

Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

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.

The South Dakota Birth to Three program policies and procedures are based on the federal regulations for Part C of the Individuals with Disabilities Education Act (IDEA) at 34 CFR Part 303 and state rules at Article 24:14. The following is an overview of the components of the State's general supervision system:

1. Infrastructure

- a. The lead agency is the Department of Education. The Birth to Three program has divided the state into 8 regions which include 66 counties.
- b. Every three years, the Birth to Three program puts forth a Request for Proposal (RFP) to provide service coordination. This RFP is advertised to the public and interested organizations. Upon approval, one year contracts are approved with recipients submitting financial and budgetary information through quarterly progress reports.
- c. Each early intervention provider is required to submit certification, licensure, and background checks to ensure they meet the state's qualified standards. These are reviewed by Birth to Three state staff.
- d. Early intervention providers sign a provider agreement to abide by all federal and state laws and regulations which include requirements related to serving children in natural environments.
- e. In addition, the state Birth to Three office provides oversight to school district programs providing Birth to Three services to children who meet specific eligibility requirements.

2. Data System

- a. The State Birth to Three program has an online data system that includes data on programmatic and demographic elements and includes all children's IFSPs. The system also facilitates the billing process for early intervention services.
- b. The billing system allows early intervention providers to only bill for what was written by the IFSP team in regards to frequency/intensity/location of early intervention services.
- c. Each provider reimbursement request, submitted via an online system, is reviewed by Birth to Three state office staff to ensure that state and federal regulations and guidelines are met before payment is approved.
- d. All provider reimbursement requests are linked to IFSPs. Providers are unable to bill for services that are not linked to an IFSP.
- e. The State Birth to Three online IFSP data system also allows service coordinators to view reports relating to child count verification and SPP/APR indicators. There are several reports that serve as edit checks in order to assist service coordinators in ensuring the data they entered are valid and reliable.

3. Monitoring

- a. The Birth to Three state office conducts ongoing monitoring activities on all programs and services. The 8 regional programs are held responsible for implementing the Birth to Three program consistent with federal and state requirements. The state data system is the primary source of monitoring data. State staff are able to review compliance and reports on most SPP/APR indicators through the data system. In some instances, state staff conducts additional drill-down to obtain information on reasons for potential delay or other factors important to consider in monitoring for requirements.

Any noncompliance identified results in a finding of noncompliance. The state then works with the entity to ensure and verify correction of the noncompliance according to the two federal requirement prongs of correction (OSEP 09-02).

In some instances, based on data slippage, parent information, past data reports etc., an onsite focused monitoring by Birth to Three state staff could occur. Focused monitoring involves reviewing specific children's files, interviewing service coordinators, early intervention providers, parents, etc. Findings resulting from the focused monitoring may also be issued. A corrective action plan for compliance issues or an improvement plan for data slippage would be developed involving the regional service coordinators and others i.e. early intervention providers, school districts, etc. State Birth to Three staff approve the corrective action plan or improvement plan and provide technical assistance, assuring all improvement activities were completed in accordance with federal requirements. Verification of correction of any noncompliance is made in accordance with the required 2 prongs of correction in OSEP 09-02.

If a regional program does not meet the corrective action plan within one year, the state uses the additional incentives and/or sanctions as identified in writing to the agency. The content of the letter would include the following information:

1. Failure to voluntarily correct an identified deficiency constitutes a failure to administer the program in compliance with federal law.
2. The action the Division of Educational Services and Support (DESS) intends to take in order to enforce compliance with the state and federal law.
3. The right to a hearing prior to DESS exercise of its enforcement responsibility; and
4. The consequences of the DESS enforcement action on continued and future state and federal funding.

Public and parent concerns may be submitted to the state office at any time. Program contact information and 1-800 number is available on the Birth to Three website and public awareness materials.

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.

The South Dakota Birth to Three program provides ongoing comprehensive technical assistance (TA) that includes:

- The provision of specific technical assistance to programs as requested by the program or regional service coordinator grantees.
- Scheduled service coordinator calls are offered to provide TA on specific topics including improvement strategies for data quality, SPP/APR indicator training, child outcomes, outreach with other state partners and collaboration with family/community support entities,
- State staff are available and provide daily real-time TA via telephone calls and emails and onsite visits as requested.
- Technology is used to provide ongoing support as well. This includes a state listserv which is used to send information to service coordinators, school districts, SICC members and early intervention providers statewide. The listserv is used to provide pertinent program information about policy and procedure updates, rules and regulations, program needs/shortages, and training opportunities.
- Regional quarterly submission of service coordinator professional development activities and case load data.
- Service coordinator contact information is shared among all state Birth to Three personnel, giving ease of access among providers and coordinators to share best practices and collaborate on issues.

The state staff have developed and provided regional staff a self-monitoring checklist that covers the SPP/APR indicators and federal/state rules and regulations. This is recommended to be used by regional staff to determine the status of their implementation of Part C requirements. Regional programs can request technical assistance from state staff as needed to address any issues identified.

The state team also uses the results of the annual APR performance including the results from the annual parent surveys to help plan technical assistance activities.

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 South Dakota Birth to Three program's Professional Development system has a number of components including:

1. All personnel that work in the program must meet qualified standards as required by federal and state regulations.
2. All new service coordinators receive several days of one-on-one trainings.
3. All new service providers receive one-on-one reimbursement training.
4. An annual face to face training is held for all Birth to Three service coordinators.
5. Monthly service coordinator calls are held with state Birth to Three state staff and include updates on policies and procedures, and presentations on relevant topics by Parent Connection (State PTI) and other state agency partners. Topics have included parent rights, hearing services, vision services, outcome writing, state and federal rules, interpreter services, etc.
6. Statewide and regional public trainings are offered on topics such as early literacy, early childhood guidelines and a Birth to Three program overview.
7. Periodic training events are also held as needed for service providers. Recent and planned topics include effective outcome writing, use of insurance, Medicaid reimbursement, and teletherapy.
8. Periodic training opportunities are announced or planned and provided in collaboration with other agencies including the Center for Disabilities, Part B, Parent Connections, Head Start, and Medicaid.
9. Online tutorials for writing child outcomes are available for new and seasoned providers.

Stakeholder Involvement:

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

The South Dakota Part C Birth to Three program obtained broad stakeholder input when setting targets for the SPP/APR. This includes the following:

SICC Involvement

Since January 2014, the State Interagency Coordinating Council has been heavily involved in the ongoing efforts of familiarizing themselves with the APR/SPP process and the planning and writing the new 5-year Birth to Three SPP/APR plan. This has been done through regularly scheduled SICC meetings as well as other communications. The culmination of the SICC work took place in November and December of 2014 and January 2015 when the group met several times to specifically work on setting the SPP/APR targets. During these meetings, SICC members reviewed and analyzed state and regional data with special consideration of data quality, trends, national data and other state data sources. SICC members discussed and considered facts specific to South Dakota including but not limited to critical shortage of providers, population sparsity in rural geographic locations leading to limited resources, Birth to Three program growth and financial implication.

SICC members represent a wide variety of programs and agencies such as Early Head Start, the Division of Insurance, early intervention providers, parents, South Dakota Parent Connection, South Dakota Department of Health, Black Hills State University Personnel Preparation, South Dakota Medical Service/Medicaid, South Dakota Office of Coordination of Homeless

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Children, South Dakota Foster Care/Child Protection Services/Auxiliary Placement, South Dakota Department of Human Services, South Dakota Child Care Services, Birth to Three regional program contractors, South Dakota education cooperative, Part B, Part B 619, Tribal Head Start, South Dakota State Legislator and Part C staff. The diversity of membership results in valuable discussion of resources, challenges, initiatives and recommendations.

The SICC provided the state team with recommended targets for FFY 2013-FFY 2018 for results indicators 2 through 6.

State ICC meetings, dates and times are posted on the Department of Education website along with agenda and meeting minutes. These meetings are open to the public.

A final copy of the SPP/APR is provided to the Secretary of Education who is a member of the Governor's cabinet. A copy is also provided to the Governor's office.

SSIP Stakeholder Involvement

The SPP/APR was developed by the Part C Birth to Three state staff with input from stakeholders and assistance from the Early Childhood Technical Assistance Center (ECTA), the Center for IDEA Early Childhood Data Systems (DaSy), Mountain Plains Regional Resource Center and a private consultant.

Reporting to the Public:

How and where the State reported to the public on the FFY 2012 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2012 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2012 APR in 2014, is available.

The new South Dakota Birth to Three State Performance Plan/Annual Performance Report (SPP/APR) is located on the state's website at <http://doe.sd.gov/oess/Birthto3.aspx>. Program APRs from the last several years are also posted on this site.

The South Dakota Birth to Three program annually reports to the public on performance of each region for indicators C-1 to C-8 as compared to state performance. These regional program reports are located on the Birth to Three website at <http://doe.sd.gov/oess/Birthto3.aspx>.

Public Notices are also posted in the five (5) major South Dakota newspapers notifying the public of the website <http://doe.sd.gov/oess/Birthto3/index.aspx> where the State Performance Plan/Annual Performance Report (SPP/APR) and regional reports can be accessed and availability of hard copies of the reports upon request. Newspapers printing the public notices are as follows: Sioux Falls Argus Leader; Aberdeen American News; Huron Plainsman; Pierre Capitol Journal; and Rapid City Journal.

Notification is also sent to the SICC and Stakeholders, all regional Birth to Three programs, service coordinators, and providers of the availability of these reports on the Birth to Three website <http://doe.sd.gov/oess/Birthto3/index.aspx> and the availability of hard copies upon request.

South Dakota Parent Connection also announces the publication of these reports in their newsletters "weConnect" and "Circuit," for parents.

Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	100%	100%	100%	100%	100%	100%	100%	100%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Total number of infants and toddlers with IFSPs	1,158	368

Explanation of Alternate Data

Data prepopulated is South Dakota's 2013 child count. The overwrite data of 368 is a representative poll of the entire state. This representative poll is from the third quarter of FFY2013, January 1, 2014 to March 31, 2014.

