedure**
 - North Dakota will review policies and develop necessary procedures to ensure implementation of high-quality Early Intervention practices as necessary to improve social/emotional results of children and families.

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 2018, North Dakota demonstrated no slippage in the state target in for the SiMR (summary statement A1) from FFY 2017 (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 25.64 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 target for 2019.

Table 1.

SiMR Target and Performance, FFY 2016, 2017, 2018, SiMR Target FFY 2019

	FFY 2016	FFY 2017	FFY 2018	FFY 2019
Target	38%	39.19%	39.20%	60.50%
Performance	72.04% (Met Target)	72.14% (Met Target)	71.96% (No slippage, Met Target)	Upcoming

Section 4: Status of Infrastructure Improvement Strategies

This section will describe the activities of Phase III, Year 4, 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. North Dakota had 1195 children who exited in FFY 2018. The new tool, AEPS, database includes 278 children with entry/exit data, and 91 children with less than 6 months of service.

The FFY 2018 data demonstrates an increase in performance in three out of six summary statements. 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 increased 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 25.64 children. We anticipate 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 six 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.

ND DPI Strategic Initiative. In July 2019, ND DPI and ND DHS were awarded a Preschool Development Grant (PDG) to work toward shared goals around early childhood care and education. Work on this grant included specific activities surrounding early childhood transitions from Part C to Part B services, professional development, and creating an Early Childhood Integrated Data System (ECIDS). ND DPI and ND DHS worked collaboratively to apply for a second round of funding for the PDG, but were not awarded. ND DPI and ND DHS have chosen to continue working together toward the shared goals and initiatives identified during the Strategic Plan creation. The group has monthly meetings to discuss the initiatives and any other cross-cutting situations that have come up.

Critical Questions. In addition, 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.

In August 2019, the Data Drill-Down Group met for the first time with support from the IDC. Over the last six months, the group has been having discussions around APR Data Indicators 7 and 8. Local programs examined state level data before looking at program level data and engaging in discussion to determine how individual program practice is impacting outcomes in these areas. The participants continue to meet to consider other factors that may be impacting outcomes in APR data, including specific demographic groups that may present unique challenges in completing activities in Indicators 7 and 8 in a timely manner.

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 Indicators 7 and 8 have been shared with members during Data Drill-Down Group meetings and will be shared with the larger group in April 2020. Currently, the Part C Coordinator is working with DSS to create reports for exiting data for the 618 Data that is due annually. This will allow the state to better consider factors related to the Critical Question 1.B.2.f regarding children who leave the program due to parent withdrawal.

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.

In August of 2019, the state began the process of transitioning the Individualized Family Service Plan (IFSP) from the state portal to the provider portal to ensure greater data reliability and ease of use for providers. Weekly meetings are held to discuss the process of moving the IFSP. Currently, the Part C Coordinator is working with a DHS Business Analyst to outline the state's requirements for the IFSP document. A mock IFSP was created and is used as a model for the new IFSP. Prior to completion of the final transition, the Part C Coordinator will share the updated IFSP document with NDEIS stakeholder groups, including the polycom stakeholder group and the ND ICC, to gather feedback.

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. This format revision was made.

Since the creation and utilization of the document, there has been a significant decrease in the number of questions that are being asked to the Part C Coordinator. Therefore, the document is now updated every other month (see Figure 2 below).

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 four, 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 monthly and offers feedback on the content of the PD core areas PD 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.

PD Content Area Development. PD development work continues with the completion of PD content areas noted in Table 3 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 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

Figure 4.
Service Coordination Infographic



Stakeholder Surveys. The Service Coordination PD materials were released to the entire state for use and feedback in February of 2020. The materials were released at the monthly statewide EI statewide February PolyCom. The following two surveys were conducted:

1. Service Coordination: Caregiver Feedback Survey
2. Service Coordination: NDEIS Feedback Survey

Service Coordination: Caregiver Feedback Survey. This survey was distributed to 11 regional EI Program Coordinators and 8 regional lead Service Coordinators who were asked to forward the survey to caregivers of children in their program currently or previously, for review of the training materials; 14 caregivers completed the survey. The majority of caregivers who responded, 83.3%, agreed that the infographic helped them to remember the main points of the service coordination presentation and that they understood the information. These caregivers, 66.67%, agreed that the reflective questions were appropriate for family members, and 100% of these caregivers noted that the content in the training promotes an understanding by caregivers about service coordination in early intervention. This data was to be shared with NDEIS stakeholders at the March 17, 2020 statewide early intervention polycom, but due to coronavirus, the

meeting was delayed to April 21, 2020, during which there will be ample time for discussion and feedback.

