Executive Summary:

North Dakota is divided into **eight** regions. Each region has **one** DD Program Management (Service Coordinators) Unit through the Regional Human Service Center. For FFY 2017, **six** of the regions had **one** Infant Development program and **two** regions had **two** Infant Development programs. For monitoring purposes, the regional program is defined as a regional DD Program Management Unit (Service Coordinators) and an Infant Development Program.

---

General Supervision System:

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

Since FFY 2010, North Dakota (ND) has been engaged in improving General Supervision, and in doing so, has taken advantage of national technical assistance (TA) resources from a number of entities, as reported in the past six Annual Performance Reports. To assist with ongoing accountability, the ND Interagency Coordinating Council established a standing agenda item to review General Supervision activities on a quarterly basis.

Over the past six federal fiscal years, ND State Office staff, along with data staff, have reviewed the queries used from North Dakota's electronic data system to assure that the reports are being generated consistently across the years and continue to meet the state's needs to determine state and regional program performance. This work has provided ongoing direction to the regional programs on more consistent data entry and application of Part C regulations.

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

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Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.

Events labeled "TA Call" refer to nation-wide TA calls. TA that was specifically provided to North Dakota has been noted with the TA provider, for example: "OSEP On-Site."

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 17-19, 2017</td>
<td>OSEP Leadership Conference</td>
</tr>
<tr>
<td>August 10, 2017</td>
<td>OSEP TA Call</td>
</tr>
<tr>
<td>September 4-6, 2017</td>
<td>ECTA TA</td>
</tr>
<tr>
<td>September 14, 2017</td>
<td>OSEP TA Call</td>
</tr>
<tr>
<td>October 12, 2017</td>
<td>OSEP TA Call</td>
</tr>
</tbody>
</table>
The State received ongoing TA from NCSI, IDC, ECTA and DaSy. The national TA the State received primarily supported us to review and improve our processes around data quality, which is ongoing. Meetings between the State Part C, State systems representatives, State Part C TA and our federal TA contacts continued throughout the year to work on data quality, which is an identified area within our SSIP.

In addition, we focused on the processes for Indicator 4, specifically on improving our return rate and representativeness with our federal TA contacts through refinement of our methodology. Another focus was on implementing a new Child Outcome Tool in our system to improve Indicator 3. This work continues. The State continues to utilize federal TA to develop actions to improve Indicator 8 data transference from Part C to 619 and participated the DaSy Linking 619 to Part C Data Cohort.

The State worked intensively with our federal TA partners in the development of the APR and SSIP, including content, stakeholder involvement, data refinement, strategies and evaluation plan. Intensive work was completed on developing an overall framework for the SSIP and other state work. This included action strand improvement plans and evaluation plans development.
A new Part C Coordinator began in June of 2018. Due to the change, some dates that were kept on the former coordinator's calendar may have been lost. The dates here represent the TA known to have been received.

### Professional Development System:

The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.

A bulk of our professional development is provided over PolyCom, the video conferencing system we have across the state. We train on a variety of topics determined by the Part C Coordinator and as requested by the field. As our budget allows, we hold an in-person conference, which has a specific track for Early Intervention, and train on a variety of topics. Service Coordinators, Early Intervention providers, Right Track Coordinators and consultants (which perform our child find activity) attend.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 28, 2017</td>
<td>Professional Development (PD) Workgroup</td>
<td>State PD System Development</td>
</tr>
<tr>
<td>August 18, 2017</td>
<td>PD Workgroup</td>
<td>State PD System Development</td>
</tr>
<tr>
<td>August 29, 2017</td>
<td>Home Visiting Coalition</td>
<td>EI Collaboration</td>
</tr>
<tr>
<td>August 30, 2017</td>
<td>Early Childhood Social Emotional Partners (ECSEP)</td>
<td>Statewide Social-Emotional Collaborative</td>
</tr>
<tr>
<td>September 15, 2017</td>
<td>PD Workgroup</td>
<td>State PD System Development</td>
</tr>
<tr>
<td>October 4, 2017</td>
<td>Service Coordinator Orientation</td>
<td>Variety of EI Topics</td>
</tr>
<tr>
<td>October 5, 2017</td>
<td>SSIP Pilot Meeting</td>
<td>SE Pilot</td>
</tr>
<tr>
<td>October 13, 2017</td>
<td>PD Workgroup</td>
<td>State PD System Development</td>
</tr>
<tr>
<td>October 26, 2017</td>
<td>Home Visiting Coalition</td>
<td>EI Collaboration</td>
</tr>
<tr>
<td>November 7, 2017</td>
<td>ECSEP Planning Call</td>
<td>Planning</td>
</tr>
<tr>
<td>November 21, 2017</td>
<td>Statewide Video Conference Training</td>
<td>Experienced Parents</td>
</tr>
<tr>
<td>November 17, 2017</td>
<td>PO Workgroup</td>
<td>State PD System Development</td>
</tr>
<tr>
<td>December 11-12</td>
<td>ECSEP Meeting</td>
<td>Rob Corso/Pyramid</td>
</tr>
<tr>
<td>December 15, 2017</td>
<td>PO Workgroup</td>
<td>State PD System Development</td>
</tr>
<tr>
<td>January 19, 2018</td>
<td>PO Workgroup</td>
<td>State PD System Development</td>
</tr>
<tr>
<td>January 16, 2018</td>
<td>Statewide Video Conference Training</td>
<td>Functional Outcomes</td>
</tr>
<tr>
<td>January 23, 2018</td>
<td>Home Visiting Coalition</td>
<td>EI Collaboration</td>
</tr>
<tr>
<td>February 13, 2018</td>
<td>SSIP Pilot Meeting</td>
<td>Pyramid/PIWI</td>
</tr>
<tr>
<td>February 20, 2018</td>
<td>Statewide Video Conference Training</td>
<td>Letters of Findings/Levels of Determination</td>
</tr>
<tr>
<td>February 23, 2018</td>
<td>PO Workgroup</td>
<td>State PD System Development</td>
</tr>
<tr>
<td>March 7, 2018</td>
<td>Meeting with Lise Fox</td>
<td>Pyramid Opportunities</td>
</tr>
<tr>
<td>March 20, 2018</td>
<td>Statewide Video Conference Training</td>
<td>Critical Questions</td>
</tr>
</tbody>
</table>

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
A new Part C Coordinator began in June of 2018. Due to the change, some dates that were kept on the former coordinator’s calendar may have been lost. The dates here represent the professional development known to have been provided.

**Stakeholder Involvement:**

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

The North Dakota Department of Human Services (ND DHS), as the Part C Lead Agency, collaborated with our stakeholders, the North Dakota Interagency Coordinating Council (ND ICC) in reviewing the FFY 2016 SPP/APR data on December 14th, 2017 & January 25th, 2018.

ND DHS and NDICC reviewed the trend and performance data for the previous 3 years for all the results indicators to set targets for FFY 2013-2018 on December 4th, 2014.

**Reporting to the Public:**

How and where the State reported to the public on the FFY 2016 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its FFY 2016 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State’s SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2016 APR in 2018, is available.

All required public information is contained on ND Early Intervention’s website, which can be found at:

https://www.nd.gov/dhs/services/disabilities/earlyintervention/index.html

The FFY 2016 APR and SPP are posted under the Part C Info tab at:


In addition to the posting on the website, this information is shared with the ND Interagency Coordinating Council, at the meeting following the receipt of the ND Part C Level of Determination. The local program Levels of Determination are shared with the ND Interagency Coordinating Council at the meeting that takes place once the local programs have received their determinations and have had the time and opportunity to share any concerns with the Part C Coordinator.

The ND Part C Level of Determination is shared with the Service Coordinators & Early Intervention providers during video conferencing session, after receipt of the State’s level of determination. After the providers have received their individual determinations and have had time and opportunity to express concerns with the Part C Coordinator, the local program Levels of Determination are shared with Service Coordinators & Early Intervention providers during a video conference session.
No APR attachments found.

Actions required in FFY 2016 response

OSEP Response
### Indicator 1: Timely provision of services

**Historical Data and Targets**

**Baseline Data:** 2005

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Compliance indicator:** Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner.

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

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Data</strong></td>
<td>59.26%</td>
<td>98.00%</td>
<td>98.19%</td>
<td>98.52%</td>
<td>92.10%</td>
<td>85.00%</td>
<td>92.70%</td>
<td>94.40%</td>
<td>94.52%</td>
<td>97.70%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FFY</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target</strong></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Data</strong></td>
<td>98.92%</td>
<td>97.43%</td>
</tr>
</tbody>
</table>

**Key:**
- Gray – Data Prior to Baseline
- Yellow – Baseline
- Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

<table>
<thead>
<tr>
<th>FFY</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target</strong></td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
### Indicator 1: Timely provision of services

**FFY 2017 Data**

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner.

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

<table>
<thead>
<tr>
<th>Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner</th>
<th>Total number of infants and toddlers with IFSPs</th>
<th>FFY 2016 Data</th>
<th>FFY 2017 Target</th>
<th>FFY 2017 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>917</td>
<td>1060</td>
<td>97.43%</td>
<td>100%</td>
<td>96.70%</td>
<td>Did Not Meet Target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>

**Number of documented delays attributable to exceptional family circumstances**

This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.

| Number of documented delays attributable to exceptional family circumstances | 108 |

Include your State’s criteria for “timely” receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated):

For North Dakota, timely initiation of service is defined as the service happening on or before the date agreed upon at the IFSP meeting.

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

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

July 1, 2017-June 30, 2018

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data for Indicator 1 is taken from North Dakota’s state electronic record system, Therap. North Dakota obtained a full year of data for reporting on Indicator 1, using Therap, for FFY 2017.

In FFY 2017, North Dakota had ten early intervention programs across the state. The performance of all ten of these programs is represented in this data.

Provide additional information about this indicator (optional)
### Indicator 1: Timely provision of services

**Required Actions from FFY 2016**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Compliance indicator:** Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner.

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

<table>
<thead>
<tr>
<th>Actions required in FFY 2016 response</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
</tr>
</tbody>
</table>

Note: Any actions required in last year’s response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State’s only actions required in last year’s response are related to findings of noncompliance, a text field will not be displayed on this page.
Correction of Findings of Noncompliance Identified in FFY 2016

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>34</td>
<td>null</td>
<td>0</td>
</tr>
</tbody>
</table>

**FFY 2016 Findings of Noncompliance Verified as Corrected**

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

The state issued findings for noncompliance found in FFY 2016 in June 2018 to **eight** programs.

As of August 8, 2018, all **eight** programs corrected their noncompliance. Verification of the correction for the 34 findings were made according to OSEP memo 09-02. Specifically, in each instance, the State verified that the EIS programs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data, via record review and State electronic record (**Prong 2**).

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

The state assured correction of each individual case of noncompliance, except for children who were no longer within the jurisdiction of the EIS program (**Prong 1**) based on a review by the regional program administrators and the state.

Correction of Findings of Noncompliance Identified Prior to FFY 2016

<table>
<thead>
<tr>
<th>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2016 APR</th>
<th>Findings of Noncompliance Verified as Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Historical Data and Targets

Baseline Data: 2005

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Target ≥</td>
<td>2004</td>
<td>96.40%</td>
<td>96.50%</td>
<td>96.60%</td>
<td>96.80%</td>
<td>97.00%</td>
<td>97.20%</td>
<td>97.40%</td>
<td>99.30%</td>
<td>99.30%</td>
<td></td>
</tr>
<tr>
<td>Data</td>
<td>2005</td>
<td>98.26%</td>
<td>92.70%</td>
<td>94.30%</td>
<td>99.30%</td>
<td>99.31%</td>
<td>99.02%</td>
<td>99.68%</td>
<td>99.71%</td>
<td>99.83%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FFY</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target ≥</td>
<td>2015</td>
<td>99.30%</td>
</tr>
<tr>
<td>Data</td>
<td>2016</td>
<td>100%</td>
</tr>
</tbody>
</table>

Key: 
- Gray – Data Prior to Baseline
- Yellow – Baseline
- Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

<table>
<thead>
<tr>
<th>FFY</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target ≥</td>
<td>2017</td>
<td>99.30%</td>
</tr>
</tbody>
</table>

Key: 
- Blue – Data Update

**Targets: Description of Stakeholder Input**

The North Dakota Department of Human Services (ND DHS), as the Part C Lead Agency, along with our stakeholders, the North Dakota Interagency Coordinating Council (NDICCC), reviewed the trend and performance data for the previous 3 years for all the results indicators to set targets for FFY 2013-2018 on December 4th, 2014.
Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Prepopulated Data

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
<th>Data</th>
<th>Overwrite Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>SY 2017-18 Child Count/Educational</td>
<td>7/11/2018</td>
<td>Number of infants and toddlers with IFSPs who primarily receive early</td>
<td>1,372</td>
<td></td>
</tr>
<tr>
<td>Environment Data Groups</td>
<td></td>
<td>intervention services in the home or community-based settings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total number of infants and toddlers with IFSPs</td>
<td>1,372</td>
<td></td>
</tr>
</tbody>
</table>

FFY 2017 SPP/APR Data

<table>
<thead>
<tr>
<th>Number of infants and toddlers with IFSPs who primarily receive early</th>
<th>Total number of infants and toddlers with IFSPs</th>
<th>FFY 2016 Data</th>
<th>FFY 2017 Target</th>
<th>FFY 2017 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>primarily receive early intervention services in the home or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Met Target</td>
<td>No Slippage</td>
</tr>
<tr>
<td>community-based settings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1,372</td>
<td>1,372</td>
<td>100%</td>
<td>99.30%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provide additional information about this indicator (optional)

The total number of infants and toddlers with an IFSP and those served in home or community settings increased in FFY 2017 as compared to FFY 2016 data. There were 96 more infants and toddlers with IFSPs in the child count this year who primarily received early intervention services in the home or community-based settings in FFY 2017 than in FFY 2016. The 100% home and community settings surpassed North Dakota’s target of 99.30%.
Monitoring Priority: Early Intervention Services in Natural Environments

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

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

<table>
<thead>
<tr>
<th>Actions required in FFY 2016 response</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
</tr>
</tbody>
</table>

OSEP Response

<table>
<thead>
<tr>
<th>OSEP Response</th>
</tr>
</thead>
</table>
Indicator 3: Early Childhood Outcomes

Historical Data and Targets

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: 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 U.S.C. 1416(a)(3)(A) and 1442)

Does your State’s Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or “at-risk infants and toddlers”) under IDEA section 632(5)(B)(i)? No