FFY 2013 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 2012 Data*	FFY 2013 Target*	FFY 2013 Data
368	368	100%	100%	100%

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)

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

- State monitoring
- State database

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

Third quarter of FFY2013, January 1, 2014 to March 31, 2014

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

For indicator C1, one quarter of the fiscal year was used to determine compliance with the indicator. The State selected the third quarter of FFY2013 (January 1, 2014 - March 31, 2014). This poll is considered representative of the full reporting year because the same variables are in place for this quarter of the fiscal year as in all quarters. The South Dakota Birth to Three program is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSPs for FFY2013.

Provide additional information about this indicator (optional)

In South Dakota, Birth to Three defines timely services as services beginning within 30 calendar days from the date the parent signs the Individualized Family Service Plan (IFSP).

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, **not including correction of findings**

Correction of Findings of Noncompliance Identified in FFY 2012

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

Indicator 2: Services in Natural Environments

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)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		96.60%	96.90%	97.20%	97.50%	97.80%	97.80%	97.80%
Data	96.80%	98.00%	100%	100%	100%	100%	100%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	96.80%	96.80%	96.80%	96.80%	96.80%	97.00%

Targets: Description of Stakeholder Input

South Dakota Part C Birth to Three program obtained broad stakeholder input when setting targets for Indicator C2. This includes the following:

SICC Involvement

Since January 2014, the State Interagency Coordinating Council has been heavily involved in the ongoing efforts of familiarizing themselves with the APR/SPP process and the planning and writing the new 5-year Birth to Three SPP/APR plan. This has been done through regularly scheduled SICC meetings as well as other communications. The culmination of the SICC work took place in November and December of 2014 and January 2015 when the group met several times to specifically work on setting the SPP/APR targets. During these meetings, SICC members reviewed and analyzed state and regional data with special consideration of data quality, trends, national data and other state data sources. SICC members discussed and considered facts specific to South Dakota including but not limited to critical shortage of providers, population sparsity in rural geographic locations leading to limited resources, Birth to Three program growth and financial implication.

SICC members represent a wide variety of programs and agencies such as Early Head Start, the Division of Insurance, early intervention providers, parents, South Dakota Parent Connection, South Dakota Department of Health, Black Hills State University Personnel Preparation, South Dakota Medical Service/Medicaid, South Dakota Office of Coordination of Homeless Children, South Dakota Foster Care/Child Protection Services/Auxiliary Placement, South Dakota Department of Human Services, South Dakota Child Care Services, Birth to Three regional program contractors, South Dakota education cooperative, Part B, Part B 619, Tribal Head Start, South Dakota State Legislator and Part C staff. The diversity of membership results in valuable discussion of resources, challenges, initiatives and recommendations.

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A final copy of the SPP/APR is provided to the Secretary of Education who is a member of the Governor's cabinet. A copy is also provided to the Governor's office.

SSIP Stakeholder Involvement

The SPP/APR was developed by the Part C Birth to Three state staff with input from stakeholders and assistance from the

FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Early Childhood Technical Assistance Center (ECTA), the Center for IDEA Early Childhood Data Systems (DaSy), Mountain Plains Regional Resource Center and a private consultant.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,146	
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Total number of infants and toddlers with IFSPs	1,158	

FFY 2013 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 2012 Data*	FFY 2013 Target*	FFY 2013 Data
1,146	1,158	100%	96.80%	98.96%

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

Indicator 3: Early Childhood Outcomes

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)

Historical Data

	Baseline Year	FFY	2005	2006	2007	2008	2009	2010	2011	2012
A1	2013	Target ≥					44.90%	45.00%	45.00%	45.00%
		Data				53.80%	44.90%	38.40%	48.90%	48.90%
A2	2013	Target ≥					81.30%	81.40%	81.40%	81.40%
		Data				85.40%	81.30%	80.20%	84.10%	85.10%
B1	2013	Target ≥					49.30%	49.40%	49.40%	49.40%
		Data				59.40%	49.30%	47.40%	48.60%	57.90%
B2	2013	Target ≥					65.30%	65.40%	65.40%	65.40%
		Data				72.60%	65.30%	65.00%	65.00%	68.60%
C1	2013	Target ≥					64.90%	65.00%	65.00%	65.00%
		Data				55.30%	64.90%	68.00%	67.60%	60.90%
C2	2013	Target ≥					90.00%	90.10%	90.10%	90.10%
		Data				91.10%	90.00%	91.20%	91.70%	83.70%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target A1 ≥	50.48%	50.48%	50.48%	50.48%	50.48%	51.00%
Target A2 ≥	85.37%	85.37%	85.37%	85.37%	85.37%	85.50%
Target B1 ≥	58.82%	58.82%	58.82%	58.82%	58.82%	60.00%
Target B2 ≥	69.51%	69.51%	69.51%	69.51%	69.51%	70.00%
Target C1 ≥	57.26%	57.26%	57.26%	57.26%	57.26%	57.76%
Target C2 ≥	84.63%	84.63%	84.63%	84.63%	84.63%	85.00%

Targets: Description of Stakeholder Input

South Dakota Part C Birth to Three program obtained broad stakeholder input when setting targets for Indicator C3. This includes the following:

SICC Involvement

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regional data with special consideration of data quality, trends, national data and other state data sources. SICC members discussed and considered facts specific to South Dakota including but not limited to critical shortage of providers, population sparsity in rural geographic locations leading to limited resources, Birth to Three program growth and financial implication.

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SSIP Stakeholder Involvement

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FFY 2013 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	410
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Does 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)? No

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

	Number of Children
a. Infants and toddlers who did not improve functioning	4
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	48
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	8
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	45
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	305

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	53	105	48.90%	50.48%	50.48%
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	350	410	85.10%	85.37%	85.37%

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
program (d+e)/(a+b+c+d+e).					

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

	Number of Children
a. Infants and toddlers who did not improve functioning	11
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	80
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	34
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	96
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	189

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
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 (c+d)/(a+b+c+d).	130	221	57.90%	58.82%	58.82%
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 (d+e)/(a+b+c+d+e).	285	410	68.60%	69.51%	69.51%

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children
a. Infants and toddlers who did not improve functioning	10
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	40
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	13
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	54
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	293

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
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 (c+d)/(a+b+c+d).	67	117	60.90%	57.26%	57.26%
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 (d+e)/(a+b+c+d+e).	347	410	83.70%	84.63%	84.63%

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)? No

Provide the criteria for defining “comparable to same-aged peers” and list the instruments and procedures used to gather data for this indicator.

In South Dakota school districts are required by administrative rule to conduct the evaluation to determine a child's eligibility for Part C services. Two standardized testing instruments are required to determine eligibility. The use of the BDI-2 is strongly encouraged by the state Part B and Part C offices as one of the testing instruments. Therefore, children are evaluated using a consistent method which enhances the validity of the data. The entry scores are determined by the standard deviation scores from each outcome area for each child. An "exit" BDI-2 assessment is given to children who have been in the Birth to Three program for at least 6 months and are exiting. This exit assessment serves two purposes, one for children transitioning at age three to determine eligibility for Part B 619 programs and secondly for the Part C program to determine significant growth.

The entry and exit BDI-2 scores are stored in the BDI-2 database. From this database, the state office retrieves the scores of those children who have exited the Part C program during the reporting period. The Part C staff collaborates with evaluators and Part B 619 to ensure that all appropriate testing was completed and the scores reported. BDI-2 entry and exit scores are then compared for those exiting children, and formulated according to the state's BDI-2 business rules to determine the child's progress in the three outcomes areas.

After researching the BDI tool, collaboration with other states who use the BDI-2 as their measurement tool, and technical assistance from national technical assistance center DaSy and ECTE, South Dakota revised their business rules to ensure better data quality and thus more effectively measure and capture growth for child outcomes.

During FFY2013, July 1, 2013 to June 30, 2014, 410 children had qualifying entry and exit scores for a 46% completion rate. The entry scores for these children were then compared to their exit scores using the defined state business rules. An analysis of the resulting data was conducted using Summary Statements 1 and 2 and the ECO Summary Statement Calculator. The results of this are reported for indicator C3.

South Dakota continues to monitor and provide technical assistance to increase the completion percentage for indicator C3. Data analysis of FFY2013 indicates of the remaining children who exited the Birth to Three program but did not receive a qualifying exit score, 57% were in the Birth to Three program less than 6 months.

Actions required in FFY 2012 response table

The State must report progress data and actual target data for FFY 2013 in the FFY 2013 APR.

Responses to actions required in FFY 2012 response table

Indicator 4: Family Involvement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Historical Data

	Baseline Year	FFY	2005	2006	2007	2008	2009	2010	2011	2012
A	2006	Target ≥				96.20%	96.40%	96.60%	96.60%	96.60%
		Data		93.90%	97.80%	96.50%	98.40%	99.30%	99.20%	99.04%
B	2006	Target ≥				89.80%	90.00%	90.20%	90.20%	90.20%
		Data		89.40%	97.40%	95.60%	97.60%	98.60%	98.30%	98.09%
C	2006	Target ≥				89.60%	89.80%	90.00%	90.00%	90.00%
		Data		89.30%	94.30%	96.20%	98.40%	99.00%	98.30%	98.56%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target A ≥	93.90%	93.90%	93.90%	93.90%	94.00%	94.10%
Target B ≥	89.40%	89.40%	89.40%	89.40%	89.50%	90.00%
Target C ≥	89.30%	89.30%	89.30%	89.30%	89.50%	90.00%

Targets: Description of Stakeholder Input

South Dakota Part C Birth to Three program obtained broad stakeholder input when setting targets for Indicator C4. This includes the following:

SICC Involvement

Since January 2014, the State Interagency Coordinating Council has been heavily involved in the ongoing efforts of familiarizing themselves with the APR/SPP process and the planning and writing the new 5-year Birth to Three SPP/APR plan. This has been done through regularly scheduled SICC meetings as well as other communications. The culmination of the SICC work took place in November and December of 2014 and January 2015 when the group met several times to specifically work on setting the SPP/APR targets. During these meetings, SICC members reviewed and analyzed state and regional data with special consideration of data quality, trends, national data and other state data sources. SICC members discussed and considered facts specific to South Dakota including but not limited to critical shortage of providers, population sparsity in rural geographic locations leading to limited resources, Birth to Three program growth and financial implication.

