

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act

For reporting on
FFY 2020

North Dakota



PART C DUE
February 1, 2022

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

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 2020, four (4) of the regions had one (1) Infant Development program, one (1) region had two (2) Infant Development programs, and three (3) regions had three (3) 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. There are 14 Infant Development programs for the purposes of reporting for FFY 2020.

Additional information related to data collection and reporting

In March 2020, due to the COVID-19 health emergency, North Dakota moved to provide IFSP services through virtual platforms. All services, including evaluation and assessment, home visits, consultations, and IFSP development were able to be provided using virtual platforms. This flexibility allowed services to continue for families uninterrupted and is reflected in the consistency of our data. Ongoing state and federal Technical Assistance (TA) has been utilized to support programs in implementing quality, evidence-based virtual services.

In March 2020, North Dakota issued initial guidance around COVID-19 documentation and expectations for engaging in virtual service delivery. The North Dakota Department of Human Services established a webpage to compile all COVID-19 guidance for stakeholders. North Dakota Early Intervention guidance is found on the established webpage. The state began holding weekly meetings with programs regarding COVID-19 in March 2020. These meetings are an opportunity for the state to provide updates on policy and procedure regarding COVID-19, and for programs to seek clarification and ask questions.

Virtual service delivery was made available to all programs and families beginning on March 1, 2020. With the support of Statewide Early Intervention meetings and state-provided resources, programs were able to work through technology needs in a short time period. In April, the state allowed the intake process to be conducted virtually for all infants and toddlers, instead of requiring it to be conducted in-person. Federal requirements are continually reviewed to determine the maximum amount of flexibility that can be provided to programs and families while still ensuring families' rights are being upheld.

The attachment labeled "COVID-19 Response ND-C FFY 2020" contains a link to North Dakota's COVID-19 guidance.

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 nine (9) 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 nine (9) 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.

For child outcome data for FFY 2020, North Dakota is able to report using the AEPS. As the transition to the AEPS continues, North Dakota is monitoring the data for the AEPS cohort to assure fidelity, as well as valid and reliable data. In an effort to monitor the continued increase of use of the new tool during this transitional time, North Dakota examines the completion rate of the AEPS data monthly for increase in use.

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.

General Supervision/APR Preparation/SSIP Preparation/Part C Regulation Implementation – DaSy/ECPC/ECTA/ITCA/IDC/NCSI. 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."

The attachment labeled "Technical Assistance System ND-C FFY 2020" contains the specific instances of TA that were utilized during FFY 2020.

The State received ongoing TA from CIFR, CADRE, 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. Another focus was on implementing a new Child Outcome Tool in our system to improve Indicator 3. This work continues. In addition, ECTA provided TA in the development of Procedural Safeguards and Prior Written Notice.

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.

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.

The attachment labeled "Professional Development System ND-C FFY 2020" contains the specific instances of TA that were utilized during FFY 2020.

A bulk of our professional development is provided via videoconferencing technology. 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.

Creating Quality Service Coordination Services in North Dakota: Understanding IDEA Part C is a two-part video series and infographic with the goal of supporting parents, service coordinators and early intervention programs.

The Partnering for Outcomes With Real Meaning (POWR) project was initiated to create local leaders and trainers around the philosophy of early intervention, assessment in early intervention, and writing meaningful outcomes.

During FFY 2020, Professional Development System work continued with a stakeholder team working with technical assistance to create Authentic Assessment modules. The state TA team developed 16 assessment modules around the Routines-Based Interview. Stakeholder feedback will inform state scale-up on family assessment in FFY 2021.

The Resilient Early Intervention Leadership Grant involves several stakeholder groups across the state of ND, including 100 cross-agency leaders in the Resilient Early Intervention Leadership Collaborative (RELC). A RELC survey was sent to the 100 cross-agency leaders, and 40 completed the survey. Overall, respondents indicated that the RELC webinars have increased their confidence and understanding of resilient leadership in early intervention. Qualitative themes from the survey focused on the importance of self-care, reflecting on internal beliefs, relationship-building in teams, and reflecting on personal goals.

Broad Stakeholder Input:

The mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State's Systemic Improvement Plan (SSIP).

TARGET SETTING:

The North Dakota Department of Human Services, as the Part C Lead Agency, collaborated with our stakeholders, the North Dakota Interagency Coordinating Council (ND ICC), the Data Drill Down stakeholder work group, the Early Intervention Statewide Meeting stakeholder group, and a Parent Panel to engage in target setting activities for FFY 2020-FFY 2025. Information about each engagement is detailed below.

Data Drill Down stakeholder work group: The Data Drill Down stakeholder work group met six times during September and October 2021 to review, analyze and set preliminary targets for Indicators 2,3,4,5 and 6. This group is made up of a diverse group of stakeholders, including service coordinators, Infant Development coordinators, and Primary Early Intervention Providers. Some of the members on this group are also parents of children in Early Intervention. The Data Drill Down group considered trend performance and target data for the past seven (7) years of APRs, average performance and change over the last five (5) years, and other contributing factors, including COVID-19, when setting targets.

ND ICC: The ND ICC met on September 14, 2021 to review the preliminary targets set by the Data Drill Down work group. The ND ICC reviewed the preliminary targets, as well as trend performance and target data for the last five (5) years of APRs. The group discussed potential changes to the targets, and suggested to ND DHS to adopt the targets as suggested by the Data Drill Down work group. On December 16, 2021, the ND ICC met and reviewed FFY 2020 APR Data, including the targets, and voted to adopt the data as their report to the Governor.

Early Intervention Statewide Meeting: On November 16, 2021, the EI Statewide Meeting stakeholder group, made up of Service Coordination Leadership and Infant Development Program Leadership, met to review the preliminary targets set by the Data Drill Down work group. The EI Statewide Meeting group discussed the preliminary targets and suggested to ND DHS to adopt the targets for FFY 2020-2025. At this time, a request was made to members to provide names and contact information of parents who may be interested in reviewing the APR targets as part of a Parent Panel.

Parent Panel: The Parent Panel was made up of five (5) parents from across the state who showed interest in reviewing the APR Targets and providing feedback to ND DHS. The Part C Coordinator spoke with each parent to determine the best time to meet, including offering evening and weekend times. The Parent Panel was able to meet with four (4) members on December 2, 2021 and one (1) member on January 13, 2022. The Part C Coordinator shared materials prior to the meetings that explained the APR targets, the purpose of the target setting activities, and the proposed targets. During the meeting, the Part C Coordinator encouraged members to speak up if they had questions or needed clarification. Many members did, and a great discussion was had about all indicators, but particularly the child and family outcomes (Indicators 3 and 4). The group suggested that ND DHS adopt the preliminary targets.

ND DHS and NDICC reviewed the trend and performance data for the previous years for all the results indicators to set targets for FFY 2019 on January 23rd, 2020.

ND DHS and NDICC had 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.

SSIP ACTIVITIES:

The following groups were engaged for SSIP activities:

PD Workgroup: Regional representatives of service coordinators, EI providers, parents, and technical assistance.

Resilient Early Leadership Collaborative: 100 cross-agency leaders, including parents, in a multiyear learning collaborative.

Resilient Early Intervention Leadership Certificate: 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

Grant Advisory Group: Cross-agency leaders, parents, and higher education, to meet quarterly in support of grant projects.

Apply stakeholder input from introduction to all Part C results indicators (y/n)

YES

Number of Parent Members:

14

Parent Members Engagement:

Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

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Caregiver Survey: In addition, the state engages families and caregivers through a survey process to learn about their experiences and create future strategies. In FFY 2020, the response rate grew to over 140 caregiver responses, indicating an overwhelming increase in parent and caregiver participation.

The Parent Panel and ND ICC will continue to engage parents to review data and analyze progress quarterly.

Activities to Improve Outcomes for Children with Disabilities:

Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.

The ND ICC identified a need to engage parents regularly prior to ND ICC meetings to ensure that parents are understanding all agenda items, and to provide guidance around agenda items so that parents feel confident to engage in meaningful dialogue during the ND ICC meetings. The group created a Membership subcommittee to create mentorship opportunities for new parent members, as well as creating trainings for new members around common topics during meetings (i.e. APR Data, SSIP, Part C Budget, etc.). This group has already begun mentoring parent members.

The Parent Panel was created to engage parents from across the state in providing feedback and dialogue around ND Part C. This group will meet quarterly beginning in March 2022 to discuss "hot topics" in ND Part C, including peer-to-peer support, Family Outcomes Survey, and Child Outcomes, among other topics. To encourage participation from diverse groups of parents and remove barriers, this group will receive a stipend, and meetings will be available to be scheduled at times convenient to parents, including evenings and weekends, if desired.

The Resilient Early Intervention Leadership Grant initiative builds a tiered, sustainable system of leadership opportunities to increase the capacity of leaders across the state, region, and local early childhood system. The ND EI leadership program, Resilient Early Intervention Leaders (REIL), supports 100 cross-agency leaders, including parents and tribal entities, in a multiyear learning collaborative and 36 interdisciplinary professionals in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Soliciting Public Input:

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.

Public input, specifically engaging caregivers within the system, was sought throughout the target setting activities in several ways.

The Data Drill Down group was asked to invite additional participants to attend meetings, and specifically to pass information of meetings along to parents who may be interested in attending.

The ND ICC Meetings are public, and public notice of meetings as well as agenda topics, is made prior to meeting dates. This notice is posted on the nd.gov website and shared with a newspaper in each region of ND. As with the Data Drill Down group, the ND ICC was encouraged to invite additional participants to attend the September 14, 2021 meeting to engage in target setting.

The SSP/APR is posted to the ND EI Website annually.

The Resilient Early Intervention Leadership Grant (REIL Grant) has two stakeholder advisory groups that meet regularly to provide feedback on building a sustainable system of leadership opportunities to increase capacity across the early childhood system in North Dakota. Public notice of meetings and agenda topics is made prior to meeting dates, and is posted on the nd.gov website.

Making Results Available to the Public:

The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.

The results of the target setting activities and the SSIP improvement strategies were shared with the public at the ND ICC Meeting on 12/16/21 and through the minutes of the ICC meeting, available on the ND EI Website. Additionally, the PowerPoint presentation used to discuss the FFY 2020-2025

targets is posted to the ND EI Website.

The SPP/APR and SSIP are posted to the ND EI Website annually.

An attachment labeled "FFY 2020-2025 Target Setting ND-C FFY 2020" contains links to these items.

Reporting to the Public:

How and where the State reported to the public on the FFY 2019 performance of each EIS Program 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 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.

All required public information is contained on ND Early Intervention's website. The FFY 2019 APR and SPP are posted under the Part C Info tab on ND Early Intervention's website.

Links to these documents are provided in the attachment labeled "Public Reporting information ND-C FFY 2020" included in this indicator.

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 a video conferencing session, after receipt of the State's level of determination. After the providers have received their individual determinations and have had the 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.

Intro - Prior FFY Required Actions

Response to actions required in FFY 2019 SPP/APR

Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

Intro - Required Actions

Intro – State Attachments



COVID-19 Response



FFY 2020-2025



Public Reporting



Technical Assistance



Professional

ND-C FFY 2020.docx Target Setting ND-C F Information ND-C FFY System ND-C FFY 202 Development System

Indicator 1: Timely Provision of Services

Instructions and Measurement

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)

Data Source

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the 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).

Measurement

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

Account for untimely receipt of services, including the reasons for delays.

Instructions

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State's timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in the Office of Special Education Programs' (OSEP's) response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 59.26% |

| FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.92% | 97.43% | 96.70% | 98.24% | 98.41% |

Targets

| FFY | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------|------|------|------|------|------|------|
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

FFY 2020 SPP/APR Data

| Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner | Total number of infants and toddlers with IFSPs | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|---------------------|-------------|
| 989 | 1,115 | 98.41% | 100% | 98.65% | Did not meet target | No Slippage |

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.

111

Provide reasons for delay, if applicable.

For FFY 2020, North Dakota had 15 instances of noncompliance due to agency reasons. For this indicator, two (2) instances of noncompliance were due to provider illness, two (2) instance of noncompliance were due to provider shortage, and 11 instances of noncompliance were due to provider oversight. In the case of all 15 instances, the services on the IFSP began, although late.

Of the 111 reasons for delay due to exceptional family circumstances, 11 instances were due to COVID-19 related reasons. The remaining 100 reasons were due to other exceptional family circumstances.

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 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, 2020-June 30, 2021

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 in Indicator 1, using Therap, for FFY 2020.

In FFY 2020, North Dakota had 14 early intervention programs across the state. The performance of all 14 of these programs is represented in this data.

Provide additional information about this indicator (optional)

For FFY 2020, North Dakota had 15 instances of noncompliance due to agency reasons. For this indicator, two (2) instances of noncompliance were due to provider illness, two (2) instance of noncompliance were due to provider shortage, and 11 instances of noncompliance were due to provider oversight. In the case of all 15 instances, the services on the IFSP began, although late.

Of the 15 instances of noncompliance due to agency reasons, six (6) are attributed to a single provider. This provider will be placed in a Regional Action Plan (RAP) and will receive targeted Technical Assistance (TA). The remaining nine (9) instances were attributable to an additional eight (8) providers. Findings were issued to all nine (9) programs on January 28, 2022, not more than three months after the discovery and verification of noncompliance.

Correction of Findings of Noncompliance Identified in FFY 2019

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 10 | 10 | 0 | 0 |

FFY 2019 Findings of Noncompliance Verified as Corrected

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

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.

For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100% compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2019 on 2.4.2021 to ten (10) programs. Correction was verified according to Federal requirements. All ten (10) findings were verified as corrected on 11.4.21 and the ten (10) programs were notified on 11.17.21. Of the ten (10) programs, eight (8) demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans. One (1) program demonstrated 100% compliance after two (2) data reviews, which required them to review and revise their current policy and training plans to assure future compliance. One (1) program demonstrated 100% compliance after three (3) data reviews, which required them to review and revise their current policy and training plans and submit them to TA, paired with Regional Action Plan meetings for accountability and refinement to assure compliance.

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 based on a record review by the regional program administrators and the state.

For this indicator, the State verified through record review, on 5.21.21, that in 17 of the 20 individual cases the children received their service, although late, and in 3 individual cases, the children were no longer within the jurisdiction of the program. Individual instances of noncompliance were verified as corrected for all programs on 5.21.21. Correction was verified according to Federal requirements. All ten (10) findings were verified as corrected on 11.4.21 and the ten (10) programs were notified on 11.17.21.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

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.

For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100% compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2019 on 2.4.2021 to ten (10) programs. Correction was verified according to Federal requirements. All ten (10) findings were verified as corrected on 11.4.21 and the ten (10) programs were notified on 11.17.21. Of the ten (10) programs, eight (8) demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans. One (1) program demonstrated 100% compliance after two (2) data reviews, which required them to review and revise their current policy and training plans to assure future compliance. One (1) program demonstrated 100% compliance after three (3) data reviews, which required them to review and revise their current policy and training plans and submit them to TA, paired with Regional Action Plan meetings for accountability and refinement to assure compliance.

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

For this indicator, the State verified through record review, on 5.21.21, that in 17 of the 20 individual cases the children received their service, although late, and in 3 individual cases, the children were no longer within the jurisdiction of the program. Individual instances of noncompliance were verified as corrected for all programs on 5.21.21. Correction was verified according to Federal requirements. All ten (10) findings were verified as corrected on 11.4.21 and the ten (10) programs were notified on 11.17.21.

1 - OSEP Response

OSEP notes the State reports, "The state issued findings for noncompliance found in FFY 2019 on 2.4.2021 to ten (10) programs." Additionally, the State reports that of the 15 instances of noncompliance in FFY 2020, "Findings were issued to all nine (9) programs on January 28, 2022, not more than three months after the discovery and verification of noncompliance." OSEP reminds the State that written notification of findings needs to occur as soon as possible after the State identifies noncompliance; generally, OSEP expects written findings to be issued less than three months from discovery.

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 2: Services in Natural Environments

Instructions and Measurement

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)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED Facts Metadata and Process System (EMAPS)).

Measurement

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

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State's 618 data reported in Table 2. If not, explain.

2 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 98.26% |

| FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|----------|---------|---------|---------|--------|---------|
| Target>= | 99.30% | 99.30% | 99.30% | 99.70% | 99.80% |
| Data | 100.00% | 100.00% | 100.00% | 99.93% | 100.00% |

Targets

| FFY | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|--------|--------|--------|--------|--------|--------|
| Target >= | 99.82% | 99.82% | 99.84% | 99.86% | 99.88% | 99.90% |

Targets: Description of Stakeholder Input

TARGET SETTING:

The North Dakota Department of Human Services, as the Part C Lead Agency, collaborated with our stakeholders, the North Dakota Interagency Coordinating Council (ND ICC), the Data Drill Down stakeholder work group, the Early Intervention Statewide Meeting stakeholder group, and a Parent Panel to engage in target setting activities for FFY 2020-FFY 2025. Information about each engagement is detailed below.