Service Coordination: NDEIS Feedback Survey. The Service Coordination: NDEIS Feedback Survey was offered to service coordinators, early interventionists, and experienced parents for review of the training materials. This survey was distributed to 11 regional EI Program Coordinators, 8 regional lead Service Coordinators and the Experienced Parent Coordinator, who were asked to forward the survey to NDEIS professionals, for review of the training materials. A total of 52 respondents, representing programs across the state, completed the survey, with 30 early interventionists, 21 service coordinators, and 1 experienced parent.

The NDEIS feedback survey included seventeen items. Fifty-five percent of the respondents worked in NDEIS for over five years. Overall, 67.13% of respondents reported that the materials were helpful in their understanding of service coordination. Furthermore, 65% of the participants indicated the materials were useful to help the discussion of service coordination with families and 98.04% of respondents reported the materials were useful in training of staff. NDEIS professionals were also asked about ways the service coordination training would change their practice and noted their ability to explain service coordination to families and teaming for service coordination were affected. See Table 5 below.

Table 5.
Practice Change with Service Coordination Training Materials

Percentage of Participants	Area of Practice Change Reported by EI Professionals
65.31%	Ability to explain service coordination to families
59.18%	Considered how you teamed around service coordination
51.02%	Valued team members in early intervention
57.14%	Increased supports to caregivers
26.53%	Understand the differences between the Medicaid waiver and service coordination
53.06%	Services are coordinated across agencies and professionals
53.06%	Families have increased access to address their individual needs
57.14%	Aiding families in making informed decisions

The state team was pleased to see that many of the respondents took the time to make comments. Qualitative data included the themes of utilizing training materials and interest in the use of materials with new staff. Respondents suggested updates to clarify sections of the presentation, suggestions to shorten the presentation, and suggestions for

inclusion of a visual of the PowerPoint with written narrative. Following are a few comments from the survey:

- “I think this will help develop a wholistic understanding of the role of DDPM's in the Early Intervention process.”
- “Good information to share to help other people understand the philosophy.”
- “Any information pertaining to our roles is helpful to a new staff person. The information is specific and if a person already has knowledge, it reinforces what the expectations are. Nicely done, thank you.”

The SSIP executive summary was shared with the ICC on March 26, 2020. The PD strand data was to be shared with NDEIS stakeholders at the March 17, 2020, statewide early intervention polycom call but, it was cancelled due to coronavirus restrictions. At the April 21, 2020 polycom meeting the information will be shared and discussed. The data will inform updates to the Service Coordination PD materials for the final statewide release. 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 EI polycom 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. The state

will work with ND's Parent Training Information center (PTI), which holds the state's Experienced Parent contract to ensure each procedure is written with a family perspective.

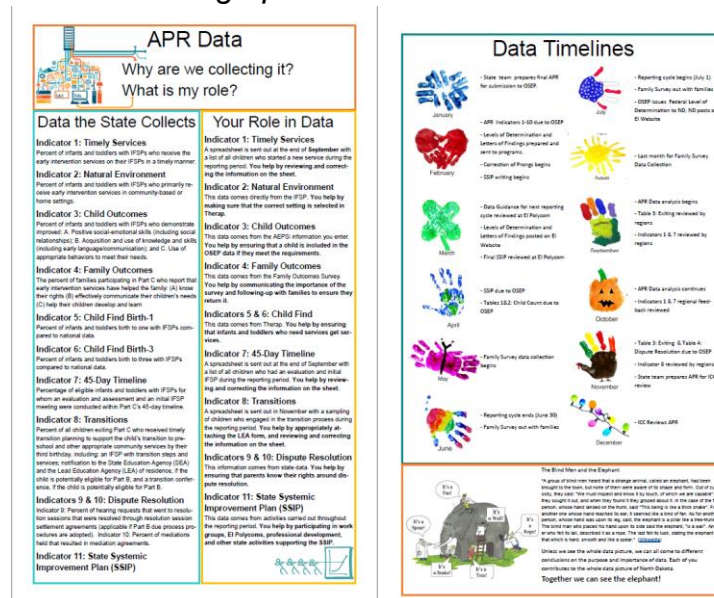
Procedures Workgroup. The Procedures Workgroup began meeting in October 2018 and has met monthly since its inception. The workgroup has chosen to focus on procedures that their staff have expressed a desire for additional clarity or uniformity around.

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 are currently being reviewed with ECTA and will be distributed in final form in April 2020.

The Procedures Workgroup is in the final stages of review of 2.7 and 2.9 transition meeting agendas. The agendas were created from local program documents that were already in use across the state. The group focused on these agendas as stakeholders had identified transitions as an area where greater uniformity was desired. The procedures work group has requested that NDDPI Part B 3-5 partners review the documents to ensure that they are accurate for both groups. These documents will be shared with NDDPI stakeholders for review prior to final distribution in Fall 2020.

APR Overview infographic. At the September 2019 EI Polycom and ICC meetings, the Part C Coordinator shared an infographic to increase understanding of all programs' role in accurate and timely APR data. This two-sided document explained the state's APR data collection requirements and the programs' role in collecting and verifying the accuracy of the data. The document also outlines the state's deadlines for data collection and dissemination.