Historical Data

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>FFY 2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1 2008</td>
<td>Target ≥</td>
<td>34.00%</td>
<td>34.50%</td>
<td>34.60%</td>
<td>34.70%</td>
<td>37.70%</td>
<td>37.80%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data</td>
<td>33.30%</td>
<td>34.50%</td>
<td>31.20%</td>
<td>36.80%</td>
<td>37.70%</td>
<td>44.70%</td>
<td>44.80%</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>A2 2008</td>
<td>Target ≥</td>
<td>60.30%</td>
<td>55.20%</td>
<td>34.10%</td>
<td>39.70%</td>
<td>44.60%</td>
<td>45.07%</td>
<td>42.77%</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Data</td>
<td>60.30%</td>
<td>55.20%</td>
<td>53.00%</td>
<td>53.10%</td>
<td>53.20%</td>
<td>46.20%</td>
<td>46.30%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B1 2008</td>
<td>Target ≥</td>
<td>47.50%</td>
<td>48.00%</td>
<td>48.50%</td>
<td>48.60%</td>
<td>48.70%</td>
<td>61.10%</td>
<td>61.20%</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Data</td>
<td>47.50%</td>
<td>48.00%</td>
<td>41.60%</td>
<td>56.70%</td>
<td>61.10%</td>
<td>59.06%</td>
<td>59.08%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B2 2008</td>
<td>Target ≥</td>
<td>52.00%</td>
<td>50.50%</td>
<td>53.00%</td>
<td>53.10%</td>
<td>53.20%</td>
<td>46.20%</td>
<td>46.30%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data</td>
<td>52.00%</td>
<td>50.50%</td>
<td>53.00%</td>
<td>53.10%</td>
<td>53.20%</td>
<td>46.20%</td>
<td>46.30%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1 2008</td>
<td>Target ≥</td>
<td>64.80%</td>
<td>66.70%</td>
<td>56.00%</td>
<td>55.00%</td>
<td>58.80%</td>
<td>67.42%</td>
<td>63.41%</td>
<td>67.50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data</td>
<td>64.80%</td>
<td>66.70%</td>
<td>56.00%</td>
<td>55.00%</td>
<td>58.80%</td>
<td>67.42%</td>
<td>63.41%</td>
<td>64.95%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C2 2008</td>
<td>Target ≥</td>
<td>80.90%</td>
<td>66.50%</td>
<td>55.30%</td>
<td>61.10%</td>
<td>67.90%</td>
<td>64.78%</td>
<td>59.18%</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Data</td>
<td>80.90%</td>
<td>66.50%</td>
<td>55.30%</td>
<td>61.10%</td>
<td>67.90%</td>
<td>64.78%</td>
<td>59.18%</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Key: Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

FFY 2017 - FFY 2018 Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target A1 ≥</td>
<td>39.10%</td>
<td>39.20%</td>
</tr>
<tr>
<td>Target A2 ≥</td>
<td>45.10%</td>
<td>60.40%</td>
</tr>
<tr>
<td>Target B1 ≥</td>
<td>61.50%</td>
<td>62.50%</td>
</tr>
<tr>
<td>Target B2 ≥</td>
<td>46.60%</td>
<td>52.10%</td>
</tr>
<tr>
<td>Target C1 ≥</td>
<td>67.80%</td>
<td>68.80%</td>
</tr>
<tr>
<td>Target C2 ≥</td>
<td>68.30%</td>
<td>81.00%</td>
</tr>
</tbody>
</table>

Key: Blue – Data Update

Targets: Description of Stakeholder Input

The North Dakota Department of Human Services (ND DHS), as the Part C Lead Agency, along with our stakeholders, the North Dakota Department of Human Services (ND DHS), as the Part C Lead Agency, along with our stakeholders, the North Dakota...
Interagency Coordinating Council (NDICC), reviewed the trend and performance data for the previous 3 years for all the results indicators to set targets for FFY 2013-2018 on December 4th, 2014.
Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: 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 U.S.C. 1416(a)(3)(A) and 1442)

<table>
<thead>
<tr>
<th>SSPP/State APR Data</th>
<th>FFY 2017 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of infants and toddlers with IFSPs assessed</td>
<td>328.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Number of Children</th>
<th>Percentage of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Infants and toddlers who did not improve functioning</td>
<td>25</td>
<td>7.62%</td>
</tr>
<tr>
<td>b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</td>
<td>48</td>
<td>14.63%</td>
</tr>
<tr>
<td>c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it</td>
<td>132</td>
<td>40.24%</td>
</tr>
<tr>
<td>d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers</td>
<td>57</td>
<td>17.38%</td>
</tr>
<tr>
<td>e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers</td>
<td>66</td>
<td>20.12%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Denominator</th>
<th>FFY 2016 Data</th>
<th>FFY 2017 Target</th>
<th>FFY 2017 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).</td>
<td>189.00</td>
<td>262.00</td>
<td>72.04%</td>
<td>39.10%</td>
<td>72.14%</td>
<td>Met Target</td>
</tr>
<tr>
<td>A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).</td>
<td>123.00</td>
<td>328.00</td>
<td>43.42%</td>
<td>45.10%</td>
<td>37.50%</td>
<td>Did Not Meet Target</td>
</tr>
</tbody>
</table>

Reasons for A2 Slippage

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

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

North Dakota's performance for A2 was below the state target of 45.10% in summary statement A2, falling from 43.42% in FFY 2016 to 37.50% in FFY 2017. North Dakota is aware of the slippage in A2 on the previous child outcome tool, the Oregon, and remains concerned, but North Dakota's efforts are now focused on monitoring data for the AEPS cohort to assure fidelity, as well as valid and reliable data. North Dakota has been examining the completion rate with the AEPS monthly and has noted an average monthly increase of 16 children in the AEPS cohort. The cohort has increased from an N of 11 to an N of 130. North Dakota expects that there will be continued progression in reporting AEPS data as a full cohort of children who have entry and exit using the new tool is realized by FFY 2019.

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

<table>
<thead>
<tr>
<th></th>
<th>Number of Children</th>
<th>Percentage of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Infants and toddlers who did not improve functioning</td>
<td>15</td>
<td>4.57%</td>
</tr>
</tbody>
</table>
FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Percentage of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>26.83%</td>
</tr>
<tr>
<td>116</td>
<td>35.37%</td>
</tr>
<tr>
<td>94</td>
<td>28.66%</td>
</tr>
<tr>
<td>15</td>
<td>4.57%</td>
</tr>
</tbody>
</table>

**Reasons for B2 Slippage**

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

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

North Dakota’s performance was below the state target of 45.60% in summary statement B2, falling from 36.96% in FFY 2016 to 33.23% in FFY 2017. North Dakota is aware of the slippage in C2 on the previous child outcome tool, the Oregon, and remains concerned, but North Dakota’s efforts are now focused on monitoring data for the AEPS cohort to assure fidelity, as well as valid and reliable data. North Dakota has been examining the completion rate with the AEPS monthly and has noted an average monthly increase of 16 children in the AEPS cohort. The cohort has increased from an N of 11 to an N of 130. North Dakota expects that there will be continued progression in reporting AEPS data as a full cohort of children who have entry and exit using the new tool is realized by FFY 2019.

**Outcome C: Use of appropriate behaviors to meet their needs**

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Percentage of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>5.79%</td>
</tr>
<tr>
<td>39</td>
<td>11.89%</td>
</tr>
<tr>
<td>88</td>
<td>26.83%</td>
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<tr>
<td>117</td>
<td>35.67%</td>
</tr>
<tr>
<td>65</td>
<td>19.82%</td>
</tr>
</tbody>
</table>

**Reasons for C2 Slippage**

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

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

North Dakota’s performance was below the state target of 68.30% in summary statement C2, falling from 57.78% in FFY 2016 to 55.49% in FFY 2017. North Dakota is aware of the slippage in C2 on the previous child...
Add
253 children with less than 6 months of service. Data quality is
not yet realized.
FFY 2017 decrease 535, and this number is expected to continue to decrease as the new system is used and new
children were recorded using the phased-out
1074 children for whom there was no exit data, a dramatic
69 children, with
children in services for less than 6 months in
FFY 2017, and entry/exit data of
253 children with entry/exit data, and
328 children for whom there was no exit data, a dramatic
69 children in services for less than 6 months in
FFY 2017.

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

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

The Oregon was developed by the Oregon Department of Education and Portland State University through a grant from OSEP; but it is no longer being supported. Cut-off points originally received from Portland State University were used to compare children at entry and exit with same age peers across 16 foundation areas. The foundations were then mapped to the three outcomes areas addressed in this indicator, but this data is no longer updated and has not been for many years.

North Dakota's new child outcome tool, the AEPS (Bricker 2002), is a curriculum-based assessment. To meet the Office of Special Education Programs (OSEP) Child Outcome reporting requirements specific AEPS Test items were aligned to the three OSEP Child Outcomes. Further empirically derived same-age peer benchmarks were generated to address Near Exit (originally called Time 1) and Near Exit (originally called Time 2) OSEP Reporting Categories. The AEPS Test same-age peer benchmarks were constructed using a national non-random sample of children identified as typically developing with the chronological ages of birth to 5 years inclusive (i.e. 0-72 months). The sample consisted of 571 children on whom the Birth to Three Level of the AEPS Test was completed and 1307 children on whom the Three to Six Level of the AEPS Test was completed.

The Oregon is currently embedded into North Dakota's electronic data system (Therap) and entry occurs online. The Service Coordinator (DDPM) is responsible to ensure completion of the tool by local early intervention providers. Initial child outcome assessment (also known as the Child PAR) is completed and entered into the data system by early intervention providers and activated by the Service Coordinator (DDPM) within 30 calendar days of the initial IFSP meeting date. Exit child outcome assessments are activated by the Service Coordinator (DDPM) no later than the day the child turns three or exits services. The assessment cannot be completed earlier than 30 calendar days prior to the child’s third birthday or exiting services.

ND began using the AEPS as an evaluation/assessment tool and entering data into the AEPSi data system on 10.2.17. Staff received training in June 2017 and were able to pilot the system for the months of July-September 2017. Entry of the entry/exit data occurs with the AEPSi data system online. Procedures for using the new tool for Indicator 3 were written in October 2017 and updated on 10.2.18. Any child referred on or after October 2nd has their entry and exit using the AEPS. The Service Coordinator (DDPM) is responsible to ensure completion of the tool by local early intervention providers. Initial child outcome assessment (AEPS) is completed and entered into the data system by early intervention providers or the DDPM within seven calendar days of the initial IFSP meeting date. Exit child outcome assessments cannot be completed earlier than 30 calendar days prior to the child’s third birthday or after the child turns three.

North Dakota is in an inter-year, transitioning between the two tools, with 11 children having entrance/exit data on the AEPS between 10.2.17 and 6.30.18 and 69 children with less than 6 months of service. Data quality is improving with the collection of new data, and is expected to continue with use of the new tool. North Dakota had 1074 children who exited in FFY 2017. Entry/exit data of 328 children were recorded using the phased-out Oregon tool. The new tool, AEPS, database included 536 children, with 11 children with entry/exit data, and 69 children with less than 6 months of service. There were 253 children in services for less than 6 months in FFY 2017. In FFY 2017, there were 33 children for whom there was no exit data, a dramatic decrease of nearly 200 children from FFY 2016, and this number is expected to continue to decrease as the new system is used and new procedures utilized. A review of the data indicates that human error during the transition of data systems used for child outcome data is most likely the cause of children for whom there is no exit data. North Dakota continues to review the data and will use strategies such as more frequent data review and data transfer to decrease the number of children with no exit data.

The new procedures developed for the use of the AEPS are expected to continue the improvement of data collection. North Dakota is monitoring data for the AEPS cohort to assure fidelity, as well as valid and reliable data. North Dakota has been examining the completion rate with the AEPS monthly and has noted an average monthly increase of 16 children in the AEPS cohort. The cohort has increased from an N of 11 to an N of 130. Inter-rater reliability certification for the AEPS will be offered in 2019 as the state continues to focus on data reliability. North Dakota expects that there will be continued progression in reporting AEPS data as a full cohort is realized by FFY 2019.
Monitoring Priority: Early Intervention Services in Natural Environments

Results indicator: 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 U.S.C. 1416(a)(3)(A) and 1442)

Actions required in FFY 2016 response

none

OSEP Response

Comments

Comment History Expand

Follow Up Add
Indicator 4: Family Involvement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: 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 U.S.C. 1416(a)(3)(A) and 1442)

Historical Data

<table>
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<th>FFY</th>
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<th>2006</th>
<th>2007</th>
<th>2008</th>
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<tbody>
<tr>
<td><strong>A</strong></td>
<td>2006</td>
<td>Target ≥</td>
<td></td>
<td></td>
<td>86.00%</td>
<td>86.50%</td>
<td>87.00%</td>
<td>87.20%</td>
<td>87.40%</td>
<td>87.40%</td>
<td>87.50%</td>
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<tr>
<td></td>
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<td>86.92%</td>
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<td>99.51%</td>
</tr>
<tr>
<td><strong>B</strong></td>
<td>2006</td>
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<td>90.50%</td>
<td>91.00%</td>
<td>91.20%</td>
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<td>93.00%</td>
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<td></td>
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<td>92.00%</td>
<td>94.00%</td>
<td>99.33%</td>
<td>99.76%</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td>2006</td>
<td>Target ≥</td>
<td></td>
<td></td>
<td>88.00%</td>
<td>88.50%</td>
<td>89.00%</td>
<td>89.20%</td>
<td>89.40%</td>
<td>91.60%</td>
<td>91.70%</td>
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<td>90.00%</td>
<td>92.00%</td>
<td>92.00%</td>
<td>90.00%</td>
<td>91.59%</td>
<td>98.67%</td>
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</table>

<table>
<thead>
<tr>
<th>FFY</th>
<th>2015</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target ≥</td>
<td>87.60%</td>
<td>87.70%</td>
</tr>
<tr>
<td>Data</td>
<td>97.67%</td>
<td>98.77%</td>
</tr>
<tr>
<td><strong>B</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target ≥</td>
<td>93.20%</td>
<td>93.30%</td>
</tr>
<tr>
<td>Data</td>
<td>98.00%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target ≥</td>
<td>91.80%</td>
<td>91.90%</td>
</tr>
<tr>
<td>Data</td>
<td>96.66%</td>
<td>99.38%</td>
</tr>
</tbody>
</table>

Key:
- Gray – Data Prior to Baseline
- Yellow – Baseline
- Blue – Data Update

FFY 2017 - FFY 2018 Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target A ≥</td>
<td>87.80%</td>
<td>88.20%</td>
</tr>
<tr>
<td>Target B ≥</td>
<td>93.40%</td>
<td>94.00%</td>
</tr>
<tr>
<td>Target C ≥</td>
<td>92.00%</td>
<td>92.60%</td>
</tr>
</tbody>
</table>

Key:
- Blue – Data Update

Targets: Description of Stakeholder Input

The North Dakota Department of Human Services (ND DHS), as the Part C Lead Agency, along with our stakeholders, the North Dakota Interagency Coordinating Council (NDIICC), reviewed the trend and performance data for the previous 3 years for all the results indicators to set targets for FFY 2013-2018 on December 4th, 2014.
Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: 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 U.S.C. 1416(a)(3)(A) and 1442)

**FFY 2017 SPP/APR Data**

| Number of families to whom surveys were distributed | 1,122 |
| Number of respondent families participating in Part C | 32.53% | 365 |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 358 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 365 |
| B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs | 360 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 365 |
| C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn | 359 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 365 |

| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights | FFY 2016 Data | 98.77% | FFY 2017 Target | 87.80% | FFY 2017 Data | 98.08% | Status | Met Target | Slippage | No Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs | 100% | 93.40% | 98.63% | Met Target | No Slippage |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn | 99.38% | 92.00% | 98.36% | Met Target | No Slippage |

Was sampling used? **No**

Was a collection tool used? **Yes**

Is it a new or revised collection tool? **No**

The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program. **No**

Describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

The **FFY 2017** method of distribution of the family survey methodology was updated to include a decreased amount of time for survey delivery, and only the service coordinator was responsible for delivering the surveys. The survey was hand-delivered by the service coordinator (DDPM) in a self-addressed, stamped envelope to every family who had an annual IFSP or Periodic Review meeting from August 1, 2018, to November 30, 2018. Families could choose to complete the survey at the IFSP meeting/periodic review and hand it back to the service coordinator in a sealed envelope, or the families could choose to complete the survey at a later date and mail it back to the state office.