Data Drill Down stakeholder work group: The Data Drill Down stakeholder work group met six times during September and October 2021 to review, analyze and set preliminary targets for Indicators 2,3,4,5 and 6. This group is made up of a diverse group of stakeholders, including service coordinators, Infant Development coordinators, and Primary Early Intervention Providers. Some of the members on this group are also parents of children in Early Intervention. The Data Drill Down group considered trend performance and target data for the past seven (7) years of APRs, average performance and change over the last five (5) years, and other contributing factors, including COVID-19, when setting targets.

ND ICC: The ND ICC met on September 14, 2021 to review the preliminary targets set by the Data Drill Down work group. The ND ICC reviewed the preliminary targets, as well as trend performance and target data for the last five (5) years of APRs. The group discussed potential changes to the targets, and suggested to ND DHS to adopt the targets as suggested by the Data Drill Down work group. On December 16, 2021, the ND ICC met and reviewed FFY 2020 APR Data, including the targets, and voted to adopt the data as their report to the Governor.

Early Intervention Statewide Meeting: On November 16, 2021, the EI Statewide Meeting stakeholder group, made up of Service Coordination Leadership and Infant Development Program Leadership, met to review the preliminary targets set by the Data Drill Down work group. The EI Statewide Meeting group discussed the preliminary targets and suggested to ND DHS to adopt the targets for FFY 2020-2025. At this time, a request was made to members to provide names and contact information of parents who may be interested in reviewing the APR targets as part of a Parent Panel.

Parent Panel: The Parent Panel was made up of five (5) parents from across the state who showed interest in reviewing the APR Targets and providing feedback to ND DHS. The Part C Coordinator spoke with each parent to determine the best time to meet, including offering evening and weekend times. The Parent Panel was able to meet with four (4) members on December 2, 2021 and one (1) member on January 13, 2022. The Part C Coordinator shared materials prior to the meetings that explained the APR targets, the purpose of the target setting activities, and the proposed targets. During the meeting, the Part C Coordinator encouraged members to speak up if they had questions or needed clarification. Many members did, and a great discussion was had about all indicators, but particularly the child and family outcomes (Indicators 3 and 4). The group suggested that ND DHS adopt the preliminary targets.

ND DHS and NDICC reviewed the trend and performance data for the previous years for all the results indicators to set targets for FFY 2019 on January 23rd, 2020.

ND DHS and NDICC had 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.

SSIP ACTIVITIES:

The following groups were engaged for SSIP activities:

PD Workgroup: Regional representatives of service coordinators, EI providers, parents, and technical assistance.

Resilient Early Leadership Collaborative: 100 cross-agency leaders, including parents, in a multiyear learning collaborative.

Resilient Early Intervention Leadership Certificate: 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

Grant Advisory Group: Cross-agency leaders, parents, and higher education, to meet quarterly in support of grant projects.

Prepopulated Data

| Source | Date | Description | Data |
|--|------------|---|-------|
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 1,487 |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Total number of infants and toddlers with IFSPs | 1,487 |

FFY 2020 SPP/APR Data

| Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | Total number of Infants and toddlers with IFSPs | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|------------|-------------|
| 1,487 | 1,487 | 100.00% | 99.82% | 100.00% | Met target | No Slippage |

Provide additional information about this indicator (optional).

The total number of infants and toddlers with an IFSP and those served in a home or community setting in FFY 2020 data decreased to 1487 as compared to 1567 served in home and community settings in FFY 2019. There were 80 fewer infants and toddlers with IFSPs in the child count this year as compared to FFY 2019. For FFY 2020, no infants or toddlers received the majority of their early intervention services outside of a home or community-based setting.

2 - Prior FFY Required Actions

None

2 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

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)

Data Source

State selected data source.

Measurement

Outcomes:

- 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.

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

Summary Statement 1: Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 1:

Percent = [(# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)) divided by ((# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d))] times 100.

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 2:

Percent = [(# of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e)) divided by the (total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

Instructions

Sampling of infants and toddlers with IFSPs is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the 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), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

3 - Indicator Data

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)? (yes/no)

NO

Targets: Description of Stakeholder Input

TARGET SETTING:

The North Dakota Department of Human Services, as the Part C Lead Agency, collaborated with our stakeholders, the North Dakota Interagency Coordinating Council (ND ICC), the Data Drill Down stakeholder work group, the Early Intervention Statewide Meeting stakeholder group, and a Parent Panel to engage in target setting activities for FFY 2020-FFY 2025. Information about each engagement is detailed below.

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SSIP ACTIVITIES:

The following groups were engaged for SSIP activities:

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Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

Grant Advisory Group: Cross-agency leaders, parents, and higher education, to meet quarterly in support of grant projects.

Historical Data

| Outcome | Baseline | FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|---------|----------|----------|--------|--------|--------|--------|--------|
| A1 | 2008 | Target>= | 37.90% | 38.00% | 39.10% | 39.20% | 60.50% |
| A1 | 33.30% | Data | 72.46% | 72.04% | 72.14% | 71.96% | 82.80% |
| A2 | 2008 | Target>= | 44.90% | 45.00% | 45.10% | 60.40% | 60.50% |
| A2 | 60.30% | Data | 41.71% | 43.42% | 37.50% | 67.27% | 69.40% |
| B1 | 2008 | Target>= | 61.30% | 61.40% | 61.50% | 62.50% | 62.60% |
| B1 | 47.50% | Data | 69.03% | 66.67% | 67.09% | 64.11% | 62.85% |
| B2 | 2008 | Target>= | 46.40% | 46.50% | 46.60% | 52.10% | 52.20% |

| | | | | | | | |
|-----------|--------|----------|--------|--------|--------|--------|--------|
| B2 | 52.00% | Data | 36.51% | 36.96% | 33.23% | 51.80% | 55.80% |
| C1 | 2008 | Target>= | 67.60% | 67.70% | 67.80% | 68.80% | 68.90% |
| C1 | 64.80% | Data | 78.18% | 78.30% | 77.95% | 69.54% | 72.89% |
| C2 | 2008 | Target>= | 68.10% | 68.20% | 68.30% | 81.00% | 81.10% |
| C2 | 80.90% | Data | 57.80% | 57.78% | 55.49% | 73.38% | 76.66% |

Targets

| FFY | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|-------------|--------|--------|--------|--------|--------|--------|
| Target A1>= | 70.00% | 70.00% | 71.00% | 72.00% | 73.00% | 74.00% |
| Target A2>= | 61.50% | 61.50% | 62.50% | 63.50% | 64.50% | 65.50% |
| Target B1>= | 62.70% | 62.70% | 63.20% | 63.70% | 64.20% | 64.70% |
| Target B2>= | 55.80% | 55.80% | 56.30% | 56.80% | 57.30% | 57.80% |
| Target C1>= | 69.50% | 69.50% | 70.00% | 70.50% | 71.00% | 71.50% |
| Target C2>= | 81.10% | 81.10% | 81.20% | 81.30% | 81.40% | 81.50% |

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

672

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

| Outcome A Progress Category | Number of children | Percentage of Total |
|---|--------------------|---------------------|
| a. Infants and toddlers who did not improve functioning | 5 | 0.74% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 70 | 10.42% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 89 | 13.24% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 409 | 60.86% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 99 | 14.73% |

| Outcome A | Numerator | Denominator | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|--|-----------|-------------|---------------|-----------------|---------------|------------|-------------|
| 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 | 498 | 573 | 82.80% | 70.00% | 86.91% | Met target | No Slippage |
| 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 | 508 | 672 | 69.40% | 61.50% | 75.60% | Met target | No Slippage |

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

| Outcome B Progress Category | Number of Children | Percentage of Total |
|---|--------------------|---------------------|
| a. Infants and toddlers who did not improve functioning | 4 | 0.60% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 170 | 25.30% |

| Outcome B Progress Category | Number of Children | Percentage of Total |
|--|---------------------------|----------------------------|
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 77 | 11.46% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 389 | 57.89% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 32 | 4.76% |

| Outcome B | Numerator | Denominator | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|--|------------------|--------------------|----------------------|------------------------|----------------------|---------------|-----------------|
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 466 | 640 | 62.85% | 62.70% | 72.81% | Met target | No Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 421 | 672 | 55.80% | 55.80% | 62.65% | Met target | No Slippage |

Outcome C: Use of appropriate behaviors to meet their needs

| Outcome C Progress Category | Number of Children | Percentage of Total |
|---|---------------------------|----------------------------|
| a. Infants and toddlers who did not improve functioning | 2 | 0.30% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 83 | 12.35% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 46 | 6.85% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 355 | 52.83% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 186 | 27.68% |

| Outcome C | Numerator | Denominator | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|--|------------------|--------------------|----------------------|------------------------|----------------------|---------------------|-----------------|
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 401 | 486 | 72.89% | 69.50% | 82.51% | Met target | No Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 541 | 672 | 76.66% | 81.10% | 80.51% | Did not meet target | No Slippage |

The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

| Question | Number |
|---|---------------|
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data | 1,182 |
| The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program. | 348 |

| Sampling Question | Yes / No |
|--------------------|----------|
| Was sampling used? | NO |

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)

NO

Provide the criteria for defining “comparable 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 to replace the Oregon Early Childhood Assessment Tool (Oregon). The Oregon Tool 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. North Dakota began using the AEPS and entering data in the AEPSi data system on 10.2.17.

North Dakota's new child outcomes 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 Entry (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.

This is North Dakota's third APR year of reporting the AEPS data for this indicator since the performance data represents the larger sample of children, N=672. The Oregon performance data continue to decline in numbers of children as expected due to the transition to the AEPS with a continued decrease to N=50 during FFY 2020. This is the final transition year to a new tool for North Dakota. Any subsequent data will be fully reported on the AEPS.

List the instruments and procedures used to gather data for this indicator.

North Dakota 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. Procedures for using the new tool for Indicator 3 were written in October 2017 and updated on 10.2.18. Staff enter entry/exit data into the publisher's online system (AEPSi) online tool. Entry of data occurs by staff online. Initial child outcome assessment is completed and entered into the data system by early intervention providers or the Service Coordinator (DDPM) prior to eligibility, and exit data is entered for children who have been receiving services for at least 6 months. Exit data must be entered within 30 days of the child's third birthday, and if the exit date is unexpected, the exit data must be entered within 30 days of the exit. The Service Coordinator (DDPM) is responsible to ensure completion of the tool by local early intervention providers. Any child referred on or after 10.2.17 has their entry and exit using the AEPS.

North Dakota continues to transition from the Oregon tool to the AEPS. The performance data for this indicator is comprised of AEPS data for the 672 infants and toddlers for whom the state had entry and exit ratings with the AEPS, which is higher than the 50 children for whom the state had entry and exit data with the old tool, the Oregon. North Dakota had 1182 children who exited in FFY 2020. Entry/exit data of 50 children were recorded using the phased-out Oregon tool. The new tool, AEPS, database includes 672 children with entry/exit data, and 348 children with less than 6 months of service.

The AEPS data is included in the performance data for this indicator with the larger N=672; the Oregon FFY 2020 data has an N=50, which continues to decrease with the transition to the AEPS. 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 prior to the child's third birthday or exiting services.

With the transition to the AEPS, the data is much improved from the previous tool reflecting no slippage in FFY 2020. The FFY 2020 data demonstrates an increase in all six summary statements. This is an improvement from FFY 2019, which had five out of six summary statements showing an increase in performance and is considered more accurate and reliable with use of the new tool. As the transition to the AEPS continues, North Dakota is monitoring the data for the AEPS cohort to assure fidelity, as well as valid and reliable data. In an effort to monitor the continued increase of use of the new tool during this transitional time, North Dakota examines the completion rate of the AEPS data monthly for increase in use.

Provide additional information about this indicator (optional).

Timely completion of the AEPS continued without interruption during the transition to virtual services due to COVID-19. As the AEPS is a criterion-referenced assessment, it was able to be conducted virtually without any accommodations or changes needing to be made to the administration. This resulted in no impact to Indicator 3 due to COVID-19.

To support fidelity when using the AEPS, interrater reliability training was offered to all programs across the state during FFY 2020.

3 - Prior FFY Required Actions

None

3 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

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)

Data Source

State selected data source. State must describe the data source in the SPP/APR.

Measurement

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

Instructions

Sampling of families participating in Part C is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

4 - Indicator Data

Historical Data

| Measure | Baseline | FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|---------|----------|----------|--------|---------|--------|--------|--------|
| A | 2006 | Target>= | 87.60% | 87.70% | 87.80% | 88.20% | 90.00% |
| A | 88.12 % | Data | 97.67% | 98.77% | 98.08% | 98.45% | 97.12% |
| B | 2006 | Target>= | 93.20% | 93.30% | 93.40% | 94.00% | 94.10% |
| B | 88.46 % | Data | 98.00% | 100.00% | 98.63% | 99.07% | 99.33% |
| C | 2006 | Target>= | 91.80% | 91.90% | 92.00% | 92.60% | 92.70% |
| C | 85.79 % | Data | 96.66% | 99.38% | 98.36% | 98.76% | 97.78% |

Targets

| FFY | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------|--------|--------|--------|--------|--------|--------|
| Target A>= | 97.50% | 97.50% | 97.70% | 97.90% | 98.10% | 98.30% |
| Target B>= | 98.00% | 98.00% | 98.30% | 98.60% | 98.90% | 99.20% |
| Target C>= | 97.50% | 97.50% | 97.70% | 97.90% | 98.10% | 98.30% |

Targets: Description of Stakeholder Input

TARGET SETTING:

The North Dakota Department of Human Services, as the Part C Lead Agency, collaborated with our stakeholders, the North Dakota Interagency Coordinating Council (ND ICC), the Data Drill Down stakeholder work group, the Early Intervention Statewide Meeting stakeholder group, and a Parent Panel to engage in target setting activities for FFY 2020-FFY 2025. Information about each engagement is detailed below.

Data Drill Down stakeholder work group: The Data Drill Down stakeholder work group met six times during September and October 2021 to review, analyze and set preliminary targets for Indicators 2,3,4,5 and 6. This group is made up of a diverse group of stakeholders, including service coordinators, Infant Development coordinators, and Primary Early Intervention Providers. Some of the members on this group are also parents of children in Early Intervention. The Data Drill Down group considered trend performance and target data for the past seven (7) years of APRs, average performance and change over the last five (5) years, and other contributing factors, including COVID-19, when setting targets.

ND ICC: The ND ICC met on September 14, 2021 to review the preliminary targets set by the Data Drill Down work group. The ND ICC reviewed the preliminary targets, as well as trend performance and target data for the last five (5) years of APRs. The group discussed potential changes to the targets, and suggested to ND DHS to adopt the targets as suggested by the Data Drill Down work group. On December 16, 2021, the ND ICC met and reviewed FFY 2020 APR Data, including the targets, and voted to adopt the data as their report to the Governor.

Early Intervention Statewide Meeting: On November 16, 2021, the EI Statewide Meeting stakeholder group, made up of Service Coordination Leadership and Infant Development Program Leadership, met to review the preliminary targets set by the Data Drill Down work group. The EI Statewide Meeting group discussed the preliminary targets and suggested to ND DHS to adopt the targets for FFY 2020-2025. At this time, a request was made to members to provide names and contact information of parents who may be interested in reviewing the APR targets as part of a Parent Panel.

Parent Panel: The Parent Panel was made up of five (5) parents from across the state who showed interest in reviewing the APR Targets and providing feedback to ND DHS. The Part C Coordinator spoke with each parent to determine the best time to meet, including offering evening and weekend times. The Parent Panel was able to meet with four (4) members on December 2, 2021 and one (1) member on January 13, 2022. The Part C Coordinator shared materials prior to the meetings that explained the APR targets, the purpose of the target setting activities, and the proposed targets. During the meeting, the Part C Coordinator encouraged members to speak up if they had questions or needed clarification. Many members did, and a great discussion was had about all indicators, but particularly the child and family outcomes (Indicators 3 and 4). The group suggested that ND DHS adopt the preliminary targets.

ND DHS and NDICC reviewed the trend and performance data for the previous years for all the results indicators to set targets for FFY 2019 on January 23rd, 2020.

ND DHS and NDICC had 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.

SSIP ACTIVITIES:

The following groups were engaged for SSIP activities:

PD Workgroup: Regional representatives of service coordinators, EI providers, parents, and technical assistance.

Resilient Early Leadership Collaborative: 100 cross-agency leaders, including parents, in a multiyear learning collaborative.