Figure 5.
APR Data Infographic



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.

As a rural state, North Dakota has identified technology as an area of increased need. The state now has the use of Skype as a tool to connect staff at a distance for regular

meetings. This will significantly reduce travel time to sites for communication and increase opportunities to connect for meetings and webinars. Skype will also allow increased cross-agency collaboration.

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. This goal is met. For additional information about child outcome activities see information in the data quality section above.

Evidence-Based Practices. The selected EBP is DEC RP F6: Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences. 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.

Evidence-Based Practice: Gathering Family Input. Initially during Phase III, year two, the pilot region met with State Technical Assistance (TA) with the goal of creating a survey for practice change around DEC RP F6. This survey was developed as a way to gather pre/post data. The pilot region service coordinators and early interventionists reviewed the DEC fidelity checklists to create the survey for families. First, the groups reviewed all DEC fidelity checklists. Next, the pilot group circled the checklist items that they felt most closely aligned with DEC RP F6. Then, each group worked to make the wording family friendly. The groups presented their top choices for the survey. State technical assistance reviewed the top choices and created a survey. The survey was then presented to caregiver stakeholders for review. Significant changes were made from the feedback to make the survey more family friendly. The purpose was to chart change of home visiting practice over time from the perspective of caregivers. The pre- survey was given in April 2018, and this survey was completed again in February 2020, so that practice change could be captured. The survey requested caregiver feedback in six areas including, priorities, Individual Family Service Plan, everyday activities (routines), promoting positive behavior, strengths, and confidence.

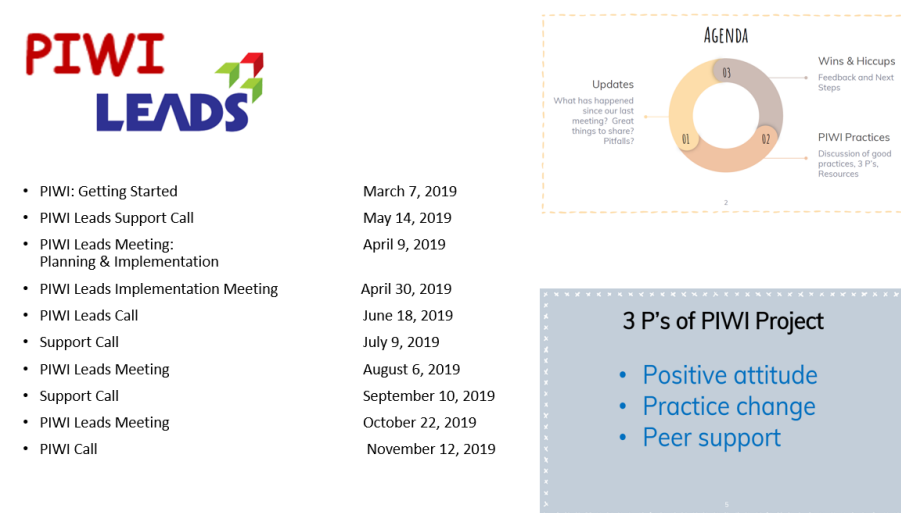
The Post-Gathering Family Input Survey was completed in February 2020 with the pilot program. The survey was mailed to 99 families with a self-addressed, stamped envelope, and a newsletter explaining the survey. The survey was returned by 21 families. It should be noted that the survey was mailed when the coronavirus was escalating, and this may have impacted return rate. It is important to note that the pilot program used for this survey has experienced extensive staff turnover, and identifiers were not used with participants in the survey.

Data for this Post Gathering Family Input Survey demonstrated movement to the upper end of the scale, with no ratings listed at the *1-Not At All* (0-25%) category and only two ratings were indicated in the *2-A Little* category (25-50%). Therefore, all ratings fell within the areas of *3-Somewhat* (50-75%), *4-Almost* (75-99%), and *5-Completely* (100%). The ratings in *4-Almost*, 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 *5-Completely*, and 67% of family members reported that their home visitor helps them find joy in everyday routines with their child with a rating of *5-Completely*. Due to the extensive staff turnover since the pre-survey, the Parents Interacting with Infants (PIWI) statewide project and survey below were utilized to determine practice change in work with families.

Parents Interacting with Infants (PIWI) Leads Project. In planning for statewide scale-up of the Parents Interacting with Infants (PIWI) Project, feedback from the pilot region stakeholder process during Phase III, year 1 was used to inform the PIWI framework. On January 15th, 2019, the polycom stakeholder group met to discuss their needs and recommendations for determining the specific steps in the statewide PIWI scale-up process in the state. Each of the eight regions and nine programs in the state, the service coordinators and early interventionists determined a plan of action for working through PIWI modules with a defined completion date of six months, later extended to twelve months, due to stakeholder feedback and need.