The table below shows the varying return rates between the hand-delivered and mailing methodology. The new Part C Coordinator and the ICC review Indicator 4 data regularly and discuss possible updates to the methodology. The ICC recommended the continuation of the current hand-delivered method along with the consideration of an online survey option. The state team is exploring additional methods to overlay the current methodology to assure representativeness.

The ICC created a family survey subcommittee at the September 12, 2018 meeting. The ICC subcommittee for family survey has met 3 times in the last year. After discussing priorities for improving the family survey, including alternative methodology and increasing overall representativeness, the ICC subcommittee decided to focus on increasing representativeness from Native American families. Over the last year, the Part C Coordinator engaged ECTA, Sioban Colgan, to aid in the creation of goals and priorities for engaging Native American families with the survey process. The ICC plans to conduct stakeholder meetings with families from the Native American community and the practitioners who serve them to gather input on how to improve the survey process as a strategy.

A variety of additional strategies for the family survey process will be considered, including a continued shortened survey period, connection to quarterly Quality Enhancement Review (QER) meetings through service coordinators with families instead of IFSP annual or review meetings, the aid of state queries of families who will receive the survey to track completion, and/or using the Experienced Parent (EP) program through the PTI to contact families with information about the upcoming survey, and EP program contacting underrepresented groups twice to encourage completion of the survey in the future. Additional stakeholder involvement will be sought to consider these changes.

4/8/2019
Below is a table showing the survey return rates from FFY 2014-2017 with different methodologies:

<table>
<thead>
<tr>
<th>FFY</th>
<th>Survey Timeframe</th>
<th>Procedure</th>
<th>Surveys sent</th>
<th>Surveys Returned</th>
<th>Survey Return Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>4 months</td>
<td>Hand</td>
<td>1122</td>
<td>365</td>
<td>32.5%</td>
</tr>
<tr>
<td>2016</td>
<td>6 months</td>
<td>Hand</td>
<td>1079</td>
<td>327</td>
<td>30.31%</td>
</tr>
<tr>
<td>2015</td>
<td>Full year</td>
<td>Mail</td>
<td>2133</td>
<td>303</td>
<td>14.21%</td>
</tr>
<tr>
<td>2014</td>
<td>6 months</td>
<td>Hand</td>
<td>1143</td>
<td>412</td>
<td>36%</td>
</tr>
</tbody>
</table>

North Dakota met its target in A) Percent of families participating in Part C who report that early intervention services have helped the family know their rights with a slight decrease, but not at a significant level, from 98.7% in FFY 2016 to 98.1% in FFY 2017. North Dakota met its targets in B) Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs with a slight decrease, but not at a level of significance, from 100.0% in FFY 2016 to 98.6% in FFY 2017. North Dakota met the target in C) Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn, decreasing slightly from 99.38% in FFY 2016 to 98.4% in FFY 2017. A total of 365 surveys were returned in FFY 2017, which is an increase from 327 surveys in FFY 2016. The return rate increased to 32.5% in FFY 2017, from 30.31% in FFY 2016.

The FFY 2017 method of distribution of the family survey methodology was updated to include a decreased amount of time for survey delivery, and only the service coordinator was responsible for delivering the surveys. The survey was hand-delivered by the service coordinator (DDPM) in a self-addressed, stamped envelope to every family who had an annual IFSP or Periodic Review meeting between August 1, 2018, to November 30, 2018. Families either chose to complete the survey at the IFSP meeting/periodic review and hand it back to the service coordinator in a sealed envelope, or the families chose to complete the survey at a later date and mail it back to the regional human service center. The annual IFSP meeting and periodic review meetings were chosen during that time frame because all families would have had a required meeting during the time frame offering the opportunity for the survey to be hand-delivered in a sealed envelope.

The ECO Family Outcomes Survey-Revised (FOS-R) was used, and it included a cover letter and newsletter with the FFY 2016 results and information. On the survey, the family self-reports their regional human service center, EI services provider, and race/ethnicity. Families can choose to complete the survey at the IFSP meeting/periodic review and hand it back to the service coordinator in a sealed envelope, or the families chose to complete the survey at a later date and mail it back to the regional human service center. At the end of the collection period, all surveys were returned to the lead agency office to be scanned for data collection by the state developmental disabilities administrator.

Based on the electronic record, there were 1122 families, whose child was in services at least six months and therefore eligible to receive a survey. Three hundred sixty-five (365) completed surveys were returned for a return rate of 32.5% in FFY 2017, which was an increase from 30.31% in FFY 2016. This was an increase in total number of surveys returned from FFY 2016 when 327 surveys were returned.

In FFY 2017, the response rate was representative of the population enrolled in Part C of North Dakota in the following categories: White, and More Than One Race. The survey does not have an identifier and participants must choose to self-identify their race. There is a survey question about race/ethnicity allowing participants to choose more than one race/ethnicity.

In FFY 2017, the response rate was underrepresented in American Indian/AK Native, Asian, Black or African American, Hispanic or Latino, and Unable to Determine. It is important to note that there was an increase in American Indian returned surveys by 10 in FFY 2017, and returned surveys doubled in the population of Hispanic or Latino, Native Hawaiian, and More than One Race. It is important to note that participants in the survey (see Table below) self-identified as More than One Race at more than twice the number of Part C enrolled families under that race/ethnicity. Upon data drill down, it is likely that these participants were identified previously under one of the other race/ethnicity categories, possibly lowering the representativeness in those categories.

See the table below for detailed representativeness information. The under representativeness of the survey has been an ongoing concern to the state, especially since the American Indian population is the second largest race/ethnicity group of children receiving services in North Dakota, although there was an increase in surveys returned in the American Indian population in FFY 2017. The state and its stakeholders continue to review the data carefully to further revise the methodology to improve representativeness. A focal point of the methodology review will be an effort to increase parent awareness of the importance of the survey and previous results.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Returned Survey</th>
<th>Returned Survey %</th>
<th>% Part C Enrolled</th>
<th>Returned Survey</th>
<th>State Total Part C Enrolled</th>
<th>Population</th>
<th>Returned State Total Part C Enrolled Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

4/8/2019
<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Response #</th>
<th>Rate %</th>
<th>#</th>
<th>Rate %</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/AK Native</td>
<td>28</td>
<td>7.7%</td>
<td>8.7%</td>
<td>28.6%</td>
<td>98</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
<td>0.3%</td>
<td>0.4%</td>
<td>25.0%</td>
<td>4</td>
</tr>
<tr>
<td>Black/African American</td>
<td>1</td>
<td>0.3%</td>
<td>3.2%</td>
<td>2.8%</td>
<td>36</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>12</td>
<td>3.3%</td>
<td>4.9%</td>
<td>21.8%</td>
<td>55</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>2</td>
<td>0.5%</td>
<td>0.1%</td>
<td>200.0%</td>
<td>1</td>
</tr>
<tr>
<td>White</td>
<td>255</td>
<td>69.9%</td>
<td>67.3%</td>
<td>33.77%</td>
<td>755</td>
</tr>
<tr>
<td>More than One Race</td>
<td>59</td>
<td>16.2%</td>
<td>2.3%</td>
<td>226.92%</td>
<td>26</td>
</tr>
<tr>
<td>Unable to Determine</td>
<td>7</td>
<td>1.9%</td>
<td>13.1%</td>
<td>4.8%</td>
<td>147</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>365</td>
<td>100.0%</td>
<td></td>
<td></td>
<td>1122</td>
</tr>
</tbody>
</table>

In response to continued concern with achieving representative sample, as well as an acceptable return rate, ND's Interagency Coordinating Council sought input from the Early Intervention field in terms of their preferred method of survey distribution, whether a mailing from the State Office or hand delivered at an Annual IFSP or Periodic Review meeting. The overwhelming majority of Service Coordinators, Service Providers and Experienced Parents felt that the hand delivered methodology gave families a better understanding of the importance of completing the survey, as well as increased our return rate and achieved closer to representative sample. The ICC recommended that the State Office use the hand delivered methodology for the **FFY 2017** family survey. The survey period for FFY 2017 ran from August 1, 2018 through November 30, 2018 and was hand delivered at the Annual IFSP or Periodic Review team meeting.
Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: 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 U.S.C. 1416(a)(3)(A) and 1442)

<table>
<thead>
<tr>
<th>Actions required in FFY 2016 response</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the FFY 2017 SPP/APR, the State must report whether its FFY 2017 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responses to actions required in FFY 2016 OSEP response</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Dakota has always included an analysis of representativeness in responding to Indicator 4. This analysis is included in the FFY 2017 indicator response.</td>
</tr>
</tbody>
</table>

OSEP Response
Indicator 5: Child Find (Birth to One)

Historical Data and Targets

Baseline Data: 2005

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

### Historical Data

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Target ≥</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.00%</td>
</tr>
<tr>
<td>Data</td>
<td>1.58%</td>
<td>1.92%</td>
<td>2.12%</td>
<td>1.99%</td>
<td>1.95%</td>
<td>2.14%</td>
<td>1.62%</td>
<td>1.98%</td>
<td>1.86%</td>
<td>1.76%</td>
<td></td>
</tr>
</tbody>
</table>

**Key:**
- Gray – Data Prior to Baseline
- Yellow – Baseline
- Blue – Data Update

### FFY 2017 - FFY 2018 Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target ≥</td>
<td>2.10%</td>
<td>2.20%</td>
</tr>
</tbody>
</table>

**Key:**
- Blue – Data Update

### Targets: Description of Stakeholder Input

The North Dakota Department of Human Services (ND DHS), as the Part C Lead Agency, along with our stakeholders, the North Dakota Interagency Coordinating Council (NDICCC), reviewed the trend and performance data for the previous 3 years for all the results indicators to set targets for FFY 2013-2018 on December 4th, 2014.
Indicator 5: Child Find (Birth to One)

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

Prepopulated Data

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
<th>Data</th>
<th>Overwrite Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>SY 2017-18 Child Count/Educational Environment Data Groups</td>
<td>7/11/2018</td>
<td>Number of infants and toddlers birth to 1 with IFSPs</td>
<td>254</td>
<td>null</td>
</tr>
<tr>
<td>U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2017</td>
<td>6/12/2018</td>
<td>Population of infants and toddlers birth to 1</td>
<td>10,983</td>
<td>null</td>
</tr>
</tbody>
</table>

FFY 2017 SPP/APR Data

<table>
<thead>
<tr>
<th>Number of infants and toddlers birth to 1 with IFSPs</th>
<th>Population of infants and toddlers birth to 1</th>
<th>FFY 2016 Data</th>
<th>FFY 2017 Target</th>
<th>FFY 2017 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>254</td>
<td>10,983</td>
<td>2.29%</td>
<td>2.10%</td>
<td>2.31%</td>
<td>Met Target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>

Compare your results to the national data

On November 1st, 2017 there were 254 children birth to one year of age with IFSP’s in North Dakota. The number of children served is from Table 1 (618 data). North Dakota met their target of 2.10% for this indicator. The percentage of children served in North Dakota increased from 2.29% to 2.31%.

The total number of children birth to one year of age with an IFSP slightly decreased from 263 in FFY 2016 to 254 in FFY 2017. The population of children birth to one years of age decreased from 11,505 to 10,983.

The national average for FFY 2016 is 1.25%. Compared to other states, North Dakota ranked 7th overall according to table C1-9. North Dakota exceeded the national average.

Provide additional information about this indicator (optional)
Indicator 5: Child Find (Birth to One)

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

<table>
<thead>
<tr>
<th>Actions required in FFY 2016 response</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
</tr>
</tbody>
</table>

OSEP Response
Indicator 6: Child Find (Birth to Three)

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

<table>
<thead>
<tr>
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<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Target ≥</td>
<td></td>
<td></td>
<td>2.98%</td>
<td>3.07%</td>
<td>3.16%</td>
<td>3.25%</td>
<td>3.29%</td>
<td>3.30%</td>
<td>3.40%</td>
<td>3.43%</td>
<td>3.43%</td>
</tr>
<tr>
<td>Data</td>
<td>3.02%</td>
<td>3.11%</td>
<td>3.29%</td>
<td>3.58%</td>
<td>3.39%</td>
<td>3.44%</td>
<td>3.41%</td>
<td>3.43%</td>
<td>3.50%</td>
<td>3.66%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FFY</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target ≥</td>
<td>3.43%</td>
<td>3.43%</td>
</tr>
<tr>
<td>Data</td>
<td>3.75%</td>
<td>3.73%</td>
</tr>
</tbody>
</table>

Key:  
- Gray – Data Prior to Baseline
- Yellow – Baseline
- Blue – Data Update

FFY 2017 - FFY 2018 Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target ≥</td>
<td>3.43%</td>
<td>3.46%</td>
</tr>
</tbody>
</table>

Key: Blue – Data Update

Targets: Description of Stakeholder Input

The North Dakota Department of Human Services (ND DHS), as the Part C Lead Agency, along with our stakeholders, the North Dakota Interagency Coordinating Council (NDICCC), reviewed the trend and performance data for the previous 3 years for all the results indicators to set targets for FFY 2013-2018 on December 4th, 2014.
Indicator 6: Child Find (Birth to Three)

FFY 2017 Data

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to three with IFSPs compared to national data.

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

Prepopulated Data

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
<th>Data</th>
<th>Overwrite Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>SY 2017-18 Child Count/Educational Environment Data Groups</td>
<td>7/11/2018</td>
<td>Number of infants and toddlers birth to 3 with IFSPs</td>
<td>1,372</td>
<td></td>
</tr>
<tr>
<td>U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2017</td>
<td>6/12/2018</td>
<td>Population of infants and toddlers birth to 3</td>
<td>32,926</td>
<td></td>
</tr>
</tbody>
</table>

FFY 2017 SPP/APR Data

<table>
<thead>
<tr>
<th>Number of infants and toddlers birth to 3 with IFSPs</th>
<th>Population of infants and toddlers birth to 3</th>
<th>FFY 2016 Data</th>
<th>FFY 2017 Target</th>
<th>FFY 2017 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,372</td>
<td>32,926</td>
<td>3.73%</td>
<td>4.17%</td>
<td>3.43%</td>
<td>Met Target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>

Compare your results to the national data

On November 1st, 2017 there were 1372 children birth to three years of age with IFSP’s in North Dakota. The number of children served is from Table 1 (618 data). North Dakota met their target of 3.43% for this indicator. The percentage of children served in North Dakota increased from 3.73% to 4.17%.

The total number of children birth to three years of age with an IFSP increased from 1265 in FFY 2016 to 1372 in FFY 2017. The population of children birth to three years of age decreased from 34,183 to 32,926.