Resilient Early Intervention Leadership Certificate: 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

Grant Advisory Group: Cross-agency leaders, parents, and higher education, to meet quarterly in support of grant projects.

FFY 2020 SPP/APR Data

| | |
|--|--------|
| The number of families to whom surveys were distributed | 1,554 |
| Number of respondent families participating in Part C | 529 |
| Survey Response Rate | 34.04% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 519 |

| | |
|---|-----|
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 529 |
| 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 | 524 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 529 |
| 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 | 524 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 529 |

| Measure | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|---|---------------|-----------------|---------------|------------|-------------|
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 97.12% | 97.50% | 98.11% | Met target | 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 (B1 divided by B2) | 99.33% | 98.00% | 99.05% | 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 (C1 divided by C2) | 97.78% | 97.50% | 99.05% | Met target | No Slippage |

| Sampling Question | Yes / No |
|--------------------|----------|
| Was sampling used? | NO |

| Question | Yes / No |
|--|----------|
| Was a collection tool used? | YES |
| If yes, is it a new or revised collection tool? | NO |
| The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. | NO |

If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

The state continues dedicated work to increase the return rate and representativeness of the family survey through a family survey subcommittee of the ICC, which began its work in September 2018. The Part C Coordinator has also worked to gather feedback from Early Intervention professionals in the state to examine the best methodology for increasing representativeness.

The ICC continues its focus on increasing the return rate of underrepresented families, specifically American Indian. Historically, the response rate for American Indian has been the lowest of all demographic areas. The ICC began work on increasing the response rate for this population in FFY 2018. Strategies that were employed in FFY 2018 were largely successful in increasing the response rate for American Indian. As such, the ICC has decided to continue to focus on increasing this return rate in future years. Additionally, North Dakota has several large American Indian reservations and has a large American Indian population. The State and ICC will continue its review and data drill-down of family survey methodology in the upcoming year.

In FFY 2019, due to the in-person restrictions implemented during COVID-19, a drastic change in distribution methodology was necessary. Surveys were mailed out to families who had been in services for at least 3 months at the time of the survey. Primary Early Intervention Professionals (PEIPs) followed-up with families at the next virtual home visit to encourage families to complete the survey. With the extenuating circumstances of COVID-19, the decreased response rate and change in representativeness was anticipated.

To continue to increase representativeness in survey responses, in FFY 2020, the state provided either a paper or online survey option, as well as providing the survey in seven (7) written languages in either format. The online version of the survey received 378 of the 529 total responses (71.46%), and the paper version received 151 of the 529 total responses (28.54%). Languages other than English were utilized for both the online and paper versions of the survey. The online version of the survey received comments on approximately 80% of responses, where the paper version received comments on only approximately 30% of responses.

Survey Response Rate

| FFY | 2019 | 2020 |
|----------------------|--------|--------|
| Survey Response Rate | 27.94% | 34.04% |

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

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 increase to 98.11% in FFY 2020 from 97.12% in FFY 2019. North Dakota met its target 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 to 99.05% in FFY 2020 from 99.33% in FFY 2019. North Dakota met its 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, increasing to 99.05% in FFY 2020 from 97.78% in FFY 2019. A total of 529 surveys were returned in FFY 2020, which is an increase from 451 surveys in FFY 2019. The return rate increased to 34.04% in FFY 2020 from 27.94 % in FFY 2019.

In FFY 2020, the state provided either a paper or online survey option, as well as providing the survey in seven (7) written languages in either format. Families of children who received services for at least three months between January 1, 2021, and March 31, 2021, were eligible to receive the survey. Service Coordinators (DDPMs) and Primary Early Intervention Providers (PEIPs) worked together to determine which families were eligible to receive the survey and submit the number of surveys needed to the state office by July 15. One survey or survey link per child was delivered, dependent on the caregiver that interacts most with the child. If there were siblings (foster or biological) receiving early intervention services, the family would receive one survey for each child. A sample script was created for the PEIP to share with the family. PEIPs documented the method of distribution on a Family Survey Response Tracking Form for the Part C Coordinator. The PEIPs followed up with the family at the next home visit after delivering the survey to answer any questions the family had and encouraged them to complete the survey. The survey was returned to the state office via postal mail or completed online via Microsoft Forms.

The ECO Family Outcomes Survey-Revised (FOS-R) was used, and it included a cover letter and newsletter with the FFY 2019 results and information. On the survey, the family self-reports their regional human service center, EI services provider, and race/ethnicity. At the end of the collection period, all surveys returned to the state office were scanned for data collection by the state Part C Coordinator. The Part C Coordinator worked with the NDI department to compile the online survey data and integrate it with the paper survey data.

Based on the electronic record, there were 1554 families whose child was in service for at least three months between January 1, 2021, and March 21, 2021, and therefore eligible to receive a survey. A total of 529 surveys were returned in FFY 2020, which is an increase of 78 from 451 surveys in FFY 2019. The return rate increased to 34.04% in FFY 2020 from 27.94 % in FFY 2019. The online version of the survey received 378 of the 529 total responses (71.46%), and the paper version received 151 of the 529 total responses (28.54%). Languages other than English were utilized for both the online and paper versions of the survey. The online version of the survey received comments on approximately 80% of responses, where the paper version received comments on only approximately 30% of responses.

The following is the return rate for each race/ethnicity as compared to children in the program:

American Indian/AK Native: Returned 7.18%, In Program 8.76% (5.76-11.76% is representative)

Asian: Returned 1.13%, In Program 0.67% (0-3.67% is representative)

Black/African American: Returned 1.32%, In Program 3.91% (0.91-4.32% is representative)

Hispanic or Latino: Returned 4.73%, In Program 4.58% (1.58-7.58% is representative)

Native Hawaiian or Pacific Islander: Returned 0%, In Program 0.20% (0-3.20% is representative)

White: Returned 79.02%, In Program 70.42% (67.42-73.42% is representative)

More than One Race: Returned, 5.10% In Program 2.16% (0-5.16% is representative)

Based on the information above, in FFY 2020, the response rate was over representative for White. American Indian/AK Native, Asian, Black/African American, Hispanic or Latino, Native Hawaiian or Pacific Islander and More Than One Race were all representative. North Dakota has historically had an overrepresentation in the response rate for White. In FFY 2019, only Asian was considered representative, which shows an increase in representativeness for American Indian/AK Native, Black/African American, Hispanic or Latino, Native Hawaiian or Pacific Islander, and More Than One Race. This is believed to be due to the change in methodology of offering an online survey as well as a paper survey, and offering the surveys in multiple languages.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

North Dakota analyzed response rate of each racial demographic against the percent of children of that racial demographic enrolled in the Part C program, as of November 1, 2021 618 Table 1 Point-In-Time data. In FFY 2020, the state provided either a paper or online survey option, as well as providing the survey in seven (7) written languages in either format. Families of children who received services for at least three months between January 1, 2021, and March 31, 2021, were eligible to receive the survey. Service Coordinators (DDPMs) and Primary Early Intervention Providers (PEIPs) worked together to determine which families were eligible to receive the survey and submit the number of surveys needed to the state office by July 15. One survey or survey link per child was delivered, dependent on the caregiver that interacts most with the child. If there were siblings (foster or biological) receiving early intervention services, the family would receive one survey for each child. A sample script was created for the PEIP to share with the family. PEIPs documented the method of distribution on a Family Survey Response Tracking Form for the Part C Coordinator. The PEIPs followed up with the family at the next home visit after delivering the survey to answer any questions the family had and encouraged them to complete the survey. The survey was returned to the state office via postal mail or completed online via Microsoft Forms.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

The following is the return rate for each race/ethnicity as compared to children in the program as of 11/1/21 (618 Table 1 PIT data):

American Indian/AK Native: Returned 7.18%, In Program 8.76% (5.76-11.76% is representative)

Asian: Returned 1.13%, In Program 0.67% (0-3.67% is representative)

Black/African American: Returned 1.32%, In Program 3.91% (0.91-4.32% is representative)

Hispanic or Latino: Returned 4.73%, In Program 4.58% (1.58-7.58% is representative)

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More than One Race: Returned, 5.10% In Program 2.16% (0-5.16% is representative)

Based on the information above, in FFY 2020, the response rate was over representative for White. American Indian/AK Native, Asian, Black/African American, Hispanic or Latino, Native Hawaiian or Pacific Islander and More Than One Race were all representative. North Dakota has historically had an overrepresentation in the response rate for White. In FFY 2019, only Asian was considered representative, which shows an increase in representativeness for American Indian/AK Native, Black/African American, Hispanic or Latino, Native Hawaiian or Pacific Islander, and More Than One Race. This is believed to be due to the change in methodology of offering an online survey as well as a paper survey, and offering the surveys in multiple languages.

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).

North Dakota analyzed response rate of each racial demographic against the percent of children of that racial demographic enrolled in the Part C program, as of November 1, 2021 618 Table 1 Point-In-Time data. Representativeness is considered +/-3% when compared to percent of children of that racial demographic enrolled in the Part C program.

Provide additional information about this indicator (optional).

4/25/22: North Dakota has reviewed the narrative and data submitted for FFY 2020. For this description, it was human error causing the time period to be noted as FFY 2019. The data and analysis has been verified as being from FFY 2020. The narrative has been updated in the previous sections and also is noted below with the correct time period.

Based on the information above, in FFY 2020, the response rate was over representative for White. American Indian/AK Native, Asian, Black/African American, Hispanic or Latino, Native Hawaiian or Pacific Islander and More Than One Race were all representative. North Dakota has historically had an overrepresentation in the response rate for White. In FFY 2019, only Asian was considered representative, which shows an increase in representativeness for American Indian/AK Native, Black/African American, Hispanic or Latino, Native Hawaiian or Pacific Islander, and More Than One Race. This is believed to be due to the change in methodology of offering an online survey as well as a paper survey, and offering the surveys in multiple languages.

North Dakota appreciates the opportunity to clarify this information.

4 - Prior FFY Required Actions

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 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.

Response to actions required in FFY 2019 SPP/APR

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 increase to 98.11% in FFY 2020 from 97.12% in FFY 2019. North Dakota met its target 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 to 99.05% in FFY 2020 from 99.33% in FFY 2019. North Dakota met its 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, increasing to 99.05% in FFY 2020 from 97.78% in FFY 2019. A total of 529 surveys were returned in FFY 2020, which is an increase from 451 surveys in FFY 2019. The return rate increased to 34.04% in FFY 2020 from 27.94 % in FFY 2019.

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The ECO Family Outcomes Survey-Revised (FOS-R) was used, and it included a cover letter and newsletter with the FFY 2019 results and information. On the survey, the family self-reports their regional human service center, EI services provider, and race/ethnicity. At the end of the collection period, all surveys returned to the state office were scanned for data collection by the state Part C Coordinator. The Part C Coordinator worked with the NDIT department to compile the online survey data and integrate it with the paper survey data.

Based on the electronic record, there were 1554 families whose child was in service for at least three months between January 1, 2021, and March 21, 2021, and therefore eligible to receive a survey. A total of 529 surveys were returned in FFY 2020, which is a increase of 78 from 451 surveys in FFY 2019. The return rate increased to 34.04% in FFY 2020 from 27.94 % in FFY 2019. The online version of the survey received 378 of the 529 total responses (71.46%), and the paper version received 151 of the 529 total responses (28.54%). Languages other than English were utilized for both the online and paper versions of the survey. The online version of the survey received comments on approximately 80% of responses, where the paper version received comments on only approximately 30% of responses.

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Hispanic or Latino: Returned 4.73%, In Program 4.58% (1.58-7.58% is representative)
Native Hawaiian or Pacific Islander: Returned 0%, In Program 0.20% (0-3.20% is representative)
White: Returned 79.02%, In Program 70.42% (67.42-73.42% is representative)
More than One Race: Returned, 5.10% In Program 2.16% (0-5.16% is representative)

Based on the information above, in FFY 2020, the response rate was over representative for White. American Indian/AK Native, Asian, Black/African American, Hispanic or Latino, Native Hawaiian or Pacific Islander and More Than One Race were all representative. North Dakota has historically had an overrepresentation in the response rate for White. In FFY 2019, only Asian was considered representative, which shows an increase in representativeness for American Indian/AK Native, Black/African American, Hispanic or Latino, Native Hawaiian or Pacific Islander, and More Than One Race. This is believed to be due to the change in methodology of offering an online survey as well as a paper survey, and offering the surveys in multiple languages.

4 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

4 - Required Actions

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 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.

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the *EDFacts* Metadata and Process System (*EMAPS*)) and Census (for the denominator).

Measurement

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

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

5 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 1.58% |

| FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|--------------|-------|-------|-------|-------|-------|
| Target >= | 2.00% | 2.00% | 2.10% | 2.20% | 2.24% |
| Data | 1.93% | 2.29% | 2.31% | 2.35% | 2.43% |

Targets

| FFY | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------------|-------|-------|-------|-------|-------|-------|
| Target >= | 2.30% | 2.30% | 2.32% | 2.34% | 2.36% | 2.38% |

Targets: Description of Stakeholder Input

TARGET SETTING:

The North Dakota Department of Human Services, as the Part C Lead Agency, collaborated with our stakeholders, the North Dakota Interagency Coordinating Council (ND ICC), the Data Drill Down stakeholder work group, the Early Intervention Statewide Meeting stakeholder group, and a Parent Panel to engage in target setting activities for FFY 2020-FFY 2025. Information about each engagement is detailed below.

Data Drill Down stakeholder work group: The Data Drill Down stakeholder work group met six times during September and October 2021 to review, analyze and set preliminary targets for Indicators 2,3,4,5 and 6. This group is made up of a diverse group of stakeholders, including service coordinators, Infant Development coordinators, and Primary Early Intervention Providers. Some of the members on this group are also parents of children in Early Intervention. The Data Drill Down group considered trend performance and target data for the past seven (7) years of APRs, average performance and change over the last five (5) years, and other contributing factors, including COVID-19, when setting targets.

ND ICC: The ND ICC met on September 14, 2021 to review the preliminary targets set by the Data Drill Down work group. The ND ICC reviewed the preliminary targets, as well as trend performance and target data for the last five (5) years of APRs. The group discussed potential changes to the targets, and suggested to ND DHS to adopt the targets as suggested by the Data Drill Down work group. On December 16, 2021, the ND ICC met and reviewed FFY 2020 APR Data, including the targets, and voted to adopt the data as their report to the Governor.

Early Intervention Statewide Meeting: On November 16, 2021, the EI Statewide Meeting stakeholder group, made up of Service Coordination Leadership and Infant Development Program Leadership, met to review the preliminary targets set by the Data Drill Down work group. The EI Statewide Meeting group discussed the preliminary targets and suggested to ND DHS to adopt the targets for FFY 2020-2025. At this time, a request was made to members to provide names and contact information of parents who may be interested in reviewing the APR targets as part of a Parent Panel.

Parent Panel: The Parent Panel was made up of five (5) parents from across the state who showed interest in reviewing the APR Targets and providing feedback to ND DHS. The Part C Coordinator spoke with each parent to determine the best time to meet, including offering evening and weekend times. The Parent Panel was able to meet with four (4) members on December 2, 2021 and one (1) member on January 13, 2022. The Part C Coordinator shared materials prior to the meetings that explained the APR targets, the purpose of the target setting activities, and the proposed targets. During the meeting, the Part C Coordinator encouraged members to speak up if they had questions or needed clarification. Many members did, and a great discussion was had about all indicators, but particularly the child and family outcomes (Indicators 3 and 4). The group suggested that ND DHS adopt the preliminary targets.

ND DHS and NDICC reviewed the trend and performance data for the previous years for all the results indicators to set targets for FFY 2019 on January 23rd, 2020.

ND DHS and NDICC had 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.

SSIP ACTIVITIES:

The following groups were engaged for SSIP activities:

PD Workgroup: Regional representatives of service coordinators, EI providers, parents, and technical assistance.

Resilient Early Leadership Collaborative: 100 cross-agency leaders, including parents, in a multiyear learning collaborative.

Resilient Early Intervention Leadership Certificate: 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

Grant Advisory Group: Cross-agency leaders, parents, and higher education, to meet quarterly in support of grant projects.

Prepopulated Data

| Source | Date | Description | Data |
|--|------------|--|--------|
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 1 with IFSPs | 234 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 1 | 10,459 |

FFY 2020 SPP/APR Data

| Number of infants and toddlers birth to 1 with IFSPs | Population of infants and toddlers birth to 1 | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|--|---|---------------|-----------------|---------------|---------------------|----------|
| 234 | 10,459 | 2.43% | 2.30% | 2.24% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable

In FFY 2020, the number of referrals of children birth to age 1 in North Dakota decreased due to a decrease in referrals from our Right Track program. During the peak of COVID-19, families were hesitant to accept referrals to Early Intervention from Right Track, and preferred to continue their developmental screening and follow-along services with Right Track. Typically, around 1/4 of our referrals come from Right Track programs. In FFY 2020, only 18% of referrals came from Right Track programs. Family referrals remained consistent at around 24%, and referrals from physicians increased from 25% to 30%.

