

Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development:

The North Dakota Department of Human Services offered four statewide two-hour videoconference sessions. Sites were reserved in the eight major population centers. On August 29, 2005 an overview of the State Performance Plan process was presented, data collection requirements reviewed and recommendations solicited regarding possible Improvement Activities. Service Coordinators, Infant Development staff, Regional Experienced Parents and Regional ICC Coordinators participated in the August videoconference. On September 8, 2005 the North Dakota Interagency Coordinating Council met and recommended that three additional videoconferences be offered state wide to review the State Performance Plan process and gather recommendations. On October 21, 2005 and November 2, 2005 the State Performance Plan process and preliminary data in the indicator areas was presented to state and regional ICC members. Recommendations regarding possible Improvement Activities were gathered at that time. On November 14, 2005, a fourth statewide videoconference was held with state ICC members to review data gathered and recommendations received and develop Targets and Improvement Activities.

The ND Part C State Performance Plan will be posted on the North Dakota Early Interventions web site; reviewed at every state ICC meeting; presented to Service Coordinators, Infant Development staff, Regional Experienced Parents and Regional ICC Coordinators at their January 2006 meeting; and reviewed with state and regional ICC parent representatives and family support organizations at the 2006 Parent Leadership Institute. The State Performance Plan along with regional specific data will be reviewed at each of the eight Regional ICC meetings by July 1, 2006. Public Notice will be published 30 days prior to each meeting.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

Percent = # of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner divided by the total # of infants and toddlers with IFSPs times 100.

Overview of Issue/Description of System or Process:

In North Dakota, Service Coordination and support from the Infant Development programs are funded through the Home and Community Based Services Medicaid Waiver. Because of the waiver, all eligible infants and toddlers receive Medicaid

from the first full month they receive early intervention services through the month they exit early intervention services. All referrals for early intervention services are processed through eight Regional Human Services at which Developmental Disabilities Programs Managers are employed. The Developmental Disabilities Program Managers are also the Early Intervention Service Coordinators. The Department of Human Services is the state Medicaid agency; because Service Coordinators are employees of the Department of Human Services, they authorize Medicaid Waiver services indicating the start date, amount and frequency.

North Dakota early intervention services are built upon routines based interventions supported by a primary coaching model. In the Infant Development program, early intervention professionals from the discipline most closely related to the child's unique needs is offered to the family as the coach that will be working with them or other care givers the family identifies (i.e. childcare provider.) The 'visits' can take place in at the family home, at community settings including childcare centers, businesses, recreational settings or other environments in which the family would like support enhancing their child's learning opportunities. The visits may occur multiple times weekly, once a week, every other week or monthly. They can last one or more hours and occur at any time that is convenient for the family and child.

To support the primary coach model, other disciplines are identified during the IFSP process to provide transdisciplinary consultation. The frequency of the consultation is individualized by the IFSP team. The consultants are also a part of the Infant Development program and funded through the waiver. If direct therapy is needed in addition to the services offered through Infant Development, Medicaid is available as a funding source for that service. If a child under three years of age reaches the utilization trigger that requires prior approval through the state Medicaid office, the Part C Coordinator is contacted to determine if the service is supported through the IFSP. In those situations, the increased number of sessions has always been approved. If not, the family would still have the appeal mechanism available to all Medicaid consumers.

From December 1, 2000 to June 30, 2005 the daily number of infants and toddlers receiving early intervention services increased from 371 to 675. That is an increase of 304 children spread across only eight regional programs. The children are dispersed across a state with a population density of 9 people per square mile. ND has only four communities with over 30,000 residents, and nearly one third of our counties are classified as frontier counties. In addition, there are four reservations located in ND and approximately 65% of North Dakota citizens who are Native American live on these reservations. While many other rural states have small populations, North Dakota's population distribution is unique in that is so widely dispersed. Families live on farms and ranches spread across all areas of the state. Eight programs serve families over 70,740 square miles. In addition to the vast geographic area over which early intervention staff must travel, weather can be a factor that occasionally prevents safe travel during fall, winter and spring.

Baseline Data for FFY 2004 (2004-2005):

1174 infants and toddlers with IFSPs received the early intervention services on their IFSPs in a timely manner divided by 1197 infants and toddlers with IFSPs times 100 = **98%**.

Discussion of Baseline Data:

From July 1, 2004 through June 30, 2005, 1,197 non-duplicated infants and toddlers in North Dakota had an IFSP. 176 children received a direct therapy in addition to support from the Infant Development program. Service Coordination, Infant Development primary coaching service and consultations, as well as direct therapy's occurred within two weeks of the projected start date for 1,174 infants and toddlers. 23 IFSPs identified direct Speech, Occupational or Physical Therapy as a need, but no provider could be located. No IFSP had more than one service not being delivered. Missed supports appear to be a larger issue than timely initiation of supports. Due to the lack of specialist in sparsely populated areas and the distances involved to take the child to the service or the service to the child, if an appointment is missed due to weather, child health, family schedule conflict or staffing issues it is very difficult to make up the session. Technology and increased staffing ratios may resolve some of the distance issues. Another issue appears to be location of direct therapy providers. The service may be available and a funding source identified, but the family may determine that they do not wish to utilize the service due to distance or time factors. If the family needs to transport their child to another community for the service, reimbursement through the Family Subsidy program is available to cover travel costs. Mileage is currently reimbursed at \$0.375 per mile.

Data for this indicator was pulled from the database used by Service Coordinators and Infant Development staff. The database is called ASSIST and contains demographics, referral, eligibility, IFSP, support assessments, diagnosis, consumer satisfaction, waiver Level of Care screenings, and team members contact information. An additional electronic file contains early intervention evaluations, IFSP Periodic Reviews and Quality Enhancement Reviews by Service Coordinators. Quality Enhancement Reviews contain on-going progress notes by outcome area, concerns and identify issues needing resolution. If the Service Coordinator has not been able to assist the family in resolving the issue, a workflow feature allows the Service Coordinator to forward the issue to their supervisor for consultation and the regional supervisor can forward the issue to the state office for assistance. The Quality Enhancement Review also documents at least quarterly, in person contact and a copy is printed and shared with the family every six months. ASSIST and the electronic file are available to Services Coordinators and Infant Development staff at the program level based on individualized security profiles. All of the information is also available at the state level for desk audit, query and analysis.

An ASSIST query identified the total number of infants and toddlers with an IFSP during the 12-month period. That same report also indicated each service on each IFSP, the number of units, unit type, frequency of units (i.e. 2 hours per week),

disposition (receiving or not receiving) and funding source. The percentage was determined by measuring the total number of IFSPs with all the services on the IFSP delivered in a timely manner, not the total number of services delivered in a timely manner. A sample of 5% of the Quality Enhancement Reviews from each region for infants and toddlers found eligible between April 1, 2005 and June 30, 2005 was also reviewed to determine system issues that may impact service delivery. All of the services included on the IFSPs sampled had started within two weeks of the projected start date. Regional Infant Development and Service Coordinator Supervisors indicated during a September 2005 video conference meeting, that the service most difficult to deliver in the family home in a timely manner was hearing screenings during the eligibility process and obtaining on-going hearing screenings for eligible infants and toddlers with hearing risk factors.

In order to obtain data to facilitate more in-depth analysis, the ASSIST database will be modified to capture not only projected and actual start dates and but also on-going frequency of service deliver for all infants and toddlers.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100 % of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs within 2 weeks of the start date indicated on their signed IFSP
2006 (2006-2007)	100 % of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs within 2 weeks of the start date indicated on their signed IFSP
2007 (2007-2008)	100 % of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs within 2 weeks of the start date indicated on their signed IFSP
2008 (2008-2009)	100 % of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs within 2 weeks of the start date indicated on their signed IFSP
2009 (2009-2010)	100 % of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs within 2 weeks of the start date indicated on their signed IFSP
2010 (2010-2011)	100 % of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs within 2 weeks of the start date indicated on their signed IFSP
2011	100 % of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs within 2 weeks of the start date

<p>need for non-waiver funded early intervention services.</p>		<p>Coordinator Supervisors</p>
<p>5. Work with staff from the North Dakota School for the Deaf, community audiologists and Infant Development Program Coordinators to increase the availability of timely hearing screenings.</p> <p>5.A *02-01-2008 – A group of Audiologists recommended specific equipment for local early intervention programs and agreed to provide training and read results of OAEs and Tymps. The equipment has been ordered and training will be scheduled within 30 days of equipment delivery.</p> <p>5.B *02-01-2008 - Contract will be developed with Audiologists to train identified early intervention staff, review all OAE and Tymym results, and periodically reassess early intervention staff skills.</p>	<p>07-01-07 Completed</p> <p>04-01-08 Completed</p> <p>04-01-08 Completed</p>	<p>Part C Coordinator and NDSD Parent Infant Program Coordinator</p> <p>Part C Coordinator</p> <p>Part C Coordinator</p>
<p>6. Analyze data to identify discipline specific county and reservation issues and make recommendations to lead agency.</p> <p>Revise to: Complete study of location of service providers and discipline specific availability and the impact on children and family services.</p>	<p>07-01-08 Completed On-going</p> <p>Revise to: 6-30-13</p>	<p>Part C Coordinator, NDICC and Regional ICCs</p> <p>Revise to: Delete Regional ICC's Add: Local Program Coordinators and DD Program Administrators, NDICC EI Services Subcommittee</p>
<p>7. Study adequacy of 1 to 11 Infant Development and 1 to 45 Service Coordinator ratios.</p> <p>Revise to: Study adequacy of 1:45 Service Coordinators ratio.</p>	<p>07-01-08 Completed On-going</p> <p>Revise to: 6.30.13</p>	<p>Part C Coordinator, Regional Infant Development and Service Coordinator Supervisors</p> <p>Revise to: Delete Regional Infant Development</p>
<p>8. Explore application of technological options to enhance delivery of transdisciplinary early intervention services in rural and frontier settings</p>	<p>07-01-09 Completed</p> <p>07-01-09</p>	<p>Part C Coordinator, Regional Infant Development and Service Coordinator Supervisors Part C Coordinator</p>

<p>8A. Targeted training will be provided for Developmental Disability Division, Information Technology Support Division and Technical Assistance Project staff to support development and utilization of technology</p> <p>8B. Targeted training will be provided for Early Intervention staff identified as change agents regarding the use of technology to deliver EI services, support families and develop professional competencies.</p>	<p>Completed</p> <p>07-01-09 Completed</p>	<p>Part C Coordinator</p>
<p>9. Contract with University of North Dakota and Minot State University for the development of a competency based Early Intervention Privileging process for early intervention professionals. The privileging process will increase the pool of eligible candidates for open positions and allow community professionals to demonstrate the competencies in only the area for which they area contracted i.e. evaluation, consultation, coaching, IFSP development, Service Coordination.</p> <p>9A. *02-01-08 University contractors developed recommendations for competency areas and possible implementation strategies.</p> <p>Task force was formed and has recommend competencies to be adopted, clarified Early Childhood Special Educator requirements, defined consultation delivery options and staff qualifications. Currently finalizing competency measure procedures and implementation timeline. Contract will be developed to support implementation.</p> <p>Revise to: Local EI Programs and DD Program Managers will understand the competency system and fully implement it within their local programs.</p>	<p>07-01-10 Completed</p> <p>07-01-09</p> <p>Extended to 7-1-12</p> <p>Extend to: 6-30-13</p>	<p>Part C Coordinator, Contract University personnel</p> <p>Part C Coordinator, Family Liaison Project, NDICC Early Intervention Services Subcommittee</p> <p>Revise to include: Regional Experienced Parents, Local EI Program Coordinators, and DD Program Administrators</p>
<p>10. Contract with University of North Dakota and Minot State University for the development of an Early Intervention Certificate process for pre-service students in early intervention related fields of study. The certificate process</p>	<p>07-01-11 Completed</p>	<p>Part C Coordinator, Contract University personnel</p>

will expose a variety of related services students to the field of early intervention and better prepare students to deliver services in a transdisciplinary routines based coaching model.		
11. Modify ASSIST application to facilitate tracking of transdisciplinary consultations	07-01-10 Completed	Part C Coordinator
12. DD Division will work with DHS Information Technology Support Division to identify options to update and refine ND Early Intervention data collection system.	06-30-10 completed	Part C Coordinator
13. Develop internal monitoring review schedule for purposes of verification. Revise to: Evaluate internal monitoring review schedule for purposes of verification.	6-30-11 Revise to: 6-30-12	Part C Coordinator
14. Provide training to DD Program Management on assisting families to learn about the parameters of service delivery, including expectations, roles, responsibilities, and rights.	1-1-12 Revise to: 12-31-12	Part C Coordinator, State Family Liaison Revise to add: State TA
15. Provide training to DD Program Management and Infant Development staff on the monitoring and documentation of service delivery using the new data system.	1-1-12 Revise to: 4-30-12	Part C Coordinator
16. Develop materials for parents who have hospitalized infants to assist with access to SSI and ND Medicaid Revise to: Develop materials for parents who have hospitalized infants to assist with access to SSI and ND Medicaid. Provide training to DD Program Managers on above referenced materials and how to discuss with families.	7-1-13	Part C Coordinator, State Family Liaison

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

Same as Indicator # 1

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings

Measurement:

. Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Overview of Issue/Description of System or Process:

North Dakota early intervention services are built upon routines based interventions supported by a primary coaching model. The early intervention professional from the Infant Development program with discipline most closely related to the child's unique needs is offered to the family as the coach that will be working with them or other care givers the family identifies (i.e. childcare provider.) The 'visits' can take place in at the family home, at community settings including childcare centers, businesses, recreational settings or other environments in which the family would like support enhancing their child's learning opportunities. The visits may occur multiple times weekly, once a week, every other week or monthly. They can last one or more hours and occur at any time that is convenient for the family and child.