4.17%= 1372/32,926 X 100

The national average for FFY 2017 is 3.12%. Compared to other states, North Dakota ranked 12th overall according to table C1-9. North Dakota exceeded the national average.

Provide additional information about this indicator (optional)
<table>
<thead>
<tr>
<th>Actions required in FFY 2016 response</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
</tr>
</tbody>
</table>

OSEP Response
Indicator 7: 45-day timeline

Historical Data and Targets

Baseline Data: 2005

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

### Historical Data

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>▪️</td>
<td>▪️</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Data</td>
<td>▪️</td>
<td>▪️</td>
<td>39.39%</td>
<td>56.25%</td>
<td>84.37%</td>
<td>96.70%</td>
<td>87.70%</td>
<td>87.30%</td>
<td>95.10%</td>
<td>97.10%</td>
<td>94.62%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FFY</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Data</td>
<td>98.76%</td>
<td>98.00%</td>
</tr>
</tbody>
</table>

**Key:**
- **Gray** – Data Prior to Baseline
- **Yellow** – Baseline
- **Blue** – Data Update

### FFY 2017 - FFY 2018 Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

### FFY 2017 SPP/APR Data

<table>
<thead>
<tr>
<th>Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline</th>
<th>Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted</th>
<th>FFY 2016 Data</th>
<th>FFY 2017 Target</th>
<th>FFY 2017 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>952</td>
<td>1,112</td>
<td>98.00%</td>
<td>100%</td>
<td>97.84%</td>
<td>Did Not Meet Target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.

| 136 |

---

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

- State monitoring
- State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

July 1, 2017-June 30, 2018

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data for Indicator 7 is taken from North Dakota’s state electronic record system, Therap. North Dakota obtained a full year of data for reporting on Indicator 7, using Therap, for FFY 2017.

In FFY 2017, North Dakota had ten early intervention programs across the state. The performance of all ten of these programs is represented in this data.

Provide additional information about this indicator (optional)
Indicator 7: 45-day timeline

Required Actions from FFY 2016

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

<table>
<thead>
<tr>
<th>Actions required in FFY 2016 response</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
</tr>
</tbody>
</table>

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.
Correction of Previous Findings of Noncompliance

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

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

### Correction of Findings of Noncompliance Identified in FFY 2016

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>18</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**FFY 2016 Findings of Noncompliance Verified as Corrected**

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

The state issued findings for noncompliance found in FFY 2016 in June 2018 to five programs.

As of October 29, 2018, all five programs corrected their noncompliance. Verification of the correction for the 18 findings were made according to OSEP memo 09-02. Specifically, in each instance, the State verified that the EIS programs were correctly implementing regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data, via record review and State electronic record (Prong 2).

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

The state assured correction of each individual case of noncompliance, except for children who were no longer within the jurisdiction of the EIS program (Prong 1) based on a review by the regional program administrators and the state.

### Correction of Findings of Noncompliance Identified Prior to FFY 2016

<table>
<thead>
<tr>
<th>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2016 APR</th>
<th>Findings of Noncompliance Verified as Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OSEP Response**

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;
B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and
C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**FFY 2017 SPP/APR Data**

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of toddlers with disabilities exiting Part C</td>
<td>1,074</td>
</tr>
<tr>
<td>Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B</td>
<td>1,074</td>
</tr>
</tbody>
</table>

Provide additional information about this indicator (optional)

OSEP Response
Indicator 8A: Early Childhood Transition

Historical Data and Targets

Baseline Data: 2005

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;
B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and
C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
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<tr>
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<td></td>
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<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>FFY</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Data</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Key:
- Gray – Data Prior to Baseline
- Yellow – Baseline
- Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

<table>
<thead>
<tr>
<th>FFY</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Indicator 8A: Early Childhood Transition

FFY 2017 Data

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;
B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and
C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

FFY 2017 SPP/APR Data

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
<th>Data</th>
<th>Overwrite Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 8</td>
<td>1/10/2019</td>
<td>Number of toddlers with disabilities exiting Part C</td>
<td>1,074</td>
<td>147</td>
</tr>
</tbody>
</table>

Explanation of Alternate Data

A data set for Indicator 8A is taken from North Dakota’s state electronic record system, Therap. North Dakota obtained a full year of data for reporting on Indicator 8A, using Therap, for FFY 2017. Child records, using a random sample representative of all ten programs, were pulled from the data set for review based on the size of the program. 147 records were reviewed. The state monitoring team reviewed the records using the state case review tool based on Indicator 8 requirements. In FFY 2017, North Dakota had ten early intervention programs across the state. The performance of all ten of these programs is represented in this data.

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday.

Number of children exiting Part C who have an IFSP with transition steps and services

<table>
<thead>
<tr>
<th>Number of children exiting Part C who have an IFSP with transition steps and services</th>
<th>Number of toddlers with disabilities exiting Part C</th>
<th>FFY 2016 Data</th>
<th>FFY 2017 Target</th>
<th>FFY 2017 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>141</td>
<td>147</td>
<td>100%</td>
<td>100%</td>
<td>95.92%</td>
<td>Did Not Meet Target</td>
<td>Slippage</td>
</tr>
</tbody>
</table>

Number of documented delays attributable to exceptional family circumstances

This number will be added to the “Number of children exiting Part C who have an IFSP with transition steps and services” field to calculate the numerator for this indicator. 0

Reasons for Slippage

After drill down into data for Indicator 8A, four of the six non-compliance are within one region. This is an opportunity for support around following transition policies. A meeting is scheduled for April 2019 to review policies in detail and provide training support around transition.

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

State monitoring

State database

Describe the method used to select EIS programs for monitoring.

A data set for Indicator 8A is taken from North Dakota’s state electronic record system, Therap. North Dakota obtained a full year of data for reporting on Indicator 8A, using Therap, for FFY 2017. Child records, using a random sample representative of all ten programs, were pulled from the data set for review based on the size of the program. 147 records were reviewed. The state monitoring team reviewed the records using the state case review tool based on Indicator 8 requirements. In FFY 2017, North Dakota had ten early intervention programs across the state. The performance of all ten of these programs is represented in this data.

Provide additional information about this indicator (optional)
Indicator 8A: Early Childhood Transition

Required Actions from FFY 2016

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;
- Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and
- Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

<table>
<thead>
<tr>
<th>Actions required in FFY 2016 response</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
</tr>
</tbody>
</table>

Note: Any actions required in last year’s response table that are related to correction of findings should be responded to on the “Correction of Previous Findings of Noncompliance” page of this indicator. If your State’s only actions required in last year’s response are related to findings of noncompliance, a text field will not be displayed on this page.
**Indicator 8A: Early Childhood Transition**

**Correction of Previous Findings of Noncompliance**

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

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### Correction of Findings of Noncompliance Identified in FFY 2016

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Correction of Findings of Noncompliance Identified Prior to FFY 2016

<table>
<thead>
<tr>
<th>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2016 APR</th>
<th>Findings of Noncompliance Verified as Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OSEP Response

OSEP notes that the State checked the “State database” radio button to indicate the source of data for this indicator. However, in its narrative the State described choosing a random sample of records to review and using a review tool based on Indicator 8 requirements. Based on this description, the State should check the “state monitoring” radio button to indicate the data source for the indicator.
**Monitoring Priority: Effective General Supervision Part C / Effective Transition**

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;
B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and
C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

### Historical Data

#### Baseline Data: 2005

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>Gray</td>
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<td>100%</td>
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<td>100%</td>
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<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Data</td>
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<td>100%</td>
<td>100%</td>
<td>82.14%</td>
<td>67.00%</td>
<td>81.00%</td>
<td>64.30%</td>
<td>0%</td>
<td>0%</td>
<td>22.46%</td>
</tr>
</tbody>
</table>

#### 2015 - 2016

<table>
<thead>
<tr>
<th>FFY</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Data</td>
<td>68.60%</td>
<td>93.41%</td>
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</tbody>
</table>

### Key:

- Gray – Data Prior to Baseline
- Yellow – Baseline
- Blue – Data Update

### FFY 2017 - FFY 2018 Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**FFY 2017 SPP/APR Data**

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
<th>Data</th>
<th>Overwrite Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 8</td>
<td>1/10/2019</td>
<td>Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B</td>
<td>1,074</td>
<td>147</td>
</tr>
</tbody>
</table>

**Explanation of Alternate Data**

A data set for Indicator 8B is taken from North Dakota’s state electronic record system, Therap. North Dakota obtained a full year of data for reporting on Indicator 8B, using Therap, for FFY 2017. Child records, using a random sample representative of all ten programs, were pulled from the data set for review based on the size of the program. 147 records were reviewed. The state monitoring team reviewed the records using the state case review tool based on Indicator 8 requirements. In FFY 2017, North Dakota had ten early intervention programs across the state. The performance of all ten of these programs is represented in this data.

Data include notification to both the SEA and LEA

![Yes](Yes, No)

<table>
<thead>
<tr>
<th>Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services</th>
<th>Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B</th>
<th>FFY 2016 Data</th>
<th>FFY 2017 Target</th>
<th>FFY 2017 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>110</td>
<td>147</td>
<td>93.41%</td>
<td>100%</td>
<td>88.71%</td>
<td>Did Not Meet Target</td>
<td>Slippage</td>
</tr>
</tbody>
</table>

Number of parents who opted out

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

<table>
<thead>
<tr>
<th>Number of parents who opted out</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Reasons for Slippage**

In order to understand why there was a decrease in percentage of compliance from 93.41% to 88.71%, North Dakota examined the data to determine if there is a pattern in SEA notification not sent timely. In FFY 2017, the number of SEA notifications not sent timely increased to 11. North Dakota continues to review the data and will use strategies such as more frequent data review and data transfer, paired with collaboration and data discussions with the 619/Part B Coordinator to put in place a process that assures timely SEA notification. Analysis is still being conducted, and a meeting is scheduled with the research analyst to review the parameters around SEA notifications. Further analysis of timelines will occur to establish patterns in this indicator.

**Describe the method used to collect these data**

The state used a full year of data from its electronic record system, Therap, to identify children whose records were reviewed to monitor for the presence of the notification to the LEA/SEA. A data set for Indicator 8B is taken from North Dakota’s state electronic record system, Therap. North Dakota obtained a full year of data for reporting on Indicator 8B, using Therap, for FFY 2017. Child records, using a random sample representative of all ten programs, were pulled from the data set for review based on the size of the program. 147 records were reviewed. The state monitoring team reviewed the records using the state case review tool based on Indicator 8 requirements. In FFY 2017, North Dakota had ten early intervention programs across the state. The performance of all ten of these programs is represented in this data.

Do you have a written opt-out policy? Yes

Is the policy on file with the Department? Yes
Describe the method used to select EIS programs for monitoring.

The state used a full year of data from its electronic record system, Therap, to identify children whose records were reviewed to monitor for the presence of the notification to the LEA/SEA. A data set for Indicator 8B is taken from North Dakota’s state electronic record system, Therap. North Dakota obtained a full year of data for reporting on Indicator 8B using Therap, for FFY 2017. Child records, using a random sample representative of all ten programs, were pulled from the data set for review based on the size of the program. 147 records were reviewed. The state monitoring team reviewed the records using the state case review tool based on Indicator 8 requirements. In FFY 2017, North Dakota had ten early intervention programs across the state. The performance of all ten of these programs is represented in this data.

Provide additional information about this indicator (optional)

Based on the FFY 2017 data:

For LEA notification: A total of 147 records were reviewed. Of those 147 records, 23 parents chose to opt-out of the notification. Of the 124 that required LEA notification, 96 (77%) contained documentation of the notification. Four records did not contain a notification; therefore, North Dakota’s performance for LEA notification is at 96.7%. Three programs had noncompliance and will be issued letters of findings. The state will continue to track correction of noncompliance until verification is completed according to federal requirements for Prong 1 and Prong 2.

For SEA notification: A total of 147 records were reviewed. Of those 147 records, 23 parents chose to opt-out of the notification. The Part C Coordinator reviewed the timeliness of the SEA notification being sent for these 124 children. Of the 124 that required SEA notification, 113 records were sent timely.
Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;
- Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and
- Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

### Actions required in FFY 2016 response

| none |

Note: Any actions required in last year’s response table that are related to correction of findings should be responded to on the “Correction of Previous Findings of Noncompliance” page of this indicator. If your State’s only actions required in last year’s response are related to findings of noncompliance, a text field will not be displayed on this page.
Correction of Previous Findings of Noncompliance

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;
B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and
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(20 U.S.C. 1416(a)(3)(B) and 1442)

Correction of Findings of Noncompliance Identified in FFY 2016

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

FFY 2016 Findings of Noncompliance Verified as Corrected

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

As of August 8, 2018, all three programs corrected their noncompliance. Verification of the correction for the 6 findings were made according to OSEP memo 09-02. Specifically, in each instance, the State verified that the EIS programs were correctly implementing regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data, via record review and State electronic record (Prong 2).

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

The state assured correction of each individual case of noncompliance, except for children who were no longer within the jurisdiction of the EIS program (Prong 1) based on a review by the regional program administrators and the state.

Correction of Findings of Noncompliance Identified Prior to FFY 2016

<table>
<thead>
<tr>
<th>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2016 APR</th>
<th>Findings of Noncompliance Verified as Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OSEP Response

OSEP notes that the State checked the "State database" radio button to indicate the source of data for this indicator. However, in its narrative the State described choosing a random sample of records to review and using a review tool based on Indicator 8 requirements. Based on this description, the State should check the "state monitoring" radio button to indicate the data source for the indicator.
Indicator 8C: Early Childhood Transition

Historical Data and Targets

Baseline Data: 2005

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;
B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and
C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

### Historical Data

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td></td>
<td></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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</tr>
<tr>
<td>Data</td>
<td></td>
<td></td>
<td>83.30%</td>
<td>100%</td>
<td>100%</td>
<td>68.75%</td>
<td>73.00%</td>
<td>83.00%</td>
<td>92.10%</td>
<td>96.50%</td>
<td>95.80%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FFY</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Data</td>
<td>97.32%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Key:
- Gray – Data Prior to Baseline
- Yellow – Baseline
- Blue – Data Update

### FFY 2017 - FFY 2018 Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Indicator 8C: Early Childhood Transition

FFY 2017 Data

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;
B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and
C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

FFY 2017 SPP/APR Data

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
<th>Data</th>
<th>Overwrite Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 8</td>
<td>1/10/2019</td>
<td>Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B</td>
<td>1,074</td>
<td>147</td>
</tr>
</tbody>
</table>

Explanation of Alternate Data

A data set for Indicator 8C is taken from North Dakota’s state electronic record system, Therap. North Dakota obtained a full year of data for reporting on Indicator 8C, using Therap, for FFY 2017. Child records, using a random sample representative of all ten programs, were pulled from the data set for review based on the size of the program. 147 records were reviewed. The state monitoring team reviewed the records using the state case review tool based on Indicator 8 requirements. In FFY 2017, North Dakota had ten early intervention programs across the state. The performance of all ten of these programs is represented in this data.

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services

<table>
<thead>
<tr>
<th>Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B</th>
<th>FFY 2016 Data</th>
<th>FFY 2017 Target</th>
<th>FFY 2017 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>124</td>
<td>147</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>Met Target No Slippage</td>
</tr>
</tbody>
</table>

Number of toddlers for whom the parent did not provide approval for the transition conference

This number will be subtracted from the “Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B” field to calculate the denominator for this indicator.