Provide additional information about this indicator (optional)

On November 1st, 2020 there were 234 children birth to one year of age with IFSPs in North Dakota. The number of children served is from Table 1 (618 data). North Dakota did not meet the target of 2.3% for this indicator. The population of children birth to one year of age was 10,459.

5 - Prior FFY Required Actions

None

5 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

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

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

6 - Indicator Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 3.02% |

| FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|-----------|-------|-------|-------|-------|-------|
| Target >= | 3.43% | 3.43% | 3.43% | 3.46% | 3.48% |
| Data | 3.75% | 3.73% | 4.17% | 4.62% | 4.88% |

Targets

| FFY | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|-------|-------|-------|-------|-------|-------|
| Target >= | 4.35% | 4.35% | 4.65% | 4.95% | 5.25% | 5.25% |

Targets: Description of Stakeholder Input

TARGET SETTING:

The North Dakota Department of Human Services, as the Part C Lead Agency, collaborated with our stakeholders, the North Dakota Interagency Coordinating Council (ND ICC), the Data Drill Down stakeholder work group, the Early Intervention Statewide Meeting stakeholder group, and a Parent Panel to engage in target setting activities for FFY 2020-FFY 2025. Information about each engagement is detailed below.

Data Drill Down stakeholder work group: The Data Drill Down stakeholder work group met six times during September and October 2021 to review, analyze and set preliminary targets for Indicators 2,3,4,5 and 6. This group is made up of a diverse group of stakeholders, including service coordinators, Infant Development coordinators, and Primary Early Intervention Providers. Some of the members on this group are also parents of children in Early Intervention. The Data Drill Down group considered trend performance and target data for the past seven (7) years of APRs, average performance and change over the last five (5) years, and other contributing factors, including COVID-19, when setting targets.

ND ICC: The ND ICC met on September 14, 2021 to review the preliminary targets set by the Data Drill Down work group. The ND ICC reviewed the preliminary targets, as well as trend performance and target data for the last five (5) years of APRs. The group discussed potential changes to the targets, and suggested to ND DHS to adopt the targets as suggested by the Data Drill Down work group. On December 16, 2021, the ND ICC met and reviewed FFY 2020 APR Data, including the targets, and voted to adopt the data as their report to the Governor.

Early Intervention Statewide Meeting: On November 16, 2021, the EI Statewide Meeting stakeholder group, made up of Service Coordination Leadership and Infant Development Program Leadership, met to review the preliminary targets set by the Data Drill Down work group. The EI Statewide Meeting group discussed the preliminary targets and suggested to ND DHS to adopt the targets for FFY 2020-2025. At this time, a request was made to members to provide names and contact information of parents who may be interested in reviewing the APR targets as part of a Parent Panel.

Parent Panel: The Parent Panel was made up of five (5) parents from across the state who showed interest in reviewing the APR Targets and providing feedback to ND DHS. The Part C Coordinator spoke with each parent to determine the best time to meet, including offering evening and weekend times. The Parent Panel was able to meet with four (4) members on December 2, 2021 and one (1) member on January 13, 2022. The Part C Coordinator shared materials prior to the meetings that explained the APR targets, the purpose of the target setting activities, and the proposed targets. During the meeting, the Part C Coordinator encouraged members to speak up if they had questions or needed clarification. Many members did, and a great discussion was had about all indicators, but particularly the child and family outcomes (Indicators 3 and 4). The group suggested that ND DHS adopt the preliminary targets.

ND DHS and NDICC reviewed the trend and performance data for the previous years for all the results indicators to set targets for FFY 2019 on January 23rd, 2020.

ND DHS and NDICC had 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.

SSIP ACTIVITIES:

The following groups were engaged for SSIP activities:

PD Workgroup: Regional representatives of service coordinators, EI providers, parents, and technical assistance.

Resilient Early Leadership Collaborative: 100 cross-agency leaders, including parents, in a multiyear learning collaborative.

Resilient Early Intervention Leadership Certificate: 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

Grant Advisory Group: Cross-agency leaders, parents, and higher education, to meet quarterly in support of grant projects.

Prepopulated Data

| Source | Date | Description | Data |
|--|------------|--|--------|
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 3 with IFSPs | 1,487 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 3 | 31,262 |

FFY 2020 SPP/APR Data

| Number of infants and toddlers birth to 3 with IFSPs | Population of infants and toddlers birth to 3 | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|--|---|---------------|-----------------|---------------|------------|-------------|
| 1,487 | 31,262 | 4.88% | 4.35% | 4.76% | Met target | No Slippage |

Provide additional information about this indicator (optional).

On November 1st, 2020 there were 1487 children birth to three years of age with IFSPs in North Dakota. The number of children served is from Table 1 (618 data). North Dakota met the target of 4.35% for this indicator. The total number of children birth to three years of age with an IFSP decreased from 1567 in FFY 2019 to 1487 in FFY 2020. The population of children birth to three years of age was 31,262 in FFY 2020.

6 - Prior FFY Required Actions

None

6 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

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)

Data Source

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

Measurement

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) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

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

Instructions

If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 39.39% |

| FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.76% | 98.00% | 97.84% | 98.94% | 99.02% |

Targets

| FFY | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------|------|------|------|------|------|------|
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

FFY 2020 SPP/APR Data

| 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 | Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|--|--|---------------|-----------------|---------------|---------------------|-------------|
| 1,113 | 1,207 | 99.02% | 100% | 99.67% | Did not meet target | No Slippage |

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.

90

Provide reasons for delay, if applicable.

For FFY 2020, of the 90 reasons for delay attributed to exceptional family circumstances, three (3) of those reasons were due to COVID-19. The remaining 87 reasons for delay due to exceptional family circumstances were attributed to other circumstances.

There were four (4) instances of delay due to agency reasons, which are considered noncompliance. Of these four (4) instances, one (1) was due to agency illness, and three (3) were due to agency oversight. The four (4) instances of noncompliance are attributed to three (3) programs. All three (3) programs were issued letters of findings on January 28, 2022, not more than three months after the discovery and verification of noncompliance.

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

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, 2020- June 30, 2021

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 2020.

In FFY 2020, North Dakota had 14 early intervention programs across the state. The performance of all 14 of these programs is represented in this data.

Provide additional information about this indicator (optional).

For FFY 2020, North Dakota had four (4) instances of noncompliance due to agency reasons. For this indicator, one (1) instance of noncompliance was due to agency illness, three (3) instances of noncompliance were due to agency oversight.

The four (4) instances of noncompliance in this indicator are attributable to three (3) providers. All three (3) programs were issued letters of findings on January 28, 2022, not more than three months after the discovery and verification of noncompliance.

4/25/22:North Dakota has reviewed OSEP's comments in the FFY 2019 SPP/APR. OSEP had noted a concern with the timeline of issuing letters of noncompliance to local programs. In response to this concern, North Dakota had noted "...20 instances of noncompliance for FFY 2019..." North Dakota would like to clarify that this comment contained an error in the number of instances of noncompliance for Indicator 7 for FFY 2019. In FFY 2019, there were ten (10) instances of noncompliance attributable to five (5) programs, and as such there were give (5) letters of findings issued for Indicator 8A in FFY 2019.

Correction of Findings of Noncompliance Identified in FFY 2019

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 5 | 5 | 0 | 0 |

FFY 2019 Findings of Noncompliance Verified as Corrected

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

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.

For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100% compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2019 on 2.4.2021 to five (5) programs. Correction was verified according to Federal requirements. All five (5) findings were verified as corrected on 11.4.21 and the five (5) programs were notified on 11.17.21. Of the five (5) programs, four (4) demonstrated 100% compliance after one (1) data review, which did not require them to revise their current policy and training plans. One (1) program demonstrated 100% compliance after two (2) data reviews, which required them to review and revise their current policy and training plans to assure future compliance.

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 based on a record review by the regional program administrators and the state.

For this indicator, the State verified through record review, on 5.21.21, that in 10 of the 10 individual cases the children received their service, although late. Individual instances of noncompliance were verified as corrected for all programs on 5.21.21. Correction was verified according to Federal requirements. All five (5) findings were verified as corrected on 11.4.21 and the five (5) programs were notified on 11.17.21.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |

7 - Prior FFY Required Actions

The State must clarify, in the FFY 2020 SPP/APR, how many instances of noncompliance occurred in FFY 2019. Additionally, because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this

indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

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.

For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100% compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2019 on 2.4.2021 to five (5) programs. Correction was verified according to Federal requirements. All five (5) findings were verified as corrected on 11.4.21 and the five (5) programs were notified on 11.17.21. Of the five (5) programs, four (4) demonstrated 100% compliance after one (1) data review, which did not require them to revise their current policy and training plans. One (1) program demonstrated 100% compliance after two (2) data reviews, which required them to review and revise their current policy and training plans to assure future compliance.

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

For this indicator, the State verified through record review, on 5.21.21, that in 10 of the 10 individual cases the children received their service, although late. Individual instances of noncompliance were verified as corrected for all programs on 5.21.21. Correction was verified according to Federal requirements. All five (5) findings were verified as corrected on 11.4.21 and the five (5) programs were notified on 11.17.21.

4/25/22: North Dakota has reviewed OSEP's comments in the FFY 2019 SPP/APR. OSEP had noted a concern with the timeline of issuing letters of noncompliance to local programs. In response to this concern, North Dakota had noted "...20 instances of noncompliance for FFY 2019..." North Dakota would like to clarify that this comment contained an error in the number of instances of noncompliance for Indicator 7 for FFY 2019. In FFY 2019, there were ten (10) instances of noncompliance attributable to five (5) programs, and as such there were give (5) letters of findings issued for Indicator 8A in FFY 2019.

7 - OSEP Response

OSEP notes the State reports, "There were four (4) instances of delay due to agency reasons, which are considered noncompliance. The four (4) instances of noncompliance are attributed to three (3) programs. All three (3) programs were issued letters of findings on January 28, 2022, not more than three months after the discovery and verification of noncompliance." OSEP reminds the State that written notification of findings needs to occur as soon as possible after the State identifies noncompliance; generally, OSEP expects written findings to be issued less than three months from discovery.

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 8A: Early Childhood Transition

Instructions and Measurement

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)

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C who have 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 their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 100.00% |

| FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|--------|---------|---------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 95.92% | 98.09% | 97.06% |

Targets

| FFY | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------|------|------|------|------|------|------|
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

FFY 2020 SPP/APR 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. (yes/no)

YES

| Number of children exiting Part C who have an IFSP with transition steps and services | Number of toddlers with disabilities exiting Part C | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|---------------------|-------------|
| 119 | 120 | 97.06% | 100% | 99.17% | Did not meet target | No Slippage |

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

Provide reasons for delay, if applicable.

There were no delays attributable to exceptional family circumstances for Indicator 8A. There was one (1) reason for delay due to agency reasons, which is considered noncompliance. The one (1) agency reason for delay was due to agency oversight. The one (1) program was issued a letter of findings on January 28, 2022, not more than three months after the discovery and verification of noncompliance.

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

State monitoring

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 2020. 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. 120 records were reviewed. The state monitoring team reviewed the records using the state case review tool based on Indicator 8 requirements. In FFY 2020, North Dakota had 14 early intervention programs across the state. The performance of all 14 of these programs is represented in this data.

Provide additional information about this indicator (optional)

For FFY 2020, North Dakota had one (1) instance of noncompliance due to agency reasons. For this indicator, the instance of noncompliance was due to provider oversight.

The one (1) instance of noncompliance due to agency reason is attributed to one (1) program. Findings were issued to the program on January 28, 2022.

In March 2020, North Dakota issued initial guidance around COVID-19 documentation and expectations for engaging in virtual service delivery. The North Dakota Department of Human Services established a webpage to compile all COVID-19 guidance for stakeholders. North Dakota Early Intervention guidance is found on the established webpage. The state began holding weekly meetings with programs regarding COVID-19 in March 2020. These meetings are an opportunity for the state to provide updates on policy and procedure regarding COVID-19, and for programs to seek clarification and ask questions.

Virtual service delivery was made available to all programs and families beginning on March 1, 2020. With the support of Statewide Early Intervention meetings and state provided resources, programs were able to work through technology needs in a short time period. In April 2020, the state allowed the intake process to be conducted virtually for all infants and toddlers, instead of requiring it to be conducted in-person. Federal requirements are continually reviewed to determine the maximum amount of flexibility that can be provided to programs and families while still ensuring families' rights are being upheld. Virtual service delivery is discussed regularly at the Statewide Early Intervention meetings. A stakeholder workgroup is developing procedure around expanding the option to include virtual service delivery.

In Indicator 8a, Transition Steps and Services, North Dakota was able to facilitate a smooth transition from in-person services to virtual services due to our immediate issuance of guidance and authorization for all programs to begin providing services virtually on March 1, 2020. Virtual service delivery continues to be available for IFSP teams to consider until 6 months after the end of the federal public health emergency. For FFY 2020, there were no instances of delay attributed to a family reason or COVID-19.

4/25/22: North Dakota has reviewed the narrative and data submitted for "Response to actions required in FFY 2019 SPP/APR". For this description, it was human error causing incorrect data from FFY 2019 Indicator 8B to be noted in the narrative. The data and analysis have been verified as correct and the narrative above has been corrected. The corrected narrative language is also noted below.

The state issued findings for noncompliance found in FFY 2019 on 2.4.21 to three (3) programs.

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.

For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are

reviewed. This process continues until 100% compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2019 on 2.4.21 to three (3) programs. Correction was verified according to Federal requirements. All three (3) findings were verified as corrected on 11.4.21 and the three (3) programs were notified on 11.17.21. Of the three (3) programs, one (1) demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans. One (1) program demonstrated 100% compliance after two (2) data reviews, which required them to review and revise their current policy and training plans to assure future compliance. One (1) program demonstrated 100% compliance after three (3) data reviews, which required them to review and revise their current policy and training plans and submit them to TA, paired with Regional Action Plan meetings for accountability and refinement to assure compliance.

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

For this indicator, the State verified on 5.21.21, that in five (5) of the five (5) individual cases, attributable to three (3) programs, the child was no longer within the jurisdiction of the program. Individual instances of noncompliance were verified as corrected for all programs on 5.21.21. Correction was verified according to Federal requirements. All three (3) findings were verified as corrected on 11.4.21 and the three (3) programs were notified on 11.17.21.

Additionally, North Dakota has reviewed OSEP's comments in the FFY 2019 SPP/APR. OSEP had noted a concern with the timeline of issuing letters of noncompliance to local programs. In response to this concern, North Dakota had noted "...20 instances of noncompliance for FFY 2019..." North Dakota would like to clarify that this comment contained an error in the number of instances of noncompliance for Indicator 8a for FFY 2019. In FFY 2019, there were five (5) instances of noncompliance attributable to three (3) programs, and as such there were three (3) letters of findings issued for Indicator 8A in FFY 2019.

North Dakota appreciates the opportunity to clarify this information.

Correction of Findings of Noncompliance Identified in FFY 2019

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 3 | 3 | 0 | 0 |

FFY 2019 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 2019 on 2.4.21 to three (3) programs.

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.

For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100% compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2019 on 2.4.21 to three (3) programs. Correction was verified according to Federal requirements. All three (3) findings were verified as corrected on 11.4.21 and the three (3) programs were notified on 11.17.21. Of the three (3) programs, one (1) demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans. One (1) program demonstrated 100% compliance after two (2) data reviews, which required them to review and revise their current policy and training plans to assure future compliance. One (1) program demonstrated 100% compliance after three (3) data reviews, which required them to review and revise their current policy and training plans and submit them to TA, paired with Regional Action Plan meetings for accountability and refinement to assure compliance.

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 based on a record review by the regional program administrators and the state.

For this indicator, the State verified on 5.21.21, that in five (5) of the five (5) individual cases, attributable to three (3) programs, the child was no longer within the jurisdiction of the program. Individual instances of noncompliance were verified as corrected for all programs on 5.21.21. Correction was verified according to Federal requirements. All three (3) findings were verified as corrected on 11.4.21 and the three (3) programs were notified on 11.17.21.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |

8A - Prior FFY Required Actions

The State must clarify, in the FFY 2020 SPP/APR, how many instances of noncompliance occurred in FFY 2019. Additionally, because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

The state issued findings for noncompliance found in FFY 2019 on 2.4.21 to three (3) programs.

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.