The goal of the PIWI Project was to support the PD framework for social-emotional supports for families in creating leaders in each program with state level support from January of 2019 to January of 2020. The PIWI Project identified program leaders, known as PIWI Leads, for each program across the state, including service coordinators and early interventionists. Implementation planning was the first activity of the project, allowing individualization of the structure of the PD in the PIWI 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 PIWI delivery. Additional support meetings were available for PIWI 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 PIWI Leads Project was to develop regional leaders, peer learning, and ownership at the program level.

Figure 6.
PIWI Leads Meeting Dates



PIWI Pre-Survey. The pre-survey was developed based on stakeholder feedback from an initial PIWI Leads meeting and sent to all participating NDEIS staff in March 2019. There were 129 respondents in the PIWI pre-survey in which 40 were service coordinators and 89 were early interventionists. Each of the eight regions in the state was adequately represented. Stakeholder feedback also indicated a need for the availability of continuing education units and certificate hours so that professionals needing licensure could complete this project for credit. Both continuing education and graduate credit were offered for all participants.

PIWI Post-Survey. The post-survey was sent out in January of 2020. There were 116 respondents in the PIWI post-survey in which 39 respondents were service coordinators and 77 respondents were early interventionists. Each of the eight regions in the state was adequately represented.

PIWI Pre/Post Survey Data. There was more than expected positive growth in practice change when comparing the pre/post survey responses. This reinforces that the plan is on the right track, which allows the state to build on this momentum as progress is made and practice is improved toward reaching the SiMR. All of the responses indicated an inverse relationship as compared to the pre-survey. In the categories of skill level at *4-Almost* and *5-Completely*, the majority of the pre-survey responses were between 20-40% as compared to the post-survey responses in the 70-85% range. Following are the pre/post survey comparison results:

Table 6.

PIWI Pre/Post Practice Change Survey (Completely/Almost)

Questions	Pre	Post
I know how to implement strategies within PIWI for families.	7.03%	78.45%
I am confident in defining SE development	33.33%	82.61%
I know the difference between a relationship and an interaction	44.96%	95.69%
I can describe the unique roles of families and caregivers in SE	28.91%	89.07%
I am comfortable helping caregiver's establish predictable interaction /routines	28.68%	84.76%
I am comfortable framing questions to talk with caregivers about SE challenges	21.11%	81.04%
I am confident in explaining the role that relationships play in facilitating SE with infants and toddlers	21.71%	84.48%
I understand key SE milestones during infant toddler stages	36.43%	89.57%

I help caregivers set the stage with their child to promote interactions	22.66%	77.58%
I support families with dyadic interactions	25.00%	79.31%
I provide strategies to support developmental concepts (self-regulations emotional literacy) that impact infant and toddler SE development	25.98%	77.58%
I help families and caregivers make intentional choices to strengthen SE development with infants and toddlers	24.04%	75.00%
I use SE strategies in my day to day practice with caregivers of infant and toddlers	25.59%	81.03%
I use strategies to help caregivers understand expectations for infants and toddlers	34.38%	84.49%
I use strategies with caregivers in promoting engagement and interactions with their infant and toddler	38.76%	83.62%
I help families understand their child's behavior	44.53%	84.35%
I help families have more positive ways to respond to their child's behavior	43.31%	81.90%
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%	83.62%
The PIWI leads project supported my learning in the area of SE		78.45%
The PIWI leads process supported cooperative team learning in the area of SE development and support		80.17%
I previously worked with the PIWI or Pyramid model		17.83%

Three qualitative questions were asked in the post-PIWI survey. Some of the comments and themes for each of the questions are highlighted below:

The first question pertained to what was the most helpful to the participants in the team learning process. This included responses about the value of the collaborative team interactions, time for reflection, and discussion with peers. The training materials with videos, hand-outs, and PowerPoints were appreciated, but a few staff did want more guidance on providing program training. PIWI participants had an appreciation of learning together about social-emotional skills, development, and strategies, with time for discussion and appreciation of using triadic strategies.

(1) What was the most helpful to you in this team learning process?

- I love the reassurance that we are doing the right things while working with our families. We are already using the triadic and dyadic models as ways to work with our families.
- It was most helpful for me to look at the different dyadic and triadic strategies to look differently at my home visits. It was also helpful to bring the interaction and relationship piece to light in order to keep that in the front of my mind.
- Discussing how to frame questions, asking more questions before making a suggestion, how to help parents self-discover the answer to their struggles with their child.
- The collaborative interactions during the training sessions!
- Just to be more mindful with regards to social-emotional challenges with our families and children.
- Team discussions

The second question, sharing comments about improving the team process, included responses with themes around both the value of training as teams and the worry that Service Coordinators/DDPMs would find value in the information. This finding is a good pairing with the recent release of the Service Coordinator training. Individual programs created their own implementation timing plan, and some comments included discussion of the timing preference for the program as to preferring spaced out meetings or grouping the meetings together. Some responses encouraged teaming and sharing the training together within the regional NDEIS system, noting the challenges of coming together as different programs. Responses indicated a preference for increased structure in guidance to the PIWI Leads as they became provider trainers. Overall, respondents valued the team training and reflective approach and opportunity to earn continuing education credit together.