SICC members represent a wide variety of programs and agencies such as Early Head Start, the Division of Insurance, early intervention providers, parents, South Dakota Parent Connection, South Dakota Department of Health, Black Hills State University Personnel Preparation, South Dakota Medical Service/Medicaid, South Dakota Office of Coordination of Homeless Children, South Dakota Foster Care/Child Protection Services/Auxiliary Placement, South Dakota Department of Human Services, South Dakota Child Care Services, Birth to Three regional program contractors, South Dakota education cooperative, Part B, Part B 619, Tribal Head Start, South Dakota State Legislator and Part C staff. The diversity of membership results in valuable discussion of resources, challenges, initiatives and recommendations.

The SICC provided the state team with recommended targets for FFY 2013-FFY 2018 for results indicators 2 through 6.

State ICC meetings, dates and times are posted on the Department of Education website along with agenda and meeting minutes. These meetings are open to the public.

A final copy of the SPP/APR is provided to the Secretary of Education who is a member of the Governor's cabinet. A copy is also provided to the Governor's office.

SSIP Stakeholder Involvement

The SPP/APR was developed by the Part C Birth to Three state staff with input from stakeholders and assistance from the Early Childhood Technical Assistance Center (ECTA), the Center for IDEA Early Childhood Data Systems (DaSy), Mountain Plains Regional Resource Center and a private consultant.

FFY 2013 SPP/APR Data

Number of respondent families participating in Part C	221
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	214
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	221
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	216
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	221
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	213
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	221

	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	99.04%	93.90%	96.83%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	98.09%	89.40%	97.74%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	98.56%	89.30%	96.38%

Describe how the State has ensured that any response data are valid and reliable, including how the data represent the demographics of the State.

In FFY2013, a total of 794 surveys were distributed to Part C families; 221 were returned for a response rate of 27.8%. The validity and reliability of the survey is ensured by having a carefully crafted survey that is understandable, that measures the indicator, and is based on a representative group of parents. The representativeness of the surveys was assessed by examining the demographic characteristics of the children of the parents who responded to the survey to the demographic characteristics of children in the Part C system in South Dakota. This comparison indicates the results are representative by geographic region where the child receives services and the age of the child at referral. However, parents of children who are Native American were less likely to respond than parents of children who are white. Seven percent of parents who returned a survey indicated that their children are Native American and 17% of Part C children are Native American; 83% of the parents who returned a survey indicated that their children are white and 73% of Part C children are white.

South Dakota Birth to Three is collaborating with Parent Connection (State PTI), developing strategies to increase the percentage of Native American family surveys returned.

Was sampling used? No

Was a collection tool used? Yes

Is it a new or revised collection tool? No



Yes, the data accurately represent the demographics of the State



No, the data does not accurately represent the demographics of the State

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, **not including correction of findings**

Indicator 5: Child Find (Birth to One)

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		0.93%	0.95%	0.97%	0.89%	0.90%	0.91%	0.91%
Data	0.82%	1.21%	1.15%	0.87%	0.88%	1.21%	1.25%	1.36%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	0.82%	0.82%	0.82%	0.82%	0.85%	0.86%

Targets: Description of Stakeholder Input

South Dakota Part C Birth to Three program obtained broad stakeholder input when setting targets for Indicator C5. This includes the following:

SICC Involvement

Since January 2014, the State Interagency Coordinating Council has been heavily involved in the ongoing efforts of familiarizing themselves with the APR/SPP process and the planning and writing the new 5-year Birth to Three SPP/APR plan. This has been done through regularly scheduled SICC meetings as well as other communications. The culmination of the SICC work took place in November and December of 2014 and January 2015 when the group met several times to specifically work on setting the SPP/APR targets. During these meetings, SICC members reviewed and analyzed state and regional data with special consideration of data quality, trends, national data and other state data sources. SICC members discussed and considered facts specific to South Dakota including but not limited to critical shortage of providers, population sparsity in rural geographic locations leading to limited resources, Birth to Three program growth and financial implication.

SICC members represent a wide variety of programs and agencies such as Early Head Start, the Division of Insurance, early intervention providers, parents, South Dakota Parent Connection, South Dakota Department of Health, Black Hills State University Personnel Preparation, South Dakota Medical Service/Medicaid, South Dakota Office of Coordination of Homeless Children, South Dakota Foster Care/Child Protection Services/Auxiliary Placement, South Dakota Department of Human Services, South Dakota Child Care Services, Birth to Three regional program contractors, South Dakota education cooperative, Part B, Part B 619, Tribal Head Start, South Dakota State Legislator and Part C staff. The diversity of membership results in valuable discussion of resources, challenges, initiatives and recommendations.

The SICC provided the state team with recommended targets for FFY 2013-FFY 2018 for results indicators 2 through 6.

State ICC meetings, dates and times are posted on the Department of Education website along with agenda and meeting minutes. These meetings are open to the public.

A final copy of the SPP/APR is provided to the Secretary of Education who is a member of the Governor's cabinet. A copy is also provided to the Governor's office.

SSIP Stakeholder Involvement

The SPP/APR was developed by the Part C Birth to Three state staff with input from stakeholders and assistance from the

FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Early Childhood Technical Assistance Center (ECTA), the Center for IDEA Early Childhood Data Systems (DaSy), Mountain Plains Regional Resource Center and a private consultant.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers birth to 1 with IFSPs	199	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	12/16/2014	Population of infants and toddlers birth to 1	12,143	

FFY 2013 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
199	12,143	1.36%	0.82%	1.64%

Provide additional information about this indicator (optional)

According to IDEA 2013 data of children under the age of one receiving services by eligibility, South Dakota ranks third out of the 19 states in the Category C Eligibility criteria.

The US Census reports the birthrate for South Dakota increased by 1.3% from 2012 to 2013. Data indicates the South Dakota Birth to Three program increased in the zero to one category from FFY2012 1.36% (159 children) to 1.64% (199 children) or a 25.2% increase. South Dakota birthrate increased and likewise more children were identified as being eligible for early intervention services. South Dakota exceeds the National average of 1.11%.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

Indicator 6: Child Find (Birth to Three)

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2009

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		2.86%	2.87%	2.88%	2.84%	2.85%	2.86%	2.86%
Data	2.91%	2.97%	3.27%	3.14%	2.81%	3.10%	3.10%	3.05%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	2.81%	2.81%	2.81%	2.81%	2.82%	2.83%

Targets: Description of Stakeholder Input

South Dakota Part C Birth to Three program obtained broad stakeholder input when setting targets for Indicator C6. This includes the following:

SICC Involvement

Since January 2014, the State Interagency Coordinating Council has been heavily involved in the ongoing efforts of familiarizing themselves with the APR/SPP process and the planning and writing the new 5-year Birth to Three SPP/APR plan. This has been done through regularly scheduled SICC meetings as well as other communications. The culmination of the SICC work took place in November and December of 2014 and January 2015 when the group met several times to specifically work on setting the SPP/APR targets. During these meetings, SICC members reviewed and analyzed state and regional data with special consideration of data quality, trends, national data and other state data sources. SICC members discussed and considered facts specific to South Dakota including but not limited to critical shortage of providers, population sparsity in rural geographic locations leading to limited resources, Birth to Three program growth and financial implication.

SICC members represent a wide variety of programs and agencies such as Early Head Start, the Division of Insurance, early intervention providers, parents, South Dakota Parent Connection, South Dakota Department of Health, Black Hills State University Personnel Preparation, South Dakota Medical Service/Medicaid, South Dakota Office of Coordination of Homeless Children, South Dakota Foster Care/Child Protection Services/Auxiliary Placement, South Dakota Department of Human Services, South Dakota Child Care Services, Birth to Three regional program contractors, South Dakota education cooperative, Part B, Part B 619, Tribal Head Start, South Dakota State Legislator and Part C staff. The diversity of membership results in valuable discussion of resources, challenges, initiatives and recommendations.

The SICC provided the state team with recommended targets for FFY 2013-FFY 2018 for results indicators 2 through 6.

State ICC meetings, dates and times are posted on the Department of Education website along with agenda and meeting minutes. These meetings are open to the public.

A final copy of the SPP/APR is provided to the Secretary of Education who is a member of the Governor's cabinet. A copy is also provided to the Governor's office.

SSIP Stakeholder Involvement

The SPP/APR was developed by the Part C Birth to Three state staff with input from stakeholders and assistance from the

FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Early Childhood Technical Assistance Center (ECTA), the Center for IDEA Early Childhood Data Systems (DaSy), Mountain Plains Regional Resource Center and a private consultant.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers birth to 3 with IFSPs	1,158	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	12/16/2014	Population of infants and toddlers birth to 3	36,126	

FFY 2013 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
1,158	36,126	3.05%	2.81%	3.21%

Provide additional information about this indicator (optional)

According to IDEA 2013 child count data for children served ages zero to three, South Dakota ranked third out of the 19 states in the Category C Eligibility criteria.