Baseline Data for FFY 2004 (2004-2005):

588 infants and toddlers with IFSPs received early intervention services in the home or programs for typically developing children divided by 611 infants and toddlers with IFSPs times 100 = **96.2%**.

Discussion of Baseline Data:

Baseline data was obtained from the North Dakota Part C December 1, 2004 618 Report Table 2. Overall the percent of infants and toddlers from birth to three years of age who received early intervention support in their home or settings with typically developing peers is 96.2%.

Children, birth to 1 year of age, have the lowest percent at 93.7%. Of the 8 infants who did not receive support in their home or a setting with peers, 2 were still in the Neonatal Intensive Care Unit, one had been transferred from a Neonatal Intensive Care Unit to an Intermediate Care Facility for the Mentally Retarded (ICF-MR group

home) with a specialized unit staffed with nurses to support children with acute medical needs, and five were seen in other settings including two in a Homeless Shelter, one at a Safe Home and two at a Tribal Early Childhood Office per family request.

Children 1 to 2 years of age had the highest percent of supports in their home or a setting with peers. 97.9 percent received support in their home or a setting with peers. Of the 4 children who did not, one received support at a Human Service Center so the birth family could be involved as well as the foster family. A court order allowed the birth family to visit their child in a supervised setting only. Two children received support in a Homeless Shelter. One parent requested that the Infant Development staff meet with them at their place of employment. The parent worked and the child was in a childcare setting over 40 miles from their home. The sessions took place after the child was dropped off from childcare and the parent was done working.

96.1 percent of children 2 to 3 years of age received support in their home or a setting with peers. One child received services at an Intermediate Care Facility for the Mentally Retarded (ICF-MR group home) with a specialized unit staffed with nurses to support children with acute medical needs. Six children received support at a Human Service Center so the birth family could be involved as well as the foster family. A court order allowed the birth families to visit their children in supervised settings only. One child was seen at a Homeless Shelter and one at a Safe Home. Two children received services at a Tribal Early Childhood Office per family request.

Although the location of a majority of early intervention services in North Dakota appears to be a natural environment, a review of 20 percent of evaluations and IFSP completed prior to April 1, 2005 and all evaluations and IFSPs completed between April 1 and June 30, 2005, indicated that more routines could be identified within those environments and supported as frequently occurring learning opportunities. (Samples were selected by using a Table of Random Numbers and each regional electronic file caseload listing. By selecting 20 percent from each region, at least 5 infants or toddlers were reviewed from each region.) Technical Assistance and Training Project staff and the Part C Coordinator reviewed the evaluations and IFSPs. The Technical Assistance and Training Project is operated as a Part C funded contract with the University of North Dakota School of Medicine. Intensive and ongoing technical assistance to support Infant Development staff and Service Coordinators in fully implementing routines based intervention includes ongoing quarterly reviews with compliance and quality improvement feedback on 20 percent of evaluations and IFSPs completed in the last 90 days in each region. Other technical assistance includes sharing of sanitized 'Best Practice Examples' and monthly statewide Natural Learning Opportunity teleconferences. Individual staff can also request review and feedback regarding reports and plans currently being developed.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	96.3% of infants and toddlers with IFSPs will primarily receive early intervention services in their home or programs for typically developing children.
2006 (2006-2007)	96.4% of infants and toddlers with IFSPs will primarily receive early intervention services in their home or programs for typically developing children.
2007 (2007-2008)	96.5% of infants and toddlers with IFSPs will primarily receive early intervention services in their home or programs for typically developing children.
2008 (2008-2009)	96.6% of infants and toddlers with IFSPs will primarily receive early intervention services in their home or programs for typically developing children.
2009 (2009-2010)	96.8% of infants and toddlers with IFSPs will primarily receive early intervention services in their home or programs for typically developing children.
2010 (2010-2011)	97% of infants and toddlers with IFSPs will primarily receive early intervention services in their home or programs for typically developing children.
2011 (2011-2012)	97.2% of infants and toddlers with IFSPs will primarily receive early intervention services in their home or programs for typically developing children.
2012 (2012-2013)	97.4% of infants and toddlers with IFSPs will primarily receive early intervention services in their home or programs for typically developing children.

Improvement Activities/Timelines/Resources through FFY 2012:

Improvement Activities	Timelines	Resources
1. Continue technical assistance and training for Infant Development staff and Service Coordinators regarding implementation of routines based intervention and transdisciplinary coaching model.	Ongoing	Part C Coordinator, Technical Assistance and Training Project
2. In-depth analysis of December 1, 2005 618 data, to determine factors effecting situations in which infants and toddlers did not receive early intervention services in their home or programs for typically developing children and development of recommendations to increase the number of children supported in natural learning environments.	07-01-06 Completed	Part C Coordinator, NDICC sub-committee and Regional Infant Development and Service Coordination staff
3. Modify Improvement Activities based on recommendations to support additional infants and toddlers in their homes or settings with typically developing peers.	02-01-07 Completed	Part C Coordinator, Part C Data Project, Regional Infant Development and Service Coordination staff
4. Develop and distribute information for families and referral sources regarding benefits of routines based intervention and the transdisciplinary coaching model. 4A. *02-01-08 – Refine and distribute Natural Environment Policy statement based on material developed by Natural Environment Community of Practice.	07-01-07 Completed 01-01-09 Completed	Part C Coordinator and NDICC Part C Coordinator
5. Develop and deliver technical assistance for Infant Development staff and Service Coordinators regarding effective intervention techniques with foster care families and families attempting to regain custody of their children. 5A. *02-01-08 – Design and deliver training regarding Child Protective Services reporting requirements and procedures for Case Management, Infant Development and Right Track staff.	07-01-08 07-01-10 Completed 10-01-08 Completed	Part C Coordinator, Technical Assistance and Training Project Part C Coordinator, Technical Assistance Project
6. To increase culturally appropriate early intervention, work with a Tribal Early Childhood Program for the development, licensure and accreditation of a waiver funded Infant Development Program on a Reservation.	07-01-09 Completed	Part C Coordinator, Technical Assistance and Training Project, Tribal Early Childhood Program and Tribal Council Members

<p>7. Revise to read: Promote support for infant and toddlers with disabilities and /or challenging behavior in child care settings by working with the ND Early Childhood/Child Care Coordinator and subsequent partners such as ND Child Care Resource and Referral to improve on-line and direct training for child care providers.</p> <p>Revise to read: Promote support for infants and toddlers with disabilities and/or challenging behavior in child care settings by collaborating with the ND Early Childhood/Child Care coordinator and subsequent partners such as ND Child Care Resource and Referral to assess needs in child care settings in order to promote inclusion of children with disabilities.</p>	<p>07-01-10</p> <p>Extended to 7-1-12</p> <p>Extend to: 6-30-13</p>	<p>Part C Coordinator, Early Learning Guidelines Stakeholders group</p> <p>Revise: Delete Early Learning Guidelines Stakeholders group Add: NDCPD, State TA, ND Head Start Association, ND Resource and Referral, ND Early Childhood Services Administrator</p>
<p>8. Develop and deliver technical assistance for Infant Development staff regarding effective consultation techniques in childcare settings</p>	<p>07-01-11</p> <p>Extend to: 6-30-13</p>	<p>Part C Coordinator, Technical Assistance and Training Project</p>
<p>9. 02-01-2007, Based on information gathered through Improvement Activity number 2 and current service delivery frequency and location data; it appears that the number of children receiving direct therapy in a clinic setting is increasing. This new Improvement Activity will be added to increase involvement of clinic based therapists and those in private practice in training activities regarding the benefits of intervention in the child's natural environment. Staff from the State Medicaid agency will also be involved in examination of requests for additional Medicaid State Plan authorized therapy sessions above the established base amount.</p> <p><u>Completed as part of NLO State Work Plan developed with support from NECTAC.</u></p>	<p>07-01-09</p> <p>Completed</p>	<p>Part C Coordinator, Technical Assistance Project</p>
<p>10. *02-01-08 – Modify ASSIST data system to capture IFSP Team recommendations regarding other services the family chooses to access.</p>	<p>40-01-08</p> <p>07-01-11</p> <p>Revise to: Discontinue</p>	<p>Part C Coordinator, DHS Information Technology Services staff, OSEP funded Technical Assistance providers, NDICC Early Intervention</p>

		Services Subcommittee
<p>11. Revise to read: Natural Learning Opportunity State Work Plan will be implemented and to include formatting of family information, such as “The Facts for Families” into audio and/or video products.</p> <p>Revise to read: Develop a state brochure that defines North Dakota’s philosophy and guidelines for delivering family-guided, routine-based instruction. Attempts will be made to have it converted to visual, audio, and video formats</p>	<p>07-01-11</p> <p>Extended to 7-1-12</p> <p>Extend to: 12-30-12</p>	<p>Part C Coordinator</p> <p>Add: State TA, State Family Liaison, NDICC, EI Services Subcommittee</p>

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

Same as Indicator 1

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

A. Positive social-emotional skills (including social relationships):

a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who maintained functioning at a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

If $a + b + c + d + e$ does not sum to 100%, explain the difference.

B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):

a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.

C. Use of appropriate behaviors to meet their needs:

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.

Overview of Issue/Description of System or Process:

The tool utilized in North Dakota to measure this indicator was developed by the Oregon Department of Education and Portland State University through a grant from OSEP. Cut off points received from Portland State University are used to compare children at entry

and exit with same age peers across 16 foundation areas. The foundations are then mapped to the three outcomes areas addressed in this indicator.

Criteria Used to Determine Same-age Peers:

The following table contains the cross walk between the Early Childhood Assessment System (ECAS) and the three sub-indicators for Indicator # 3.

Early Childhood Assessment System		OSEP Outcome Areas*		
Domains	Foundations	A	B	C
Approaches to Learning	Engagement, Persistence, Initiative & Curiosity		X	
	Reasoning, Problem Solving & Inquiry		X	
The Arts	Arts, Movement, Music, & Dramatic Play		X	
Language & Literacy Development	Listening & Understanding		X	
	Speaking & Communicating		X	
Physical Education & Health	Fine Motor			X
	Gross Motor			X
	Hygiene, Nutrition, & Personal Care			X
Social & Emotional Development	Cooperation & Self-Control	X		
	Social Relationships	X		
Language & Literacy Development	Phonological Awareness		X	
	Print Awareness		X	
Mathematics	Numbers and Operations		X	
	Patterns & Measurement		X	
Science	Matter, Force, Energy, & Dynamic Earth		X	
Social Science	Family Roles and Relationships/Civics & Government Rules	X		

For each child, the assessment scores for the three OSEP outcome requirements were compared to scores of a representative sample of same-age peers. This process was used to determine the category into which each child was placed. Portland University gathered a statewide sample of same-age peers to provide a comparative sample of same-age peers. This sample was a representative group of children with similar ethnic, geographic location and income characteristics to the children in EI/ECSE programs in Oregon. The norm sample for the baseline data report (April 1, 2006-June 30, 2006) was a sample of 170 children from childcare centers across the state of Oregon. A validity analysis was conducted to compare the childcare outcome scores with their chronological age. A strong correlation was found between the norm sample's chronological age in months and each of the three OSEP outcome areas. The correlations between chronological age and each outcome area for the Norm Sample Group are shown below:

Correlations between Chronological Age and Each Outcome Area for the Norm Sample Group:

Outcome Area A	r = 0.882
Outcome Area C	r = 0.909
Outcome Area B	r = 0.882

A child is considered to meet the standard of “comparable to same-age peers” if his/her score for an outcome area was within 1.3 standard deviations from the mean of the same age peer sample. The cut-off score of 1.3 standard deviations from the mean of the same age peer sample was modified by 1 standard error of measurement (SEM) to account for individual score variations due to possible error. Every instrument has some standard error. To account for this possible error the scores were adjusted by 1 SEM. One SEM was calculated by determining the reliability of the test and computing the SEM formula for each 6 month age grouping. This same process is used again at the post-assessment. The cut-off score of 1.3 standard deviations from the mean was based on recommendations from the document released by the Early Childhood Outcome (ECO) Center for Determining Age Expected Function and the Points on the ECO Rating Scale (July 5, 2006).