For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100% compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2019 on 2.4.21 to three (3) programs. Correction was verified according to Federal requirements. All three (3) findings were verified as corrected on 11.4.21 and the three (3) programs were notified on 11.17.21. Of the three (3) programs, one (1) demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans. One (1) program demonstrated 100% compliance after two (2) data reviews, which required them to review and revise their current policy and training plans to assure future compliance. One (1) program demonstrated 100% compliance after three (3) data reviews, which required them to review and revise their current policy and training plans and submit them to TA, paired with Regional Action Plan meetings for accountability and refinement to assure compliance.

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

For this indicator, the State verified on 5.21.21, that in five (5) of the five (5) individual cases, attributable to three (3) programs, the child was no longer within the jurisdiction of the program. Individual instances of noncompliance were verified as corrected for all programs on 5.21.21. Correction was verified according to Federal requirements. All three (3) findings were verified as corrected on 11.4.21 and the three (3) programs were notified on 11.17.21.

8A - OSEP Response

OSEP notes the State reports, "There was one (1) reason for delay due to agency reasons, which is considered noncompliance. The one (1) program was issued a letter of findings on January 28, 2022, not more than three months after the discovery and verification of noncompliance." OSEP reminds the State that written notification of findings needs to occur as soon as possible after the State identifies noncompliance; generally, OSEP expects written findings to be issued less than three months from discovery.

8A - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 8B: Early Childhood Transition

Instructions and Measurement

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)

Data Source

Data to be taken from monitoring or State data system.

Measurement

- Percent = $[(\# \text{ of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C})] \times 100$.
- Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.
- Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 95.52% |

| FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 68.60% | 93.41% | 88.71% | 85.00% | 89.71% |

Targets

| FFY | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------|------|------|------|------|------|------|
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

FFY 2020 SPP/APR Data

Data include notification to both the SEA and LEA

YES

| 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 | Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|---|--|---------------|-----------------|---------------|---------------------|----------|
| 74 | 120 | 89.71% | 100% | NVR | Did not meet target | Slippage |

Provide reasons for slippage, if applicable

The data in the FFY 2020 SPP/APR contains data from the onset of Covid-19. Virtual service delivery was made available to all programs and families beginning on March 1, 2020. This included the opportunity to conduct transition activities virtually. At this time, however, programs were not allowed to collect electronic signatures, as the ability to do so was not in place. This contributed to an increase in late LEA Notification and Opt-Out form signature collection as providers were waiting for paperwork to be returned from families.

Of the 12 instances of noncompliance, five (5) are attributable to two new providers who will both begin receiving targeted technical assistance in May 2022. An additional three (3) instances are attributed to an additional provider, who will also be receiving technical assistance in May 2022.

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.

34

Provide reasons for delay, if applicable.

For FFY 2020, there were 14 instances of delay. Of the 14, two (2) were attributable to exceptional family circumstances due to COVID-19, and 12 were due to agency reason. Of the 12 due to agency reason, all 12 were due to agency oversight. The 12 instances of delay due to agency reason are attributable to eight (8) programs.

Describe the method used to collect these 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 2020. 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. 120 records were reviewed. The state monitoring team reviewed the records using the state case review tool based on Indicator 8 requirements. In FFY 2020, North Dakota had fourteen early intervention programs across the state. The performance of all fourteen of these programs is represented in this data.

Do you have a written opt-out policy? (yes/no)

YES

If yes, is the policy on file with the Department? (yes/no)

YES

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

State monitoring

Describe the method used to select EIS programs for monitoring.

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 2020. 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. 120 records were reviewed. The state monitoring team reviewed the records using the state case review tool based on Indicator 8 requirements. In FFY 2020, North Dakota had fourteen early intervention programs across the state. The performance of all fourteen of these programs is represented in this data.

Provide additional information about this indicator (optional).

For FFY 2020, North Dakota had 12 instances of noncompliance due to agency reasons. For this indicator, all 12 instances of noncompliance were due to provider oversight.

The 12 instances of noncompliance due to agency reason are attributed to eight (8) programs. Findings were issued to the programs on January 28, 2022.

For LEA notification: A total of 120 records were reviewed. Of those 120 records, 34 parents chose to opt-out of the notification. Of the 86 that required LEA notification, 74 of the records contained documentation of the notification. Twelve (12) records did not contain a notification, therefore, North Dakota's performance for LEA notification is at 86.05%. Eight (8) 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 SEA notification: A total of 120 records were reviewed. Of those 120 records, 34 parents chose to opt out of the notification. The Part C Coordinator reviewed the timeliness of the SEA notification being sent for these 86 children. Of the 86 that required SEA notification, 86 records were sent timely. No records were not sent timely. This is a decrease from FFY 2019 when three (3) records were not sent timely.

In March 2020, North Dakota issued initial guidance around COVID-19 documentation and expectations for engaging in virtual service delivery. The North Dakota Department of Human Services established a webpage to compile all COVID-19 guidance for stakeholders. North Dakota Early Intervention guidance is found on the established webpage. The state began holding weekly meetings with programs regarding COVID-19 in March 2020. These meetings are an opportunity for the state to provide updates on policy and procedure regarding COVID-19, and for programs to seek clarification and ask questions.

Virtual service delivery was made available to all programs and families beginning on March 1, 2020. With the support of Statewide Early Intervention meetings and state provided resources, programs were able to work through technology needs in a short time period. In April 2020, the state allowed the intake process to be conducted virtually for all infants and toddlers, instead of requiring it to be conducted in-person. Federal requirements are continually reviewed to determine the maximum amount of flexibility that can be provided to programs and families while still ensuring families' rights are being upheld. Virtual service delivery is discussed regularly at the Statewide Early Intervention meetings. A stakeholder workgroup is developing procedure around expanding the option to include virtual service delivery.

In Indicator 8a, Transition Steps and Services, North Dakota was able to facilitate a smooth transition from in-person services to virtual services due to our immediate issuance of guidance and authorization for all programs to begin providing services virtually on March 1, 2020. Virtual service delivery continues to be available for IFSP teams to consider until 6 months after the end of the federal public health emergency. For FFY 2020, there were two (2) instances of delay attributed to a family reason or COVID-19.

4/25/22: North Dakota has reviewed the narrative and data submitted for Indicator 8b in FFY 2020. North Dakota utilized a new data report for this Indicator which did not accurately report the number of individuals who opted out. This report has been corrected for FFY 2021.

For this indicator, the correct numbers are below:

Parents Who Opted Out: 34

Instances of Delay: 14 (2 Family Reason, 12 Agency Oversight)

Instances of Noncompliance: 12

Number of Programs with Noncompliance: 8

These numbers have been updated in the narrative and the table for Indicator 8b.

Additionally, North Dakota has reviewed OSEP's comments in the FFY 2019 SPP/APR. OSEP had noted a concern with the timeline of issuing letters of noncompliance to local programs. In response to this concern, North Dakota had noted "...20 instances of noncompliance for FFY 2019..." North Dakota would like to clarify that this comment contained an error in the number of instances of noncompliance for Indicator 8b for FFY 2019. In FFY 2019, there were 14 instances of noncompliance attributable to 12 programs, and as such there were 12 letters of findings issued for Indicator 8b in FFY 2019.

North Dakota appreciates the opportunity to clarify this information.

Correction of Findings of Noncompliance Identified in FFY 2019

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 12 | 12 | 0 | 0 |

FFY 2019 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 14 instances of noncompliance found in FFY 2019 on 2.4.21 to 12 programs.

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.

For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100% compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2019 on 2.4.21 to 12 programs. Correction was verified according to Federal requirements. All 12 findings were verified as corrected on 11.4.21 and the 12 programs were notified on 11.17.21. Of the 12 programs, 11 demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans. One (1) program demonstrated 100% compliance after two (2) data reviews, which required them to review and revise their current policy and training plans to assure future compliance.

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 based on a record review by the regional program administrators and the state.

For this indicator, the State verified on 5.21.21, that in 14 of the 14 individual cases, which were attributed to 12 programs, the child was no longer within the jurisdiction of the program. Individual instances of noncompliance were verified as corrected for all programs on 5.21.21. Correction was verified according to Federal requirements. All 12 findings were verified as corrected on 11.4.21 and the 12 programs were notified on 11.17.21.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |

8B - Prior FFY Required Actions

The State must clarify, in the FFY 2020 SPP/APR, how many instances of noncompliance occurred in FFY 2019. Additionally, because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

The state issued findings for 14 instances of noncompliance found in FFY 2019 on 2.4.21 to 12 programs.

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.

For this indicator, each program with instances of noncompliance had the 5 newest files reviewed to verify current compliance. If the 5 files reviewed do not meet 100% compliance, the program is required to drill down into their current policy and training plans. After 30 days, the 5 newest files are reviewed. This process continues until 100% compliance is demonstrated. After each data review that does not meet 100% compliance, subsequent data are reviewed and technical assistance is offered on individual schedules with the program. Technical Assistance is intensified if multiple data reviews are required. All programs with noncompliance are required to submit updated policies and training plans to assure future compliance.

The state issued findings for noncompliance found in FFY 2019 on 2.4.21 to 12 programs. Correction was verified according to Federal requirements. All 12 findings were verified as corrected on 11.4.21 and the 12 programs were notified on 11.17.21. Of the 12 programs, 11 demonstrated 100% compliance after one (1) data review, which did not require them to revise current policy or training plans. One (1) program demonstrated 100% compliance after two (2) data reviews, which required them to review and revise their current policy and training plans to assure future compliance.

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

For this indicator, the State verified on 5.21.21, that in 14 of the 14 individual cases, which were attributed to 12 programs, the child was no longer within the jurisdiction of the program. Individual instances of noncompliance were verified as corrected for all programs on 5.21.21. Correction was verified according to Federal requirements. All 12 findings were verified as corrected on 11.4.21 and the 12 programs were notified on 11.17.21.

8B - OSEP Response

The State did not provide valid and reliable data for FFY 2020. The State's FFY 2020 data were not valid and reliable because when the number of parents who opted out (34) is subtracted from the number potentially eligible for Part B, the total is 86, which total 12 instances of noncompliance. However, the State reports 14 instances of delay in the description of Reasons for Delay. Therefore, OSEP could not determine whether the State met its target.

OSEP notes the State reports, "For FFY 2020, North Dakota had 12 instances of noncompliance due to agency reasons. The 12 instances of noncompliance due to agency reason are attributed to eight (8) programs. Findings were issued to the programs on January 28, 2022." OSEP reminds the State that written notification of findings needs to occur as soon as possible after the State identifies noncompliance; generally, OSEP expects written findings to be issued less than three months from discovery.

8B - Required Actions

The State did not provide valid and reliable data for FFY 2020. The State's FFY 2020 data were not valid and reliable because when the number of parents who opted out (34) is subtracted from the number potentially eligible for Part B, the total is 86, which total 12 instances of noncompliance. However, the State reports 14 instances of delay in the description of Reasons for Delay. The State must provide valid and reliable data for FFY 2021 in the FFY 2021 SPP/APR.

Indicator 8C: Early Childhood Transition

Instructions and Measurement

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)

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C who have 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 their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 83.30% |

| FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|--------|--------|---------|---------|--------|---------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 97.32% | 100.00% | 100.00% | 99.36% | 100.00% |

Targets

| FFY | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------|------|------|------|------|------|------|
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

FFY 2020 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency has 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. (yes/no)

YES

| Number of toddlers with disabilities exiting Part C where the transition conference occurred 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 | Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|--|--|---------------|-----------------|---------------|---------------------|----------|
| 114 | 120 | 100.00% | 100% | 97.50% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable

For FFY 2020, there were three (3) instances of delay attributable to agency reason. Even though this demonstrates slippage, in reviewing each of the instances, these delays, although not direct attributable to COVID-19, are impacted by COVID-19. Coordination between the Part C programs and the LEAs experienced additional complexities, as across the state, LEAs made individual adaptations to serve families based on their individual needs. Agencies are taking on additional duties to individually support families and colleagues. In FFY 2020, performance was at 97.5%, a 2.5% decrease from FFY 2019 when performance was 100%. The state continues to engage programs in this area to limit further instances of noncompliance.

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.

0

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 not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

3

Provide reasons for delay, if applicable.

For FFY 2020, there were three (3) delays attributed to exceptional family circumstances. Of the three (3) reasons for delay due to family circumstances, one (1) was due to COVID-19. The other two (2) reasons were due to other exceptional family circumstances.

There were three (3) reasons for delay attributed to agency reason, which are considered noncompliance. Of the three (3) agency reasons, all three (3) reasons were due to agency oversight and can be attributed to three (3) programs. All three (3) programs were issued letters of findings on January 28, 2022.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

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 2020. 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. 120 records were reviewed. The state monitoring team reviewed the records using the state case review tool based on Indicator 8 requirements. In FFY 2020, North Dakota had fourteen early intervention programs across the state. The performance of all fourteen of these programs is represented in this data.

Provide additional information about this indicator (optional).

For FFY 2020, North Dakota had three (3) instances of noncompliance due to agency reasons. For this indicator, the three (3) instances of noncompliance were due to provider oversight.

The three (3) instance of noncompliance due to agency reason is attributed to three (3) programs. Findings were issued to the programs on January 28, 2022.

In March 2020, North Dakota issued initial guidance around COVID-19 documentation and expectations for engaging in virtual service delivery. The North Dakota Department of Human Services established a webpage to compile all COVID-19 guidance for stakeholders. North Dakota Early Intervention guidance is found on the established webpage. The state began holding weekly meetings with programs regarding COVID-19 in March 2020. These meetings are an opportunity for the state to provide updates on policy and procedure regarding COVID-19, and for programs to seek clarification and ask questions.

Virtual service delivery was made available to all programs and families beginning on March 1, 2020. With the support of Statewide Early Intervention meetings and state provided resources, programs were able to work through technology needs in a short time period. In April 2020, the state allowed the intake process to be conducted virtually for all infants and toddlers, instead of requiring it to be conducted in-person. Federal requirements are continually reviewed to determine the maximum amount of flexibility that can be provided to programs and families while still ensuring families' rights are being upheld. Virtual service delivery is discussed regularly at the Statewide Early Intervention meetings. A stakeholder workgroup is developing

procedure around expanding the option to include virtual service delivery.

In Indicator 8C, Transition Conference, North Dakota was able to facilitate a smooth transition from in-person services to virtual services due to our immediate issuance of guidance and authorization for all programs to begin providing services virtually on March 1, 2020. Virtual service delivery continues to be available for IFSP teams to consider until 6 months after the end of the federal public health emergency. For FFY 2020, there were three (3) instances of delay attributed to a family reason or COVID-19.

Correction of Findings of Noncompliance Identified in FFY 2019

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 0 | 0 | 0 | 0 |

Correction of Findings of Noncompliance Identified Prior to FFY 2019

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |

8C - Prior FFY Required Actions

The State must clarify, in the FFY 2020 SPP/APR, how many instances of noncompliance occurred in FFY 2019. If the State did identify noncompliance based on FFY 2019 data, the State must report on the status of correction of noncompliance for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Response to actions required in FFY 2019 SPP/APR

North Dakota did not have any instances of noncompliance in FFY 2019.

8C - OSEP Response

OSEP notes the State reports, "There were three (3) reasons for delay attributed to agency reason, which are considered noncompliance. Of the three (3) agency reasons, all three (3) reasons were due to agency oversight and can be attributed to three (3) programs. All three (3) programs were issued letters of findings on January 28, 2022." OSEP reminds the State that written notification of findings needs to occur as soon as possible after the State identifies noncompliance; generally, OSEP expects written findings to be issued less than three months from discovery.

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Indicator 9: Resolution Sessions

Instructions and Measurement

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)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (*EMAPS*)).

Measurement

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

Instructions

Sampling from the State's 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

North Dakota uses Part C due process hearing procedures under 34 CFR 303.430(d)(1), therefore this indicator is not applicable.

9 - Prior FFY Required Actions

None

9 - OSEP Response

OSEP notes that this indicator is not applicable.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

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)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (EMAPS)).

Measurement

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

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

10 - Indicator Data

Select yes to use target ranges

Target Range not used

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Prepopulated Data

| Source | Date | Description | Data |
|---|------------|---|------|
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1 Mediations held | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

TARGET SETTING:

The North Dakota Department of Human Services, as the Part C Lead Agency, collaborated with our stakeholders, the North Dakota Interagency Coordinating Council (ND ICC), the Data Drill Down stakeholder work group, the Early Intervention Statewide Meeting stakeholder group, and a Parent Panel to engage in target setting activities for FFY 2020-FFY 2025. Information about each engagement is detailed below.