The US Census reports South Dakota had a 2.88% increase in the population of children age zero to three, from FFY2012 to FFY2013. The Birth to Three program in South Dakota also increased the number of children served by 8.12%. The FFY2012 child count for South Dakota's Birth to Three program was 1071 compared to 1158 in FFY2013. Nationally, South Dakota exceeds the national average of 2.82%, serving 3.21% of South Dakota's zero to age three population.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

Indicator 7: 45-day timeline

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	97.30%	100%	100%	100%	100%	100%	100%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 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 2012 Data*	FFY 2013 Target*	FFY 2013 Data
179	180	100%	100%	99.44%

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

- State monitoring
- State database

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

Third quarter FFY2013. January 1, 2014 to March 31, 2014

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

For indicator C7, one quarter of the fiscal year was used to determine compliance with the indicator. The State selected the third quarter of FFY2013 (January 1, 2014 - March 31, 2014). This poll is considered representative of the full reporting year because the same variables are in place for this quarter of the fiscal year as in all quarters. The South Dakota Birth to Three program is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSPs for FFY2013.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, **not including correction of findings**

Correction of Findings of Noncompliance Identified in FFY 2012

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

Indicator 8A: Early Childhood Transition

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

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

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	100%	100%	100%	100%	100%	100%	100%	100%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 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

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
161	161	100%	100%	100%

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

- State monitoring
- State database

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

Third quarter FFY2013. January 1, 2014 - March 31, 2014

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

For indicator C8A, one quarter of the fiscal year was used to determine compliance with the indicator. The State selected the third quarter of FFY2013 (January 1, 2014 - March 31, 2014). This poll is considered representative of the full reporting year because the same variables are in place for this quarter of the fiscal year as in all quarters. The South Dakota Birth to Three program is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSPs for FFY2013.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2012

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

Indicator 8B: Early Childhood Transition

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

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

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target	100%	100%	100%	100%	100%	100%	100%	100%
Data	100%	100%	100%	100%	100%	100%	100%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Data include notification to both the SEA and LEA

- Yes
- No

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 2012 Data*	FFY 2013 Target*	FFY 2013 Data
161	161	100%	100%	100%

Describe the method used to collect these data

For indicator C8B, one quarter of the fiscal year was used to determine compliance with the indicator. The State selected the third quarter of FFY2013 (January 1, 2014 - March 31, 2014). This poll is considered representative of the full reporting year because the same variables are in place for this quarter of the fiscal year as in all quarters. The South Dakota Birth to Three program is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSPs for FFY2013.

Do you have a written opt-out policy? No

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, **not including correction of findings**

Correction of Findings of Noncompliance Identified in FFY 2012

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

Indicator 8C: Early Childhood Transition

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

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

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target	100%	100%	100%	100%	100%	100%	100%	100%
Data	94.60%	96.50%	100%	100%	100%	100%	100%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 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

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
160	161	100%	100%	99.38%

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

- State monitoring
- State database that includes data for the entire reporting year

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

Third quarter FFY2013. January 1, 2014 to March 31, 2014

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

For indicator C8C, one quarter of the fiscal year was used to determine compliance with the indicator. The State selected the 3rd quarter of FFY2013 (January 1, 2014 - March 31, 2014). This poll is considered representative of the full reporting year because the same variables are in place for this quarter of the fiscal year as in all quarters. The South Dakota Birth to Three program is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSPs for FFY2013.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2012

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

Indicator 9: Resolution Sessions

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 are adopted).

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

Historical Data

Baseline Data:

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥								
Data								

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥						

Targets: Description of Stakeholder Input

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/12/2013	3.1 Number of resolution sessions	0	
EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/12/2013	3.1(a) Number resolution sessions resolved through settlement agreements	0	

FFY 2013 SPP/APR Data

3.1 Number of resolution sessions	3.1(a) Number resolution sessions resolved through settlement agreements	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
0	0			

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

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Indicator 10: Mediation

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥								
Data								

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥						

Targets: Description of Stakeholder Input

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/5/2014	2.1.a.i Mediations agreements related to due process complaints	0	
EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/5/2014	2.1.b.i Mediations agreements not related to due process complaints	0	
EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/5/2014	2.1 Mediations held	0	

FFY 2013 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
0	0	0			

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

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Indicator 11: State Systemic Improvement Plan

Monitoring Priority: General Supervision

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

Baseline Data

FFY	2013
Data	58.82%

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	58.82%	58.82%	58.82%	58.82%	60.00%

Description of Measure

The measure used in the collection of data for this indicator is the COSF (Child Outcome Summary Form). Entry data is collected on all children and exit data is collected upon exiting the program, if the child has been in South Dakota Birth to Three for 6 months or longer. Data under Summary Statement 1, in the Knowledge and Skills outcome area (those children making substantial progress towards functioning as same age peers), will be used to measure progress.

The baseline was established from the FFY2013, the last fiscal year, and targets were set with an increase evident by FFY2018. State Interagency Coordinating Council (ICC) members, several who also are members of the State Systemic Improvement Plan (SSIP) stakeholder group, discussed at length the targets for Indicator C-3b, Summary Statement 1. State ICC members discussed and considered facts specific to South Dakota including but not limited to critical shortage of providers, population sparsity in rural geographic locations leading to limited resources, Birth to Three program growth and financial implication (see SPP/APR Indicator C-3 Stakeholder Input). Given these facts, State ICC members proceeded with a rich conversation and unanimously recommended a conservative approach to the targets. This approach allows the state Birth to Three team to put in place state-wide evidence based strategies that will impact knowledge and skills outcomes.

The State Birth to Three team regularly provides state ICC members with data reports. Through this manner, State ICC members will evaluate over time if there is evidence to support increasing the targets prior to FY2018.

Targets: Description of Stakeholder Input

South Dakota Part C Birth to Three program obtained broad stakeholder input when setting targets for Indicator C-3. This includes the following:

SICC Involvement

Since January 2014, the State Interagency Coordinating Council (ICC) has been heavily involved in the ongoing efforts of familiarizing themselves with the APR/SPP process and the planning and writing the new 5-year Birth to Three SPP/APR plan. This has been done through regularly scheduled State ICC meetings as well as other communications. The culmination of the State ICC work took place in November and December of 2014 and January 2015 when the group met several times to specifically work on setting the SPP/APR targets. During these meetings, State ICC members reviewed and analyzed state and regional data with special consideration of data quality, trends, national data and other state data sources. State ICC members discussed and considered facts specific to South Dakota including but not limited to critical shortage of providers, population sparsity in rural geographic locations leading to limited resources, Birth to Three program growth and financial implication.

State ICC members represent a wide variety of programs and agencies such as Early Head Start, the Division of Insurance, early intervention providers, parents, South Dakota Parent Connection (PTI), South Dakota Department of Health, Black Hills State University Personnel Preparation, South Dakota Medical Service/Medicaid, South Dakota Office of Coordination of Homeless Children, South Dakota Foster Care/Child Protection Services/Auxiliary Placement, South Dakota Department of Human Services, South Dakota Child Care Services, Birth to Three regional program contractors, South Dakota education cooperative, Part B, Part B 619, Tribal Head Start, South Dakota State Legislator and Part C program staff. The diversity of membership results in valuable discussion of resources, challenges, initiatives and recommendations.

The State ICC provided the state team with recommended targets for FFY 2013-FFY 2018 for results Indicators C-2, C-3, C-4, C-5 and C-6.

State ICC meetings, dates and times are posted on the Department of Education website along with agenda and meeting minutes. These meetings are open to the public.

A final copy of the SPP/APR is provided to the Secretary of Education who is a member of the Governor's cabinet. A copy is also provided to the Governor's office.

State SIP Stakeholder Involvement

The SPP/APR was developed by the Part C Birth to Three state staff with input from stakeholders and assistance from the Early Childhood Technical Assistance Center (ECTA), the Center for IDEA Early Childhood Data Systems (DaSy), Mountain Plains Regional Resource Center and a private consultant.

Data Analysis

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

See "South Dakota Part C State Systemic Improvement Plan 2015" in below Attachments section.

Analysis of State Infrastructure to Support Improvement and Build Capacity

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

See "South Dakota Part C State Systemic Improvement Plan 2015" in below Attachments section.

State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families

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

Statement

The South Dakota Birth to Three State Identified Measurable Result (SIMR)

To substantially increase the rate of children's growth in their acquisition and use of knowledge and skills, including early language/communication, by the time they exit the program, as defined by the targets established for Indicator 3B, Summary Statement 1 in each of the years FFY 2014-2018.

Description

See "South Dakota Part C State Systemic Improvement Plan 2015" in below Attachments section.

Selection of Coherent Improvement Strategies

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

See "South Dakota Part C State Systemic Improvement Plan 2015" in below Attachments section.

Theory of Action

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

Submitted Theory of Action: [South Dakota Part C State Systemic Improvement Plan Theory of Action](#)

Illustration

 Provide a description of the provided graphic illustration (optional)

Certify and Submit your SPP/APR

This indicator is not applicable.



South Dakota Birth to Three

Part C

State Systemic Improvement Plan

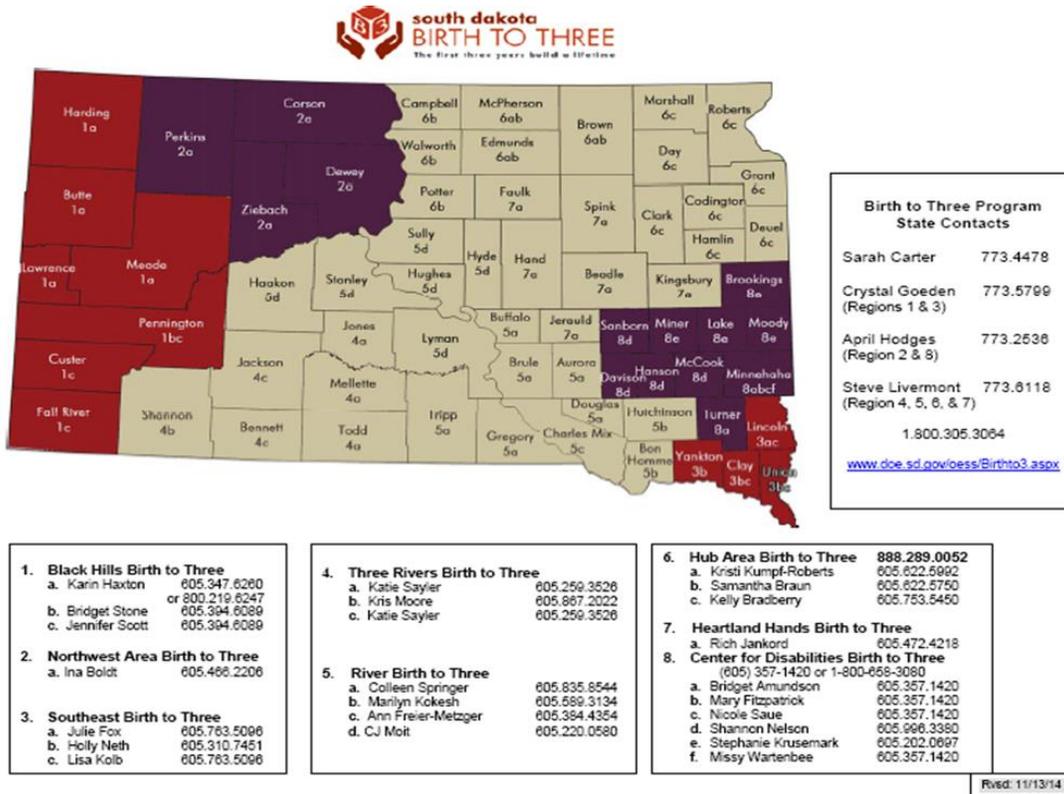
Submitted:

April 1, 2015

Overview of State Infrastructure

The Department of Education (DOE) is the State Lead Agency for the South Dakota Part C Birth to Three program. Within the DOE, the Birth to Three program resides within the Office of Educational Services and Supports which also includes the state Part B Special Education office. This creates a cohesive Birth to 21 system of services that allows for collaboration between Part C and Part B to improve the outcomes for children and their families in South Dakota.