Data is collected for all children receiving early intervention services by early intervention staff of regional Infant Development programs. Entry, Annual and Exit data is recorded in the ASSIST data system by the Infant Development staff. In addition to meeting OSEP Reporting requirements, the Child Progress Assessment Review also meets the requirements for the annual Level of Care determination required by the Centers for Medicare and Medicaid Services.

DHS Decision Support Services staff compare individual child data to same age peer cut off points and determined progress. The data system will allow analysis by age at referral, length of time in service, type and intensity of IFSP services, the child’s developmental needs, AXIS III diagnosis, family outcomes and other demographic characteristics.

The ASSIST system has Alerts to prompt Infant Development staff to complete Child Progress Assessment Reviews. ASSIST edits require that all foundation areas be completed. Queries are also conducted to determine timely completion and entry of assessment data. Initially training was provided for all Infant Development staff regarding assessment and data entry procedures. Improvement Activities will continue to address inter-rater reliability.

The following table shows the progress data for children who exited during the 2007-08 reporting period, which had both entry and exit data and had participated in early intervention for at least 6 months.

Progress Data for Infants and Toddlers Exiting 2007-2008

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	64	32.32%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	29	14.65%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	30	15.15%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2	1.01%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	73	36.87%
Total	N=198	100%

B. Acquisition and use of knowledge and skills (including early language/communication):	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	69	34.85%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	21	10.61%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	23	11.62%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	60	30.30%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	25	12.63%
Total	N=198	100%

C. Use of appropriate behaviors to meet their needs:	Number of children	% of children

a. Percent of infants and toddlers who did not improve functioning	44	22.22%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	9	4.55%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	7	3.54%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	51	25.76%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	87	43.94%
Total	N= 198	100%

Discussion of FFY 2007 Data:

The number of children for whom exit data is available increased dramatically since the first reporting period. (Growth from 2 to 198) Initial analysis of regional data suggests variance between regions that requires further examination. Hypotheses include difference in application of tool, application of eligibility criteria or referral patterns.

FFY 2008 data

	A.		B.		C.	
	Social Emotional Skills		Acquiring and Using Knowledge and Skills		Taking Appropriate Action to Meet Needs	
	# of children	% of children	# of children	% of children	# of children	% of children
a. Percent of infants and toddlers who did not improve functioning.	63	30.9%	67	32.8%	37	18.1%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers.	9	4.4%	18	8.8%	1	0.5%
c. Percent of infants and toddlers who improved functioning to a level nearer to same aged peers but did not reach.	9	4.4%	13	6.4%	1	0.5%
d. Percent of infants and toddlers who improved functioning to reach a level compared to same aged peers.	27	13.2%	64	31.4%	69	33.8%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers.	96	47.1%	42	20.6%	96	47.1%
TOTAL	204	100.0%	204	100.0%	204	100.0%

SUMMARY STATEMENTS

1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth by the time they exited. (c+d/a+b+c+d) X 100 = %	33.3%	47.5%	64.8%
2. Percent of children who were functioning within age expectations by the time they exited. (d+e/a+b+c+d+e) X 100 = %	60.3%	52.0%	80.9%

Discussion of FFY 2008 Data:

Child PAR (Progress Assessment Review) data was queried from the statewide ASSIST database for all children who exited early intervention services after receiving services for 6 months or more.

The number of children for whom exit data was available increased only slightly from FFY 2007 (198 to 204). Analysis of regional data suggests variance between regions regarding number of children for which data is available may be due to exit data not being captured for children that continue in the Developmental Disabilities system after their 3rd birthday. Questions have also been identified regarding early intervention system's ability to identify and then address Social Emotional issues and regional differences in utilizing Informed Clinical Option Eligibility criteria.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	To be determined

2006 (2006-2007)	To be determined																		
2007 (2007-2008)	To be determined																		
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2012 (2012-2013)		Social Emotional Skills	Acquiring and Using Knowledge and Skills	Taking Appropriate Action to Meet Needs
	1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth by the time they exited. $(c+d/a+b+c+d) \times 100 = \%$	34.7%	48.7%	65.7%
	2. Percent of children who were functioning within age expectations by the time they exited. $(d+e/a+b+c+d+e) \times 100 = \%$	61.7%	53.2%	82.2%

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
1. Will work with Portland State University to analyze reliability and validity data. Based on data results the mechanism to measure North Dakota Early Childhood Outcomes will be reassessed.	07-01-08 Completed on-going Discontinue	Part C Coordinator, Technical Assistance Project, NDICC Early Intervention Services Subcommittee, OSEP funded Technical Assistance Providers
*Added 02-01-10 1A. Identify and assess other tools design specifically to measure progress	07-01-11	Part C Coordinator, Technical Assistance Project, NDICC Early Intervention Services Subcommittee, OSEP funded Technical Assistance Providers
Revise to: Identify, select, and implement use of new assessment tool to measure progress.	Extend to: 12-31-12	Part C Coordinator, Technical Assistance Project, NDICC Early Intervention Services Subcommittee, OSEP funded Technical Assistance Providers

		Revise to read: Part C Coordinator, State TA, NDICC Early Intervention Services Subcommittee, State Information Technology Department, National TA Centers
2. Due to variance in regional data, additional training will be provided regarding administration of the Child Outcome Measurement tool to improve inter-rater reliability	01-01-09 Completed	Part C Coordinator, Technical Assistance Project
3. Develop information regarding the purpose of Child Outcome data and design a distribution plan for sharing the information with families.	01-01-10 Extended to 7-1-12 Extend to: 12-31-12	Part C Coordinator, Family Liaison Project
4. Develop targets and modify improvement activities when exit data is available	07-01-10 Completed	Part C Coordinator, NDICC
5. Review exit data with each region, identify barriers, develop action plan, and monitor implementation	07-01-10 Completed changes to on-going Revise to: Ongoing	Part C Coordinator, Technical Assistance Project Revise to: Part C Coordinator, State TA
6. Review eligibility criteria data with regional administrators and track trends.	07-01-10 Completed changes to on-going Discontinue	Part C Coordinator, Decision Support Liaison
7. Identify Social Emotional personnel development needs and provide support	07-01-11 Revise to: Complete	Part C Coordinator, Technical Assistance Project
8. Access technical assistance for intensive analysis of this indicator to discover reason for low percentages	7-1-12 Revise to: Complete	Part C Coordinator, Decision Support Liaison, National TA Resources

9. Implement recommendations from TA to assist in enhancing results for children	7-1-13	Part C Coordinator, Decision Support Liaison, National TA Resources
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Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

Same as Indicator # 1

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

- A. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family know their rights divided by the # of respondent families participating in Part C times 100.
- B. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs divided by the # of respondent families participating in Part C times 100.
- C. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn divided by the # of respondent families participating in Part C times 100.

Overview of Issue/Description of System or Process:

In order to gather the data needed to measure this indicator, the North Dakota Department of Human Services, Developmental Disabilities Unit; the North Dakota Department of Public Instruction, Special Education Division and the North Dakota Center for Persons with Disabilities developed and submitted a Technical Assistance on State Data Collection-IDEA General Supervision Enhancement Grant proposal. The proposal addressed the following three goals: Goal 1: ND will have a published set of outcome measures and indicators and a system to gather data regarding the impact of Part B, Section 619 and Part C, services. Goal 2: ND will have effective and efficient methods to collect, analyze, and share EI/EC outcome data across Part B and Part C agencies, and with relevant constituents at the state and local levels. Goal 3: ND EI/EC special education personnel will receive instruction on high quality methods to gather and report required outcome data for infants, toddlers, and young children with disabilities and their families. If the grant is not funded, the North

Dakota Department of Human Services, Developmental Disabilities Unit will proceed with the activities identified in the proposal that are needed to measure this indicator.

An advisory group of state and regional ICC members, families, advocacy organizations and early intervention personnel will be asked to make recommendations regarding proposed survey items, formats and collection options. The North Dakota Department of Human Services, Developmental Disabilities unit is examining the family survey examples developed by ECO and NCSEAM.

By April 1, 2006, a paper version of the North Dakota Early Intervention Family Survey will be available and Service Coordinators trained regarding the collection of data from all families of infants and toddlers exiting early intervention services after receiving supports for at least 6 months. Data will be collected statewide from April 1, 2006 through September 30, 2006. By October 1, 2006 the necessary changes will be made within the ASSIST database to replace the current System Indicator function with the new Family Survey.

Query reports will be developed to compare results regarding the percent of families reporting that early intervention services have helped them know their rights, effectively communicate their children's needs and help their children develop and learn. Data will represent all families. Sampling will not be utilized. Other data elements within ASSIST; such as age of child at referral, length of time in early intervention, Axis I, II and III diagnostic information, progress of child since enrolled in relation to similar age peers, and types and frequency of supports will be used to analyze the data.

Baseline Data for FFY 2004 (2004-2005): Baseline data will be included in the North Dakota Part C FFY 2005 Annual performance Report due February 1, 2007. Targets and Improvement Activities will also be submitted at that time.

Discussion of Baseline Data:

FFY	Measurable and Rigorous Target
2005 (2005-2006)	
2006 (2006-2007)	<p>A. 85 percent of families participating in Part C will report that early intervention services have helped their family know their rights.</p> <p>B. 89 percent of families participating in Part C will report that early intervention services have helped their family effectively communicate their children's needs.</p>

	<p>C. 87 percent of families participating in Part C will report that early intervention services have helped their family help their children develop and learn.</p>
<p>2007 (2007-2008)</p>	<p>A. 85.5 percent of families participating in Part C will report that early intervention services have helped their family know their rights.</p> <p>B. 89.5 percent of families participating in Part C will report that early intervention services have helped their family effectively communicate their children's needs.</p> <p>C. 87.5 percent of families participating in Part C will report that early intervention services have helped their family help their children develop and learn.</p>
<p>2008 (2008-2009)</p>	<p>A. 86 percent of families participating in Part C will report that early intervention services have helped their family know their rights.</p> <p>B. 90 percent of families participating in Part C will report that early intervention services have helped their family effectively communicate their children's needs.</p> <p>C. 88 percent of families participating in Part C will report that early intervention services have helped their family help their children develop and learn.</p>
<p>2009 (2009-2010)</p>	<p>A. 86.5 percent of families participating in Part C will report that early intervention services have helped their family know their rights.</p> <p>B. 90.5 percent of families participating in Part C will report that early intervention services have helped their family effectively communicate their children's needs.</p> <p>C. 88.5 percent of families participating in Part C will report that early intervention services have helped their family help their children develop and learn.</p>
<p>2010 (2010-2011)</p>	<p>A. 87 percent of families participating in Part C will report that early intervention services have helped their family know their rights.</p> <p>B. 91 percent of families participating in Part C will report that early intervention services have helped their family effectively communicate their children's needs.</p> <p>C. 89 percent of families participating in Part C will report that early intervention services have helped their family help their children develop</p>

	and learn.
2011 (2011-2012)	<p>A. 87.2 percent of families participating in Part C will report that early intervention services have helped their family know their rights.</p> <p>B. 91.2 percent of families participating in Part C will report that early intervention services have helped their family effectively communicate their children's needs.</p> <p>C. 89.2 percent of families participating in Part C will report that early intervention services have helped their family help their children develop and learn.</p>
2012 (2012-2013)	<p>A. 87.4 percent of families participating in Part C will report that early intervention services have helped their family know their rights.</p> <p>B. 91.4 percent of families participating in Part C will report that early intervention services have helped their family effectively communicate their children's needs.</p> <p>C. 89.4 percent of families participating in Part C will report that early intervention services have helped their family help their children develop and learn.</p>

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
1. *02-01-08 - Develop analysis tools to determine factors contributing to regional differences; and compare results with length of time in early intervention system, type and intensity of supports, and child's developmental needs and progress. Added identifier to survey to better track demographic information.	07-01-08 07-01-10 Completed	Part C Coordinator, DHS Research Staff, NDICC Early Intervention Services Sub-committee, ECO Center
2. Develop and distribute information for families regarding why Family Outcome data is being collected. 2A. *02-01-08 – Modify survey cover letter, and develop and distribute brochure for families regarding use of survey data. Revise to: Another survey will go out with Infant Development Program identifier, instead of individual identifier.	12-31-07 Completed 10-01-08 07-01-10 Extended to 1-1-12 Cover letter has been modified, but	Part C Coordinator Part C Coordinator, Family Liaison Project

	brochure still needs to be developed Completed Revise to: 6.30.12	
3. Review and refine data collection methods to assure returned surveys are representative of all families served. Develop procedures to facilitate scanning of returned surveys and mechanisms to allow families to complete the survey on-line. All activities have been completed except for development of on-line survey.	07-01-08 07-01-10 Extended to 7-1-12 Complete	Part C Coordinator, DHS Research Staff, DHS Information Technology Services staff
4. Fields will be added to capture family e-mail address to enable survey and communication by e-mail	07-01-10 completed	Part C Coordinator
5. Identify with each region activities to increase responses rates from the families they serve.	07-01-10 Completed changed to on-going Revise to: Ongoing	Decision Support Liaison and Part C Coordinator
6. Implement an Experienced Parent Specialist in every region	7-1-12	Part C Coordinator, State Family Liaison, Infant Development Providers
7. Develop materials (written and video) for families on understanding their participation in the IFSP process and any additional services that may be upcoming.	7-1-13	State Family Liaison, Experienced Parent Staff, and Part C Coordinator
8. Update ND Medicaid Frequently Asked Question Brochure	1-1-12 Completed	State Family Liaison, Part C Coordinator; ND DHS Medical Services Department

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

Same as Indicator # 1

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(# of infants and toddler birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to national data.