(2) Please share comments about improving the team process.

- Continue with collaboration to learn the process.
- Strongly encourage regions to team/train together
- More trainings similar to PIWI that allow us to learn and discuss together would be wonderful!
- We work great as a team looking to meet each other's needs by working together as a team to find solutions

In the third question about suggestions for the PIWI leads, themes from the responses included the themes of never having enough time for the process, enjoying and wanting more time for team discussions, interest in more structured training for the PIWI Leads, While there was a comment about concern about homework over long periods of time,

several respondents noted that reflection and consideration of the strategies with who they were working was vital to the process. Respondents believed the information was a good foundation for new staff. Responses again noted the value of such programming by Service Coordinators/DDPMs. The team process of having support calls and emails for the PIWI Leads was noted as helpful to the process.

(3) Comments about strengths and challenges from the PIWI Leads.

- Shared training among staff (not always just the leads) built confidence in team learning (peer to peer).
- Examples and take away to implement in-between trainings helped embed PIWI into practice.
- Reflection paper provided opportunity to expand reflection of PIWI process.
- Grad credit is a +
- I consider the strength to be that we are working together in this as a team to improve our practice and can support each other. The challenge was that I felt too much of it was geared toward a group and not enough to home visiting.
- Especially for new staff, it builds a great foundation of information regarding social-emotional!
- The support calls and emails were very helpful and gave us the opportunity to ask questions and gain ideas.

The Evidence-Based Practice Strand data was to be shared with NDEIS stakeholders at the March 17, 2020 statewide early intervention polycom, but coronavirus restrictions forced the delay of the information to the April 21, 2020 polycom at which these results will be discussed. The data were used as a part of the PDSA cycle. As the state scales-up for the next project, Partnering for Outcomes With Real meaning (POWR), following this model of peer support and leadership development, the feedback will be incorporated to support the POWR Leads and to update the process this year.

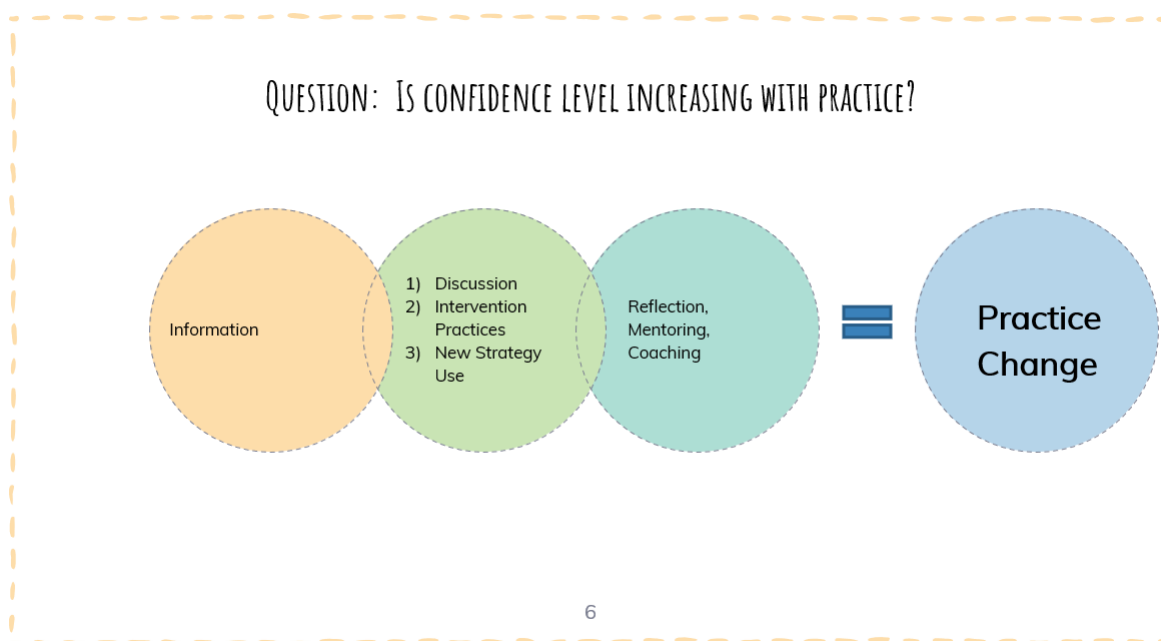
PIWI Fidelity. These specific steps were identified to support implementation and fidelity of the PIWI scale-up in the state. The specific steps included the following:

- Regional PIWI Leads for service coordinators and early interventionists,
- Monthly PIWI Leads meeting time for accountability and guidance in planning regional PIWI delivery,
 - PDSA cycle incorporated
 - Reflection activities, including wins and hiccups experienced
- Additional meetings times for those who may need support and reflection,
- Regionally-developed implementation plan outlining a structured process for sustainability,

- Practice change pre/post data and regional data review
- Sustainability plan focusing on regional leadership and peer support.