Number of documented delays attributable to exceptional family circumstances

This number will be added to the “Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B” field to calculate the numerator for this indicator.

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

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

The state used a full year of data from its electronic record system, Therap, to identify children whose records were reviewed to monitor for the presence of the transition conference. Child records, representative of all ten programs, were pulled for review based on the size of the program. A state monitoring team reviewed the records using the state case review tool.
Indicator 8C: Early Childhood Transition

Required Actions from FFY 2016

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;
B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and
C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

<table>
<thead>
<tr>
<th>Actions required in FFY 2016 response</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
</tr>
</tbody>
</table>

Note: Any actions required in last year’s response table that are related to correction of findings should be responded to on the “Correction of Previous Findings of Noncompliance” page of this indicator. If your State’s only actions required in last year’s response are related to findings of noncompliance, a text field will not be displayed on this page.
Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

### Correction of Findings of Noncompliance Identified in FFY 2016

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Correction of Findings of Noncompliance Identified Prior to FFY 2016

None

### OSEP Response

OSEP notes that the State checked the "State database" radio button to indicate the source of data for this indicator. However, in its narrative the State described choosing a random sample of records to review and using a review tool based on Indicator 8 requirements. Based on this description, the State should check the "state monitoring" radio button to indicate the data source for the indicator.
Explaination of why this indictor is not applicable

North Dakota uses Part C due process hearing procedures under 34 CFR 303.30(d)(1), therefore this indicator is not applicable.

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Results Indicator:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted).

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

This indicator is not applicable, as described above.
Indicator 9: Resolution Sessions

FFY 2017 Data

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted).

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

This indicator is not applicable, as described on the Historical Data Page.
Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted).

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

This indicator is not applicable, as described on the Historical Data Page.

OSEP Response

This indicator is not applicable to the State.
Indicators of the 10: Mediation

Historical Data and Targets

Baseline Data: 2005

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

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

### Historical Data

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Data</td>
<td>Gray – Data Prior to Baseline</td>
<td>Yellow – Baseline</td>
<td>Blue – Data Update</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target ≥</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

### FFY 2017 - FFY 2018 Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target ≥</td>
<td>Blue – Data Update</td>
<td></td>
</tr>
</tbody>
</table>

### Targets: Description of Stakeholder Input

The North Dakota Department of Human Services (ND DHS), as the Part C Lead Agency, along with our stakeholders, the North Dakota Interagency Coordinating Council (NDICC), reviewed the trend and performance data for the previous 3 years for all the results indicators to set targets for FFY 2013-2018 on December 4th, 2014. Given that North Dakota hasn't yet received 10 mediation requests in a FFY, no targets have been set.
Indicator 10: Mediation

FFY 2017 Data

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Prepopulated Data

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
<th>Data</th>
<th>Overwrite Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests</td>
<td>11/8/2018</td>
<td>2.1.a.i Mediations agreements related to due process complaints</td>
<td>0</td>
<td>null</td>
</tr>
<tr>
<td>SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests</td>
<td>11/8/2018</td>
<td>2.1.b.i Mediations agreements not related to due process complaints</td>
<td>0</td>
<td>null</td>
</tr>
<tr>
<td>SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests</td>
<td>11/8/2018</td>
<td>2.1 Mediations held</td>
<td>0</td>
<td>null</td>
</tr>
</tbody>
</table>

FFY 2017 SPP/APR Data

<table>
<thead>
<tr>
<th>2.1.a.i Mediations agreements related to due process complaints</th>
<th>2.1.b.i Mediations agreements not related to due process complaints</th>
<th>2.1 Mediations held</th>
<th>FFY 2016 Data</th>
<th>FFY 2017 Data</th>
<th>FFY 2017 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
</tbody>
</table>

Provide additional information about this indicator (optional)
## Indicator 10: Mediation

### Required Actions from FFY 2016

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

**Results indicator:** Percent of mediations held that resulted in mediation agreements.

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

<table>
<thead>
<tr>
<th>Actions required in FFY 2016 response</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
</tr>
</tbody>
</table>

**OSEP Response**

The State reported fewer than ten mediations held in FFY 2017. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.
Indicator 11: State Systemic Improvement Plan

Data and Overview

Baseline Data: 2013

Monitoring Priority: General Supervision

Results indicator: The State’s SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Reported Data

Baseline Data: 2013

<table>
<thead>
<tr>
<th>FFY</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>25.00%</td>
<td>25.50%</td>
<td>26.00%</td>
<td>26.50%</td>
<td></td>
</tr>
<tr>
<td>Data</td>
<td>0%</td>
<td>38.71%</td>
<td>73.21%</td>
<td>67.80%</td>
<td>72.14%</td>
</tr>
</tbody>
</table>

Key: Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

Explanation of Changes

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

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

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

FFY 2018 Target

<table>
<thead>
<tr>
<th>FFY</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>27.00%</td>
</tr>
</tbody>
</table>

Key: Blue – Data Update

Description of Measure

Description of State Program

North Dakota’s Part C program (hereafter referred to as ND Early Intervention) is administered by the Department of Human Services – Developmental Disabilities Division which is the lead agency. Within the lead agency, Part C staff, consists of one, part-time, Part C Coordinator for North Dakota, who also serves as the Part C Data Manager. In addition, there is a “state team” comprised of the state Part C Coordinator and two contracted people who support the state’s APR and SSIP development, monitoring, technical assistance, professional development, coordination of the state interagency coordinating council, and experienced parent program.

ND Early Intervention is organized in conjunction with the state’s eight regional Human Service Centers which serve as the single point of entry. More specifically, ND hires Developmental Disabilities Program Managers that serve as the service coordinators for ND Early Intervention and support referral and intake as well as ongoing service coordination needs.

ND Early Intervention contracts with licensed Developmental Disabilities providers to provide early intervention services. These service providers are responsible for evaluation for eligibility purposes, assessment, Individual Family Service Plan development and reviews, and the provision of Early Intervention services. There is at least one contracted provider in each region of the state which allows the entire state to be covered including the American Indian reservation areas. In total, there are 10 contracted providers that cover the state.

North Dakota serves 4.17% (FFY 2017) of the total population of children under the age of 3 in ND and 2.31% (FFY 2017) of the total population of children under the age of one. The point in time count for November 2018 was 1521 children and the cumulative number of children served in FFY 2017 was 2803.

North Dakota is home to five tribal governments; the state’s more prevalent minority is the American Indian population. In FFY 2017, 8.94% of the total ND Early Intervention population were children who were of American Indian descent. This compares to 0.73% in the US Early Intervention populations.

As described in this report, based on broad stakeholder input, North Dakota has a State Identified Measurable Result (SiMR) that focuses on the results for children so that families can be supported in improving children’s social emotional development.

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

For more information about the SiMR, please refer to section 4 of this indicator.
Multiple internal and external stakeholders were involved in the selection of the data used for the SiMR. This included the lead agency Part C Coordinator, state team members, state ICC, as well as a working group of regional service coordinators, early intervention coordinators, and experienced parents covering the following areas; fiscal support, provider support, family and community support including dispute resolution, and accountability, monitoring, and data (systems support). In addition, staff from the state’s Parent Training and Information Center were involved in the stakeholder work.

A draft of this report will be posted on the North Dakota early intervention website

Results Indicator: The State’s SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Data Analysis
A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

How Key Data were Identified and Analyzed

State team members have attended opportunities for Results Driven Accountability (RDA). The state requested technical assistance from Mountain Plains Regional Resource Center (MPRRC and Carol Eslinger aided in development of a plan to identify and analyze data to support the development of the SiMR. State team members (Part C Coordinator, Family Liaison, technical assistance) began meeting in April 2014 to develop a plan for identifying key data. The meeting in Arizona helped the team determine the need for regional drill down of APR and other data sources. The team identified available data, possible data needs, and questions that might lead to further data needs.

Through state meetings with Carolee Eslinger, the team worked to determine data needs from April to June 2014. The team identified the need to develop data charts with regional breakdowns based on each APR indicator data for the past three years (FFY 2010 - FFY 2012) in order to review trends. Data team members developed data charts in two formats based on the indicator data. The team also identified the need to review the FFY 2012 point in time client count, Part C report on percentages of eligibility levels by provider, and a North Dakota demographic profile. A plan was made to develop this data into a format for stakeholder meetings planned for the summer of 2014. Decisions about what data would be presented to the stakeholders was made by state team members.

North Dakota’s web-based data system, which also serves as an electronic record, is easily accessible by the state office, the service coordinators, and the providers. The system generates the majority of the information needed for the completion of the federal reporting requirements and assists with monitoring and for purposes of closing regional program findings. The Individual Family Service Plan (IFSP) is generated from the web-based system.

North Dakota Early Intervention is partnering on a data sharing initiative that originated with the state’s Early Childhood Committee. Partnership on this committee includes Head Start, Child Care, and Department of Public Instruction.

Presently, the North Dakota Early Intervention data system does not generate real-time child outcome data. This makes it difficult to use the child outcome data to use for progress monitoring. Presently, the tool that is being used is also not conducive to providing feedback that families and providers need to understand the child’s development. Other real-time reports on both compliance and other results indicator data is also difficult for staff to access. There is a lack of access for families who have children in ND Early Intervention and some of the staff do not have access to the electronic record (i.e. Experienced Parents). At present, the North Dakota Early Intervention data system does not interact with the state’s Part B partner, so any information exchanged must be through more manual strategies.

The stakeholders’ input revealed that data entry into the system can be demanding. It was discussed that additional prompts, defaulted information, and anticipatory fields to decrease error in entry would be helpful.

Stakeholder Involvement in Data Analysis

On June 5, 2014, key stakeholders from the Interagency Coordinating Council (ICC) were given a review of the SSIP process with Carolee Eslinger leading the meeting. Then, the ICC was presented with state Part C data to review in small groups answering questions designed to aid in data analysis. After small and large group data analysis discussion, an infrastructure analysis was completed through a Strength-Weakness-Opportunity-Threat (SWOT) activity with a group gallery walk allowing different small groups to discuss and share information. Before the group left the meeting, additional data questions were generated.

For the July 16, 2014 stakeholder meeting, which included North Dakota staff including administrators of service coordination units, early intervention providers, experienced parents, and ND state staff, a binder of data was given to each of the stakeholders. The binder data included the following:

- Orientation PowerPoint of the SSIP plan
- ND Demographic profile including the following sources using the template developed at the ITCA fiscal initiative:
  - Table 618 data
  - ND and US Kids Count data
  - National Children's Health Survey
  - Regional data bar and line graphs according to indicator
  - Indicator 1 & 7 family reason data per region
  - Raw regional data
  - Child count grids
Through these stakeholder activities and processes, the state was considering a family outcome centered SiMR due to trending low performance in Indicator #4a, with significant concern in one region. In addition, there were concerns about the lack of diversity in the family survey return and significant increase in the use of family reason for the delay in service delivery.

In August, the state team met with OSEP for two days to review the process and progress of the SSIP in North Dakota. There was continued discussion about additional data needs in the state to determine a SiMR. It was determined that the state would continue to drill down in data, specifically the FFY 2013 data as it became available. The FFY 2013 data was important to review as the state had implemented new procedures for family survey. On September 19, 2014, a follow-up meeting with Carolee Eslinger was held with ND state team members to discuss the OSEP meeting and state follow-up actions.

At the time the FFY 2013 data became available to the state team, it was disaggregated by region and reviewed alongside the federal performance 2012 data. Based on the FFY 2013 data the team determined that technical assistance was needed to discuss improved performance on Indicator 4.

**How Data were Disaggregated**

On December 31, 2014, the ND state team met with Sharon Walsh and Debbie Cate to discuss the FFY 2013 Indicator 4 data. The state had been identifying the family outcome as a SiMR. However, the FFY 2013 improvement in that area indicated a need to further drill down in Child Outcome indicators to determine the final direction of the SiMR based on data.

In February of 2015, the ND state team was able to view the disaggregation of Indicator 3 data by gender, race, length of service, eligibility levels and region. The state team reviewed federal performance levels along side regional trend data. Indicator 3a in general had a significant gap in relation to the federal performance. The state had ongoing concerns regarding the use and availability of evidence based interventions in the social/emotional area due to an increasingly diverse population entering the state. The state previously had initiatives around infant mental health during 2009/2010 in early intervention.

It was determined through data analysis that performance on 3a Summary Statement 1 for a single region dropped from 50% to 0% while the program doubled in size. This region continues to have growing diverse population. During data analysis of one provider, there were 7 children reported for Summary Statement 1A. There were a total of 13 children, with 6 of them entering at age-level in social-emotional (category e). Of the 7 remaining children, all were boys, 4 Caucasian, 1 African American, 1 Alaskan Indian, 1 unable to determine, and none of them made progress to same-age peers. There were 2 children in category a, making no progress, and 5 made progress not sufficient to move near same-age peers (category b). 4 children entered at the early intervention system with 2 or more delays at 25%, and 3 entered with high risk condition. In regards to length of service, two of the children entered service 13-18 months, one 19-24 months, one over 24 months, one entered between 7 to 12 months, and two entered younger than six months. Because we did not have any children in category c or d, the percentage reported for indicator 3A-1 in this region was zero. In conclusion, the children that came into the system delayed in social-emotional skills, did not show growth.

On March 4, 2015, the ICC met to review and give feedback on the SSIP plan. Stakeholders discussed the rationale for the SiMR, strategies, and targets. There was considerable discussion regarding the measurement process of child outcome summary statements, timely data, and valid and reliable measurement. Stakeholders considered the adoption of a new child outcome tool, the process of choosing the tool, and the important components of the tool, and the urgency of moving forward. Strategies of professional development, parent involvement, mentoring/coaching, evidence-based tools, evidence-based intervention in the area of social emotional were discussed. Training around evidence-based assessment, positive behavioral supports, resiliency and mindfulness strategies for families, using the new tool for progress monitoring, universal identification and Part C's role in leading this, children in foster care and supporting social emotional skills. Stakeholders brainstormed local and statewide initiatives to partner with in the area of social emotional.

**Data Quality**

The current child outcome tool, which was originally developed out of the state of Oregon, has not sustained continued development. On December 8, 2011, North Dakota addressed the issue with the North Dakota Interagency Coordinator Council (NDICC) and the members endorsed the need to pursue new measurement tools. In October 2012, North Dakota’s Part C Coordinator met with Lynne Kahn of the ECO Center to discuss the state’s transition to a new tool. The state has identified the need for a new tool as a top priority & will be taking the necessary steps to identify the best option & begin transitioning to a new tool. This will allow service providers to be trained to fidelity, and the state will have better access to timely, valid & reliable data.

There are concerns about the comparative peer issue on our current child outcome tool. However, the outcome tool has been meeting quality indicators according to the ECO quality report. The state targets are under the federal performance averages, and the state is not sure if this is due to the tool being used, training issues around the tool, or collection of data. There are concerns about the number of children reported in Indicator 3, and the state continues to investigate this.