Overview of Issue/Description of System or Process:

North Dakota has what is considered "narrow" eligibility criteria. At-risk infants and toddlers do not receive early intervention services.

The eight Regional Human Service Centers in North Dakota are the central referral points for all infants or toddler that may be eligible for early intervention services. The Human Service Centers are also the referral point for Right Track services. Through the Right Track program early intervention professionals conduct developmental screenings, provide information regarding child development and activities to support development, and make referrals to other services that may be appropriate. Between July 2004 and June 2005, over 7,600 screenings were completed. The screenings take place in family homes or childcare centers for all infants and toddlers with biological or environmental risk factors or parental concern. The screenings are provided at no cost to the family. Right Track providers are paid through fee for service contracts. They need to conduct referral source training in order to generate referrals, which in turn, directly impacts their income. Families of infants and toddlers not eligible for early intervention services are offered Right Track services to monitor their child's development and address concerns they may have. The Right Track program has been a very successful childfind program.

In addition to required CAPTA referrals, the Department of Human Services encourages County Social Service agencies to refer all children less than three years of age who are in a household in which abuse or neglect was substantiated or infants and toddlers involved in any way with the child welfare system.

Other childfind activities include the Birth Review program, which is a cooperative arrangement between the North Dakota Department of Health and the North Dakota Department of Human Service. The Vital Records Division of the Department of Health provides parent contact information to the Department of Human Services,

Developmental Disabilities Unit from every birth certificate where the parent checked the box requesting more information regarding their child. The family is then sent a packet of information regarding risk factors, an 800 number to call for information regarding specific risk factors and a card to request a Right Track referral. If no response is received, a follow-up mailing is sent.

Developmental Wheels and Right Track Brochures are also distributed through Right Track programs, Special Education Units, clinics, hospitals, programs for homeless individuals, WIC programs, county and tribal social service agencies, public health offices, religious organizations, Regional ICCs and at conferences, fairs and Pow Wows.

Each of the eight Regional ICCs develops a regional childfind plan as part of their Quality Improvement Plan to increase referrals by targeting specific geographic areas and referral sources. Quarterly each region receives data regarding the percent of children birth to 1 and birth to 3 that are eligible in each county within their region. They also receive data regarding the number of referrals from each source, the percent of referrals that were eligible by referral source and the age of children referred.

The increasing number of infants and toddlers eligible for early intervention services has created 'growing pains' within Infant Development programs and regional DD Case Management/Service Coordinator programs. (See Indicator 1 Improvement Activities 1 and 2)

Baseline Data for FFY 2004 (2004-2005):

618 data indicated that on December 1, 2004, the North Dakota early intervention system was serving 129 infants and toddlers birth to 1. The total population of North Dakota infants and toddlers birth to 1 was 7,488. **1.72** percent of the total population under 1 was served.

Discussion of Baseline Data:

Compared to other states with narrow eligibility criteria North Dakota ranks 1st in the percent of infants and toddlers served, birth to 1.

North Dakota ranks 6th when compared to all states (excluding infants at risk) and the percent served is .80 higher than the percent served nationwide.

The percent increase from 2000 to 2004 was 119. This rate of increase was the 4th largest in the nation.

FFY	Measurable and Rigorous Target
2005	1.75 percent of the total population of infants and toddlers birth to 1 residing in North Dakota will be identified and found eligible for early

(2005-2006)	intervention services and have an IFSP
2006 (2006-2007)	1.78 percent of the total population of infants and toddlers birth to 1 residing in North Dakota will be identified and found eligible for early intervention services and have an IFSP
2007 (2007-2008)	1.81 percent of the total population of infants and toddlers birth to 1 residing in North Dakota will be identified and found eligible for early intervention services and have an IFSP
2008 (2008-2009)	1.84 percent of the total population of infants and toddlers birth to 1 residing in North Dakota will be identified and found eligible for early intervention services and have an IFSP
2009 (2009-2010)	1.87 percent of the total population of infants and toddlers birth to 1 residing in North Dakota will be identified and found eligible for early intervention services and have an IFSP
2010 (2010-2011)	1.90 percent of the total population of infants and toddlers birth to 1 residing in North Dakota will be identified and found eligible for early intervention services and have an IFSP
2011 (2011-2011)	1.93 percent of the total population of infants and toddlers birth to 1 residing in North Dakota will be identified and found eligible for early intervention services and have an IFSP
2012 (2011-2012)	1.96 percent of the total population of infants and toddlers birth to 1 residing in North Dakota will be identified and found eligible for early intervention services and have an IFSP

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
1. Modify Right Track Database for facilitate more consistent use and easy of report generation to better track screening tools used and needs of children receiving Right Track services. * 02-01-2007, Timeline for Improvement Activity number 1 will be extended to 07-01-2008. This will allow for examination of benefits of using	07-01-08 07-01-10 Extended to 7-1-12 Discontinue	Part C Coordinator, Contract Database Programmer, Right Track Coordinators

<p>similar progress measurement tool across at risk children being tracked as a child find activity and eligible children. Not yet completed, will request Business Analysis and develop RFP by 07-01-10</p>		
<p>2. Develop MOU with First Sounds and Project Kaylyn to utilize Right Track screeners to follow-up with families who have an infant that failed the first newborn hearing screening at the hospital and assist the family in receiving the second screening.</p>	<p>07-01-06 Completed</p>	<p>Part C Coordinator, North Dakota Center for Persons with Disabilities First Sounds and Project Kaleen staff. Department of Human Services Children's Special Health Services Early Hearing Detection and Intervention Initiative staff</p>
<p>3. Contract for development of research based parent information sheets for distribution by Right Track screeners to support development of children at-risk for delays</p>	<p>12-01-06 Completed (Technical Assistance Project highlights on-line research based resources during monthly statewide video conference meetings)</p>	<p>Part C Coordinator</p>
<p>4. Provide additional training to Right Track screeners regarding infant/toddler social-emotional screening tools</p>	<p>07-01-07 Completed</p>	<p>Part C Coordinator, Technical Assistance and Training Project</p>
<p>5. Develop MOU with Tribal Social Service agencies regarding referral process for infants and toddlers the subject of or in householders in which abuse or neglect is substantiated. *02-01-08 – Modified – Develop and offer training for Tribal Social Service Agencies regarding infant and toddler developmental risk factors, supports available and referral process for early intervention services.</p>	<p>07-01-09 Completed</p>	<p>Part C Coordinator, NDICC Early Intervention Services Sub-committee, Tribal Early Childhood Tracking Programs, Childcare Resource and Referral</p>
<p>6. Provide training for Early Head Start and Childcare Referral and Resource staff regarding early intervention referral and eligibility process.</p>	<p>07-01-09 Extended to 7-1-12</p>	<p>Part C Coordinator, Technical Assistance and Training Project</p>

	Discontinue...Will combine with #7	
7. Contract for development of statewide child find marketing material and distribution plan targeting families of young children, medical community and clergy. Revise to include: Public Health, Health Tracks and WIC	07-01-10 Extended to 7-1-13	Part C Coordinator
8. Develop flyer regarding early intervention services to be included in Social Security Disability Determination Services' mailings to families of infants or toddlers applying for benefits.	07-01-11 Extend to: 7.1.12	Part C Coordinator, Director of Social Security Disability Determination Services
9. *02-01-08 – Modify Right Track Request For Proposal to include plan for training screeners, screening tools to be used, material distributed to families, and First Sound Follow-up	05-01-08 Completed	Part C Coordinator
10. Right Track Database will be fully implemented and training will occur.	7-1-13 Discontinue	Part C Coordinator, Contract Database Programmers, Right Track Coordinators
11. Explore the options of an online referral system to expedite EI referrals from the community	7-1-12 Extend to: 6-30-13	Part C Coordinator, ND DHS IT Department

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

Same as Indicator # 1

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6:

Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(# of infants and toddler birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to national data.

Overview of Issue/Description of System or Process:

North Dakota has what is considered "narrow" eligibility criteria. At-risk infants and toddlers do not receive early intervention services.

The eight Regional Human Service Centers in North Dakota are the central referral points for all infants or toddler that may be eligible for early intervention services. The Human Service Centers are also the referral point for Right Track services. Through the Right Track program early intervention professionals conduct developmental screenings, provide information regarding child development and activities to support development, and make referrals to other services that may be appropriate. Between July 2004 and June 2005, over 7,600 screenings were completed. The screenings take place in family homes or childcare centers for all infants and toddlers with biological or environmental risk factors or parental concern. The screenings are provided at no cost to the family. Right Track providers are paid through fee for service contracts. They need to conduct referral source training in order to generate referrals, which in turn, directly impacts their income. Families of infants and toddlers not eligible for early intervention services are offered Right Track services to monitor their child's development and address concerns they may have. The Right Track program has been a very successful childfind program.

In addition to required CAPTA referrals, the Department of Human Services encourages County Social Service agencies to refer all children less than three years of age who are in a household in which abuse or neglect was substantiated or infants and toddlers involved in any way with the child welfare system.

Developmental Wheels and Right Track Brochures are also distributed through Right Track programs, Special Education Units, clinics, hospitals, programs for homeless individuals, WIC programs, county and tribal social service agencies, public health

offices, religious organizations, Regional ICCs and at conferences, fairs and Pow Wows.

Each of the eight Regional ICCs develops a regional childfind plan as part of their Quality Improvement Plan to increase referrals by targeting specific geographic areas and referral sources. Quarterly each region receives data regarding the percent of children birth to 1 and birth to 3 that are eligible in each county within their region. They also receive data regarding the number of referrals from each source, the percent of referrals that were eligible by referral source and the age of children referred.

The increasing number of infants and toddlers eligible for early intervention services has created 'growing pains' within Infant Development programs and regional DD Case Management/Service Coordinator programs. (See Indicator 1 Improvement Activities 1 and 2)

Baseline Data for FFY 2004 (2004-2005):

618 data indicated that on December 1, 2004, the North Dakota early intervention system was serving 611 infants and toddlers birth to 3. The total population of North Dakota infants and toddlers birth to 3 was 21,842. **2.80** percent of the total population under 3 was served.

Discussion of Baseline Data:

Compared to other states with narrow eligibility criteria North Dakota ranks 1st when 'old' eligibility criteria are used and 3rd when 'new' eligibility criteria are used.