Data Drill Down stakeholder work group: The Data Drill Down stakeholder work group met six times during September and October 2021 to review, analyze and set preliminary targets for Indicators 2,3,4,5 and 6. This group is made up of a diverse group of stakeholders, including service coordinators, Infant Development coordinators, and Primary Early Intervention Providers. Some of the members on this group are also parents of children in Early Intervention. The Data Drill Down group considered trend performance and target data for the past seven (7) years of APRs, average performance and change over the last five (5) years, and other contributing factors, including COVID-19, when setting targets.

ND ICC: The ND ICC met on September 14, 2021 to review the preliminary targets set by the Data Drill Down work group. The ND ICC reviewed the preliminary targets, as well as trend performance and target data for the last five (5) years of APRs. The group discussed potential changes to the targets, and suggested to ND DHS to adopt the targets as suggested by the Data Drill Down work group. On December 16, 2021, the ND ICC met and reviewed FFY 2020 APR Data, including the targets, and voted to adopt the data as their report to the Governor.

Early Intervention Statewide Meeting: On November 16, 2021, the EI Statewide Meeting stakeholder group, made up of Service Coordination Leadership and Infant Development Program Leadership, met to review the preliminary targets set by the Data Drill Down work group. The EI Statewide Meeting group discussed the preliminary targets and suggested to ND DHS to adopt the targets for FFY 2020-2025. At this time, a request was made to members to provide names and contact information of parents who may be interested in reviewing the APR targets as part of a Parent Panel.

Parent Panel: The Parent Panel was made up of five (5) parents from across the state who showed interest in reviewing the APR Targets and providing feedback to ND DHS. The Part C Coordinator spoke with each parent to determine the best time to meet, including offering evening and weekend times. The Parent Panel was able to meet with four (4) members on December 2, 2021 and one (1) member on January 13, 2022. The Part C Coordinator shared materials prior to the meetings that explained the APR targets, the purpose of the target setting activities, and the proposed targets. During the meeting, the Part C Coordinator encouraged members to speak up if they had questions or needed clarification. Many members did, and a great discussion was had about all indicators, but particularly the child and family outcomes (Indicators 3 and 4). The group suggested that ND DHS adopt the preliminary targets.

ND DHS and NDICC reviewed the trend and performance data for the previous years for all the results indicators to set targets for FFY 2019 on January 23rd, 2020.

ND DHS and NDICC had 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.

SSIP ACTIVITIES:

The following groups were engaged for SSIP activities:

PD Workgroup: Regional representatives of service coordinators, EI providers, parents, and technical assistance.

Resilient Early Leadership Collaborative: 100 cross-agency leaders, including parents, in a multiyear learning collaborative.

Resilient Early Intervention Leadership Certificate: 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

Grant Advisory Group: Cross-agency leaders, parents, and higher education, to meet quarterly in support of grant projects.

North Dakota reported fewer than ten mediations held in FFY 2020. North Dakota is not required to provide targets until any fiscal year in which ten or more mediations were held.

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | |

| FFY | 2015 | 2016 | 2017 | 2018 | 2019 |
|----------|------|------|------|------|------|
| Target>= | | | | | |
| Data | | | | | |

Targets

| FFY | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------|------|------|------|------|------|------|
| Target>= | | | | | | |

FFY 2020 SPP/APR Data

| 2.1.a.i Mediation agreements related to due process complaints | 2.1.b.i Mediation agreements not related to due process complaints | 2.1 Number of mediations held | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|--|--|-------------------------------|---------------|-----------------|---------------|--------|----------|
| 0 | 0 | 0 | | | | N/A | N/A |

Provide additional information about this indicator (optional)

North Dakota reported fewer than ten mediations held in FFY 2020. North Dakota is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2020. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

Instructions

Baseline Data: The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Targets: In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

Phase II: Plan (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

Phase III: Implementation and Evaluation (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., April 1, 2021). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)?

North Dakota Part C's State-Identified Measurable Result (SiMR) is:

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

Has the SiMR changed since the last SSIP submission? (yes/no)

NO

Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

NO

Is the State's theory of action new or revised since the previous submission? (yes/no)

NO

Please provide a link to the current theory of action.

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

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

NO

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| FFY 2016 | 72.04% |

Targets

| FFY | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------|--------|--------|--------|--------|--------|--------|
| Target>= | 70.00% | 70.00% | 71.00% | 72.00% | 73.00% | 74.00% |

FFY 2020 SPP/APR Data

| Number of infants and toddlers reported in Indicator 3a progress category (c) plus number of infants and toddlers reported in category (d) | Number of infants and toddlers reported in Indicator 3a progress category (a) plus number of infants and toddlers reported in progress category (b) plus number of infants and toddlers reported in progress category (c) plus number of infants and toddlers reported in progress category (d) | FFY 2019 Data | FFY 2020 Target | FFY 2020 Data | Status | Slippage |
|--|---|---------------|-----------------|---------------|--------|----------|
| 498 | 573 | 82.80% | 70.00% | 86.91% | N/A | N/A |

Provide the data source for the FFY 2020 data.

North Dakota Part C's State-Identified Measurable Result (SiMR) data source is child outcome Indicator 3a, Summary Statement 1, and the data for this is gathered through the states Assessment, Evaluation and Programming System Assessment, Evaluation, and Programming System for Infants and Children (AEPS) child outcomes tool. For FFY 2020, North Dakota Part C's State-Identified Measurable Result (SiMR) Indicator data of 3a, Summary Statement 1, increased to 86.91% from 82.80% in FFY 2019.

Please describe how data are collected and analyzed for the SiMR.

North Dakota uses the Assessment, Evaluation and Programming System Assessment, Evaluation, and Programming System for Infants and Children (AEPS) as the evaluation/assessment tool for child outcomes data. The data for the SiMR is taken from child outcome Indicator 3a, Summary Statement 1. All child outcomes data is entered into the publisher's online system (AEPSi), a web-based database.

Staff enter entry/exit data into the AEPSi online tool. Initial child outcome assessment is completed and entered into the data system by early intervention providers or the Service Coordinator (DDPM) prior to eligibility, and exit data is entered for children who have been receiving services for at least 6 months. Exit data must be entered within 30 days of the child's third birthday, and if the exit date is unexpected, the exit data must be entered within 30 days of the exit. The Service Coordinator (DDPM) is responsible to ensure completion of the tool by local early intervention providers. All data is downloaded and analyzed by the Part C Data Manager for reporting.

Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)

NO

Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)

NO

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

NO

Section B: Implementation, Analysis and Evaluation

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

NO

Describe how the data support the decision not to make revisions to the evaluation plan. Please provide a link to the State's current evaluation plan.

The State continued work in the 4 Strand areas of the original Evaluation Plan. The 4 Strand Areas have been foundational to the SSIP work and the dynamic process of change in the state. The original evaluation plan was the basis of all SSIP work that is now culminating. Moving forward, the state will begin the process of updating the evaluation plan with stakeholder processes outlined below. The evaluation plan can be found at: <https://www.nd.gov/dhs/services/disabilities/earlyintervention/partcinfo/index.html>

Provide a summary of each infrastructure improvement strategy implemented in the reporting period.

Data Quality Improvement Strand

Strategy 1- Child Outcome Tool: Updated Child Outcomes Tool. North Dakota replaced the child outcomes assessment tool in the fall of 2017 with the Assessment, Evaluation, and Programming System (AEPS) after significant planning for several years. This is North Dakota's third APR year of reporting the AEPS data for this indicator since the performance data represents the larger sample of children, N=672. The Oregon performance data continue to decline in numbers of children as expected due to the transition to the AEPS with a continued decrease to N=50 during FFY 2020. This is the final transition year to a new tool for North Dakota.

Strategy 2- Child Outcome Tool: Fidelity & Inter-Rater Reliability of Child Outcomes Tool. North Dakota has 125 available seats for online inter-rater reliability training from AEPS publisher, Brookes Publishing. Additionally, ND has completed all of the online training available for new staff members who have not been provided the initial AEPS training that was provided in 2017. The Inter-Rater Reliability trainings have been supplied to all programs and staff from across the state have started the training.

Strategy 3- Data Visualization. The state began working with the Decision Support Services (DSS) Division in June 2019 to create additional data reports using a program called Power BI that allows users to isolate individual programs' data in several APR data areas. For FFY 2020, the APR Data was presented to the ND ICC using Power BI. This allowed the state to analyze data with the ND ICC in real-time. ND ICC members reported better engagement with the data for this review.

Strategy 4- Electronic Database Improvement. The Part C Coordinator seeks input on an ongoing basis from stakeholders on how the electronic database (Therap) can be improved. When suggestions are made, or difficulties are encountered, that information is taken to the Therap development team and considered for either enhancements or fixes to the system. This ongoing process that the State uses as improvements are made or concerns arise. Stakeholder input is critical to identifying enhancements and/or additional needs, so feedback is frequently sought when meeting with EI staff or when reviewing data with the ICC, as well as additional stakeholders.

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

Strategy 5- Question and Answer Document. The Q&A document was developed in response to a request by the field to have consistent and timely clarifying information, or relevant changes in online tool usage, procedures, and expectations. After six months of use, the Part C Coordinator surveyed the group on the utility of the document and stakeholders expressed finding the document useful. A request was made by multiple stakeholders to have the Q&A document organized by topic as the questions and responses increased. As the document has evolved, it was made further interactive by creating links to each topic as well as to the top of the document. Specific topics, such as the transition to the updated IFSP, have had individualized Q&A documents created in response to the volume of questions received on that single topic. Additional materials are created to support areas of concern identified through multiple questions on the same topic.

Professional Development Improvement Strand

Strategy 6- Professional Development Scale-Up: During FFY 2020, professional development system work continued with the input of stakeholders in Early Intervention (EI), Technical Assistance (TA), and the state Part C team. Professional development work focused on the development of an authentic assessment module, scale-up of the Partnering for Outcomes With Real meaning (POWR) Project, and the creation of family assessment modules with scale-up planned for FFY 2021.

Infrastructure Strategy 7- Virtual Delivery Engagement. Due to the Covid-19 health emergency, North Dakota moved to provide early intervention Part C services and professional development through virtual platforms. During monthly Statewide Early Intervention Meetings, professional development was provided around virtual home visiting. Staff received national resources around tele-intervention and programs provided mentoring support and strategies.

Policy and Procedures Improvement Strand

Infrastructure Strategy 8- Procedures Workgroup. The Procedures Workgroup began meeting in October 2018 and has met monthly since its inception. The workgroup has chosen to focus on procedures that their staff have expressed a desire for additional clarity or uniformity around.

The Procedures Workgroup has completed their work on tele-intervention procedures in response to the shift to virtual instruction during the COVID-19 pandemic. The group created materials that are specific to North Dakota procedures and expectations. The Procedures Workgroup looked at the major components of appropriate tele-intervention guidance, including costs, equity, training and best practices. Since the completion of this guidance, the workgroup has turned its attention to updating the IFSP Checklists to reflect the improved IFSP.

Infrastructure Strategy 9- Therap Provider Side IFSP. In January 2021, the state instructed providers to use the improved IFSP held on the provider side of the state's electronic database, Therap. Prior to this transition, providers were given the opportunity to attend three technical trainings on the IFSP, as well as one of five content trainings on the IFSP. Materials used at this training, including an "IFSP Quick Guide" and PowerPoint presentation were emailed out to providers as well as placed on the ND Early Intervention website. In response to provider questions, two Q&A sessions were held after the implementation of the improved IFSP where providers were able to ask questions in an open forum. Frequently Asked Questions were placed into an FAQ document that continues to be updated regularly and shared with the field. The Part C Coordinator continues to provide training on the updated IFSP, including Q&A sessions, written guidance, and live trainings on specific sections of the IFSP.

Infrastructure Strategy 10- Parent Panel. In response to the need to solicit more parent involvement, North Dakota created a Parent Panel which will meet quarterly to discuss "hot topics" in Early Intervention and provide feedback to the state. The Parent Panel members will be provided with a stipend for participation. Meetings will be scheduled at times convenient to families to ensure that diverse groups of parents are able to attend.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

Data Quality Improvement Strand

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

Infrastructure Strategy 1: Child Outcome Tool: Updated data about transition to AEPS.

Stakeholder Involvement: The state utilized Statewide EI Meetings and ND ICC Meetings to inform decisions around transitioning to the AEPS, as well as the Data Drill Down stakeholder group to determine the most appropriate reports about which to train staff.

Systems Framework: Quality Standards and Data

Systems Change: Scale-Up

Infrastructure Strategy 2: Child Outcome Tool: Fidelity & Inter-Rater Reliability of Child Outcomes Tool.

Stakeholder Involvement: The state utilized the Statewide EI Meetings to determine timing of and interest in the Inter-Rater Reliability Modules for the AEPS.

Systems Framework: Quality Standards, Data

Systems Change: Scale-Up, Achievement of the SiMR

Infrastructure Strategy 3: Data Visualization

Stakeholder Involvement: The state piloted data visualization using Power BI with the Data Drill Down stakeholder group, and then expanded to include the ND ICC for APR Reporting for FFY 2020.

Systems Framework: Data

Systems Change: Scale-Up

Infrastructure Strategy 4: Electronic Database Improvement

Stakeholder Involvement: The state utilized feedback from individual programs as well as numerous trainings and listening sessions regarding the data system, Therap. Specifically, in FFY 2020, the state sought ongoing feedback from users of the new IFSP on the provider side of Therap.

Systems Framework: Data, Technical Assistance, Quality Standards

Systems Change: Scale-Up, Sustainability

Infrastructure Strategy 5: Question and Answer Document

Stakeholder Involvement: Stakeholders submitted questions to the Part C Coordinator on an ongoing basis. The Part C Coordinator documented these questions in a Q&A Document that is regularly updated. Stakeholders continue to provide feedback, through email and Statewide EI Meetings, on the usability and applicability of the Q&A Document.

Systems Framework: Technical Assistance

Systems Change: Sustainability

Professional Development Improvement Strand

Outcome 2: Design & implement a professional development system to support the EI system with evidence-based practices.

Infrastructure Strategy 6: Professional Development Scale-Up.

Stakeholder Involvement: During FFY 2020, the professional development system work continued with the input of stakeholders in Early Intervention (EI), State Technical Assistance (TA), and the state Part C team. Stakeholders met monthly to create a new Authentic Assessment professional development module. The module will be completed in FFY 2021 to support new staff, experienced staff and families after survey data review from EI professionals and families during FFY 2021. The state TA team developed sixteen Family Assessment modules around the Routines-Based Interview (RBI). The PD Workgroup offered guidance and suggestions in its development. Data and information about this scale-up is discussed in the Evidence-Based Practices section of this indicator.

Systems Framework: Professional Development

Systems Change: Scale-Up

Infrastructure Strategy 7: Virtual Delivery Engagement.

Stakeholder Involvement: During monthly Statewide Early Intervention Meetings, professional development was provided around virtual home visiting. Staff received national resources around tele-intervention and programs provided mentoring support and strategies. Program staff provided peer support and presented lessons and tips.

Systems Framework: Professional development and technical assistance

Systems Change: Scale-Up

Policy and Procedures Improvement Strand

Outcome 3: Create procedural guide to support implementation of policies to support improvement in the SiMR.

Infrastructure Strategy 8: Procedures Workgroup.

Stakeholder Involvement: The Procedures Workgroup is made up of service coordinators and EI program staff who regularly provide feedback during meetings. The group acts as leaders in their programs to gather and bring back information about procedures that are priority to their program.

Systems Framework: Governance, Technical Assistance

Systems Change: Sustainability

Infrastructure Strategy 9: Therap Provider Side IFSP.

Stakeholder Involvement: The Statewide EI Meeting provided feedback during all stages of developing the Provider Side IFSP. Prior to starting development, the group provided information about features they would like to see in the new IFSP, during development, users tested the new IFSP and provided feedback about functionality, and after deployment, users continue to provide feedback about enhancements they would like to see implemented.

Systems Framework: Data, Quality Standards, Professional Development, Technical Assistance

Systems Change: Scale-Up

Infrastructure Strategy 10: Parent Panel.

Stakeholder Involvement: A cross section of parents from across the state were engaged in APR Target Setting activities. This group will be meeting quarterly to provide ongoing feedback from a parent's perspective. The group will receive a stipend and meetings will be scheduled at times convenient to them.

Systems Framework: Quality Standards, Accountability/Monitoring, Governance

Systems Change: Sustainability

Summary

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

Infrastructure has been created for the state PD framework. The development of consistent and available PD resources supports programs and offers 'just in time' resources. The framework is based on the philosophy of the availability of early intervention resources for caregivers, early interventionists, and service coordinators supports performance and practice change. This has dramatically impacted the development of leaders within programs who have been scaling up supports leading to significant practice growth within our EBP DEC F6.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

YES

Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

New Infrastructure Improvement Strategy: Grant Collaboration

Grant activities are also supporting professional development in early intervention. In November 2020, North Dakota Part C was awarded the Personnel Development To Improve Services and Results for Children With Disabilities- Leadership Development Programs: Increasing the Capacity of Leaders To Improve Systems Serving Children With Disabilities grant. The work is in collaboration with the ND Department of Human Services Developmental Disabilities Division, Part C program, and the University of North Dakota Early Childhood and Special Education Program. The grant builds on the POWR Project model of peer support and local program leadership development, aligned with state guided PD mentorship. The grant initiative develops EI leaders who understand and employ practices based on leadership competencies, evidence-based practices, and Part C federal and state regulations in supporting infants and young children with disabilities and their families.