Beginning in FFY 2011, the ND state team developed a Data Guidance document to assist service coordinators and service providers in understanding the procedures and importance of the data collection for compliance indicators. Specifics were given as to what the State team would be reviewing for compliance, where it need to be located within the electronic data system and what was required. ND has given and trained on a Data Guidance for every federal fiscal year since 2011. We have seen improvement in what is entered into our electronic data system, although still struggle with certain data elements, like IFSP meeting date, being consistently entered into our
Considering Compliance Data

The relationships between compliance data and results data were analyzed to determine whether any noncompliance was having an effect on improvement. ND is seeing an increase in the utilization of family reason for delays in timely initiation of services (Indicator 1), as well as the 45-day timeline for IFSP development (Indicator 7) and Transition (Indicator 8). In FFY 2010, the utilization of family reason to explain lateness was at 44% for the compliance indicators. This increased to 83% by FFY 2012. The increased utilization of family reason is cause for concern, so the State is completing additional drill down to determine the accuracy of that utilization, as well as ensuring families have been informed of their rights to timely initiation of service, IFSP development within 45 days and a timely and smooth transition.

Overall, the State has seen improvement in regards to our compliance data and feel this is, in part, due to consistent data processes and procedures being developed since FFY 2011. Those processes and procedures, along with the issuance of our Data Guidance document, assists service coordinators and early intervention providers in having a better understanding of the data, how it is used and impacts them and the importance of their timely documentation.

Additional Data

In reviewing all of the data that is available to the State, there were several areas that were identified as needing improvement. ND continues to have additional data needs that need to be addressed in the future, especially in the relation of data “experts.” At this time, the Part C Coordinator also serves as the data manager, as there’s no dedicated time allocated specifically for Part C. There is a department within DHS, called Decision Support Services. Assistance from this unit has been available on a limited basis to Part C, due to the mining of data for Part C being low on the list of priorities for that unit. This will be addressed by a meeting between the State team & those from Decision Support Services who have assisted with Part C data, to take place by 5.31.15. The outcome of this meeting will be to design a plan to move forward with getting timely data to the State.

A specific data element that the State is drilling down on is our exit data, as we feel that looking into those who leave services early, to better understand situations where there was no response from families or they withdrew from services, will assist in better defining services, expectations and communicating with families. Also, the ability to further disaggregate down to the provider level and determine if all Child Outcome data that should be captured is being captured, will greatly assist the State in ensuring we’re providing effective services. This will be addressed by a meeting between the State team & those from Decision Support Services who have assisted with Part C data, to take place by 5.31.15. The outcome of this meeting will be to design a plan to move forward with getting timely data to the State.

The State is working with the Section 619 Coordinator in the Department of Public Instruction to further refine data sharing, specifically in relation to Indicator 8 for Part C and Indicator 12 for Part B. Part C would like to explore the option of ascertaining those that participated in Section 619 services, however didn’t participate in Part C services, to see where we may be missing serving those children, especially those who fall into the emotional disturbance and autism categories. A meeting is scheduled for the Part C Coordinator, the Section 619 Coordinator & the Part B Data Manager to meet on 4.2.15 to discuss the sharing of data. The outcome of this meeting will better align the needs of Part C & Part B in sharing data, as well as exploring other opportunities of partnership.

The State team will be developing a plan to look more broadly at available stakeholders who may have data that will be beneficial in better understanding the social-emotional performance of infants and toddlers across the state. This will be placed on the agenda for the June and/or September ICC meetings.
Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

How Infrastructure Capacity was Analyzed

North Dakota has established a strong practice of reviewing the Annual Performance Report and State Performance Plan with the North Dakota Interagency Coordinating Council, the administrators of the service delivery system, and the core of parents that are hired in the system as Experienced Parents (at least one parent per region). This practice has created a familiarization with Part C law, regulations, and required reporting elements. The review of the Improvement Activities has generated discussion about the broad system on an annual basis.

In 2014, North Dakota was accepted to participate in the ITCA Fiscal Initiative. Through this process, the state engaged in developing a state demographic profile. This profile assisted the state in understanding the trends in growth, the state progress compared to national trends, and possible unique qualities of the state. This profile has been shared with the stakeholders that are described above as well as with representatives from the state’s Parent Training Information Center. Through an investigation of ND’s fiscal situation, it was noted that North Dakota has a minimal level of administration with only part-time staff in the state office and that there is increasing burden on the Part C budget to pay for direct services. Presently there is no dedicated time from a data analyst at the state office specifically for Part C.

The state of North Dakota used the opportunity to develop the State Systemic Improvement Plan as a means to conduct two separate broad stakeholder meetings. These meetings were described earlier and included an analysis of the state infrastructure from a broad perspective using a SWOT analysis. National technical assistance was used to design the group participation in the analysis and were present to assist in the facilitation of both of these meetings.

The stakeholder meetings were structured so that a full review of the state data (as outlined in Section 1) had occurred prior to the Infrastructure Analysis. The data elements that appeared to influence the infrastructure analysis included: the state’s significant rate of growth in birth rate and eligible children, the state’s strong performance on Indicators 5 and 6, and the high performance of Indicator 2 and services delivered in the natural environment.

Description of the State Systems

**Governance** - As noted earlier, the North Dakota Department of Human Services (DHS) - Division for Developmental Disabilities is the lead agency for North Dakota Early Intervention. DHS has served as the lead agency since the incorporation of IDEA in North Dakota. In North Dakota, the following offices are also included under DHS: State Medicaid, Early Childhood (management of the Child Care Block Grant), Child Welfare, Head Start State Collaboration, Mental Health, and Developmental Disabilities.

Part C in North Dakota is administered through 50% FTE for a coordinator position and 15% FTE for administrative support. In May 2018 the Part C Coordinator position moved to a 100% FTE. The North Dakota Part C federal grant supports contracts for technical assistance and these contracts assist the state in the work required to maintain Part C in North Dakota.

North Dakota's Early Intervention delivery system is managed through eight regional centers located across the state. The single point of entry for intake and eligibility decision-making are the regional Human Service Centers. In addition to intake and eligibility, the staff out of the Developmental Disabilities Program Management units also serve as service coordinators for the children that are eligible for North Dakota Early Intervention. The Developmental Disabilities Program Managers are state employees and receive oversight from the state DHS office for purposes of licensing and program support. The Part C Coordinator is an active part of that oversight.

DHS currently contracts and licenses providers that provide a service that’s called “Infant Development” in North Dakota. These providers are contracted to conduct the evaluations needed for eligibility purposes, conduct assessments for programming purposes, convene and develop the IFSP and reviews, provide the required early intervention services, and conduct transition activities. In addition to these providers, the state also issues contracts so that a parent who has had a child in Early Intervention can be hired in each region of the state. Among other activities, these parents, referred to as Experienced Parents, assist in regional general supervision activities.

**Fiscal** - North Dakota has used a unique funding strategy for many years by funding the majority of the service delivery through participation in the state Home and Community Based Medicaid waiver. Providers are paid with federal Medicaid dollars that are matched with 50% state general funds. Service coordination is paid by state general funds and Medicaid dollars, when appropriate. Presently, the state is not collecting third party insurance or assessing a parent fee.
Following the issuance of the IDEA federal regulations, the state followed suit by preparing state policies. Currently, North Dakota Early Intervention is managed through a 50% FTE for administration and a 15% FTE for North Dakota has established a predictable approach to the general supervision system which has technical assistance in North Dakota is accomplished through two contracts, one to Milestones Technical Assistance Consulting and one for a state family liaison, a parent who had a child in Early Intervention. Both contracts are involved in general supervision activities for the state as well as planning staff in-service and training. Regional program staff are able to access the technical assistance providers directly for ongoing support needs.

Accountability & Monitoring—North Dakota has established a predictable approach to the general supervision system which has assisted the regional programs to know what to expect. Letters of finding are issued on an annual basis, with immediate follow-up on closing the findings through both Prong 1 and Prong 2 reviews. Regional programs are then identified through this process for a Regional Action Plan (focused monitoring). State and regional level reporting information is maintained on the state website for public review. The North Dakota Interagency Coordinating Council has established a standing agenda item to review updates on general supervision and monitoring.

Systems Strengths and Areas for Improvement

Governance

Strengths: North Dakota has a rich history of providing services to infants and toddlers with disabilities dating back prior to the passage of Part H. The service model, from its inception in the 1970’s, has always been based on a home visitation model. Center-based services are a rarity and are viewed as acting out of compliance. Currently ND has a 99.7% performance on Indicator 2, services to infants and toddlers in their natural environment. In addition, the ND Early Intervention has had a long history with the Department of Human Services as the lead agency. This relationship links ND Early Intervention to state Medicaid, mental health, child welfare, child care, and developmental disabilities. This history and performance creates a sturdy background for improvement.

Issuance of the federal Part C regulations assisted the state in moving forward with policy and procedure revisions and development. The state has an active State Interagency Coordinating Council (SICC) that consists of 25 positions when fully appointed. The membership requirements in the operating procedures state the Council is to function with 30% parent membership and 20% membership as well as an individual who will represent each of the federally mandated positions. The SICC meets one time a year with the IDEA State Advisory Panel to discuss any crossover topics.

Areas for improvement: Currently, ND Early Intervention is managed through a 50% FTE for administration and a 15% FTE for administrative support in the state office. Presently there is no dedicated time from a data analyst at the state office specifically for Part C. The technical assistance contracts assist with general supervision and monitoring tasks, management of the SICC, coordination of the Experienced Parents, and professional development. A common theme through the stakeholders’ review of the infrastructure was that the current level of administration is inadequate in managing the state system with the growth ND’s experienced and the increased data and reporting requirements.

Because North Dakota’s lead agency is not education, stakeholders felt that this presents a challenge in our ability to partner with Part B around data sharing, outcome measurement, childfind, professional development, personnel qualifications, and seamless transition around eligibility for Part B. While a Memorandum of Agreement is in place between Part C and Part B in North Dakota, there continue to be barriers in sharing data and having child and family outcome measurements that talk to each other.

Entrance into the ND Early Intervention system and maintenance of services can be confusing for families and other external partners because of the need to satisfy both the requirements of OSEP and the Centers for Medicaid and Medicare. Separate applications are required for both ND Early Intervention and state Medicaid and families often confuse how these activities. This is also true with maintaining eligibility for Developmental Disabilities, the Medicaid waiver, and IDEA supports upon transitioning out of Early Intervention. Coordination of systems of support can also be confusing and families can end up with different plans of care from Early Intervention, child welfare, home visitation, Early Head Start, In-home support providers, or their medical home.

Fiscal
**Strengths:** North Dakota has been able to maximize state funding for service delivery by utilizing the federal Medicaid match by including infant development services under the Home and Community Based Services Medicaid waiver. While this is beneficial for the financing of the system, it is also helpful for families as they have access to a family income and asset disregard.

**Areas of Improvement:** North Dakota is facing a funding cliff over the next two years as more funds from the federal Part C grant are being used to cover families that are not applying for Medicaid. North Dakota has written the service delivery into the Home and Community Based Waiver and so state general funds are combined at a 50/50 match with Medicaid dollars. This stream of funding is only available if the child is on Medicaid (families have an income and asset disregard if child is eligible for the waiver). If families refuse to apply for Medicaid, then the state is using the federal Part C grant dollars. This is putting pressure on the ability to maintain other components of the Part C system such as our childfind effort, technical assistance, and/or professional development.

According to stakeholders, one of the areas of needed improvement is timely reimbursement of services and contracts. This was discussed by stakeholders when a state work group addressed a definition of North Dakota’s fee for service pay points as well as the personnel guidelines. Timely reimbursement assures that programs are not working at a deficit and are unable to meet their own expenses, such as payroll.

**Quality Standards**

**Strengths:** As noted in the Governance section, North Dakota Early Intervention has a long history of providing services in children’s homes and community settings. Our ability to promote inclusion at an early age is strengthened by not having to address the setting that children receive the majority of their Early Intervention services. Clinics and classrooms have never been established so major change was unnecessary. In 2009, the state invested in contracting with Juliann Woods to provide intensive Routine-Based Intervention training to our staff. In addition, trainers were sent to Dr. Robin McWilliam’s Routine-Based Interview llnstitute and came back to the state to train both service coordinators and Infant Development staff. The Routine-Based Interview is still used as the main tool to gather family assessment data in the state. Both the Woods and the McWilliam training has help the state to work towards quality functional outcomes for children and their families.

Because of the increasing pressure on the Part C federal budget to pay for direct services, there has been a decreasing opportunity for personnel development. This applies to pre-service collaboration as well as in-service training for currently employed staff.

While performance data on the compliance indicator (1) – timely initiation of services has remained somewhat constant, it continues to be below the national target of 100%. The question of statewide access to qualified staff is often raised in discussing the performance on Indicator 1 and the common response is that we struggle to attract speech and language pathologists to the field. In addition, we find that primarily the Early Intervention services that are used include: physical therapy, occupational therapy, speech therapy, and specialized instruction. The other Early Intervention services such as psychology and social work services are used more infrequently.

**Data**

**Strengths:** North Dakota’s web-based data system, which also serves as an electronic record, is easily accessible by the state office, the service coordinators, and the providers. The system generates the majority of the information needed for the completion of the federal reporting requirements and assists with monitoring and for purposes of closing regional program findings. The Individual Family Service Plan (IFSP) is generated from the web-based system.

North Dakota Early Intervention is partnering on a data sharing initiative that originated with the state’s Early Childhood Committee. Partnership on this committee includes Head Start, Child Care, and Department of Public Instruction.

**Areas of Improvement:** Presently, the North Dakota Early Intervention data system does not generate real-time child outcome data. This makes it difficult to use the child outcome data to use for progress monitoring. Presently, the tool that is being used is also not conductive to providing feedback that families and providers need to understand the child’s development. Other real-time reports on both compliance and other results indicator data is also difficult for staff to access. There is no access for families who have children in ND Early Intervention and some of the staff do not have access to the electronic record (i.e. Experineced Parents). At present, the North Dakota Early Intervention data system does not interact with the state’s Part B partner, so any information exchanged must be through more manual strategies.

The stakeholders’ input revealed that data entry into the system can be demanding. It was discussed that additional prompts, defaulted information, and anticipatory fields to decrease error in entry would be helpful.

**Accountability and Monitoring**

**Strengths:** North Dakota Early Intervention received technical assistance from the Data Accountability Center starting in 2010 to improve their general supervision system. Several in-person meetings as well as conference calls were held to establish state procedures that would assure proper compliance with the federal requirements as well as creating a feedback system for the regional programs that would drive improvement. The North Dakota Interagency Coordinating Council maintains a standing agenda item to receive a report on
the status of our general supervision system throughout the year. Since the improvements were implemented, North Dakota has filed federal reports, issued letters of findings, closed findings, and implemented regional improvement plans timely. Having a web-based data system has assisted the state to accomplish these needed tasks.

Experienced Parents are parents are hired to work in the regional programs. They must have a children in Early Intervention or have had a child who has been eligible. These parents are involved in regional general supervision activities, but also act in a capacity to advise and assist regional programs to make improvements that assure compliance and are more family-friendly.

**Areas of Improvement:** The state continues to work towards improvements around the measurement of child and family outcomes. Both of these areas have been brought up through the state’s review of the Annual Performance Report data as well as the stakeholder work that was completed in preparation of the State Systemic Improvement Plan. The state continues to explore options on improving the collection of performance around both child and family outcomes, so that the data proves more valuable for program change for both the state and the regional program.