North Dakota ranks 18th when compared to all states and the percent served is .56 higher than the percent served nationwide. (Excluding at-risk)

The percent increase from 2000 to 2004 was 78. This rate of increase was the 4th largest in the nation.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	2.89 percent of the total population of infants and toddlers birth to 3 residing in North Dakota will be identified and found eligible for early intervention services and have an IFSP
2006 (2006-2007)	2.98 percent of the total population of infants and toddlers birth to 3 residing in North Dakota will be identified and found eligible for early intervention services and have an IFSP
2007	3.07 percent of the total population of infants and toddlers birth to 3

(2007-2008)	residing in North Dakota will be identified and found eligible for early intervention services and have an IFSP
2008 (2008-2009)	3.16 percent of the total population of infants and toddlers birth to 3 residing in North Dakota will be identified and found eligible for early intervention services and have an IFSP
2009 (2009-2010)	3.25 percent of the total population of infants and toddlers birth to 3 residing in North Dakota will be identified and found eligible for early intervention services and have an IFSP
2010 (2010-2011)	3.28 percent of the total population of infants and toddlers birth to 3 residing in North Dakota will be identified and found eligible for early intervention services and have an IFSP
2011 (2011-2012)	3.2 percent of the total population of infants and toddlers birth to 3 residing in North Dakota will be identified and found eligible for early intervention services and have an IFSP
2012 (2012-2013)	3.4 percent of the total population of infants and toddlers birth to 3 residing in North Dakota will be identified and found eligible for early intervention services and have an IFSP

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
1. Modify Right Track Database for facilitate more consistent use and easy of report generation to better track screening tools used and needs of children receiving Right Track services. * 02-01-2007, Timeline for Improvement Activity number 1 will be extended to 07-01-2008. This will allow for examination of benefits of using similar progress measurement tool across at risk children being tracked as a child find activity and eligible children. Not yet completed, will request Business Analysis and develop RFP by 07-01-10	07-01-08 07-01-10 Extended to 7-1-12 Discontinue	Part C Coordinator, Contract Database Programmer, Right Track Coordinators
2. Contract for development of research based parent information sheets for	12-01-06 Completed	Part C Coordinator

distribution by Right Track screeners to support development of children at-risk for delays	(Technical Assistance Project highlights on-line research based resources during monthly statewide video conference meetings) Completed	
3. Provide additional training to Right Track screeners regarding infant/toddler social-emotional screening tools	07-01-07 Completed	Part C Coordinator, Technical Assistance and Training Project
4. Develop MOU with Tribal Social Service agencies regarding referral process for infants and toddlers the subject of or in householders in which abuse or neglect is substantiated. *02-01-08 – Modified – Develop and offer training for Tribal Social Service Agencies regarding infant and toddler developmental risk factors, supports available and referral process for early intervention services.	07-01-09 Completed	Part C Coordinator, NDICC Early Intervention Services Sub-committee, Tribal Early Childhood Tracking Programs, Childcare Resource and Referral
5. Provide training for Early Head Start and Childcare Referral and Resource staff regarding early intervention referral and eligibility process. Not Completed	07-01-09 completed	Part C Coordinator, Technical Assistance and Training Project
6. Contract for development of statewide child find marketing material and distribution plan targeting families of young children, medical community and clergy.	07-01-10 Extended to 7-1-2012 Discontinue... Will combine with #7	Part C Coordinator
7. Develop flyer regarding early intervention services to be included in Social Security Disability Determination Services' mailings to families of infants or toddlers applying for benefits. Revise to include: Public Health, Health Tracks and WIC	07-01-11 Extend to: 7-1-13	Part C Coordinator
8. Modify Right Track Request For Proposal to include plan for training screeners, screening tools to be used,	05-01-08 Completed	Part C Coordinator, Director of Social Security Disability

and material distributed to families		Determination Services
9. Right Track Database will be fully implemented and training will occur.	7-1-13 Discontinue	Part C Coordinator, Contract Database Programmers, Right Track Coordinators
10. Explore the options of an online referral system to expedite EI referrals from the community	7-1-12 Extend to: 6-30-13	Part C Coordinator, ND DHS IT Department

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

Same as Indicator # 1

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(# of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline) divided by the (# of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

Overview of Issue/Description of System or Process:

When an infant or toddler is referred to a Regional Human Service Center, the Service Coordinator assigned for intake will contact the family; explain early intervention services and their rights. The Service Coordinator determines if the child has a high-risk diagnosis that is likely to result in a developmental delay or if other professionals have already completed evaluations. If not, the Service Coordinator will arrange for local Infant Development professionals to complete a multidisciplinary evaluation. After the information needed to determine eligibility is gathered, the Service Coordinator will present the information to the Eligibility Team at the Regional Human Service Center. If the child is eligible, the Service Coordinator authorizes the start of Infant Development and DD Case Management (Service Coordination) and assists the family in completing the Medicaid Application. Because Service Coordination and Infant Development are Medicaid waiver Home and Community Based Services there is not income or asset test. The child will be eligible once the family completes the 'Short' Medicaid Application. Infant Development staff will complete additional assessments that may be needed and help the family prepare for the IFSP meeting. The IFSP meeting is then scheduled and held. All of the activities from referral to IFSP meeting can occur in a very rapid manner or in some situations obstacles and delays may occur.

Service Coordinators and Infant Development programs within Human Service Centers have not been able to add additional staff as easily as the five Infant Development programs located outside Human Service Centers. The three Infant

Development programs currently within Human Service Centers will be transitioned to Special Education Units so the addition of FTEs can be added to maintain an average caseload of 1 to 11. The FTEs vacated by the Infant Development Programs will be utilized to reduce the Service Coordinator caseloads to an average ratio of 1 to 45.

Baseline Data for FFY 2004 (2004-2005):

Fro April 1, 2005 through June 30, 2005, 36 eligible infants and toddlers had evaluations, assessments and an initial IFSP meeting conducted within 45 days of referral. 41 infants and toddlers were found eligible. **87.8 %** of eligible infants and toddlers had evaluations, assessments and an initial IFSP meeting conducted within 45 days of referral.

Discussion of Baseline Data:

July 2004 through June 2005

	July Thru June	July Thru Dec	Jan Thru June	April Thru June
Total referrals	191	107	84	41
45 days or less	88	38	50	36
% 45 or less	46.07%	35.51%	59.52%	87.80%

The ASSIST Database captures the date of referral and the initial IFSP meeting date. The data analyzed represented all early intervention programs in North Dakota and all infants and toddlers referred between 07-01-2004 and 06-30-2005. Data shows an increasing percent of infants and toddlers have and IFSP meeting within 45 days of their date of referral.

Currently, reasons why the 45-day timeline was not meet are documented in each child's file, but are not easily accessed or analyzed. When surveyed at a monthly Early Intervention/Family Support meeting, Infant Development Coordinators and Service Coordinators reported that the 45 day timelines were not met in the following reasons: difficulty contacting the family, family emergencies including child illness, weather cancellations, staff leave and a high number of referrals in a short period of time i.e. nine referrals in one day. As the size of an early intervention program grows the timeliness for evaluations, assessments and IFSPs decreases. As additional staff is hired to address the increased caseload, the timeliness increases. To avoid this reoccurring pattern, Infant Development programs have developed adjustable contracts with evaluators. This appears to stabilize the workload of salaried staff.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100 percent of eligible infants and toddlers will have evaluations, assessments and an initial IFSP meeting conducted within 45 days of

	referral.
2006 (2006-2007)	100 percent of eligible infants and toddlers will have evaluations, assessments and an initial IFSP meeting conducted within 45 days of referral.
2007 (2007-2008)	100 percent of eligible infants and toddlers will have evaluations, assessments and an initial IFSP meeting conducted within 45 days of referral.
2008 (2008-2009)	100 percent of eligible infants and toddlers will have evaluations, assessments and an initial IFSP meeting conducted within 45 days of referral. Accounting for exceptional family circumstances
2009 (2009-2010)	100 percent of eligible infants and toddlers will have evaluations, assessments and an initial IFSP meeting conducted within 45 days of referral. Accounting for exceptional family circumstances
2010 (2010-2011)	100 percent of eligible infants and toddlers will have evaluations, assessments and an initial IFSP meeting conducted within 45 days of referral. Accounting for exceptional family circumstances
2011 (2011-2012)	100 percent of eligible infants and toddlers will have evaluations, assessments and an initial IFSP meeting conducted within 45 days of referral. Accounting for exceptional family circumstances
2012 (2012-2013)	100 percent of eligible infants and toddlers will have evaluations, assessments and an initial IFSP meeting conducted within 45 days of referral. Accounting for exceptional family circumstances

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
1. Continue technical assistance and training regarding family assessments, evaluations, assessments and IFSP development to assist staff in completing high quality products in a timely manner.	On-going Completed	Part C Coordinator, Technical Assistance and Training Project
2. Develop data collection process to more easily gather and analyze reasons why 45-day timeline may not be met.	07-01-06 Completed	Part C Coordinator, Regional Infant Development and Service Coordinator Supervisors, ASSIST Coordinator, Department of Human

		Services Information Technology Division staff
<p>3. Review data entry issues with Infant Development staff and Case Managers and implement streamlining and edit recommendations where possible.</p> <p>Revise to: change “Case Managers” to “Program Managers”</p> <p>Also: Reason for being late was added to PCSP checklist.</p>	<p>07-01-07 Ongoing</p> <p>Revise to: 12.31.12</p>	<p>Part C Coordinator, Regional Infant Development and Service Coordinator Supervisors, ASSIST Coordinator, Department of Human Services Information Technology Division staff</p>
<p>4. Analyze data regarding untimely completion of initial IFSPs and modify Improvement Activities to address identifies issues.</p>	<p>07-01-07 Completed</p>	<p>Part C Coordinator, Regional Infant Development and Service Coordinator Supervisors, NDICC and Regional ICCs</p>
<p>5. Experienced Parents are parents of a child currently or formally in early intervention that are hired by local early intervention programs. Expand usage of Experienced Parents and train them to provide information to new families regarding their rights, the IFSP process and the importance of routine learning opportunities; and how to answer system questions the family may feel more comfortable asking another parent.</p>	<p>07-01-08 Completed</p>	<p>Part C Coordinator, Regional Infant Development and Service Coordinator Supervisors</p>
<p>6. Meet with representatives of primary referral sources and families to develop culturally sensitive strategies to facilitate timely intake process.</p>	<p>07-01-09 Completed</p>	<p>Part C Coordinator, NDICC Sub-committee, Contractor for drafting guidelines</p>
<p>7. Explore options and identify technology that will facilitate distance based transdisciplinary consultation and completion of reports and plans in the family home.</p>	<p>07-01-10 Completed</p>	<p>Part C Coordinator, Regional Infant Development and Service Coordinator Supervisors, Department of Human Services Information Technology Division staff</p>
<p>8. Obtain recommended equipment (Improvement Activity # 7) and train and support staff in application.</p>	<p>07-01-11 Completed</p>	<p>Part C Coordinator, Regional Infant Development and Service Coordinator Supervisors, Department of Human Services Information Technology Division staff</p>

<p>9. Added 02-01-2007, Work with Audiologists to explore options to obtain hearing screenings in a timely manner.</p> <p>9A. *02-01-2008 – A group of Audiologists recommended specific equipment for local early intervention programs and agreed to provide training and read results of OAEs and Tymps. The equipment has been ordered and training will be scheduled within 30 days of equipment delivery.</p> <p>9B. *02-01-2008 - Contract will be developed with Audiologists to train identified early intervention staff, review all OAE and Tymp results, and periodically reassess early intervention staff skills.</p> <p>9C. *02-01-2009 Scanners will be purchased and installed for all infant development and Tribal Early Childhood programs and training provided to allow for OAE and Tymp ‘tapes’ to be scanned and then e-mailed to contracted audiologists.</p> <p>9D. *02-01-Examine local protocol as it appears to be the distinguishing factor between regions. Cross regional protocol sharing will be arranged. The need for additional equipment will also be assessed to determine if that could improve timeliness.</p>	<p>07-01-07 Completed</p> <p>04-01-08 Completed</p> <p>04-01-08 Completed</p> <p>04-01-09 Completed</p> <p>07-01-10 Extended to 7-1-12 Completed</p>	<p>Part C Coordinator</p>
<p>10. *02-01-08 Develop and deliver ongoing monthly distance based training on topics such as Early Literacy, Brain Development, Autism, Child Development, Prematurity.</p>	<p>07-01-08 Completed</p>	<p>Part C Coordinator, Technical Assistance Project</p>
<p>12. *02-01-08 Design and implement statewide changes in frequency of regional monitoring.</p>	<p>07-01-08 Completed</p>	<p>Part C Coordinator, Technical Assistance Project, DHS Research staff</p>
<p>13. *02-01-08 Design and implement Early Intervention Orientation based on competencies requirements.</p>	<p>07-01-10 Extended to 7-1-12 Extend to: 6-30-13</p>	<p>Part C Coordinator, Technical Assistance Project, NDICC Early Intervention Services Subcommittee</p>
<p>14. *02-01-08 Design and deliver training</p>	<p>Within 4</p>	<p>Part C Coordinator,</p>

<p>based on new Part C Regulations</p> <p>Revise to read: Design and deliver training based on new Part C Regulations which will be included in the ND Early Intervention Guidelines. The EI Guidelines will be revised, updated, and put out for public comment in preparation for the 2013 Part C Application in April, 2013. Training will follow in order to have staff trained by 7-1-13.</p>	<p>months of regulations being finalized</p> <p>Extend to: 7-1-13</p>	<p>Technical Assistance Project</p>
<p>15. *02-01-08 Obtain means of delivering training in settings outside of Regional Human Service Centers with capacity to record sessions and provided training to early intervention staff on the utilization of the system.</p>	<p>07-01-08 Completed</p>	<p>Part C Coordinator</p>
<p>16.*02-01-09 Increase the number of initial IFSPs monitored to all IFSPs monitored to determine if Improvement Activities have addressed non-compliance issues.</p>	<p>07-01-09 Completed</p>	<p>Part C Coordinator, Technical Assistance Project, Regional Case Review Teams</p>
<p>17. Follow-up training and implementation support regarding new ND Early intervention Guidelines will be provided based on Regional EI Supervisor feedback, EI staff surveys, and data analysis.</p>	<p>07-01-12</p> <p>Discontinue and combine with IA 14</p>	<p>Part C Coordinator, Technical Assistance and Training Project</p>

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

Same as Indicator # 1

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services
- B. Notification to LEA, if child potentially eligible for Part B: and
- C. Transition conference, if child potentially eligible for Part B.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = # of children exiting Part C who have an IFSP with transition steps and services divided by # of children exiting Part C times 100.
- B. Percent = # of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.
- C. Percent = # of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.