South Dakota Birth to Three contracts with eight regional agencies to provide service coordination to children and families across the state (see map below). These regional entities ensure that eligible children and their families receive equitable access to early intervention services. To ensure services are available and conform to IDEA Part C requirements, Birth to Three maintains a statewide database of approved direct service providers available to serve families according to their geographic location.



Eligibility for early intervention in South Dakota is determined by local school districts. Districts are responsible for all evaluations of children Birth to 21. Additionally, a unique feature of South Dakota’s Part C program is “Prolonged Assistance”.

Part B state administrative rule defines “children in need of prolonged assistance” as:

SDCL:24:05:24.01:15 Prolonged Assistance Defined. Children from Birth through two may be identified as being in need of prolonged assistance if, through a multi-disciplinary evaluation, they score two standard deviations or

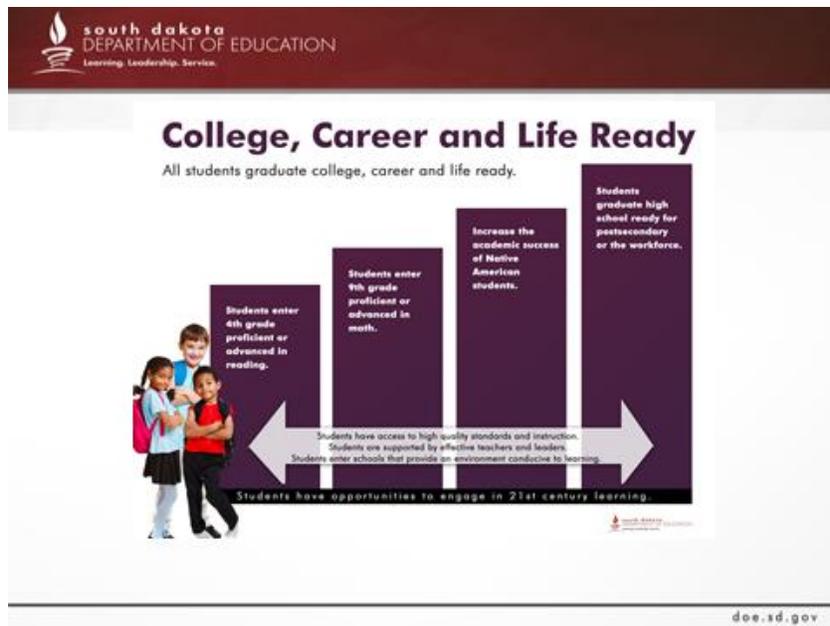
more below the mean in two or more of the following areas: cognitive development, physical development including vision and hearing, communication development, social or emotional development, and adaptive development.

The local school district is responsible for providing and funding early intervention services for Part C children who meet the definition of prolonged assistance. Since many of these children will be involved with special education services after age three, this rule is designed to ensure the school's involvement from the beginning. This unique relationship allows for a strong partnership between Part C and Part B programs at the local level and a smooth transition for children and their families at age 3.

Part C eligible children, who are not in need of prolonged assistance, receive early intervention Part C services through regional programs and contracted direct service providers according to their Individual Family Service Plans. All children, including those in need of prolonged assistance, are afforded all rights under Part C rules and regulations.

DOE Initiative: College, Career and Life Ready

South Dakota DOE believes strongly in the connection between early intervention and a child's continued success throughout his/her educational career. As such, when department work began several years ago on the state initiative for every child to graduate College, Career and Life Ready, Birth to Three was brought to the table and included in the development of the reading goal and subsequent strategy surrounding early literacy. This ongoing initiative for South Dakota DOE aligns well with the Part C State Systemic Improvement Plan (SSIP) process and the eventual selection of the *State Identified Measurable Result (SIMR)* after the Stakeholders worked with the Birth to Three program to complete *Data and Infrastructure Analyses*.



State Systemic Improvement Plan Development

Work on South Dakota's Part C *State Systemic Improvement Plan (SSIP)* began in the fall of 2013 when members of the state Birth to Three team traveled to Washington, D.C. to participate in the first DaSy conference on data quality and outcomes. It was from this conference that state staff started outlining work that would need to take place on *SSIP* development while awaiting final development and release of the *SSIP* requirements and template by the Office of Special Education Programs (OSEP).

During 2013 and 2014, state Birth to Three team members participated in numerous regional and national webinars in an effort to familiarize themselves with the requirements of the *SSIP* set by OSEP. This allowed South Dakota to ensure a *State Identified Measurable Result (SIMR)* and *SSIP* that would be measurable and improve outcomes for South Dakota children and their families. Team members attended trainings offered by the Mountain Plains Regional Resource Center (MPRRC) in Denver and Phoenix as well as DaSy conferences in Washington, D.C. and New Orleans. Throughout these events, Birth to Three state staff members created opportunities to collaborate with teams from various states, and learn from national technical assistance personnel. Information from these conferences and webinars was shared with South Dakota early intervention partners, the State Interagency Coordinating Council (ICC) and other stakeholders to increase the knowledge base for the future *SSIP* work.

Prior to selection of any stakeholders, South Dakota Birth to Three recognized the importance of educating the State ICC and other early intervention partners on the *SSIP* (Indicator C-11). In January 2014, MPRRC came to South Dakota and presented at the quarterly meeting of the State ICC. During this meeting, MPRRC personnel provided information on the new Indicator C-11 and the *SSIP* process the state would be undergoing. State ICC members were provided information on C-11 measurement, *Results Driven Accountability*, *Theory of Action* and the intricate role stakeholders would have in the process. This meeting allowed State ICC members to familiarize themselves with the new terminology and the volume of work involved in the process.

Throughout the work on the *SSIP*, State ICC members have continued to be involved in the development of the *SSIP* through regularly scheduled State ICC meetings. Several members of the State ICC committee also were appointed to serve on the *SSIP* Stakeholder team. The State Birth to Three team also provided information to early intervention partners such as regional Birth to Three agencies, including their administration and service coordinators and the Parent Training and Information Center (PTI). This occurred throughout the development of the *SSIP* during annual conferences, monthly technical assistance calls, and informally via emails and listserv announcements.

To ensure alignment throughout the process, both Birth to Three and SD Office of Special Education (Part B) appointed representatives of their respective programs to serve on each other's *SSIP* stakeholder group.

In June 2014, a four day strategic planning retreat was held with SD Department of Education Educational Services and Support division director, Part C program director, Part C program specialists and data manager. The planning session was led by a national consultant. The focus of this retreat was to begin brainstorming at a state level the data available and program's infrastructure strengths and challenges facing South Dakota Birth to Three. Team members also listed statewide initiatives that could compliment the *SSIP* work. This work resulted in the development of the *SSIP* Stakeholder group.

Following receipt of the final *SSIP* materials from OSEP, state staff produced a Gantt chart outlining required activities for development of the *SSIP*.

The Birth to Three state team recognized the important role stakeholders would fill in the three phases of the 5 year *SSIP* plan. State team members sought a group of individuals who would represent a broad spectrum of early intervention in South Dakota, ensuring coverage of the entire state geographic area and accounting for the state's diversity, in order to adequately represent South Dakota. Stakeholders selected represent the State Interagency Coordinating Council, Birth to Three parents, regional Birth to Three program staff, early intervention service coordinators, early intervention direct service providers, Head Start Collaboration office, Tribal Head Start, special education K12 administrators, current special education and early childhood development professors from state teacher preparation programs, educational cooperative staff, Part B/619 staff, Medicaid liaison, Parent Connection representative (PTI Center), and South Dakota Family Support division personnel. The state Birth to Three Part C program director, program specialists and data manager serve as the state Leadership team. The entire *SSIP* Stakeholder team is fairly large, ensuring there is sufficient representation and linkage for collaboration and partnership with other agencies as well as with the Part B and K12 educational systems.

The Stakeholder team has been integral in addressing *Phase I* requirements by providing insight, expertise and feedback that often reflected differing perspectives. Stakeholders met frequently with both face-to-face and virtual opportunities. With multiple meetings from September 2014, to present, the group provided invaluable broad and in-depth *Data and Infrastructure Analysis* which led to identification of a *State Identified Measurable Result (SIMR)* and a list of *Root Causes* and *Coherent Improvement Strategies* developed within the context of the *Theory of Action*. The OSEP funded Early Childhood Technical Assistance Center (ECTA) provided ongoing TA support to facilitate a number of these events.

“Exciting to see. It pulls together all of us with the same focus for Birth to Three.”

*Jennifer Baur-Fuhr,
Stakeholder, K12 School
District Special Education*

Throughout this report, stakeholder involvement will be described within the context of all *Phase 1* activities.