There was *significant* growth in perceptions of practice change when comparing the pre/post survey responses. All of the responses indicated an *inverse relationship* as compared to the pre survey. In the categories of skill level at *4-Almost* and *5-Completely*, the majority of the pre survey responses were between 20-40% as compared to the post survey responses in the 70-85%. The insight, data and information learned from the PIWI Project will inform statewide and fidelity of the POWR Project.

Figure 7.
PIWI Practice Change & Fidelity Model



POWR Project Leadership Scale-Up

In the coming year, the Partnering for Outcomes with Real meaning (POWR) Project is the next statewide scale wide effort to support EBP DEC F6 based on the feedback and data from the PIWI Project. The POWR Project will follow the PIWI Project model of peer support and local program leadership development, aligned with state guided PD mentorship. POWR project team leads were submitted to the state in February 2020. The POWR Project is scheduled to begin in April 2020 with implementation planning, pre-survey of all participants, and the completion of fidelity checklist for family capacity building practices. POWR Project Leads will meet monthly and be led through a structured training with power points, reflection, and activities. The topics for the POWR Project are the following: Team Preparation, Foundations of Early Intervention,

Understanding of Authentic Assessment, Using Family Assessment to Build Outcomes, Meaningful Outcomes, Measuring Outcomes and High-Quality Strategies and Feedback and Reflection. A post-survey, fidelity checklist and action plan will be completed at the end of the project in February 2021.

Figure 8.

POWR Project Areas and Planned 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**
 - September 24, 11:00-12:30 Webinar (POWR Leads)
- **Reflection**
 - January 14, 11:00-12:00 Webinar (POWR Leads)

POWRProject
Partnering for Outcomes With Real meaning

POWR Fidelity. The knowledge of the significant growth in practice change of the PIWI project will inform practices to ensure fidelity in the POWR project. The POWR Project will include implementation planning, pre/post survey of all participants, and the completion of fidelity checklist for family capacity building practices. The fidelity checklist will be based on the DEC Recommended Practices Family checklist, which is a match for our evidence-based practice of DEC F6. The checklist will also align with the previous fidelity work of the caregiver feedback survey, which was led by stakeholders.

Facilitating Attuned Interactions (FAN). As part of one program's involvement in the North Dakota Striving Readers Comprehensive Literacy Grant, Facilitating Attuned Interactions (FAN) training will be provided to a single region in North Dakota. The program will be able to train 30 of its staff and intends to enroll a number of staff in the Train the Trainer program to allow them to train other programs within the state.

Statewide SPARK Professional Development. Ninety NDEIS professionals, including service coordinators and early interventionists, took part in one of three SPARK

communication trainings offering in Fall of 2019, funded by the Preschool Development Grant (PDG). SPARK communication is an intensive two-day Hanen training designed for professionals who work in early intervention to learn about research-based responsive interaction strategies.

A survey was completed to capture feedback of the SPARK training and gauge how participant practice was impacted. All trainers rated the program with a rating of 4 to 5 on a 5-point scale, with 5 being the highest rating. Participants identified strengths with themes around parents as the center of intervention and using evidence-based strategies. Participants also noted that SPARK training reinforced DEC F6, noting the importance of valuing parenting knowledge, building parent confidence and competence, and coaching caregivers within typical routines. Each participant also completed a SPARK Action plan identifying goals for sustainability. During year 5 of Phase III, the State technical assistant team will be following up on action plans in the Spring of 2020. Participants have access to professional development online resources including videos, webinars and research.

Cross Agency Collaboration. Throughout the SSIP, North Dakota Part C has worked to scale-up collaborative work with partner agencies and groups across the state. Of particular importance was the work around the Preschool Development Grant. Part C was included in the state's first Preschool Development Grant (PDG) grant as a collaborative team member. The Department of Public Instruction (DPI) was the lead agency for the PDG, coordinating with the Inter-Departmental PDG (IDPDG) workgroup through the Office of Early Learning. Part C worked collaboratively throughout the process, with specific goals and objectives identified for support in the area of social-emotional, aligning with the SSIP. The state was awarded the initial PDG, offering the statewide Hanen SPARK training professional development. Part C worked collaboratively with the PDG team to apply for an additional PDG grant, which was not funded.