Overview of Issue/Description of System or Process:

In order to support a smooth transition from Part C to Part B, the North Dakota Department of Public Instruction and the North Dakota Department of Human Services have supported their advisory committee's meeting jointly for a half day each quarter. The North Dakota Part B IDEA Advisory Committee and the North Dakota Part C Interagency Coordinating Council recommended that the two lead agencies develop Joint Transition Guidelines with the assistance of a Task Force representing families, early intervention and preschool staff and higher education. The Joint Guidelines are to be designed for use by early intervention and pre-school staff, as well as, families.

The Department of Public Instruction and Department of Human Services have also worked together with the National Early Childhood Technical Assistance Center for the development of a State Plan regarding Transition from Part C to Part B. In addition to the development of the Joint Guidelines the State Plan also addresses joint training once the guidelines are published. Mountain Plains Regional Resource

Center is also providing technical assistance by being the primary drafter of the guidelines.

The Department of Public Instruction and Department of Human Services also addressed the development of a data sharing mechanism (common data warehouse) within their proposal for a Technical Assistance on State Data Collection - IDEA General Supervision Enhancement Grant. If that proposal is not funded the departments have agreed to re-access options to obtain the capability of sharing data.

Currently, a Memorandum of Understanding between the Department of Public Instruction and the Department of Human Services outlines transition procedures. Two meetings are required with families and representatives from both the Part C and Part B systems. The first meeting is required by the time the child is 2 years 6 months of age. At that time it is determined if additional assessments are needed and if they are how and when they will be conducted with staff participating from Infant Development and pre-school. The second meeting occurs after the assessments have been completed, the family has toured any program options they wanted to see and re-determination for DD Case Management has been completed. The second meeting, the Transition Meeting must be held by the time the child is 2 years 9 months of age and address Part B eligibility, development of and IEP or modifications to the IFSP so it can function as an IEP after the child is 3 and the creation of a follow-up plan.

Baseline Data for FFY 2004 (2004-2005):

- A. 34 of the sampled children exiting Part C had an IFSP with transition steps and services included in their IFSP. 35 children exiting Part C were sampled. **97** percent had an IFSP with transition steps and services.

- B. LEAs were notified for 35 of the sampled children who were exiting Part C and were potentially eligible for Part B. 35 children exiting Part C and potentially eligible for Part B were sampled. LEAs were notified for **100** percent of the sampled children who were exiting Part C and were potentially eligible for Part B.

- C. 30 of the sampled children exiting Part C and potentially eligible for Part B had a transition conference 90 days before their third birthday. 35 children exiting Part C and potentially eligible for Part B were sampled. **87** percent of the sample children exiting Part C and potentially eligible for Part B had a transition conference 90 days before their third birthday.

Discussion of Baseline Data:

Of the 178 IFSPs reviewed in April and July 2005, 35 were for infants and toddlers who were going to be 2 years 9 months of age by June 30, 2005. (See Indicator # 2, Discussion of Baseline Data) At least two IFSPs were reviewed from each region.

Data regarding Indicator 8-A is available through an ASSIST query, but that data was not used as it identified only .8 percent of the children who turned three between July 1, 2004 and June 30, 2005 as having a transition outcome on their IFSP. When a sample of IFSPs documents was reviewed, transition outcomes regarding how the child, family and receiving agency would be supported during the transition process were found in 97 percent of the IFSPs. ASSIST users had not recorded the outcome category indicator (transition outcome) that would have allowed data to be easily analyzed for all children that exited the Part C system.

Although the LEAs were notified for 100 percent of the children sampled, the timely of the notifications and documentation of the notifications varied widely from program to program. Some Infant Development Programs notified the LEA individually for every child following the child's second birthday. Other programs annually notified the LEA regarding all children that would be transitioning during the coming year. Some programs had hard copies of letters and others on a signed Release of Information in the file.

When asked why a Transition Meeting may not have occurred by the time a child was 2 years 9 months of age, Infant Development Coordinators reporting attempts to schedule all meeting 90p days prior to the children's third birthday (except those enrolled in early intervention after 30 months of age), but could not arrange the meeting due to scheduling conflicts with school personnel and the families. Meetings that are to occur during the summer are reported to be particularly difficult. Staff reported the greatest success when they were able to schedule the 2-9 meeting with all the parties during the 2-6 assessment planning meeting. Data concerning Indicator 8-C may be inaccurate, as the sample focused on children who would be 2 years 9 months of age during the summer.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	<p>A. 100 percent of children exiting Part C will have an IFSP with transition steps and services.</p> <p>B. The appropriate LEA will be notified for 100 percent of the children exiting Part C who are potentially eligible for Part B.</p> <p>C. 100 percent of children exiting Part C and potentially eligible for Part B will have a transition conference 90 days before their 3rd birthday</p>
2006 (2006-2007)	<p>A. 100 percent of children exiting Part C will have an IFSP with transition steps and services.</p> <p>B. The appropriate LEA will be notified for 100 percent of the children exiting Part C who are potentially eligible for Part B.</p>

	<p>C. 100 percent of children exiting Part C and potentially eligible for Part B will have a transition conference 90 days before their 3rd birthday</p>
<p>2007 (2007-2008)</p>	<p>A. 100 percent of children exiting Part C will have an IFSP with transition steps and services.</p> <p>B. The appropriate LEA will be notified for 100 percent of the children exiting Part C who are potentially eligible for Part B.</p> <p>C. 100 percent of children exiting Part C and potentially eligible for Part B will have a transition conference 90 days before their 3rd birthday</p>
<p>2008 (2008-2009)</p>	<p>A. 100 percent of children exiting Part C will have an IFSP with transition steps and services.</p> <p>B. The appropriate LEA will be notified for 100 percent of the children exiting Part C who are potentially eligible for Part B.</p> <p>C. 100 percent of children exiting Part C and potentially eligible for Part B will have a transition conference 90 days before their 3rd birthday</p>
<p>2009 (2009-2010)</p>	<p>A. 100 percent of children exiting Part C will have an IFSP with transition steps and services.</p> <p>B. The appropriate LEA will be notified for 100 percent of the children exiting Part C who are potentially eligible for Part B.</p> <p>C. 100 percent of children exiting Part C and potentially eligible for Part B will have a transition conference 90 days before their 3rd birthday</p>
<p>2010 (2010-2011)</p>	<p>A. 100 percent of children exiting Part C will have an IFSP with transition steps and services.</p> <p>B. The appropriate LEA will be notified for 100 percent of the children exiting Part C who are potentially eligible for Part B.</p> <p>C. 100 percent of children exiting Part C and potentially eligible for Part B will have a transition conference 90 days before their 3rd birthday</p>
<p>2011 (2011-2012)</p>	<p>A. 100 percent of children exiting Part C will have an IFSP with transition steps and services.</p> <p>B. The appropriate LEA will be notified for 100 percent of the children</p>

	<p>exiting Part C who are potentially eligible for Part B.</p> <p>C. 100 percent of children exiting Part C and potentially eligible for Part B will have a transition conference 90 days before their 3rd birthday</p>
<p>2012 (2012-2012)</p>	<p>A. 100 percent of children exiting Part C will have an IFSP with transition steps and services.</p> <p>B. The appropriate LEA will be notified for 100 percent of the children exiting Part C who are potentially eligible for Part B.</p> <p>C. 100 percent of children exiting Part C and potentially eligible for Part B will have a transition conference 90 days before their 3rd birthday</p>

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
1. Finalize Joint Transition Guidelines	07-01-06 Completed	Part C Coordinator, Joint Transition Guidelines Task Force, NDICC
2. Following completion of Joint Transition Guidelines, review and update Family Transition Survey	07-01-06 Completed	Part C Coordinator, State Parent Liaison contractor
3. Train Infant Development staff, Service Coordinators and Regional Experienced Parents regarding Transition Guidelines	07-01-06 Completed	Part C Coordinator, technical assistance providers
4. Collect and analyze Family Transition Survey results. Modify Transition process if indicated.*02-01-08 - Family Liaison Project not started by 07-01-07 as a contractor was not located. A contract is now being developed and the timeline has been extended to 07-01-08.* 02-01-10 not yet completed as parent identified to conduct surveys is no longer available. Other parents are being sought.	07-01-10 Extended to 7-1-13 Discontinue	Part C Coordinator, Family Liaison Project, NDICC Early Intervention Services Subcommittee, ND Department of Public Education, NECTAC
5. Train staff from Head Start programs, Family Support organizations, advocacy agencies and higher education regarding Transition Guidelines	07-01-07 Completed	Part C Coordinator
6.-Modify ASSIST data fields and electronic file to allow for documentation of Transition Meeting, LEA Notification and creation of an edit to prompt users to record outcome category.*02-01-08 – Due to a Code Freeze	Not completed Revised	Part C Coordinator, DHS Information Technology Division staff

<p>that prevent roll-out of database changes, timeline is extended to 07-01-08.*02-01-10 Code not changed at this time as business analysis process is looking at modification or replacement of ASSIST database.</p> <p>Revise to: Create Therap data fields to allow for documentation of Transition Meeting, LEA Notification, and creation of an edit to prompt user to record outcome category.</p>	<p>Extend to 6-30-13</p>	
<p>7. Collaborate with Department of Public Instruction to design and implement a common data warehouse and client identifier to facilitate data analysis across systems. Implemented: DHS is working with DPI on development of data warehouse. A Master Client identifier system has been developed.</p>	<p>07-01-09 07-01-11 Discontinue</p>	<p>Part C Coordinator, North Dakota Department of Public Instruction, DHS Information Technology Division staff</p>
<p>8. Review and update transition guidelines with DPI and provide subsequent training for both Part C and Section 619 Part B personnel.</p>	<p>07-01-11 Extend to: 12-31-12</p>	<p>Part C Coordinator Family Liaison Project</p>
<p>9. Implement needed changes to data collection system based upon changes to the revision of the statewide transition guidelines and the release of the Part C regulations</p>	<p>7-1-12 Discontinue and combine with IA # 6</p>	<p>Part C Coordinator, NDICC Early Intervention Services Subcommittee, Department of Division staff</p>

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

Same as Indicator # 1

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

(20 U.S.C. 1416(a) (3) (B) and 1442)

Measurement:

- A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:
- a. # of findings of noncompliance made related to priority areas.
 - b. # of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = b divided by a times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.
- B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:
- a. # of findings of noncompliance made related to such areas.
 - b. # of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = b divided by a times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.
- C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:
- a. # of EIS programs in which noncompliance was identified through other mechanisms.
 - b. # of findings of noncompliance made.
 - c. # of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = c divided by b times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

Overview of Issue/Description of System or Process:

The North Dakota early intervention General Supervision system is based on identification and resolution of individual issues at the Service Coordinator level, identification and resolution of system issues at the regional level, with support for and oversight of both components from the state level. Families and other early intervention stakeholders are involved on the through the state and regional ICCs and the sub-committees and task forces created for specific activities. Public Notices are published for all state and regional ICC meetings. Policy Issuances and North Dakota Administrative Code concerning early intervention topics are also available for public input.

Service Coordinators and Infant Development staff complete required documentation activities within a database called ASSIST. ASSIST is a DB2 Client Server application with data stored and backed up on the state mainframe. Access to view or enter data is based on individualized security profiles. ASSIST contains demographics, referral, eligibility, IFSP, support assessments, diagnosis, consumer satisfaction, waiver Level of Care screenings, and team members contact information. An additional electronic file contains early intervention evaluations, IFSP Periodic Reviews and Quality Enhancement Reviews by Service Coordinators. Quality Enhancement Reviews contain on-going progress notes by outcome area, concerns and identify issues needing resolution. If the Service Coordinator has not been able to assist the family in resolving the issue, a workflow feature allows the Service Coordinator to forward the issue to their supervisor for consultation and the regional supervisor can forward the issue to the state office for assistance. The Quality Enhancement Review also documents at least quarterly, in person contact and a copy is printed and shared with the family every six months. All of the information in ASSIST and the Electronic file is also available at the state level for desk audit, query and analysis.