Phase I of the *SSIP* was not meant to be developed in a linear process. As a result, many activities have been under way simultaneously. The following report outlines in detail the work that was done to complete *Phase I* of the *SSIP*. It contains a clear depiction of the broad *Data and Infrastructure Analyses* that led Stakeholders to a working *SIMR*, as well as the in-depth *Data and Infrastructure Analyses* that resulted in the final *statewide SIMR*. Determination of *Root Causes*, development of *Coherent Improvement Strategies* and a logical and clear *Theory of Action* will be described. Throughout the process, it was evident that other initiatives taking place in the state can be used to enhance sustainability, collaboration and sharing of resources. After multiple meetings, the Stakeholders unanimously concluded that the South Dakota *SIMR* should be statewide as follows:

To substantially increase the rate of children’s growth in their acquisition and use of knowledge and skills, including early language/communication, by the time they exit the program, as defined by the targets established for Indicator 3B, Summary Statement 1 in each of the years FFY 2014-2018

Component #1: Data Analysis

Stakeholders have been very involved in the data analysis in a variety of ways. TA consultants and the Birth to Three Leadership team worked together to plan activities, assemble resources, summarize and facilitate stakeholder meetings. The Leadership team consistently informed South Dakota Department of Education leadership and State Interagency Coordinating Council (ICC) members of work progression and deliverables. It should be noted, having State ICC members on the Stakeholder group optimized communication linkage between the State ICC group and the formal *State Systemic Improvement Plan (SSIP)* stakeholders group. Stakeholders conducted a very broad *Data Analysis* and later a more in-depth analysis, utilizing tools such as the meaningful difference calculator and others made available by national TA. Please refer to the stakeholder input in the narrative section and Attachment A: Stakeholders.

South Dakota Birth to Three utilizes the DE25SPED database that was developed by the South Dakota Bureau of Information and Telecommunications (BIT). In preparation for the *Data Analysis*, the state Leadership team carefully considered the reports available and concluded there was an abundance of child level data available through the Birth to Three state database that could serve as the primary data source for *SSIP* work. The Birth to Three data system is not just a data collection tool. It is an integrated management tool for the lead agency, containing all Individual Family Service Plan (IFSP) information and provider information, and serving as a payment/billing center for providers. All of these pieces connect to provide state staff with accurate, real time data and child information for management of the Birth to Three program.

Getting Started – Preliminary Work

The state Birth to Three Leadership team began the broad data analysis in the summer of 2014 through review of all Part C 616 and 618 data. Early on, it became apparent that quality of the child outcomes data was a concern. This concern was first identified through a review of the progress categories evident in the FFY 2012 performance on Indicator C-3. The first action was to examine state business rules and the tool used to obtain child outcome data. The child outcome summary data in South Dakota is obtained through the Battelle Developmental Inventory (Second Edition) (BDI-2). A BDI-2 is given to each child upon entry in the Birth to Three program, and again when each child exits the program, if they have received early intervention services six months or more. The BDI-2 entry and exit scores are entered into the BDI-2 database by school district personnel.

During the initial review of the BDI-2 data in early summer 2014, Indicator C-3 data noted higher than expected percentages of progress category “e” and a discerning lower than expected percentage of progress category “b”. The “e” category had historically been higher than OSEP recommended percentages. As a result, the state leadership team spent several weeks analyzing the existing business rules, considering possible changes, and determining how these would result in improved data quality. The State recognized that work could not continue with in-depth *Data Analyses* until the data quality issues surrounding the BDI-2 and state business rules were resolved. The state Leadership team sought assistance from Riverside, the publisher of the BDI, as well as DaSY and ECTA technical assistance centers in interpreting *Data Analysis* and considering various options for rewriting of the state Part C

BDI-2 business rules. State Birth to Three team members also met face-to-face and virtually with other states who utilized the BDI-2 as their measurement tool.

The South Dakota Birth to Three Leadership team, based on their own research and advice from national technical assistance centers, revised the existing state business rules for Indicator C-3. South Dakota's new business rules are now more closely aligned to other BDI state's business rules, with regard to using similar domains and multiple data sets. Data ran on the new business rules showed improved data quality as it brought the State's "a" through "e" progress categories more in line with OSEP recommended child outcome progress category percentages. Particularly, it more accurately indicated the State's performance in category "b"- children who improved functioning but not sufficient to move nearer to peers.

Another data quality concern was the Birth to Three completion rate – the percent of usable child progress data available as a state, and in specific regions. The state Leadership team immediately began work with regions to address the low number of usable child outcome progress scores, addressing barriers and researching preliminary solutions. As a result of these efforts, the completion rate began to improve. For example, one region was found to have conducted BDI-2 evaluations but in some instances overlooked entering them into the database. This work will continue throughout the 5-year *SSIP*.

Beginning the Process – Broad Data Analysis

At the first stakeholders meeting on September 15, 2014, data from Part C 616 and 618 were shared including current and trend indicator data, census growth, child find, natural environments and transition data. Data sets were discussed and analyzed in a broad sense as well as individually by data set. Stakeholders found South Dakota has historically performed very well on compliance and results indicators C-1 Timely Services, C-2 Natural Environment, C-5 and C-6 Child Find, C-7 Timely Evaluation and IFSP, C-8 Early Childhood Transition, C-9 Resolution Sessions and C-10 Mediations.

Stakeholders saw no foreseeable concerns or barriers to the *SSIP* work with regard to the compliance indicators or implications in the determination and progress of the *SIMR*. However, the Stakeholders did note that variables such as eligibility requirements and those out of the Birth to Three program's control, such as changes in federal and state funding could impact future performance.

The Stakeholders spent time discussing child and family outcomes data on Indicators C-3 and C-4. Family outcomes data was discussed first (see below).

 Outcome Indicator			
Statewide Part C Indicators (7/1/12 to 6/30/13)	Current Data	Required Targets	Met/Not Met Targets
Indicator 4 Family Outcomes: Percent of families participating in Part C who report that early intervention services have helped the family;			
A) Know their rights;	A. 99.0%	96.6%	Met
B) Effectively communicate their children's needs;	B. 98.1%	90.2%	Met
C) Help their children develop and learn.	C. 98.6%	90.0%	Met

Historically, South Dakota has consistently met and exceeded Indicator C-4 targets, showing high family perception of how Birth to Three impacts a family's abilities to help their child's development. Based on the data analysis, Stakeholders determined family outcomes would not be an appropriate *SIMR*.

Stakeholders then spent considerable time discussing performance data for Indicator C-3A, C-3B and C-3C for Summary Statement 1 and Summary Statement 2 (see below).

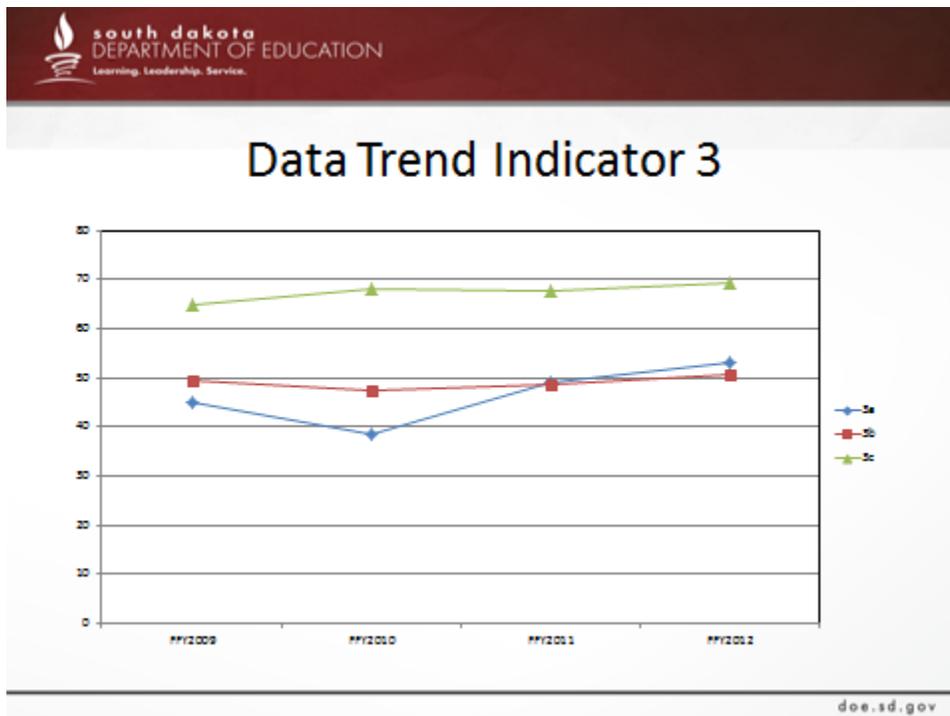
 Outcome Indicators			
Part C Indicators (7/1/12 to 6/30/13)	Current Data	Required Targets	Met/Not Met Targets
Indicator 3 Child Outcomes:			
Summary 1: Percent of infants and toddlers with IFSPs who demonstrate improved: A) Positive social emotional skills (including social relationships) B) Acquisition and use of knowledge and skills (including early language/communication) C) Use of appropriate behaviors to meet their needs.			
	A. 53.1%	45.0%	Met
	B. 50.8%	49.4%	Met
	C. 69.2%	65.0%	Met
Summary 2: Percent of infants and toddlers who were functioning within age expectations by time they turned 3 or exited the program in A) Positive social emotional skills (including social relationships) B) Acquisition and use of knowledge and skills (including early language/communication) C) Use of appropriate behaviors to meet their needs			
	A. 85.8%	A. 81.4%	Met
	B. 65.7%	B. 65.4%	Met
	C. 93.5%	C. 90.1%	Met

They also considered trend data on each of the 3 child outcomes sub-indicators.