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

Early Intervention Stakeholder Groups	Members
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 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 PolyCom Group	Group comprised of supervisory staff in the area of early intervention and service coordination across the state. In addition, EI provider staff, service coordination staff, and experienced parents attend.
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 Polycum Group occurs six times per year and includes service coordinators, experienced parents, early interventionist 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 periodically 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 review material from a family perspective. The Statewide EI Polycom 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 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 state also works with ND's Parent Training Information center (PTI), which holds the states Experienced Parent contract to ensure policy and procedure is written with a family perspective. 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 transition of the IFSP from the state side of Therap to the provider side of Therap. This will include stakeholder testing and input as we approach completion of the project. 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

IFSP Therap Transition	April 2020-Feb. 2021
NDEIS Program Input IFSP Transition	Sept. 2020-Nov 2020
Data Drill Down (DDD) Meetings	April 2020-Feb. 2021
DSS Report Revision	April 2020-Feb. 2021
Individualized Power BI reports for Programs	Dec. 2020-Feb. 2021
Individualized Power BI Reports for DDD Members	Sept. 2020- Dec. 2020

Professional Development Improvement Strand. The PD stakeholder workgroup will finalize and review data for the service coordination training materials that were developed and studied over the last year. The finalized service coordination materials will be released mid-year. The PD workgroup will begin work on the family assessment training materials. EI polycom stakeholders and caregiver group will be used for input and feedback.

Timeline of Activities: Professional Development

PD Workgroup Service Coordination Data Review	April-July 2020
Disseminate Service Coordination Training Materials	August 2020

Develop Family Assessment Training Materials
Family Assessment Material Stakeholder Feedback

Sept 2020–May 2021
April 2021-July 2021

Evidence-Based Practices Improvement Strand. The key activities of the evidence-based work in the upcoming year will include the POWR Project, SPARK follow-up and application for a Federal Personnel Development Leadership Grant.

Timeline of Activities: Evidence-Based Practices

POWR Project Leads Training and Support Calls
Regional Implementation Planning
Pre/Post POWR Project Survey
Fidelity Checklist Completion

April 2020–Feb 2021
April 2020-May 2021
April 2020–February 2021
April 2020–February 2021

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.

Timeline of Activities: Policy and Procedure

Procedures Work Group ECTA Review
Procedures Work Group Procedures Finalization
Use of Procedures Survey
Selection of Next Procedures
Continued Work on Procedures

April 2020-Sept. 2020
April 2020-Sept. 2020
Quarterly, starting Sept. 2020
September 2020
October 2020-February 2021

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, NCSI and IDC. The State team recognizes that the TA provided thus far has been critical in bringing ND to where it is and knows that the TA ND receives in the future will only further push the work forward. 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
	Publisher & State Data Team will collaborate to develop procedures in linking child outcome data & child demographic information				to assure that the Therap ID & Part C data “button” are being entered and selected, the State Office will run periodic data pulls will be completed to compare data.

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

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

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

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

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
Refining Therap for data quality purposes	Review & refine query criteria for Child Outcome measurement (Indicator 3) in the APR to ensure accurate & reliable data Field will be queried quarterly regarding anomalies in Child Outcome data (March 2016 – March 2017)	Publisher Therap DSS Data Scientist DHS Business Analyst State Part C Office State TA	State Part C Office	April 2015 – March 2018	Completed: Use of the old tool was discontinued October 1, 2017. The new tool was implemented on October 2, 2017. Monthly, during the statewide video-conference, state team is checking in with providers to discuss any questions or concerns with utilizing the new tool.
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	Process in Place for Continued Improvement- There continues to be communication between the field and the State Office regarding edits to be made within Therap.

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
					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 began the process of transitioning the IFSP from the state portal to the provider portal to ensure greater data reliability and ease of use for providers in August 2019. Weekly meetings are held to discuss the process of moving the IFSP. The state will seek NDEIS stakeholder input prior to the final transition.
Child Outcome Results Indicator will be included in the Data Guidance Document	Review & revise the data guidance document to include dates, timelines & places data needs to be recorded.	State Part C Office State TA	State Part C Office State TA	March 2016 – May 2016	Completed: The child outcome results indicator was included in the FFY 2016 data guidance, which was disseminated May 2016.

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 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 and will continue to ensure fidelity.

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline	Status Notes
Using data to answer programmatic questions	Identify critical questions to be answered with child outcomes data.	Federal TA State Part C Office State TA Regional Program Workgroup ICC DaSy-Linking Part C and 619 Data Cohort Dept. of Health	State Part C Office State TA	July 2017 – December 2017	<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 garner their input on which critical</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>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	<p>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.</p> <p>The Data Drill Down Group met in August</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>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 Group meetings and will be shared with 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
					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) ICC Parent Advocacy Groups	State Part C office State TA	July 2016 – December 2016	Completed: The PD work group began outlining the structure in July 2016. The work group defined

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
					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 September of 2017. The group is now

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
					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 stakeholder representation.

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 an orientation plan for EI professionals	Develop content for orientation	State TA	State TA	April 2018 – June 2018 –December 2019	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 (2019), and Service Coordination (2020).