Specific data fields include: referral date, name of individual making the referral and type of referral source; name of child; date of birth; parents name, address, work and home telephone numbers; directions to family home; child's address and county of residence; date of eligibility determination; eligibility approved, denied or withdrawn; if eligible in what category (high risk diagnosis, 25% delay in two areas, 50% delay in one area or informed clinical opinion); name and contact information of involved individuals such as other family members, Physicians, childcare provider, assigned home visitor and service coordinator; IFSP meeting date; outcome; outcome area (physical development, fine motor, gross, motor, adaptive, communication, social emotional, cognitive, family support or transition); status of outcome (achieved, progress made continue, progress not made continue or discontinued); criteria and activities, services needed and received; frequency, location, start and end date; funding source; individual or group setting; service provider agency; provider contact information; profession of provider; IFSP Team members, contact information, presence at IFSP meeting and how information was presented if not present; review schedule and IFSP team members to be involved; Support needs; Axis I, II and III diagnosis; Medicaid status and level of care screening for Home and Community

Based Service waiver; Family satisfaction information; and alerts regarding due or overdue activities. In addition to the ASSIST database an electronic file containing, evaluation reports, IFSP Present Level of Performance, notifications, periodic reviews and Service Coordinator Quality Enhancement reviews.

ASSIST Data is used as a cross reference to assure accuracy of program generated 618 data. Quarterly or upon request ASSIST queries are generated to highlight data inconsistencies that edits did not prevent.

Service Coordinators are Department of Human Services' employees at the regional level and are available to assist consumers in initiating formal dispute resolution process. Mediation, Compliant investigations and Due Process procedures are coordinated at the state level. Mediation services are provided through a contract, compliant investigations are coordinated by the state Part C Coordinator and the Department of Human Services coordinates Due Process hearings through the Appeals Supervisor within the legal unit.

In North Dakota, Service Coordination and support from the Infant Development programs are funded through the Home and Community Based Services Medicaid Waiver. Because of the waiver, all eligible infants and toddlers receive Medicaid from the first full month they receive early intervention services through the month they exit early intervention services. All referrals for early intervention services are processed through eight Regional Human Services at which Developmental Disabilities Case Managers are employed. The Developmental Disabilities Case Managers are also the early intervention Service Coordinators. The Department of Human Services is the state Medicaid agency; because Service Coordinators are employees of the Department of Human Services they authorize Medicaid Waiver services indicating the start date, amount and frequency.

Part C funds are used to support system growth, equipment and training needs, stakeholder involvement, material development, Experienced Parents, childfind and state coordination activities.

Because of the ability to view local program files on-line and participate in meetings via videoconference technology, 'on-site, monitoring is limited to technical assistance when correction of non-compliance issues has not shown progress for the previous quarterly review.

Regional ICCs include early intervention and early childhood providers, higher education, legislators, advocates and at least 30 percent parents of young children who are or were recently involved in early intervention. The Regional ICCs meet four times a year and are responsible to review data, gather recommendations and develop Regional Quality Improvement Plans to address childfind, early intervention services in natural environments, family centered services and transition.

All Policy Issuances, North Dakota Administrative Code, Guidelines and procedures pertaining to early intervention services are contained in the DD Case Management Handbook. Public input is solicited for Policy Issuances and Administrative Code. Early Intervention personnel, the NDICC and sub-committees provide recommendations regarding Policy Issuances, North Dakota Administrative Code, Guidelines and procedures. Videoconference meetings are held monthly with Infant Development staff, Experienced Parents, Right Track providers, Service Coordinators, early intervention specialist regarding hearing and vision, Tribal Early Childhood Program Coordinators, Technical Assistance and Training Project staff and other Part C contractors.

Infant Development and Service Coordination programs are licensed through Administrative Code procedures. If they do not maintain required levels of services their license can be reduced to a provisional status or revoked. Without a license they cannot provide early intervention services.

Annually Service Coordinators collect information from consumers or their guardians regarding satisfaction with services, availability of supports, understanding of rights and adequacy of information provided. Information is also gathered through 'Round Table' activities at the Annual Family Connections Conference.

Early Intervention Personnel Development is supported through the Technical Assistance and Training Project; state sponsored training opportunities and Regional Part C allocations that can be used to support training. Proposals to use Regional Part C allocation funds must be approved by regional Infant Development and Service Coordinator supervisors and the State Part C Coordinator.

Current Part C contracts include Right Track programs, Parents as Co-trainers, Family to Family Support Network, Technical Assistance and Training Project, Regional ICC Coordinators, Experienced Parents, Family Connections Conference coordination, and specific training staff.

Quarterly reviews of all early intervention programs by the Technical Assistance and Training Project and Part C Coordinator measure system coordination and quality of services at the consumer level. Basic compliance requirements and best practice are reviewed and feedback is provided through written reports and teleconference meetings with regional early intervention staff. If progress is not seen at the next quarterly review the review frequency will be increased. The technical assistance will be intensified up to bi-weekly reviews and feedback regarding all activities in question. Supervisors are also involved in individual work correction plans. If compliance issues are not corrected at the negotiated time, but no later than one year from identification, licensure action will be taken. Regional ICC must also address any substantiated compliant investigations to determine if system issues exist.

Baseline Data for FFY 2004 (2004-2005):

A.

El Services in Timely Manner	Non-compliance identified in 8 regions	Lack of progress in locating direct therapy providers for 2% of the children served
El Services in Natural Environment	No issues of non-compliance noted	All situations of not in home or with peers accounted for by IFSP Team
Percent of infants and toddlers served birth to 1	1 region not identifying minimum target of 1%	Target not reached but percentage is increasing
Percent of infants and toddlers served birth to 2	1 region not identifying minimum target of 2%	Target not reached but percentage is increasing
IFSP within 45 days of referral	Non-compliance identified in all regions	Timeliness increasing in 2 regions
Effective Transition	a. Non-compliance identified in 1 region b. No non-compliance identified c. Non-compliance identified in 4 regions	a. Training being provided to new staff c. Joint Training with LEA staff planned

C. No non-compliance issues identified through conflict resolution options

Discussion of Baseline Data:

Non-compliance is being identified and technical assistance provided in the following areas in addition to monitoring priority areas:

Component: Multi-disciplinary Eval
Written permission to evaluate
Addressed: a. Cognitive

b. Communication
c. Physical (Gross & Fine Motor, Health Status, Vision & Hearing)
d. Adaptive
e. Social emotional
Professional standards & objective criteria used in determining present level
Documented child's strengths and challenges
Documented unique developmental needs and identified services to meet those needs
Includes review of pertinent records (health and medical)
Utilized multiple measures
Based on objective criteria & professional standards
Completed within 45 days of initial referral
Two or more disciplines involved
Identified name and discipline
Signature of all evaluators
Component: Family Assessment
Addressed: Concerns, Priorities and Resources
Identified supports and services necessary
Included interview
Initialed completed within 45 days of referral
Updated for reviews and annual IFSP – also incorporate “ongoing” family assessment
Signature of all assessors
Component: IFSP
Initial developed within 45 days
Annual within one year of last IFSP date
Identified date of IFSP meeting
Identified effective dates of IFSP
Written notification
Participants included (minimum) Parents, Service Coordinator, Person(s) directly involved in conducting evals or assessments, Persons providing direct service or support *If not present how was info shared
Present Level of Performance
Addressed:
a. Cognitive
b. Communication
c. Physical (Gross & Fine Motor, Health Status, Vision & Hearing)
d. Adaptive
e. Social emotional
Professional standards & objective criteria used in determining present level
Documented child's strengths and challenges
Documented unique developmental needs and identified services to meet those needs

Includes review of pertinent records (health and medical)
Two or more disciplines involved Identified name and discipline
Outcomes Measurable Describes end result (what will be the focus and why) *includes outcome on pre-literacy and language if appropriate
Criteria (how will everyone know when outcome is met)
Activities (what will be done to support the outcome, who is responsible – integrate within families daily routines and support natural learning opportunities) Includes Transdisciplinary Consultation with Infant Development staff Statement regarding peer reviewed research
Early intervention services Frequency Intensity Location Individual or Group Funding source Start and end date Provider Record all services including Transdisciplinary Consultation from Infant Development staff
Recorded Periodic Review schedule (at least every six months) and team members to be involved
IFSPO Team Members identified
Parental Rights reviewed
Parental Consent documented
Component: Transition
LEA notified prior to child's second birthday
IFSP transition Outcome developed prior to child's second birthday describing types of supports that may be needed and how child, family and receiving agency will be prepared for transition.
Transition Planning (2-6) Meeting held by time child is 2 years 6 months of age to address if additional assessments are needed and if so how and who will conduct the joint assessments, options the family may want to tour and how they will be supported (includes lead agency, family and LEA)
DD Case Management eligibility re-determined by time child is 2 years 6 months of age
Transition Conference (2-9) Meeting (not less than 90 days before child's third birthday or more than 9 months) Part B Eligibility determined. Review support options and update transition outcome (child, family and receiving agency) and service details, development of IEP or if child is not eligible for Part B services develop plan for referral to other appropriate community supports. Also identified when follow-up will occur and by whom.

Component: Periodic Review
Completed by dates identified in IFSP, but at least every 6 months
Prior Notice
Documented progress toward achieving outcomes, modification and additions to outcomes, activities and services

Information in a narrative format is collected at this point. Format will be changed to track incidence data by area and program.

Database is in place to track compliant resolution issues.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	<p>A. 100 percent of all findings of non-compliance related to monitoring priority areas will be corrected as soon as possible but in no case later than 1 year from identification.</p> <p>B. 100 percent of all findings of non-compliance in addition to monitoring priority areas will be corrected as soon as possible but in no case later than 1 year from identification.</p> <p>C. 100 percent of all findings of non-compliance related to complaint resolution actions will be corrected as soon as possible but in no case later than 1 year from identification.</p>
2006 (2006-2007)	<p>A. 100 percent of all findings of non-compliance related to monitoring priority areas will be corrected as soon as possible but in no case later than 1 year from identification.</p> <p>B. 100 percent of all findings of non-compliance in addition to monitoring priority areas will be corrected as soon as possible but in no case later than 1 year from identification.</p> <p>C. 100 percent of all findings of non-compliance related to complaint resolution actions will be corrected as soon as possible but in no case later than 1 year from identification.</p>
2007 (2007-2008)	<p>A. 100 percent of all findings of non-compliance related to monitoring priority areas will be corrected as soon as possible but in no case later than 1 year from identification.</p>

	<p>B. 100 percent of all findings of non-compliance in addition to monitoring priority areas will be corrected as soon as possible but in no case later than 1 year from identification.</p> <p>C. 100 percent of all findings of non-compliance related to complaint resolution actions will be corrected as soon as possible but in no case later than 1 year from identification.</p>
<p>2008 (2008-2009)</p>	<p>A. 100 percent of all findings of non-compliance related to monitoring priority areas will be corrected as soon as possible but in no case later than 1 year from identification.</p> <p>B. 100 percent of all findings of non-compliance in addition to monitoring priority areas will be corrected as soon as possible but in no case later than 1 year from identification.</p> <p>C. 100 percent of all findings of non-compliance related to complaint resolution actions will be corrected as soon as possible but in no case later than 1 year from identification.</p>
<p>2009 (2009-2010)</p>	<p>A. 100 percent of all findings of non-compliance related to monitoring priority areas will be corrected as soon as possible but in no case later than 1 year from identification.</p> <p>B. 100 percent of all findings of non-compliance in addition to monitoring priority areas will be corrected as soon as possible but in no case later than 1 year from identification.</p> <p>C. 100 percent of all findings of non-compliance related to complaint resolution actions will be corrected as soon as possible but in no case later than 1 year from identification.</p>
<p>2010 (2010-2011)</p>	<p>A. 100 percent of all findings of non-compliance related to monitoring priority areas will be corrected as soon as possible but in no case later than 1 year from identification.</p> <p>B. 100 percent of all findings of non-compliance in addition to monitoring priority areas will be corrected as soon as possible but in no case later than 1 year from identification.</p> <p>C. 100 percent of all findings of non-compliance related to complaint resolution actions will be corrected as soon as possible but in no case later than 1 year from identification.</p>

<p>2011 (2011-2012)</p>	<p>A. 100 percent of all findings of non-compliance related to monitoring priority areas will be corrected as soon as possible but in no case later than 1 year from identification.</p> <p>B. 100 percent of all findings of non-compliance in addition to monitoring priority areas will be corrected as soon as possible but in no case later than 1 year from identification.</p> <p>C. 100 percent of all findings of non-compliance related to complaint resolution actions will be corrected as soon as possible but in no case later than 1 year from identification.</p>
<p>2012 (2012-2013)</p>	<p>A. 100 percent of all findings of non-compliance related to monitoring priority areas will be corrected as soon as possible but in no case later than 1 year from identification.</p> <p>B. 100 percent of all findings of non-compliance in addition to monitoring priority areas will be corrected as soon as possible but in no case later than 1 year from identification.</p> <p>C. 100 percent of all findings of non-compliance related to complaint resolution actions will be corrected as soon as possible but in no case later than 1 year from identification.</p>