Additional work is required on state procedures to assure consistency in practices between regional programs. Stakeholders discussed differences in eligibility determination practices as well other areas of practice. Additional technical assistance and professional development is needed in addition to the development of state procedures.

**State-level Improvement Plans and Initiatives**

North Dakota Early Intervention’s improvement efforts over the past three years have been focused on establishing structure to the general supervision system and establishing and implementing policies and procedures to assure compliance with the federal rules and regulations. This has been primarily an internal effort involving state office staff and the regional program staff. As noted earlier, North Dakota Early Intervention operates with limited amount of staff support at the state level. This affects the state’s ability to be involved multiple improvement activities and initiatives.

The state of North Dakota has had no involvement in federal initiatives such as the Race to the Top Challenge grant, the Preschool Challenge grant, or the Maternal Infant and Early Childhood Home Visiting (MIECHV) grants. Presently, a private, non-profit entity, Prevent Child Abuse North Dakota (PCAND), is the recipient of the MIECHV and the Early Childhood Comprehensive Systems (ECCS) grant. PCAND has formed a statewide home visitation coalition as well as a stakeholder group for the ECCS grant. North Dakota's Part C Coordinator is involved with both of these efforts. PCAND and the Home Visitation Coalition have been instrumental in bringing relevant topics on infant/toddler issues forward for professional development purposes. This spring, a conference will be held regarding infants that are exposed to substances and the effects of substance abuse on families.

The ECCS grant is currently focused on developmental screening for children birth to three years of age, with an emphasis on social-emotional factors. The North Dakota chapter of the American Academy of Pediatrics is actively partnering with the grant to assure best practices are used in screenings across the state. This effort fits well with the state’s need to increase the capacity of the North Dakota Early Intervention system to successfully identify and serve children with social/emotional/behavioral needs.

An Early Childhood Education Committee (ECEC) was formed after the requirement was added to the federal Head Start legislation. The state chose to maintain a separate North Dakota Interagency Coordinating Council. Presently, the state director for the Department of Human Services is appointed to the ECEC and represents North Dakota Early Intervention on the Committee. The Part C Coordinator and the State Family Liaison are involved with an Early Childhood Data Work Group of the ECEC. This work group has been working on a pilot project to tie an early childhood (i.e. Head Start) program into the Department of Public Instruction’s data system. The pilot project that is being considered is an entity that also houses a North Dakota Early Intervention regional program. It is unknown at this time how the regional program may be involved, but this has increased the dialogue around how to involve a program in the Department of Human Services.

During the 2013 – 2015 biennium (North Dakota’s legislature meets every two years), an extensive legislative study was completed on North Dakota’s ability to meet the needs of their citizens with behavioral health needs. Schulte Consulting, LLC was contracted and prepared a final report which can be found at: [http://www.ndpanda.org/news/docs/20140722-behavioral-health.pdf](http://www.ndpanda.org/news/docs/20140722-behavioral-health.pdf). Because of this study, there is currently legislature pending during the 64th session that may increase the capacity for the state to address social/emotional/behavioral issues of infants and toddlers in our state. It is too early to know what collaboration will be required or will occur.

One of the pending pieces of legislation would expand developmental screening in medical clinic setting as well as expand access to infant mental health specialists in the identified region. In addition, this region has access to expanded supports in the area of autism supports, board certified behavioral analysts, marriage and family therapists, and home visitation supports. There is also pending legislation to expand the Health Families Home Visitation model into the identified region with state funding.

**Representatives Involved/Stakeholder Involvement in Infrastructure Analysis**

North Dakota Early Intervention’s stakeholder work involved the state staff, including data analyst staff, the North Dakota Interagency Coordinating Council, the administrators for the regional programs (both service coordination and infant development), as well as the state’s Experienced Parent staff. Staff from the state’s parent training and information center, Pathfinder’s, were also present.

Represented in this group were:

- North Dakota Department of Public Instruction
The NDICC was apprised of the chosen SiMR during a regularly scheduled meeting. During this meeting, improvement activities were discussed and a rationale for setting a baseline and target was discussed and implemented. At this meeting, the following entities were represented:

- State Developmental Disabilities Administrator
- A representative from the state’s Protection and Advocacy program
- Infant Development Program coordinators
- Parents
- Regional Developmental Disabilities Program Administrators
- North Dakota Department of Public Instruction – Special Education/Section 619
- Parent Training and Information Center grantee
- State Child Welfare
- Family to Family Health Information Center (federal grantee) staff – Family Voices of North Dakota

Additional information was been sent to this group for further clarification on improvement strategies.

Communication has occurred with the regional program that is being highlighted for the SiMR. Both the service coordination unit and the regional infant development provider are agreeable to the opportunity.
State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

SiMR Statement

North Dakota's SiMR is aligned to SPP/APR indicator 3A

Percent of infants and toddlers with IFSPs who demonstrate improved positive social-emotional skills (including social relationships).

Stakeholders and the state Part C team chose the SiMR focused on child outcomes because it closely aligns with family outcomes and supporting families in their ability...

Data and Infrastructure Analysis Substantiating the SiMR

Data - Through stakeholder activities and processes, the state was considering a family outcome centered SiMR due to trending low performance in Indicator #4a. In addition there were concerns about the lack of diversity in the family survey return and significant increase in the use of family reason for the delay in service delivery; new procedural methods for distributing the survey were initiated. In August, the state team met with OSEP for two days to review the process and progress of the SSIP in North Dakota. There was continued discussion about additional data needs in the state to determine a SiMR. It was determined that the state would continue to drill down in data, specifically the FFY 2013 data as it became available for Indicator 4. At the time the FFY 2013 data became available to the state team, it was disaggregated by region and reviewed alongside the federal performance 2012 data. Based on improvement of the FFY 2013 Indicator 4 data, the team determined that there was improved performance that did not support a SiMR in this area.

In February of 2015, the ND state team was able to view the disaggregation of Indication 3 data along side regional trend data. Indicator 3a in general had a significant gap in relation to the federal performance. The state had ongoing concerns regarding the use and availability of evidence based interventions in the social emotional area due to an increasingly diverse population entering the state. The state previously had initiatives around infant mental health during 2009/2010 in early intervention. Further data analysis was completed (see data analysis of this indicator).

Infrastructure - The state of North Dakota used the opportunity to develop the State Systemic Improvement Plan as a means to conduct two separate broad stakeholder meetings. The stakeholder meetings were structured so that a full review of the state data (as outlined in Section 1) had occurred prior to the Infrastructure Analysis.

The data elements that appeared to influence the infrastructure analysis included: the state's significant rate of growth in birth rate and eligible children, the state's strong performance on Indicators 5 and 6, and the high performance of Indicator 2 and services delivered in the natural environment.

In regards to Quality Standards, North Dakota Early Intervention has not adopted the state early learning guidelines for infants and toddlers. Also, North Dakota Early Intervention is not using any statewide system of positive behavioral supports and strategies. This systemic baseline knowledge of typical development as well as the use of behavioral supports and strategies that are good for all children would assist the staff in the field, which is a concern for child outcomes. The state budget has been impacted due to fiscal constraints to pay for direct services, there has been a decreasing opportunity for personnel development. This applies to pre-service collaboration as well as in-service training for currently employed staff.

Presently, the North Dakota Early Intervention data system does not generate real-time child outcome data. This makes it difficult to use the child outcome data to use for progress monitoring. Presently, the tool that is being used is also not conductive to providing feedback that families and providers need to understand the child's development. Other real-time reports on both compliance and other results indicator data is also difficult for staff to access. There is no access for families who have children in ND Early Intervention and some of the staff do not have access to the electronic record (i.e. Experienced Parents). At present, the North Dakota Early Intervention data system does not interact with the state's Part B partner, so any information exchanged must be through more manual strategies.

In accountability and monitoring, the state continues to work towards improvements around the measurement of child and family outcomes. Both of these areas have been brought up through the state's review of the Annual Performance Report data as well as the stakeholder work that was completed in preparation of the State Systemic Improvement Plan. The state continues to explore options on improving the collection of performance around both child and family outcomes, so that the data proves more valuable for program change for both the state and the regional program. Additional work is required on state procedures to assure consistency in practices...
between regional programs. Stakeholders discussed differences in eligibility determination practices as well other areas of practice. Additional technical assistance and professional development is needed in addition to the development of state procedures.

Please refer to the data analysis and infrastructure sections of this indicator for more information.

SiMR as Child-Family-Level Outcome

Please refer to the data and infrastructure analysis sections of this indicator for more detail. The chosen SiMR is based on child outcomes. The specific program was chosen, based on the data analysis that performance on 3a summary statement 1 for a single region dropped from 50% to 0% while the program doubled in size. This region continues to have growing diverse population. Because there were not have any children in category c or d, the percentage reported for indicator 3A-1 in this region was zero. In conclusion, the children that came into the system delayed in social-emotional skills, did not show growth. Working with this specific program will allow the State to systemize their procedures, assessments & professional development, which will facilitate scale-up in other regional programs and regions.

Stakeholder involvement in Selecting SiMR

On June 5, 2014, the Interagency Coordinating Council (ICC) was given a review of the SSIP process with Carolee Eslinger leading the meeting. Then, the ICC was presented with state Part C data to review in small groups answering questions designed to aid in data analysis. After small and large group data analysis discussion, an infrastructure analysis was completed through a Strength-Weakness-Opportunity-Threat (SWOT) activity with a group gallery walk allowing different small groups to discuss and share information. Before the group left the meeting, additional data questions were generated.

For the July 16, 2014, stakeholder meeting, which included North Dakota staff including administrators of service coordination units, early intervention providers, experienced parents, and ND state staff, a binder of data was given to each of the stakeholders. Through these stakeholder activities and processes, the state was considering a family outcome centered SiMR due to trending low performance in Indicator #4a, with significant concern in one region. In addition, there were concerns about the lack of diversity in the family survey return and significant increase in the use of family reason for the delay in service delivery. When the family survey data was analyzed for FFY 2013, significant improvement was noted, so child outcome data was further analyzed by the state team and disaggregated.

At the January 15, 2015 ICC meeting, the Indicator 4 data was shared. The consultation with national TA partners from DaSy & IDC was relayed, along with their recommendation that the State move towards using a Child Outcome, rather than a Family Outcome.

On February 17, 2015, a presentation was given to Regional Service Coordinators, EI Services Providers, and Experienced Parents, regarding the data for Indicator 4 as a SiMR topic & the need to consider using a component of Indicator 3a.

At the March 4, 2015 ICC meeting, the topic and potential strategies for improving Indicator 3a were discussed. After reviewing all components of Indicator 3, the ICC agreed with the chosen SiMR, as well as program to begin the SSIP work.

Baseline Data and Targets

If evidence-based professional development, technical assistance, and assessment skills to increase the knowledge and skills of early intervention providers to support social emotional skill development in birth to three year olds enrolled in early intervention is provided, then improved social emotional outcomes for children who come in below age expectation but make substantial gains while involved with one identified provider will be demonstrated.

The chosen program will move their performance on Indicator 3A Summary Statement 1 from their baseline of 0% to 25% in FFY 2014 and to 27.5% by FFY 2018. The targets may need to be revised based on work being completed during the SSIP, including the implementation of a new child outcome tool, which was implemented in October 2017.
Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

How Improvement Strategies were Selected

Many of the improvement strategies were selected based on data from indicator 3 data and concerns in the field discussion with stakeholders, which indicated concerns in the areas of the use and understanding of the child outcome tool in the area of social emotional development. The following two areas for improvement strategies were chosen:

- Promote Best-Practice Screening and Assessment Practices
- Promote Knowledge of Social/Emotional Development

The process used to select improvement strategies included two stakeholder meetings, national technical assistance discussions, state team meetings, a survey to the field, and data analysis with focused attention on disaggregated data from the three child outcomes. The issues identified included a lack of consistent understanding and implementation of supporting families and their children in the area of social emotional development (see data analysis section for specific information). Coaching is a primary strategy that is used in the home visiting programs in North Dakota. However, the staff report that they have limited knowledge of how to support families and their children in understanding social emotional development. Furthermore, stakeholders indicated a concern that the current child outcome tool does not provide feedback for staff to review with families and does not facilitate the family or staff's understanding of individual child progress in the area of social emotional development. Overwhelmingly, stakeholders stressed the importance of obtaining a better way to garner child outcome data and give more accurate information relating to Indicator 3. This has lead the State to prioritize the implementation of a new child outcome tool.

The broad improvement strategies listed below will be described in greater detail in Phase II of this SSIP. The implementation framework in that report (due February 2016) will include the reasons each strategy was chosen.

Proposed Coherent Improvement Strategies:

1. Promote Best-Practice Screening and Assessment Practices

   - Strategies to Improve Screening and Child Find Practices
     - Identify and create an inventory of evidence-based tools and practices for screening to support improved identification practices in the area of social/emotional/behavioral development.
     - Increase efforts to collaborate and identify screening opportunities for infants and toddlers in identifying social/emotional/behavioral concerns.
     - Develop policies and procedures for promoting best-practices around identification of infants and toddlers with social/emotional/behavioral concerns.
     - Provide training to Right Track and EI staff to effectively implement new policies and procedures.

   - Strategies to Improve Assessment Practices
     - Identify, create and disseminate an inventory of evidence-based tools and practices for assessing development in the area of social/emotional/behavioral development
     - Provide training to EI staff to effectively implement the use of informed clinical opinion in the eligibility process, including social/emotional/behavioral characteristics.

   - Strategies to Improve Child Outcome Measurement Practices
     - Implement the use of a new Child Outcome Tool for assessment, federal reporting, and progress monitoring purposes
     - Establish a workgroup to review the new Child Outcome Tool data and progress reports to drive improvement in the area of social/emotional/behavioral development.
2. Promote Knowledge of Social/Emotional Development

- Strategies to Improve Parent Confidence and Competence
  - Develop and disseminate procedural safeguard materials that are culturally sensitive and parent-friendly
  - Provide timely feedback to parents regarding child's development especially in the area of social/emotional/behavior development through the use of a Child Outcome tool that has accessible parent reports
  - Develop and disseminate a statewide standardized job description for the Experienced Parent position to better provide parent-to-parent information and emotional support across the state

- Strategies to Improve EI Staff Confidence and Competence
  - Inventory and maximize opportunities to collaborate on existing efforts for professional development in the areas of social/emotional/behavioral development
  - Provide timely feedback to EI Staff regarding individual child's development and overall regional program performance, especially in the area of social/emotional/behavioral development through the use of a Child Outcome tool that has accessible reports
  - Require regional program orientation and use of the DEC Recommended Practices, especially related to the area of social/emotional/behavioral development through the redesign of the state's service contracts.
  - Provide training to EI staff to effectively implement the support of parent learning around Procedural Safeguards and Access to Part C services.
  - Develop, distribute, and train on a state philosophy regarding parent involvement and the link to a child's social/emotional wellness.


| Year 1 FFY 2013 | Phase 1: Analysis | Data analysis Infrastructure Analysis
|                 |                  | SiMR
|                 |                  | Identify focus for improvement
|                 |                  | Theory of Action

| Year 2 FFY 2014 | Phase 2: Plan | Steps to implement the SSIP
|                |              | Improvement strategies with timelines
|                |              | Plan for dissemination of timely data
|                |              | Support for EI programs and providers, families, referral sources, childcare providers
|                |              | Aligning with local initiatives
|                |              | Training of evidence-based practices
|                |              | Plan for how lead agency will support early intervention providers in scaling up and sustaining implementation
|                |              | Formative evaluation

| Year 3 FFY 2015-2018 | Phase 3: Implementation & Evaluation | Results of ongoing evaluation and revisions to the SSIP
|                        |                                  | Progress
|                        |                                  | Implementation
|                        |                                  | Evaluation

How Improvement Strategies are Sound, Logical and Aligned

North Dakota Part C believes that the strategies are sound, logical, and aligned with the SiMR. These will be modified as necessary. It is felt that these coherent improvement strategies will target many different levels that contribute to supporting infants and toddlers with...
Data-In February of 2015, the ND state team was able to view the disaggregation of Indication 3 data along side regional trend data. Due to fiscal system does not interact with the state's Part B partner, so any information exchanged must be through more manual strategies.