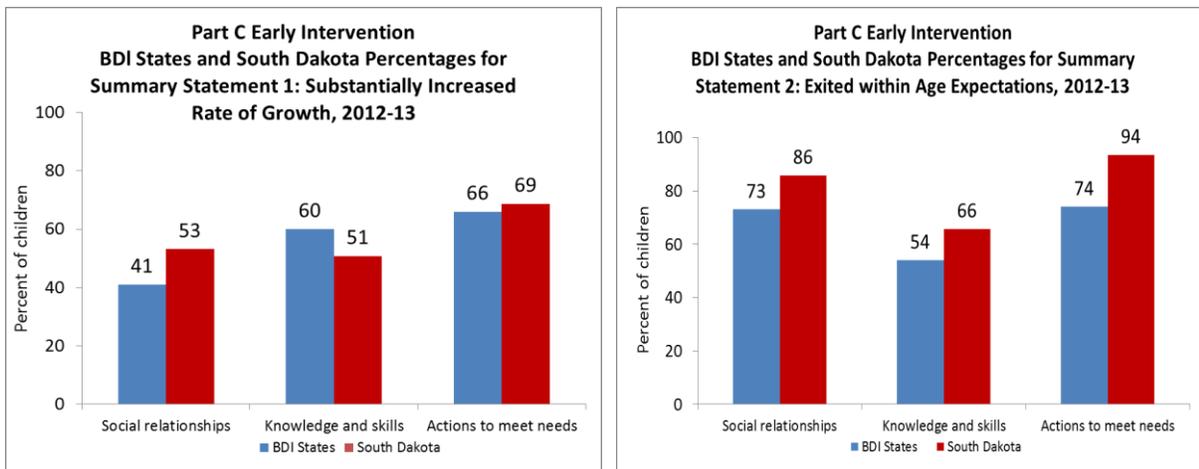
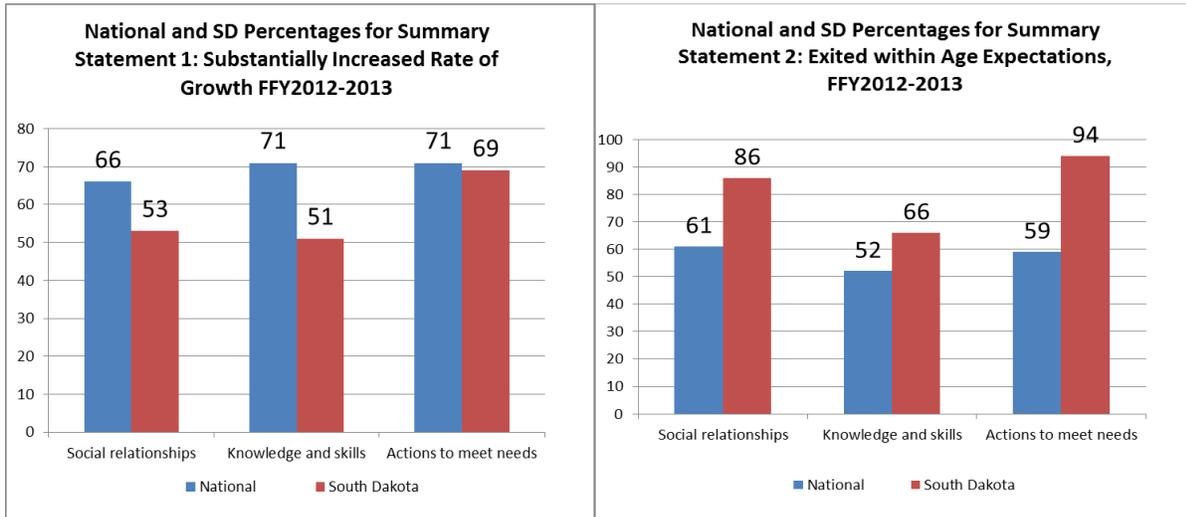
Data Trend

Summary Statement 1	Targets	FFY2009 2009-2010 Actual	FFY2010 2010- 2011 Actual	FFY2011 2011-2012 Actual	FFY2012 2012-2013 Actual
Indicator 3A – Children have positive social-emotional skills	45.0%	44.9%	38.4%	48.9%	53.1%
Indicator 3B –Acquisition and use of knowledge and skills (Communication and early literacy)	49.4%	49.3%	47.4%	48.6%	50.8%
Indicator 3C – Use of appropriate behaviors to meet their needs. (Motor)	65.0%	64.9%	68.0%	67.6%	69.2%

doe.sd.gov



The Stakeholders also discussed South Dakota’s child outcome data compared to national data (see below) and to the performance data of other states using the BDI-2.



As a result of these robust data discussions, the stakeholder group determined that Summary Statement 1 for Knowledge and Skills should be the area of focus and suggested a preliminary working *SIMR* from child outcome Indicator C-3B, Summary Statement 1:

“To substantially increase the rate of children’s growth in their acquisition and use of knowledge and skills, including early language/communication, by the time they exit the program, as defined by the targets established for Indicator 3B, Summary Statement 1 in each of the years FFY 2014-2018”

While the data clearly led the Stakeholders to this conclusion, one of the additional compelling points in this discussion was the alignment with the state College, Career and Life Ready initiative.

In-depth Data Analysis

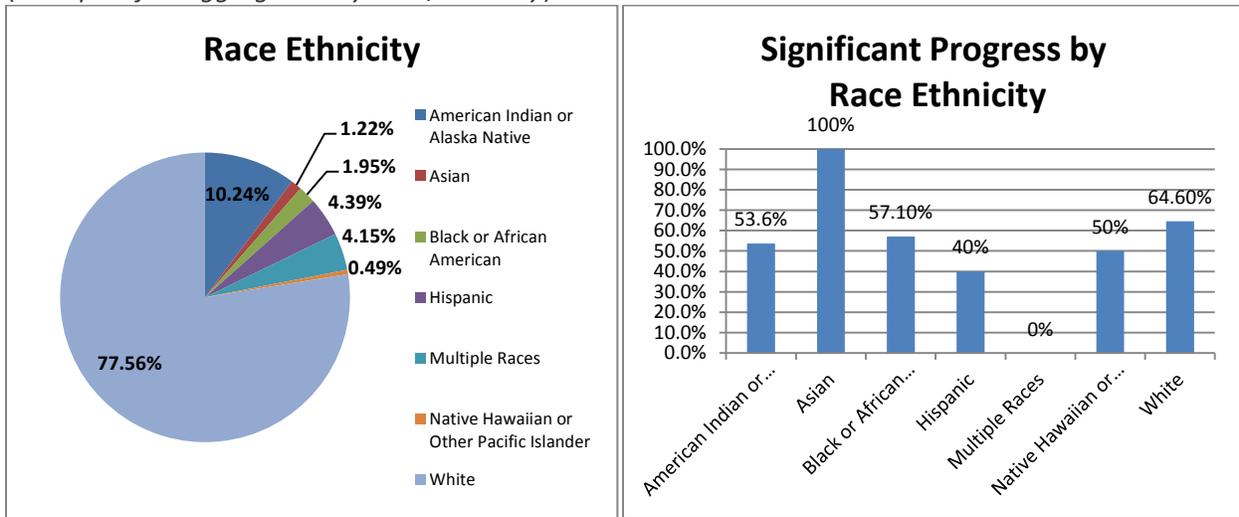
As discussed above, the state team revised the business rules for C-3 and re-ran the C-3 data for FFY 2012 and FFY 2103. These revised data were brought to the Stakeholders at the January 2015 meeting. Stakeholders reviewed the following:

1. State performance for FFY 2013 Indicator 3
2. Regional performance for FFY 2013 Indicator 3

Indicator C3 state level data was provided to Stakeholders disaggregated by:

1. Gender
2. Race/Ethnicity
3. Part C Exiting
4. Medicaid Eligibility
5. Prolonged Assistance Eligibility

(Example of disaggregation by Race/Ethnicity)



As a result of these analyses, Stakeholders concluded with the state team there were no discernable conclusive patterns that could suggest a smaller than statewide *SIMR*.

With regard to the regional data, the Birth to Three Leadership team noted in many cases that regional disaggregated data was not possible due to the low number of N's. Some regions had such low N's that confidentiality would be a factor and thus could not be reported. Using the meaningful difference calculator, confidence intervals were vast and the data were not usable. These regional patterns will be reviewed again as the completion percentage in specific regions improves.

As the majority of regional programs had very low N’s, no significant regional deductions could be reached. Based on the available data, Stakeholders unanimously agreed that the *SIMR* should be statewide, and not focus on one specific region or population.

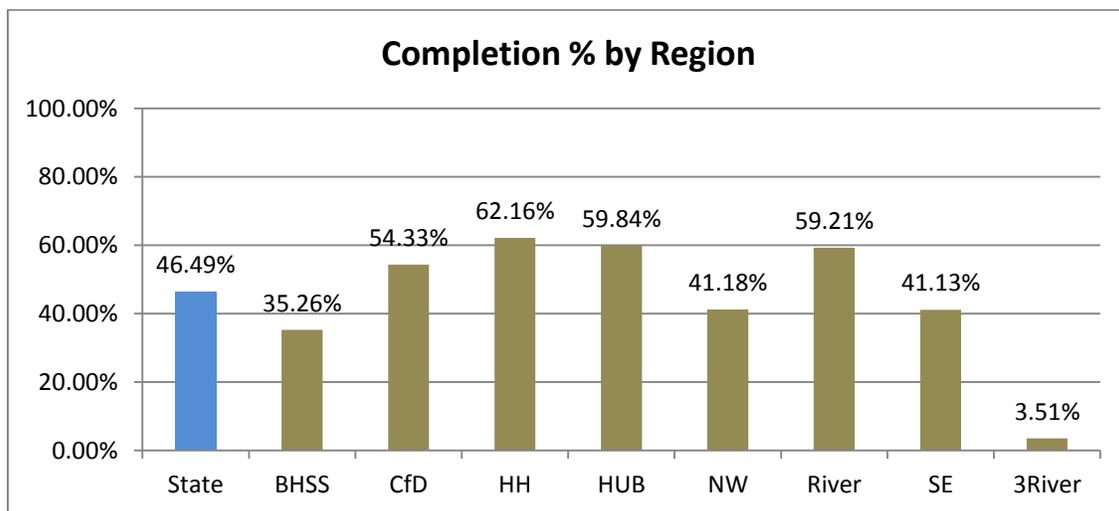
“To substantially increase the rate of children’s growth in their acquisition and use of knowledge and skills, including early language/communication, by the time they exit the program, as defined by the targets established for Indicator 3B, Summary Statement 1 in each of the years FFY 2014-2018”

Stakeholders also considered the revised C-3 data in relation to data quality and were provided the following:

1. State and region data quality for FFY2013 Indicator C-3B reporting categories (a) and (e)
2. State performance on data completeness
3. Regional performance on data completeness

Given the new business rules, Stakeholder’s noted that statewide, the “a” and “e” progress categories now fell within the OSEP recommended percentages. This led Stakeholders to conclude that the data quality for Indicator C-3B would support the defined statewide *SIMR*.