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
1. Formalize quarterly data collection process for Part C Compliance Checklist.	01-01-2006 Completed	Part C Coordinator and Technical Assistance and Training Project
2. Modify data management support contract depending on GSEG proposal results	01-01-2006 Completed	Part C Coordinator
3. Develop contract for Family Liaison Project. *02-01-08 - Family Liaison Project not started as a contractor was not located. A contract is now being developed and the timeline has been extended to 07-01-08.	01-01-2006 07-01-08 Completed	Part C Coordinator
4. Monitor need for modification of Technical Assistance Project contract.	On-going	Part C Coordinator
Revise to: Review and update all Part C contracts to assure that Part C rules and state guidelines are integral to the contract.	Revise to: 12-30-12	

<p>10A. *02-01-08 – University contractors developed recommendations for competency areas and possible implementation strategies. A taskforce of early intervention professionals and families will be formed to operationalize the process and develop an implementation timeline. *02-01-10 - Implemented – Work group has finalized competency standards, clarified professional requirements including Early Childhood Special Education, developed consultation definitions and have drafted measurement criteria for all competency areas. A contract will be developed to support implementation.</p>	<p>Extended to 7-1-12 Discontinue – see Indicator 1 – IA # 10</p>	
<p>11. Contract with University of North Dakota and Minot State University for the development of an Early Intervention Certificate process for pre-service students in early intervention related fields of study. The certificate process will expose a variety of related services students to the field of early intervention and better prepare students to deliver services in a transdisciplinary routines based coaching model.</p>	<p>07-01-2011 Removed</p>	<p>Part C Coordinator, Contract University personnel</p>
<p>12. Added 02-01-2007, The existing Case Review Tool will be modified as needed to support consistent utilization and data examined to identify trends in Non-compliance for refinement of policy, database edits and standardized forms to support increased compliance</p>	<p>On-going Completed</p>	<p>Part C Coordinator; Technical Assistance and Data Management contractors; and Regional EI Personnel</p>
<p>13. 02-01-09 – A business analysis has been completed and a contract will be developed for the design, development and implementation of a web-based data system to address timely documentation, notification, tracking, corrections and analysis of individual and systemic findings of non-compliance. 02-01-10 – Implemented – Business Analysis has been completed. Revise: Examine how to track Prong 1 and Prong 2 verification through</p>	<p>07-01-10 Extended to 7-1-13</p>	<p>Decision Support Liaison Revise: Part C Coordinator, State TA, Local Program Coordinators, DD Program Administrators, State Family Liaison, Decision Support Staff, DHS ITD</p>

Therap/electronic data base so that local programs can access "real-time" information relating to noncompliance and correction/verification		
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Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

Same as Indicator # 1

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = (1.1(b) + 1.1(c)) divided by (1.1) times 100.

Overview of Issue/Description of System or Process:

A parent rights brochure, describing written complaint procedures, is distributed to all families at intake and reviewed every time services are authorized or the IFSP is updated.

Baseline Data for FFY 2004 (2004-2005):

No signed written complaints were received from 07-01-2004 through 06-30-2005

Discussion of Baseline Data:

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100 percent of signed written complaints with reports issued were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
2006 (2006-2007)	100 percent of signed written complaints with reports issued were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
2007 (2007-2008)	100 percent of signed written complaints with reports issued were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

2008 (2008-2009)	100 percent of signed written complaints with reports issued were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
2009 (2009-2010)	100 percent of signed written complaints with reports issued were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
2010 (2010-2011)	100 percent of signed written complaints with reports issued were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
2011 (2011-2012)	100 percent of signed written complaints with reports issued were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
2012 (2012-2013)	100 percent of signed written complaints with reports issued were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
1. Prepare and Provide information at Family Connections Conference regarding issue resolution options.	07-01-06 Completed	Part C Coordinator, State Parent Liaison contractor
2. Review Parent Rights brochure, with state and regional ICC parent representatives regarding recommended language changes or development of additional information regarding issue resolution options	01-01- 07 Completed	Part C Coordinator, State Parent Liaison contractor
3. Modify parent information based on recommendations	07-01-07 Completed	Part C Coordinator, State Parent Liaison contractor, NDICC
4. Modify Improvement Activities Revise to: Modify Improvement Activities after a Written Complaint is received.	After a Written Complaint is received	Part C Coordinator, NDICC
*02-01-09 – 5. Develop mechanism to track and trend informal complaints	07-01-09 Completed	Part C Coordinator

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

Same as Indicator # 1

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = (3.2(a) + 3.2(b)) divided by (3.2) times 100.

Overview of Issue/Description of System or Process:

A parent rights brochure, describing due process hearing procedures, is distributed to all families at intake and reviewed every time services are authorized or the IFSP is updated.

Baseline Data for FFY 2004 (2004-2005):

No requests for a due process hearing were received from July 2004 through June 2005

Discussion of Baseline Data:

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100 percent of due process hearing requests were fully adjudicated within 30 days.
2006 (2006-2007)	100 percent of due process hearing requests were fully adjudicated within 30 days.
2007 (2007-2008)	100 percent of due process hearing requests were fully adjudicated within 30 days.
2008 (2008-2009)	100 percent of due process hearing requests were fully adjudicated within 30 days.
2009	100 percent of due process hearing requests were fully adjudicated

(2009-2010)	within 30 days.
2010 (2010-2011)	100 percent of due process hearing requests were fully adjudicated within 30 days.
2011 (2011-2012)	100 percent of due process hearing requests were fully adjudicated within 30 days.
2012 (2012-2013)	100 percent of due process hearing requests were fully adjudicated within 30 days.

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
1. Prepare and Provide information at Family Connections Conference regarding issue resolution options.	07-01-06 Completed	Part C Coordinator, State Parent Liaison contractor
2. Review Parent Rights brochure, with state and regional ICC parent representatives regarding recommended language changes or development of additional information regarding issue resolution options	01-01- 07 Completed	Part C Coordinator, State Parent Liaison contractor
3. Modify parent information based on recommendations	07-01-07 Completed	Part C Coordinator, State Parent Liaison contractor, NDICC
4. Modify Improvement Activities Revise to: Modify Improvement Activities once a hearing request is received.	After a hearing request is received	Part C Coordinator, NDICC
6. Add: Review and revise the Parent Rights brochure to insure that parents understand their rights under Part C and ND EI service provision. The brochure will be available in languages identified by the Regions and online.	6-30-13	Part C Coordinator, State Parent Liaison contractor, NDICC

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

Indicator not applicable, as Part B due process procedures not adopted.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = 3.1(a) divided by (3.1) times 100.

Overview of Issue/Description of System or Process:

Baseline Data for FFY 2004 (2004-2005):

Discussion of Baseline Data:

FFY	Measurable and Rigorous Target
2005 (2005-2006)	
2006 (2006-2007)	
2007 (2007-2008)	
2008 (2008-2009)	
2009 (2009-2010)	
2010 (2010-2011)	

Improvement Activities/Timelines/Resources:

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

Same as Indicator # 1

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = (2.1(a)(i) + 2.1(b)(i)) divided by (2.1) times 100.

Overview of Issue/Description of System or Process:

A parent rights brochure, describing due process hearing procedures, is distributed to all families at intake and reviewed every time services are authorized or the IFSP is updated.

Baseline Data for FFY 2004 (2004-2005):

No requests for mediations received from July 2004 through June 2005

Discussion of Baseline Data:

FFY	Measurable and Rigorous Target
2005 (2005-2006)	
2006 (2006-2007)	
2007 (2007-2008)	
2008 (2008-2009)	
2009 (2009-2010)	
2010 (2010-2011)	

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
1. Prepare and Provide information at Family Connections Conference regarding issue resolution options.	07-01-06 Completed	Part C Coordinator, State Parent Liaison contractor
2. Review Parent Rights brochure, with state and regional ICC parent representatives regarding recommended language changes or development of additional information regarding issue resolution options	01-01- 07 Completed	Part C Coordinator, State Parent Liaison contractor
3. Modify parent information based on recommendations	07-01-07 Completed	Part C Coordinator, State Parent Liaison contractor, NDICC
4. Modify Improvement Activities Revise to: Modify Improvement Activities after a medication is held	After a mediation request is received Revise: After mediation is held	Part C Coordinator, NDICC
5. Set Targets	After 10 mediation requests are received Revise: After 10 mediation requests are held	Part C Coordinator, NDICC

Part C State Performance Plan (SPP) for 2005-2010**Overview of the State Performance Plan Development:**

Same as Indicator # 1

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring accuracy).

Overview of Issue/Description of System or Process:

The North Dakota Department of Human Services has limited state level staff for the administration of Part C requirements. Because the Part C Coordinator has other children and family support responsibilities, only 60 percent of the position is dedicated to Part C activities. Infant Development Coordinators have received training on completion of 618 data and how to cross reference ASSIST query results to assure accuracy. When regional data is submitted it is analyzed using WESTAT Excel spreadsheet to check for inconsistencies. If errors are noted the Infant Development Coordinator is required to resubmit the data.

To reduce the amount of time required for travel within the state, a videoconference system was acquired to allow Part C Coordinator to participate in regional activities without losing time to travel.

Contracts were developed in FFY 2004 to obtain support in specific areas. An early intervention Technical Assistance and Training Project was developed to provide technical assistance and training for Infant Development staff, Service Coordinators and Right Track providers. The project consists of a half time position within the University of North Dakota School of Medicine with additional funds for short-term contracts for specific training needs. The project is also involved in compliance and best practice monitoring activities to determine early intervention support needs.

A contract was also developed to purchase coordination support to assure on-going Tribal State collaboration.

Additional contracts are being developed. One contract will focus on data query, packaging and analysis support. Another, for a state level Parent Liaison position to coordinate Part C Parent Leadership, family input and NDICC membership support activities. The position will also be involved as a co-trainer to provide a family perspective.

Baseline Data for FFY 2004 (2004-2005):

State reported data was not submitted in a timely and accurate manner

Discussion of Baseline Data:

Accurate 618 data for December 2004 was submitted on time. The Annual Performance Report for FFY 2003 was not submitted in a timely manner. Difficulty was encountered due to changes in state data systems (Transfer to People Soft and implementation of ROAP system). The data delay caused APR completion and NDICC review to conflict with other required timelines. Lack of NDICC quorum contributed to some delays.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100 percent of all required reports will be accurate and submitted on or before due dates.
2006 (2006-2007)	100 percent of all required reports will be accurate and submitted on or before due dates.
2007 (2007-2008)	100 percent of all required reports will be accurate and submitted on or before due dates.
2008 (2008-2009)	100 percent of all required reports will be accurate and submitted on or before due dates.
2009 (2009-2010)	100 percent of all required reports will be accurate and submitted on or before due dates.
2010 (2010-2011)	100 percent of all required reports will be accurate and submitted on or before due dates.

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2011 (2011-2012)	100 percent of all required reports will be accurate and submitted on or before due dates.
2012 (2012-2013)	100 percent of all required reports will be accurate and submitted on or before due dates.

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
1. Propose creation of new NDICC executive committee, to facilitate recommendations and approvals needed before next regularly scheduled NDICC meeting or to recommend scheduling of special NDICC meetings. *02-01-2007, The timeline for Improvement Activity number 1 will be extended to July 1, 2007 to allow new NDICC members time to review the proposed changes.	07-01-07 Completed	Part C Coordinator, NDICC
2. Develop contract for data management support	09-01-05 Completed	Part C Coordinator
3. Develop contract for Parent Liaison support	01-01-06 Completed	Part C Coordinator
4. Monitor need for expansion of Technical Assistance and Training contract.	On-going Discontinue	Part C Coordinator
5. Develop and deliver training for state and regional ICC members and regional Infant Development and Service Coordination supervisors regarding new Part C Regulations and roles and responsibilities to monitor North Dakota early intervention system. *Training has been conducted Infant Development and Case Management (Service Coordination) staff concerning proposed Part C Regulations. Regulation Training and importance of and techniques to verify accurate data will be held within 4 months of regulation being finalized	07-01-07 Completed	Part C Coordinator; Technical Assistance and Training, Data Management and Parent Liaison contractors
6. Information Technology Support Division and Decision Support Service will document queries and schedule the creation of Part C 618 Reports	07-01-09 Completed	Part C Coordinator
7. The state will examine the internal	07-01-12	Part C Coordinator,

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<p>procedures, resources, roles, and responsibilities relating to the preparation of these reports and create a documented work plan to address this issue. The work plan will be created with staff from the Developmental Disabilities Division, Decision Support, contract Part C support and national technical assistance resources. The North Dakota Interagency Coordinating Council will review the work plan during their September 2011 quarterly meeting. The finalized plan will be shared with North Dakota’s OSEP Part C contact by October 1, 2011. By 07-01-12 contracts will be modified as needed to support the plan.</p>	<p>Completed</p>	
<p>8. Improvement Activity implementation and effectiveness will be analysis and plan modified as needed.</p>	<p>07-01-13</p>	<p>Part C Coordinator</p>