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 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 Stakeholder work group (service coordinator, early interventionist) ICC	State Part C office	April 2018 – June 2018	Completed: The workgroup developed a consistent format for each of the 11 sections. The sections

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
					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	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

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 -The first procedure was developed regarding 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 are currently being reviewed by ECTA and will be distributed in final form in April 2020. The procedures work group is in the final stages of review of

					2.7 and 2.9 transition meeting agendas. These documents will be shared with NDDPI stakeholders for review prior to final distribution in Fall 2020.
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 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	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 increase in AEPS entry and

				exit data of 25.64 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.	July 2016 – June 2018 October 2017 – June 2018 December 2019	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.
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	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

					<p>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 25.64 children.</p>
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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
A Professional Development (PD) plan will be developed to support the use of evidence-based practices (EBP).	PD plan to support the use of EBP is developed according to the timelines in the plan	Documentation of PD plan development & dissemination	July 2016 – June 2017	Completed: A preliminary PD plan for the pilot region was developed in August 2016. References to the use of the self-assessment were deleted for redundancy & are included in the activity below.
The PD plan will be implemented.	Increase in self-assessment rating on ECTA Systems Framework Personnel/Workforce component PD system will be implemented according to the timelines in the plan	Pre-& Post data from the ECTA Systems Framework Self-Assessment, Personnel/Workforce component Documentation of PD activities	July 2017 – Ongoing	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.

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
El professionals will be trained on the new tool according to the Publisher's protocol.	All EI professionals will have access to the new child outcomes tool materials. All EI professionals will be trained to implement the child outcome tool as intended according to the timeline.	Documentation of child outcomes tool kit dissemination Training attendance records	April 2016 – June 2017	Completed: ND began using the AEPS as an evaluation/assessment tool and entering data into the AEPSi data system on 10.2.17. Staff received training in June 2017 and were able to pilot the system for the months of July-September 2017. This included all 10 early intervention providers and all service coordinators in the 8 regional human service centers were trained. The full implementation of using the tool began October 1, 2017.
Identified provider will be trained on selected evidence-based practices.	All EI professionals of the identified provider will be trained on selected evidence-based practices will be implemented	Training attendance records	July 2015 - July 2017	Completed: The pilot region was trained on DEC: F6 in May 2017. All EI professionals in the pilot region were in attendance. The pilot region is also working through the evidenced-based PIWI modules as part of F6 implementation.

	according to the timelines in the plan.			<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 in December 2019. Caregiver’s responses indicated more</p>	<p>Families will report an increase in their ability to support their child’s social-emotional development.</p>	<p>Focus Group</p>	<p>March December 2018 – December 2019</p>	<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 <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%).</p>

<p>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>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
El professionals will utilize the new State selected child outcomes tool per the state's procedures.	Do EI professionals utilize the new child outcomes tool per the state's procedures?	All regional programs will utilize the new child outcome tool per the state's procedures.	Data will be collected regarding the number of EI professionals utilizing the new child outcome tool per the state's procedures.	July 2017- June 2019	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 children were recorded using the phased-out Oregon tool.

<p>El professionals in the identified provider will increase their knowledge of selected evidence-based practices (EBP).</p>	<p>Do El professionals in the identified provider increase their knowledge of the selected evidence-based practices?</p>	<p>Most (over 51%) of El 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 El 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 El 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 Feedback Survey was also offered to service coordinators, early</p>
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					<p>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> <p>98.04% of participants reported that the materials would be helpful for</p>
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					orientation of new and existing staff.
<p>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.</p>	<p>Have EI professionals in the identified provider increased their use of selected EBPs as intended?</p>	<p>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.</p>	<p>DEC RPs Performance checklists PIWI Pre/Post Regional Data</p>	<p>June 2015 – July 2019 ongoing</p>	<p>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.</p>
<p>IFSPs in the identified provider will include increased numbers of functional outcomes according to identified criteria.</p>	<p>Do IFSPs in identified provider will include more functional outcomes according to the identified criteria?</p>	<p>An increased percentage of sampled IFSPs in identified provider will show an increase in the number of functional outcomes, according to criteria.</p>	<p>Pre/post qualitative review of sampled IFSPs in identified provider – compare to analyzed IFSPs from before the training to post training</p>	<p>June 2014 – October 2019</p>	<p>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 outcomes met criteria including an everyday routine with families.</p>

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	<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 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%).</p> <p>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%.</p>
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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- Procedures for IFSP development and service coordinator/early intervention roles have been created and reviewed by the procedures work group. These policies are currently being reviewed by ECTA and will be distributed in final form in April 2020. The procedures work group is in the final stages of review of 2.7 and 2.9 transition meeting agendas. These documents will be shared with NDDPI stakeholders for review prior to final distribution in Fall 2020.

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	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.

Appendix D

508 Compliance Certification