Anticipated Outcome: Support the current professional development system with resilient early intervention leadership practices focusing on collaborations in North Dakota's early childhood system.

Summary Next Steps: The Resilient Early Intervention Leadership Grant involves several stakeholder groups across the state of ND, including 100 cross-agency leaders in the Resilient Early Intervention Leadership Collaborative (RELC), including parents, in a multiyear learning collaborative and 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated. A Competency Assessment Team (CAT) made up of early childhood leaders and parents review and develop a competency assessment tool for EI. An Advisory Group was developed made up of cross-agency leaders, parents, and higher education, to meet quarterly in support of grant projects. Specifics are discussed in the Evidence-Based Practices section of the SSIP. Grant activities and collaboration will continue in FFY 2021.

Data Review:

A RELC survey was sent to the 100 cross-agency leaders, and 40 completed the survey. Overall, respondents indicated that the RELC webinars have increased their confidence and understanding of resilient leadership in early intervention. Following are response data:

The Resilient Early Leadership Collaborative (RELC) webinars have increased my confidence in understanding the key principles of resilient leadership: 75.61% of respondents reported almost/completely.

The Resilient Early Leadership Collaborative (RELC) webinars have increased my confidence in using the key principles of resilient leadership: 75.61% of respondents reported almost/completely.

The Resilient Early Leadership Collaborative (RELC) webinars have increased my ability to provide support to others: 78.05% of respondents reported almost/completely.

The Resilient Early Leadership Collaborative (RELC) webinars have increased awareness of my personal strengths: 78.05% of respondents reported almost/completely.

The Resilient Early Leadership Collaborative (RELC) webinars have increased my ability to communicate effectively with those around me: 68.3% of respondents reported almost/completely.

The grant activities to support leaders in early intervention are enhancing the professional development system. The use of stakeholders across all endeavors offers varying perspectives and system insight.

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

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

Infrastructure Strategy 1: Child Outcome Tool: Updated data about transition to AEPS

Summary Next Steps: Continue monitoring data until a full cohort is reached in FFY 2021.

Anticipated Outcomes: AEPS data will be valid and reliable, and the tool will be completed with fidelity across the state.

Infrastructure Strategy 2: Child Outcome Tool: Fidelity & Inter-Rater Reliability of Child Outcomes Tool.

Summary Next Steps: All programs have been provided access codes to complete Inter-Rater Reliability training. The Part C Coordinator will monitor completion of the trainings until all codes have been used.

Anticipated Outcomes: AEPS data will be valid and reliable, and the tool will be completed with fidelity across the state.

Infrastructure Strategy 3: Data Visualization

Summary Next Steps: Power BI Reports used for APR Data visualization will be refined and enhanced.

Anticipated Outcomes: Stakeholder engagement with and understanding of APR data will be increased, and outcomes for families and children will be improved.

Infrastructure Strategy 4: Electronic Database Improvement

Summary Next Steps: Feedback will continue to be collected, and improvements will be made to Therap based on that feedback.

Anticipated Outcomes: IFSP and APR data will be valid and reliable, as well as easier to locate and analyze.

Infrastructure Strategy 5: Question and Answer Document

Summary Next Steps: Questions from the Q&A Document will be integrated into modules that will be hosted on an online Learning Management System.

Anticipated Outcomes: Services across the state will be provided consistently and according to state guidelines. New and existing staff will have access to information when they need it.

Professional Development Improvement Strand

Outcome 2: Design & implement a professional development system to support the EI system with evidence-based practices.

Infrastructure Strategy 6: Professional Development Scale-Up.

Summary Next Steps: The Authentic Assessment module will be completed in FFY 2021 to support new staff, experienced staff and families after survey data review from EI professionals and families during FFY 2021. The sixteen Family Assessment modules around the Routines-Based Interview (RBI) will be rolled out in FFY 2021 to support new staff, experienced staff and families.

FFY 2021 family assessment professional development scale-up will be focused on themes identified by stakeholders including program mentoring processes, support for experienced and new staff, resources to support family understanding of EI starting at intake, and availability of online resources for consistent training. This information will inform FFY 2021 scale-up of family assessment professional development.

Anticipated Outcomes: Professional development module will be available for performance support in a sustainable platform on the EI website for all stakeholders.

Infrastructure Strategy 7: Virtual Delivery Engagement.

Summary Next Steps: Technical assistance will be available for support in virtual delivery upon request.

Anticipated Outcomes: Performance support in virtual delivery will increase staff confidence and competence in the state's evidence-based practice, DEC F6, around family-centered principles.

Policy and Procedures Improvement Strand

Outcome 3: Create procedural guide to support implementation of policies to support improvement in the SiMR.

Infrastructure Strategy 8: Procedures Workgroup.

Summary Next Steps: The Procedures Workgroup will continue to meet monthly. Work will begin on revising IFSP checklists to support the updated IFSP.

Anticipated Outcomes: Providers will have access to accurate and timely guidance around the IFSP.

Infrastructure Strategy 9: Therap Provider Side IFSP.

Summary Next Steps: Stakeholders will continue to share feedback with the state regarding necessary enhancements and fixes.

Anticipated Outcomes: Data will be valid and reliable. Families will have an IFSP that is clear, accurate and easy to understand.

Infrastructure Strategy 10: Parent Panel.

Summary Next Steps: The Parent Panel will meet quarterly to provide feedback to the state regarding Early Intervention services.

Anticipated Outcomes: Services will be enhanced with parent feedback to improve outcomes for children and families.

List the selected evidence-based practices implemented in the reporting period:

The selected evidence-based practice (EBP) is DEC RP F6: Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences

Provide a summary of each evidence-based practice.

North Dakota Part C's evidence-based practice is DEC RP F6: Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences. As determined in Phase III, year one SSIP work, PD strand activities were aligned to the EBP.

Implementation Science and Leadership

Implementation science continues to be the framework for development and planning of professional development materials in PD. The Evidence-Based Practices incorporate strategies using implementation science to scale-up and support PD in the EI system. The development of consistent and available PD resources on the EI website, including mission and key principles videos, triadic strategies video and resources, family-centered practices video and resources, service coordination video and resources, authentic assessment video and resources, family assessment modules, and functional outcomes visual guidance have been and continue to serve as a foundation for all activities around the selected EBP.

Leadership Scale-Up

The Partnering for Outcomes with Real meaning (POWR) Project moved to statewide scale-up in FFY 2019 for support of EBP DEC F6 based on the feedback and data from the previous Parents Interacting With Infants (PIWI) Project. SSIP projects have been designed for each program across the state, including service coordinators and early interventionists as a model of peer support and local program leadership development, aligned with state guided PD mentorship.

Implementation planning was the first activity of each project, allowing individualization of the structure of the PD for each program. Each program of the state has the option to cross train between service coordination and early intervention. The State TA team provides the overall structure, training, and mentorship for each project. The process includes monthly meetings for accountability and guidance in planning regional delivery of each project. Additional support meetings are available for project leads. At the completion of the project, each program submits an action plan, including planning for sustainability within their program. The ultimate goal of the PD projects is to develop regional leaders, peer learning, and ownership at the program level for activities in support of EBP DEC F6 around family-centered principles.

Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.

EBP Strategy 1: Professional Development Workgroup- Authentic Assessment.

During FFY 2020, the professional development system work continued with the input of stakeholders in Early Intervention (EI), State Technical Assistance (TA), and the state Part C team. Professional Development stakeholders met monthly to create a new Authentic Assessment professional development module. The module will be completed in FFY 2021 to support new staff, experienced staff and families after survey data review from EI professionals and families during FFY 2021.

Systems Change: The Partnering for Outcomes With Real meaning (POWR) Project was completed during FFY 2019 upon statewide scale-up in support of EBP DEC F6 based on the feedback and data from the previous SSIP project, Parents Interacting With Infants (PIWI) from FFY 2018. The POWR Project focus was to develop regional leaders, peer learning, and ownership at the program level for activities in support of EBP DEC F6 around family-centered principles. The FFY 2019 report included impact change and fidelity data, and programs continue to use the POWR Project for ongoing leadership and mentoring as a sustainable project. The Authentic Assessment module offers a stakeholder-driven module using evidence-based PD principles offered for performance support and available to EI professionals and caregivers on the EI website.

EBP Strategy 2: Professional Development Workgroup- Family Assessment.

Stakeholder Involvement: The state TA team developed sixteen Family Assessment modules around the Routines-Based Interview (RBI). The PD Workgroup offered guidance and suggestions in its development. During FFY 2020, a separate survey was completed with caregivers and EI professionals around family assessment. The caregiver survey and EI professional responses around priority areas aligned with each other to include the following: asking difficult questions, dealing with strong emotions, writing family outcomes/writing child outcomes based in routines, and creating meaningful outcomes with the family.

EI professionals expressed the challenges of family assessment in the following comments:

"I would like more training on the process of family assessment and working with those challenging situations where it is difficult to engage families in the process or the family doesn't have the time necessary to complete an in-depth family assessment prior to the timeline that the IFSP has to be completed."

"We need to go back to the beginning on everything and be trained on how to do a good family assessment, write outcomes accordingly, determine appropriate services/consults, and location of services. Going back to the beginning and learning (or relearning) what Early Intervention means is what is needed."

"I think the greatest challenge we still face is the DD/ID relationship within the ND EI system. The biggest challenges we experience are who does what, or when one does/says something that throws off the flow of family assessment (e.g., DD starts giving strategy examples in the middle of an RBI or asks a question that sidetracks getting to potential priorities, e.g., so you just want to monitor development, or throwing out comments like, we can just decrease visits if your schedules busy--before we even get a chance a talk about what early intervention looks like, etc.)"

"I feel like our region needs more practice or training on how to conduct the family assessment as it feels like we are just getting the basic times that thing occur, but not the actual routine that occurs."

A family assessment caregiver survey was completed by 142 families with a child in early intervention. Overall, caregivers reported that their early intervention provider and service coordinator helped them in understanding the key principles and philosophy of early intervention (97.16%). Caregivers did share that they would like additional information in written form, available online and additional education about the early intervention and family

assessment process.

A focus group of EI leaders in service coordination and EI providers was held at a statewide meeting on January 18, 2022 to review the survey data and consider how to scale-up professional development in family assessment. Themes centered on using program mentoring processes, support for experienced and new staff, resources to support family understanding of EI starting at intake, and availability of online resources for consistent training. This information will inform FFY 2021 scale-up of family assessment professional development.

Systems Change:

The developed modules will be available for performance support in a sustainable platform on the EI website for all stakeholders, adding support of the evidence-based practice, DEC F6. The FFY 2021 scale-up implementation plan will be based on stakeholder feedback. The release and technical assistance is anticipated to follow the philosophy of the previous SSIP project, PIWI and POWR. EI professionals will have access to the sixteen modules in three parts including (RBI) Overview, Components of the RBI, and RBI Fidelity Coach and Practice.

EBP Strategy 3: Resilient Early Intervention Leadership Grant. In November 2020, North Dakota Part C was awarded the Personnel Development To Improve Services and Results for Children With Disabilities- Leadership Development Programs: Increasing the Capacity of Leaders To Improve Systems Serving Children With Disabilities grant. The work is in collaboration with the ND Department of Human Services Developmental Disabilities Division, Part C program, and the University of North Dakota Early Childhood and Special Education Program. The grant builds on the POWR Project model of peer support and local program leadership development, aligned with state guided PD mentorship. The grant initiative develops EI leaders who understand and employ practices based on leadership competencies, evidence-based practices, and Part C federal and state regulations in supporting infants and young children with disabilities and their families.

The Resilient Early Intervention Leadership Grant involves several stakeholder groups across the state of ND, including 100 cross-agency leaders in the Resilient Early Intervention Leadership Collaborative (RELC). A RELC survey was sent to the 100 cross-agency leaders, and 40 completed the survey. Overall, respondents indicated that the RELC webinars have increased their confidence and understanding of resilient leadership in early intervention. Qualitative themes from the survey focused on the importance of self-care, reflecting on internal beliefs, relationship-building in teams, and reflecting on personal goals.

Systems Change: The grant initiative builds a tiered, sustainable system of leadership opportunities to increase the capacity of leaders across the state, region, and local early childhood system. The ND EI leadership program, Resilient Early Intervention Leaders (REIL), supports 100 cross-agency leaders, including parents, in a multiyear learning collaborative and 36 interdisciplinary professionals in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

Fidelity has focused on the EBP DEC F6 fidelity checklist. Practitioner perception of growth from the beginning of the PIWI Project to the end of the POWR Project, leading to current initiatives demonstrates the continual increase of knowledge and practice change.

The EI Family Assessment survey questions in FFY 2020 were developed based on the components of the EBP DEC F6 fidelity checklist. Following are responses from the survey respondents who reported almost and completely:

I am confident in understanding the key principles and philosophy of early intervention: 59.18% of respondents reported almost and 38.78% reported completely.

When talking with families, I describe early intervention as a service that works with caregivers so that the caregiver can support the child: 27.55% of respondents reported almost and 68.37% reported completely.

I share with families that early intervention is based on daily routines and everyday activities for early learning: 23.47% of respondents reported almost and 71.43% reported completely.

During family assessment, I engage the parents in identifying family concerns, priorities, and resources around family routines: 35.71% of respondents reported almost and 57.14% reported completely.

During family assessment, I summarize the parent-identified concerns and priorities in a way that provides opportunities for the parents to create IFSP outcomes: 45.36% of respondents reported almost and 44.33% reported completely.

I work with the IFSP team to support the parents in writing meaningful, routines-based child outcomes: 35.71% of respondents reported almost and 54.08% reported completely.

Practitioners continue to report growth in their practice related to EBP RP F6. The EBP RP F6 checklist aligned with the previous fidelity surveys (caregiver feedback survey, PIWI survey, and POWR survey) each year. The recent survey supports an overall increase in responses of Always and Completely by participants in the fidelity measure. The EBP RP F6 fidelity measures will continue with the addition of RBI fidelity to be added in FFY 2021.

Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

Data is collected throughout the strands of the SSIP process. Examples include data from caregivers, EI professionals, and workgroups. The data presented within the infrastructure and EBP sections reflects practice change in individual practitioners, programs, and state structures. Data reflects that the implementation of effective practices at the local level positively impacts the SiMR.

Qualitative and quantitative data collected from stakeholders demonstrates the need for increased family assessment resources and training in support of DEC RP F6. The resounding family assessment themes from data collection included program mentoring processes, support for experienced and new staff, resources to support family understanding of EI starting at intake, and availability of online resources for consistent training. FFY 2021 scale-up in continued support of EBP RP F6 will broaden its focus to family assessment practices, which continues to align with the Theory of Action.

During FFY 2020, the professional development system work continued with the input of stakeholders in Early Intervention (EI), State Technical Assistance (TA), and the state Part C team. Stakeholders met monthly to create a new Authentic Assessment professional development module. The module will be completed in FFY 2021 to support new staff, experienced staff and families after survey data review from EI professionals and families

during FFY 2021. The state TA team developed sixteen Family Assessment modules around the Routines-Based Interview (RBI). The PD Workgroup offered guidance and suggestions in its development. Data and information about this scale-up is discussed in the Evidence-Based Practices section of this indicator.

The Partnering for Outcomes With Real meaning (POWR) Project was completed during FFY 2020 upon statewide scale-up in support of EBP DEC F6 based on the feedback and data from the previous Parents Interacting With Infants (PIWI) Project. The POWR Project focus was to develop regional leaders, peer learning, and ownership at the program level for activities in support of EBP DEC F6 around family-centered principles. The FFY 2019 report included impact change and fidelity data, and programs continue to use the POWR Project for ongoing leadership and mentoring as a sustainable project. The developed modules will be available for performance support in a sustainable platform on the EI website for all stakeholders. The FFY 2021 scale-up implementation plan will be based on stakeholder feedback. The release and technical assistance is anticipated to follow the philosophy of the previous SSIP project, PIWI and POWR. EI professionals will have access to the sixteen modules in three parts including (RBI) Overview, Components of the RBI, and RBI Fidelity Coach and Practice. The grant goal is to scale-up a broad cross-section of leaders with knowledge and skills in early intervention. The grant initiative builds a tiered, sustainable system of leadership opportunities to increase the capacity of leaders across the state, region, and local early childhood system.