The state targets are under the federal performance averages, and the state is not sure if this is due to the tool being used, training issues around the tool, or collection of data. There are concerns about the number of eligible children, the state's strong performance on Indicators 5 and 6, and the high performance of Indicator 2 and services delivered in the natural environment.

Infrastructure- The state of North Dakota used the opportunity to develop the State Systemic Improvement Plan as a means to conduct two separate broad stakeholder meetings.

In regards to Quality Standards, North Dakota Early Intervention has not adopted the state early learning guidelines for infants and toddlers. Also, North Dakota Early Intervention is not using any statewide system of positive behavioral supports and strategies. This systemic baseline knowledge of typical development as well as the use of behavioral supports and strategies that are good for all children would assist the staff in the field, which is a concern for child outcomes. The state budget has been impacted due to fiscal constraints to pay for direct services, there has been a decreasing opportunity for personnel development. This applies to pre-service collaboration as well as in-service training for currently employed staff.

Presently, the North Dakota Early Intervention data system does not generate real-time child outcome data. This makes it difficult to use the child outcome data to use for progress monitoring. Presently, the tool that is being used is also not conductive to providing feedback that families and providers need to understand the child's development. Other real-time reports on both compliance and other results indicator data is also difficult for staff to access. There is no access for families who have children in ND Early Intervention and some of the staff do not have access to the electronic record (i.e. Experienced Parents). At present, the North Dakota Early Intervention data system does not interact with the state’s Part B partner, so any information exchanged must be through more manual strategies.

Strategies that Address Root Causes and Build Capacity

The lead agency, with broad stakeholder input, identified the root cause of concern as not understanding the components to identify and support young children with social emotional challenges. One of the main areas of concern in the state of ND has been on the need to choose a new tool to measure child outcomes that will allow for systematic training for staff and provide for parent feedback. In addition, the staff do not have access to the electronic record (i.e. Experienced Parents). The indicator data is also difficult for staff to access.

Presently, the North Dakota Early Intervention data system does not generate real-time child outcome data. This makes it difficult to use the child outcome data to use for progress monitoring. Presently, the tool that is being used is also not conductive to providing feedback that families and providers need to understand the child’s development. The state will also create policies and procedures to ensure implementation.

One of the pending pieces of legislation would expand developmental screening in medical clinic setting as well as expand access to infant mental health specialists in the identified region. In addition, this region has access to expanded supports in the area of autism supports, board certified behavioral analysts, marriage and family therapists, and home visitation supports. There is also pending legislation to expand the Healthy Families Home Visitation model into the identified region with state funding. A plan will be developed to foster collaborations with these partners.
In accountability and monitoring, the state continues to work towards improvements around the measurement of child and family outcomes. Both of these areas have been brought up through the state’s review of the Annual Performance Report data as well as the stakeholder work that was completed in preparation of the State Systemic Improvement Plan. The state continues to explore options on improving the collection of performance around both child and family outcomes, so that the data proves more valuable for program change for both the state and the regional program. Additional work is required on state procedures to assure consistency in practices between regional programs. Stakeholders discussed differences in eligibility determination practices as well other areas of practice. Additional technical assistance and professional development is needed in addition to the development of state procedures.

Stakeholder Involvement in Selecting Improvement Strategies

North Dakota Early Intervention’s improvement efforts over the past three years have been focused on establishing structure to the general supervision system and establishing and implementing policies and procedures to assure compliance with the federal rules and regulations. This has been primarily an internal effort involving state office staff and the regional program staff. As noted earlier, North Dakota Early Intervention operates with limited amount of staff support at the state level. This affects the state’s ability to be involved multiple improvement activities and initiatives.

The NDICC was apprised of the chosen SiMR during a regularly scheduled meeting. During this meeting, improvement activities were discussed and a rationale for setting a baseline and target was discussed and implemented. At this meeting, the following entities were represented:

- State Developmental Disabilities Administrator
- A representative from the state’s Protection and Advocacy program
- Infant Development Program coordinators
- Parents
- Regional Developmental Disabilities Program Administrators
- North Dakota Department of Public Instruction – Special Education/Section 619
- Parent Training and Information Center grantee
- State Child Welfare
- Family to Family Health Information Center (federal grantee) staff – Family Voices of North Dakota

A survey was sent to the ICC members, service coordinators, regional EI providers, and Experienced Parents to gather input on the improvement strategies in March, 2015. Two responses were returned. The biggest concern raised surrounded the building of ND’s infrastructure and resources for children with mental health concerns and increasing the collaborations and service delivery to those children and their families.
Indicator 11: State Systemic Improvement Plan

Data and Overview

Monitoring Priority: General Supervision

Results indicator: The State’s SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State’s capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Submitted Theory of Action: No Theory of Action Submitted

Provide a description of the provided graphic illustration (optional)

Description of Illustration

The Theory of Action is broken down in 2 key areas of needed improvement, with subcomponents:

1. Promoting Best-Practice Screening and Assessment Practices
   1. Strategies to Improve Screening and Child Find Practices
   2. Strategies to Improve Assessment Practices
   3. Strategies to Improve Child Outcome Measurement Practices

2. Promoting Knowledge of Social/Emotional/Behavioral Development
   1. Strategies to Improve Parent Confidence and Competence
   2. Strategies to Improve EI Staff Confidence and Competence

The key areas were derived from the data and infrastructure analyses, based on the root causes and incorporate the improvement strategies. The Theory of Action describes a flow of action steps based on the Improvement Strategies to increase the confidence and competence of EI staff and parents/families resulting in improvement of the State Identified Measurable Result.

How Improvement Strategies will Lead to Improve Results

North Dakota's Theory of Action outlines the improvement strategies, which will be implemented during the timeline of the SSIP to improve positive social-emotional outcomes for infants and toddlers in the chosen program.

The following describes how each improvement strategy leads to improved results in the SiMR:

**Strategies to Improve Screening and Child Find Practices**

If ND EI staff are orientated to an inventory of evidence-based tools and practices, providers will be able to more effectively screen all areas of a child's development, including social/emotional/behavioral development, and identify any areas of concern. If ND increases collaboration around identifying screening opportunity for infants and toddlers, this should lead to increased identification of children with social/emotional/behavioral concerns. Developing policies and procedures will promote best practices regarding identification of social/emotional/behavioral concerns, which will provide the forum to train Right Track, ND's EI Child Find Program, and EI staff regarding social/emotional/behavioral development. These steps/tasks will lead to EI providers being better equipped to screen and identify children with social/emotional/behavioral concerns. Better identification will ensure that children receive necessary services, which will positively impact their social/emotional/behavioral development.

**Strategies to Improve Assessment Practices**

If ND EI staff are orientated to an inventory of evidence-based tools and practices, the EI staff will be more effectively evaluate and assess all areas of a child's development, including social/emotional/behavioral development, for the purpose of addressing any areas of concern. This will lead to improved social/emotional/behavioral skills for children involved in ND EI Services.

If ND refines and effectively trains on the use of informed clinical opinion, then EI staff will use a fuller array of techniques to understand a child's functioning during the eligibility process. Improved assessment practices will lead to more accurate eligibility determinations and service delivery for children with social/emotional/behavioral concerns.

**Strategies to Improve Child Outcome Measurement Practices**

If ND implements a new Child Outcome Tool, EI staff will be able to more accurately assess all areas of development, including social/emotional/behavioral development. This will enable IFSP teams to be better informed to address child and family needs. Better team planning and parents/families being informed of their child's progress in relation to the Child Outcome Tool, will lead to improved results for children, including social/emotional/behavioral skills.
If ND forms a workgroup to review the data and progress reports derived from the new tool, this will allow ND to explore how the Child Outcome data can be used to improve performance, policy and practice.

Strategies to Improve Parent Confidence and Competence

If ND develops and disseminates culturally sensitive and parent-friendly procedural safeguard materials, then parents/families will have a better understanding of their rights and the services they are entitled to while participating in Part C service. We firmly believe that parents/families being fully informed of their rights will directly impact their child's performance while involved with ND EIS.

If parents/families have timely feedback regarding their child's development, especially in the area of social/emotional/behavioral skills, this will ensure better team planning and allow parents/families to better ascertain their priorities and develop more effective outcomes. This will lead to improved performance in all areas of development, including social/emotional/behavioral skills.

In ND, we provide an invaluable service, called Experienced Parent, to parents/families interested in participating. This affords parents/families the opportunity to work with someone who has moved through the ND EI System, and support parents/families as they navigate the system and services. If ND develops and disseminates a standardized job description for Experienced Parents, parents/families will receive more consistent services from their regional Experienced Parent, which will lead to parents being better informed of their rights and increase their ability to impact and maximize ND EI service delivery.

Strategies to Improve EI Staff Confidence and Competence

If ND maximizes existing efforts and collaborations for professional development in the area of social/emotional/behavioral development, then EI staff will be better equipped to address concerns, which will lead to improved social/emotional/behavioral skills in children involved with ND EIS.

If ND provides more timely feedback to EI staff regarding individual children's development and provides regional program performance, particularly in the area of social/emotional/behavioral development via the new Child Outcome Tool, EI staff will have a better idea of how their interventions and team planning are impacting the children in ND EIS. This will lead to improved outcomes in all areas of development, including social/emotional/behavioral skills.

If ND revises the service contracts with EI providers and requires regional program orientation for EI staff, including the use of the DEC Recommended Practices, especially in the area of social/emotional/behavioral development, this will provide for a broader base of knowledge for EI staff to draw from in the team planning process.

If ND provides training on the importance of supporting parent learning around procedural safeguards and access to Part C services, as well as train on the State philosophy regarding parent involvement, then EI staff will be better able to inform and support parents regarding their rights and participation in ND Early Intervention.

Stakeholder Involvement in Developing the Theory of Action

In the summer of 2014, the Interagency Coordinating Council (ICC), North Dakota staff including administrators of service coordination units, early intervention providers, and experienced parents were given a review of the SSIP process and informed that a Theory of Action must be developed. Broad recommendations were made, by the stakeholders involved, regarding issues surrounding state data and infrastructure.

On February 17, 2015, a presentation was given to Regional Service Coordinators, EI Services Providers, and Experienced Parents, regarding the data for Indicator 4 as a SiMR topic & the need to consider using a component of Indicator 3a. This presented another opportunity for stakeholders to offer recommendations regarding improvement strategies and influence the Theory of Action.

At the March 4, 2015 ICC meeting, the topic and potential strategies for improving Indicator 3a were discussed. After reviewing all components of Indicator 3, the ICC agreed with the chosen SiMR, as well as engaged in a broad discussion about improvement strategies to affect the SiMR.

The State Team drafted the Theory of Action and incorporated the improvement activities suggested by the ND ICC. The Theory of Action and corresponding improvement strategies were sent out to the stakeholder group previously mentioned in other sections of the SSIP.
Infrastructure Development

(a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
(b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
(c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
(d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

North Dakota chose to complete Phase II of the SSIP in a Word Document, following OSEP's Phase II outline. This has been attached below, so please reference that document for this section and all other sections required in Phase II of the SSIP.

Support for EIS programs and providers implementation of Evidence-Based Practices

(a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.
(b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.
(c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

Evaluation

(a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
(b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
(c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).
(d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State’s progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.
Indicator 11: State Systemic Improvement Plan

Data and Overview

Monitoring Priority: General Supervision

Results indicator: The State’s SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Phase III submissions should include:

- Data-based justifications for any changes in implementation activities.
- Data to support that the State is on the right path, if no adjustments are being proposed.
- Descriptions of how stakeholders have been involved, including in decision-making.

A. Summary of Phase 3

1. Theory of action or logic model for the SSIP, including the SiMR.
2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies.
3. The specific evidence-based practices that have been implemented to date.
4. Brief overview of the year’s evaluation activities, measures, and outcomes.
5. Highlights of changes to implementation and improvement strategies.

North Dakota chose to complete Phase III, year three of the SSIP in a PDF Document, following OSEP’s Phase III outline. This has been attached below, so please reference that document for this section and all other sections required in Phase III of the SSIP.

B. Progress in Implementing the SSIP

1. Description of the State’s SSIP implementation progress: (a) Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed and (b) Intended outputs that have been accomplished as a result of the implementation activities.
2. Stakeholder involvement in SSIP implementation: (a) How stakeholders have been informed of the ongoing implementation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP.

C. Data on Implementation and Outcomes

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan: (a) How evaluation measures align with the theory of action, (b) Data sources for each key measure, (c) Description of baseline data for key measures, (d) Data collection procedures and associated timelines, (e) [If applicable] Sampling procedures, (f) [If appropriate] Planned data comparisons, and (g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements.
2. How the State has demonstrated progress and made modifications to the SSIP as necessary: (a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR, (b) Evidence of change to baseline data for key measures, (c) How data support changes that have been made to implementation and improvement strategies, (d) How data are informing next steps in the SSIP implementation, and (e) How data support planned modifications to intended outcomes (including the SiMR)—rationale or justification for the changes or how data support that the SSIP is on the right path.
3. Stakeholder involvement in the SSIP evaluation: (a) How stakeholders have been informed of the ongoing evaluation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP.

D. Data Quality Issues: Data limitations that affected reports of progress in implementing the SSIP and achieving the SiMR

1. Concern or limitations related to the quality or quantity of the data used to report progress or results.
2. Implications for assessing progress or results.

E. Progress Toward Achieving Intended Improvements

1. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up.
2. Evidence that SSIP’s evidence-based practices are being carried out with fidelity and having the desired effects.
3. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SiMR.
4. Measurable improvements in the SiMR in relation to targets.

F. Plans for Next Year

1. Additional activities to be implemented next year, with timeline.
2. Planned evaluation activities including data collection, measures, and expected outcomes.
3. Anticipated barriers and steps to address those barriers.
4. The State describes any needs for additional support and/or technical assistance.

4/8/2019 Page 73 of 75
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I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

Selected: Designated by the Lead Agency Director to certify

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

Name: Jacqueline Adusumili
Title: Part C Coordinator
Email: jadusumili@nd.gov
Phone: 701-328-8968