Caregiver stakeholders were surveyed in FFY 2020 about their experiences in family assessment within early intervention. In the past, response numbers were low, but the caregiver survey received 142 responses. Caregivers indicated the following areas as the top 5 priority areas for family assessment practices: observing typical routines, dealing with emotions, creating meaningful outcomes with the family/writing child outcomes based in routines, and family assessment procedures. The areas of need indicated by the caregivers are related to DEC RP F6, including the need for continued focus in the area of family assessment.

Caregivers shared their interest in having the availability of online materials about early intervention processes. In the survey questions around understanding the EI process and family role, 80-90% of caregivers indicated their EI provider aided them in understanding early intervention roles and philosophy. Following are comments received in the survey:

"Would be nice to have handouts or something that had more activities to do with infants in helping their development or little kits"

"Education families through the whole IFSP process."

"During our meeting all the infant development people were all asking questions all at once. It was overwhelming and unnecessary. They should each wait their turn to ask questions and go through each category completely before moving on. Bouncing around between people and categories of questions was very difficult."

"The team I work with have been extremely helpful and knowledgeable about issues I have had with my child. I couldn't be more delighted with the outcome of the goals we set together for my child."

"Having information they bring available online."

A family assessment needs survey was completed by service coordinators and early intervention professionals across the state, and 98 EI professionals responded. Respondents indicated the following 5 areas as priority for support in family assessment: asking difficult questions, dealing with strong emotions, writing family outcomes/writing child outcomes based in routines, creating meaningful outcomes with the family, and refraining from giving advice. These responses aligned to the Caregiver survey responses and will be further discussed in the Evidence-Based Practice section of this report.

A focus group of EI leaders in service coordination and EI providers was held at a statewide meeting on January 18, 2022. EI professionals discussed current strengths and challenges around family assessment practices after reviewing family assessment EI survey and family assessment caregiver survey data. EI professionals also considered how to scale-up professional development in the area. Family assessment themes centered on using program mentoring processes much like the previous POWR Leads project, support for experienced and new staff, resources to support family understanding of EI starting at intake, and availability of online resources for consistent training. This information will inform FFY 2021 scale-up of family assessment professional development.

The Resilient Early Intervention Leadership Grant involves several stakeholder groups across the state of ND, including 100 cross-agency leaders in the Resilient Early Intervention Leadership Collaborative (RELC), including parents, in a multiyear learning collaborative and 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated. A Competency Assessment Team (CAT) made up of early childhood leaders and parents review and develop a competency assessment tool for EI. An Advisory Group was developed made up of cross-agency leaders, parents, and higher education, to meet quarterly in support of grant projects. Specifics are discussed in the Evidence-Based Practices section of the SSIP. A RELC survey was sent to the 100 cross-agency leaders, and 40 completed the survey. Overall, respondents indicated that the RELC webinars have increased their confidence and understanding of resilient leadership in early intervention.

The grant activities to support leaders in early intervention are enhancing the professional development system. The use of stakeholders across all endeavors offer varying perspectives and system insight.

Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.

EBP Outcome: Design & implement a professional development system to support the EI system with evidence-based practices.

EBP Strategy 1: Professional Development Workgroup- Authentic Assessment.

The Authentic Assessment module will be completed in FFY 2021 to support new staff, experienced staff and families after survey data review. The Authentic Assessment module offers a stakeholder-driven module using evidence-based PD principles offered for performance support and available to EI professionals and caregivers on the EI website. Data will be collected from stakeholders to finalize the product and determine roll-out.

EBP Strategy 2: Professional Development Workgroup- Family Assessment.

Stakeholder Involvement: The release and technical assistance is anticipated to follow the philosophy of the previous SSIP project, PIWI and POWR. EI professionals will have access to the sixteen modules in three parts including (RBI) Overview, Components of the RBI, and RBI Fidelity Coach and Practice. Sixteen Family Assessment modules around the Routines-Based Interview (RBI) will be released for training and performance support. The modules will be released within a new sustainable professional development platform, supported through RELC grant activities. The FFY 2021 scale-up implementation plan will be based on stakeholder feedback to plan the support strategies for program practice change. The Family Assessment module offers modules using adult learning strategies and evidence-based PD principles offered for performance support and available to EI professionals and caregivers on the EI website.

EBP Strategy 3: Resilient Early Intervention Leadership Grant. During FFY 2021, the ND EI leadership program, Resilient Early Intervention Leaders

(REIL), will continue to support 100 cross-agency leaders, including parents, in a multiyear learning collaborative and 36 interdisciplinary professionals in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated. In November 2020, North Dakota Part C was awarded the Personnel Development To Improve Services and Results for Children With Disabilities- Leadership Development Programs: Increasing the Capacity of Leaders To Improve Systems Serving Children With Disabilities grant. The grant initiative develops EI leaders who understand and employ practices based on leadership competencies, evidence-based practices, and Part C federal and state regulations in supporting infants and young children with disabilities and their families.

The work is in collaboration with the ND Department of Human Services Developmental Disabilities Division, Part C program, and the University of North Dakota Early Childhood and Special Education Program. The grant builds on the POWR Project model of peer support and local program leadership development, aligned with state guided PD mentorship.

Describe any changes to the activities, strategies, or timelines described in the previous submission and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The state has continued to work from the original SSIP evaluation plan and Theory of Action. The original strands included Data Quality, Professional Development, Evidence-Based Practices, and Policy & Procedure, which continue to drive the systemic work in the state. The original strands are foundational to previous and continuous work in positively impacting the EI system. New outcomes supporting next steps need to be developed to reflect the progress made and continued supports for the system. As the majority of the outcomes are met within the evaluation table, stakeholders will be asked to aid in developing a new evaluation plan and determining if any changes need to be made to the Theory of Action during FFY 2021.

The state continues passionate work on the strategies supporting positive systems change in the original 4 strand areas. The SSIP has created the ability to develop an evidence-based systems change opportunity to focus on specific work and embracing stakeholders at each juncture of decision-making. The original focus using implementation science and Theory of Action in the SSIP has supported the State's use of Plan-Do-Study-Act (PDSA) cycle, which has enhanced outcomes to positively impact the state SiMR.

Section C: Stakeholder Engagement

Description of Stakeholder Input

TARGET SETTING:

The North Dakota Department of Human Services, as the Part C Lead Agency, collaborated with our stakeholders, the North Dakota Interagency Coordinating Council (ND ICC), the Data Drill Down stakeholder work group, the Early Intervention Statewide Meeting stakeholder group, and a Parent Panel to engage in target setting activities for FFY 2020-FFY 2025. Information about each engagement is detailed below.

Data Drill Down stakeholder work group: The Data Drill Down stakeholder work group met six times during September and October 2021 to review, analyze and set preliminary targets for Indicators 2,3,4,5 and 6. This group is made up of a diverse group of stakeholders, including service coordinators, Infant Development coordinators, and Primary Early Intervention Providers. Some of the members on this group are also parents of children in Early Intervention. The Data Drill Down group considered trend performance and target data for the past seven (7) years of APRs, average performance and change over the last five (5) years, and other contributing factors, including COVID-19, when setting targets.

ND ICC: The ND ICC met on September 14, 2021 to review the preliminary targets set by the Data Drill Down work group. The ND ICC reviewed the preliminary targets, as well as trend performance and target data for the last five (5) years of APRs. The group discussed potential changes to the targets, and suggested to ND DHS to adopt the targets as suggested by the Data Drill Down work group. On December 16, 2021, the ND ICC met and reviewed FFY 2020 APR Data, including the targets, and voted to adopt the data as their report to the Governor.

Early Intervention Statewide Meeting: On November 16, 2021, the EI Statewide Meeting stakeholder group, made up of Service Coordination Leadership and Infant Development Program Leadership, met to review the preliminary targets set by the Data Drill Down work group. The EI Statewide Meeting group discussed the preliminary targets and suggested to ND DHS to adopt the targets for FFY 2020-2025. At this time, a request was made to members to provide names and contact information of parents who may be interested in reviewing the APR targets as part of a Parent Panel.

Parent Panel: The Parent Panel was made up of five (5) parents from across the state who showed interest in reviewing the APR Targets and providing feedback to ND DHS. The Part C Coordinator spoke with each parent to determine the best time to meet, including offering evening and weekend times. The Parent Panel was able to meet with four (4) members on December 2, 2021 and one (1) member on January 13, 2022. The Part C Coordinator shared materials prior to the meetings that explained the APR targets, the purpose of the target setting activities, and the proposed targets. During the meeting, the Part C Coordinator encouraged members to speak up if they had questions or needed clarification. Many members did, and a great discussion was had about all indicators, but particularly the child and family outcomes (Indicators 3 and 4). The group suggested that ND DHS adopt the preliminary targets.

ND DHS and NDICC reviewed the trend and performance data for the previous years for all the results indicators to set targets for FFY 2019 on January 23rd, 2020.

ND DHS and NDICC had 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.

SSIP ACTIVITIES:

The following groups were engaged for SSIP activities:

PD Workgroup: Regional representatives of service coordinators, EI providers, parents, and technical assistance.

Resilient Early Leadership Collaborative: 100 cross-agency leaders, including parents, in a multiyear learning collaborative.

Resilient Early Intervention Leadership Certificate: 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

Grant Advisory Group: Cross-agency leaders, parents, and higher education, to meet quarterly in support of grant projects.

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

PD Workgroup: Regional representatives of service coordinators, EI providers, parents, and technical assistance.

Procedures Workgroup: Regional representatives of service coordinators, EI providers, parents, and Part C Coordinator.

Interagency Coordinating Council (ICC): Statewide, designated agency and caregiver stakeholders appointed by the governor.

Partnering for Outcomes With Real Meaning (POWR) Leads Group: Scale-up group made of program representatives from across the state for EI providers and service coordination, focusing on developing program leaders.

Statewide EI Meeting Group: Group comprised of supervisory staff in the area of early intervention and service coordination across the state. In addition, EI provider staff, service coordination staff, and experienced parents attend.

Parent Panel: Workgroup made up of family members who have or have had a child in early intervention services to offer insight into data, procedures, experiences, and initiatives directly to the Part C Coordinator. Added during FFY 2020.

In addition, stakeholders are a part the Personnel Development To Improve Services and Results for Children With Disabilities- Leadership Development Programs: Increasing the Capacity of Leaders To Improve Systems Serving Children With Disabilities grant. The work is in collaboration with the ND Department of Human Services Developmental Disabilities Division, Part C program, and the University of North Dakota Early Childhood and Special Education Program.

Grant Stakeholder groups:

Resilient Early Leadership Collaborative: 100 cross-agency leaders, including parents, in a multiyear learning collaborative.

Resilient Early Intervention Leadership Certificate: 36 interdisciplinary professionals, including parents and tribal professionals, in obtaining an EI Interdisciplinary Leadership Certificate with mentoring and coaching integrated.

Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI.

Grant Advisory Group: Cross-agency leaders, parents, and higher education, to meet quarterly in support of grant projects.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

Stakeholder Engagement. The state continues to use a variety of methods to inform and engage stakeholder groups about SSIP activities, including meetings, website and newsletters. Several statewide meetings occur regularly where SSIP information is shared. The Statewide Early Intervention Meeting Group occurs at least six times per year and includes service coordinators, experienced parents, early interventionist and community partners as stakeholders. The Interagency Coordinating Council (ICC) meets four times a year with a broader stakeholder group that aligns with the federal legislation requirements; ND requires a higher percentage of caregiver members in the ICC. The State's website includes minutes of meetings as well as annual SSIP reports. The Part C Coordinator periodically shares a newsletter outlining activities as well as requests regular feedback. Stakeholder's input, collaboration and feedback are built into all aspects of the SSIP strand work as follows:

Strategy 1: Data Quality. The statewide EI Meeting Group, Policy and Procedure Group and the Interagency Coordinating Council stakeholders regularly collaborate, discuss and give feedback on the child outcome results, child outcome tool, and the use of data to answer programmatic questions. An additional stakeholder group is the Caregiver Group, which reviews material from a family perspective. The ICC also reviews data and considers statewide long-term needs.

Strategy 2: Professional Development. The Professional Development (PD) Workgroup was initially created over the summer of 2016. The workgroup includes stakeholders from across the state (experienced parents, EI, TA, and service coordinators). The Workgroup's goal was to delineate state and local responsibilities in PD, create a structure for PD and to review, and vet PD materials. An additional stakeholder group is the Caregiver Group. The Caregiver Group reviews material from a family perspective. The Statewide EI Meeting Group also reviews material and provides feedback on the final product.

Strategy 3: Evidence-Based Practices. The Statewide EI Polycom Group, Policy and Procedure Group, Caregiver Group, POWR Leads Group, and the Interagency Coordinating Council regularly collaborate, discuss, review, and offer feedback in regard to the work of the EBP strand. The diverse stakeholders have created an effective network to inform this strand.

Strategy 4: Policy and Procedure. The Policy and Procedure Workgroup stakeholders reviews current policies, identifies procedure topics, as well as assists in writing any new policies and procedures. The Workgroup includes early intervention providers and service coordinators. Stakeholder input is crucial to ensure that policies are written with families in mind and that procedure is written effectively, so it can be carried out as efficiently as possible. The Parent Panel provides family feedback to this group and the Part C Coordinator. The Statewide Early Intervention Meeting Group and the ICC Group review policy and procedure created by the Policy and Procedure Workgroup, supplying additional input.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

NO

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

A review and update of the current SSIP evaluation plan is needed. The state plans to utilize stakeholder groups to review and update the evaluation plan. The state has continued to work from the original SSIP evaluation plan and Theory of Action. The original strands included Data Quality, Professional Development, Evidence-Based Practices, and Policy & Procedure, which continue to drive the systemic work in the state. The original strands are foundational to previous and continuous work in positively impacting the EI system. Stakeholders will be asked to aid in reviewing the existing evaluation plan and determining if any changes need to be made to the Theory of Action during FFY 2021.

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

As noted above in the section describing changes to the activities, strategies, or timelines described in the previous submission, the state will begin a process to update the current Evaluation Plan. Below is the timetable and activities for updating the plan.

Evaluation Plan Activities:

Quarter 1- ICC and State EI Team review current SSIP Evaluation Plan and Theory of Action, offering insight to updates.

Quarter 2- State EI Team drafts document for feedback from stakeholders.

Quarter 3- Stakeholder groups (PD Workgroup, ICC, Procedures Workgroup, Partnering for Outcomes With Real Meaning (POWR) Leads Group, Statewide EI Meeting Group, ND DPI Strategic Initiative Workgroup, Parent Panel, Resilient Early Intervention Leadership Certificate, Competency Assessment Team (CAT): Early childhood leaders and parents review and develop a competency assessment tool for EI, and Grant Advisory Group.

Quarter 4- Evaluation plan finalized and dissemination.

Evaluation Plan Outcome: North Dakota Part C will have an updated evaluation plan in place addressing outcomes in each of the 4 strand areas (Data Quality, Professional Development, Policy & Procedure & Data Quality) by January 31, 2023.

Describe any newly identified barriers and include steps to address these barriers.

North Dakota has encountered several challenges throughout FFY 2020. These challenges have presented opportunities for growth and renewed or enhanced collaboration.

In response to COVID-19, North Dakota sought to enhance professional development and support around resiliency. Through the Resilient Early Intervention Leadership Grant (REIL Grant), North Dakota was able to establish new collaboration with higher education partners and create an Early Intervention Certificate.

North Dakota also felt the impact of COVID-19 in challenges with workforce, including illness and adapting to virtual service delivery. North Dakota was able to provide timely professional development and technical assistance around virtual service delivery to help alleviate some of the challenges associated with the change.

Legislation in FFY 2021 shifted the Division of Early Learning from the Department of Public Instruction to the Department of Human Services (DHS). Through enhanced collaboration and communication, as well as utilizing Technical Assistance from ECTA, North Dakota has increased collaboration with the new Department of Early Childhood in DHS.

The implementation of the provider side IFSP in Therap has presented numerous challenges as unexpected issues arise and enhancements are requested. Through frequent collaboration and communication with stakeholders and Therap, improvements are being made that will enhance users experiences and provide a clearer and more family-friendly IFSP.

North Dakota views challenges as opportunities to continue to engage in open and frequent communication and collaboration with stakeholders; identify areas of challenge and provide response to those challenges; engage in the Plan-Do-Study-Act (PDSA) cycle; and create and communicate a plan for change to stakeholders.

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

11 - Required Actions

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

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.

Select the certifier's role

Designated Lead Agency Director

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.

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ED Attachments



nd-c-resultsmatrix-2022.pdf



ND-C-Dispute-Resolution-2020-21.pdf



ND-2022DataRubricPartC.xlsx