Overall, Stakeholders expressed confidence in the quality of the state level data to support the defined *SIMR*, but did identify and discuss two data quality areas to be addressed through the *SSIP* Process. First, it was noted that 410 of the exiting children in FFY2013 had qualifying entry and exit scores for a 46% completion rate. Upon further investigation, of those children who did not have qualifying scores, 57% of them had been in the Birth to Three program less than 6 months. However, upon closer examination of regional data, some regions had very low completion rates, thus affecting the overall state percentage. State Birth to Three staff reported they had been addressing this issue since it had been identified the previous summer, including working with regions on solutions for increasing their completion rates. Regional data quality related to progress categories “a” and “e” will continue to be explored as regional completion rates improve.



**Note the varying levels of BDI-2 completion rates*

This second concern related to progress categories “a” and “e” for selected regions. In particular, regions progress categories “a” and “e” did not fall within the OSEP recommended percentages. This led to a hypothesis about the fidelity of BDI-2 administration in some regions. Stakeholders made note of these concerns and asked that they be addressed as a *Root Cause* and an area that warranted continual exploration in *Phase II* and a *Coherent Improvement Strategy* in the *SSIP*.

During the meeting, Stakeholders also identified other data elements that would be helpful for future data analysis. These include disaggregating by income, number of parents in household, disability, length of time in program, age at entrance, etc. These data are currently not available in the South Dakota Birth to Three database. However, the state Birth to Three team is cognizant of the discussion and will continue to review the possibility if funding becomes available to support the enhancements to the data system. These data could be considered in later *Phase II* and *III SSIP* work.

South Dakota has an abundance of child data information and a data system to house them. With national TA advice, South Dakota has invested in collaborative efforts with 619 and Part B to determine how the state could link data to demonstrate the value-added of early intervention and its long term impact on children’s success, as identified through BDI-2 data. However, for a minimally funded state, the cost of writing new reports and changes to existing systems often are not feasible within the limited budget constraints. South Dakota will continue to explore options to address the funding, but until that time, data will be limited to what are currently available.

Summary

Broad and in-depth *Data and Infrastructure Analyses* occurred concurrently (see *Component #2: Infrastructure Analysis*) in preparation for *Root Cause* and *Coherent Improvement Strategy* discussions. At the conclusion of the *Data Analysis and Infrastructure Analyses*, Stakeholders agreed on a statewide *State Identified Measureable Result*. However, Stakeholders noted concerns in certain regions regarding the BDI-2 completion rates and fidelity of the BDI-2 administration. Later in the process, these concerns were incorporated into the *Root Cause* and *Coherent Improvement Strategies*.

Component #2: Analysis of State Infrastructure to Support Improvement and Build Capacity

The state of South Dakota engaged in an extensive process to conduct both a broad and in-depth *Infrastructure Analysis*. This process was designed to ensure necessary program improvement and increased capacity as it relates to the *State Identified Measureable Result (SIMR)*. Throughout the *Infrastructure Analysis*, TA consultants and Birth to Three Leadership worked together to plan activities, assemble resources and summarize stakeholder input in preparation for subsequent stakeholder meetings. The stakeholder group (see Attachment A for complete list) was very active in this component of *Phase I* of the *State Systemic Improvement Plan (SSIP)* process. At each meeting, Stakeholders provided rich discussion and direction for state Leadership team members. Information learned from the *Data Analysis*, both broad and in-depth, ultimately endorsed the final state *SIMR*, forming *Root Cause* hypothesis which led to *Coherent Improvement Strategies* and the development of the *Theory of Action*. The state Birth to Three Leadership team shared stakeholder analyses with other early intervention partners throughout this process, such as, but not limited to State Interagency Coordinating Council (ICC) and regional service coordinators.

Broad Infrastructure Analysis

The broad infrastructure analysis began at the September 2014 meeting. After a discussion of the available data and agreement of a working *SIMR*, the Stakeholders began the *Infrastructure Analysis* using a Gallery Walk process to address the system components identified in the Early Childhood Technical Assistance Center (ECTA) Systems Framework, which was used as the guide for this work. This broad look at the state Birth to Three program current infrastructures was to identify system strengths and challenges/opportunities related to the program's ability to achieve progress in child outcomes.

Small groups worked to identify the strengths and challenges/opportunities in each of the system components as they relate to improvement in child outcomes as defined in the working *SIMR*. Participants were assigned to several small groups reflecting varying affiliation to the Birth to Three program. Each group rotated through designated areas to address each component. This afforded each participant the opportunity to provide input into each component. The strengths/challenges and opportunities for each area as they relate to Birth to Three's ability to achieve the *SIMR* were recorded. A facilitator guided the discussion at each location, reviewing briefly for each new group what the previous groups had identified. The members of each group could:

- 1) agree with a previously recording strength and challenge/opportunity; or
- 2) disagree with a previously recorded strength and challenge/opportunity; and/or
- 3) add new ideas

Each of the components in Birth to Three are described below. Also provided are the strengths and challenges/opportunities for each component identified by the Stakeholders that relate directly to the working *SIMR*.

GOVERNANCE

As described in the overview, the Department of Education (DOE) is the lead agency and Birth to Three is part of the Educational Services and Support Division. The Part C director reports directly to the division director who also oversees Part B, Title, Child and Adult Nutrition Services, and School Health/21st Century Community Learning Centers. This governance structure promotes ongoing partnerships between Part C early intervention, Part B, and K12 school districts in the state. In addition, the Part C director supervises the Head Start Collaboration Office. The Part C director also serves on multiple state and private agency advisory groups (i.e. South Dakota Department of Health Maternal Child Bright Start Home Visiting advisory group and South Dakota School of Medicine Center for Disabilities (UCEDD) Act Early workgroup).

In South Dakota, the Part C program is comprised of public and private entities, all which fall under the general supervision of the lead agency and are therefore subject to the ARSD’s. All components of the program are aligned to interact with each other to reach shared goals. Decisions about program improvements are made by the Part C director with input from the state Birth to Three team and others such as the State ICC, the PTI, service coordinators, direct service providers, and other contractors.

The Governance structure of the Birth to Three program contains the necessary components to improve early intervention practice and make system changes to implement the *SSIP* and improve the *SIMR*.

Highlights of Stakeholder Identified Strengths, Challenges/Opportunities as Related to Working *SIMR*:

Strengths	
State staff work well together and are open to new ideas	Preliminary support from outside programs regarding early literacy
Strong state ICC	Strong PTI involvement
Statewide clear, good practices; clear expectations	Formal agreements among state agencies
Part C and Part B housed in same agency	Family Support Program is a good resource
Representation on Early Hearing Detection and Intervention (EDHI)	Service coordinators know the resources to assist families/providers
Strong stakeholder involvement	Good relationship between DOE and Child Care Services
Strong political acceptance of early literacy	Regional programs know areas/communities well
Strong public acceptance of early literacy	State efforts i.e. early Head Start, Home Visiting, EDHI

Challenges/Opportunities	
Limited resources and capacity	Getting statewide buy-in for this important work
Need to align <i>SSIP</i> work across DOE	Therapists need access to more resources to help families
Some efforts are not statewide like Early Head Start and Home Visiting	Need for better communication of state provided information among all local providers and service coordinators
Need for better communication	More parenting resources

FISCAL

The Part C program utilizes state general funds, IDEA Part C federal grant funds, and the State Department of Education Special Education funds to ensure families have access to their regional early intervention program and that eligible infants, toddlers and families receive the early intervention services provided at no cost. This also includes services to families such as implementing child find, service coordination, development and review of the IFSP, and procedural safeguards. Evaluations to determine eligibility are provided and funded by local school districts. This collaboration ensures a strong relationship between Part C and B.

Birth to Three contracts out federal IDEA Part C funds to eight regional lead agencies statewide. These agencies are responsible for facilitating and coordinating their regional program of early intervention services, and must ensure all eligible infants, toddlers and their families have access to early intervention services that must be provided at no cost. These regional lead agencies are responsible for meeting all requirements related to the contract’s general terms and conditions, the approved budget, and federal and state Part C requirements.

Service coordination is provided through the eight regional lead agencies. Direct early intervention services are funded through IDEA Part C funds, state, local and private sources. These funding sources include public insurance/ Medicaid administered through Department of Social Services division, state Special Education funds administered through local school districts, local tax payer dollars administered through local school districts, and in some instances private insurance accessed with parental consent at no cost to the parent.

The Fiscal structure of the Birth to Three program contains the necessary components to improve early intervention practice and make system changes to implement the *SSIP* and improve the *SIMR*.

“...the program was a wonderful asset when our son was born with severe Spina Bifida. I was teaching at a private school at the time, with no health insurance benefits. My husband works for a private contractor, no benefits either! So we really needed that PT and it was at no cost to us. That was huge.”

Misty Roberts, Parent Birth to Three

Highlights of Stakeholder Identified Strengths, Challenges/Opportunities as Related to Working *SIMR*:

Strengths	
Strong, fiscally responsible program	Strong monitoring in place
Many resources available throughout the state, creates ability to network and access	Local control of the dollars – appreciate contract process, local determination where money is spent.
Small rural areas lends to pooling of resources	Strong relationship between Birth to Three and Medicaid office
Collaboration of resources between Part C and Part B	No sequestration on the horizon
Pooling of resources = non-duplication	Billing Process
Providers billing private insurance	Primary provider model in select areas

Challenges/Opportunities	
Pooling of resources – accessing and aligning agencies with similar initiatives to leverage dollars	Impact of <i>SSIP</i> on existing dollars (Increased training for service coordinators, providers, families)
No additional federal or state dollars on the horizon	Routines based intervention (new mindset)
Birth to Three reimbursement matches state Medicaid rates (not appealing to providers)	Need for effective communication – ongoing at all levels
Increased Part C child count	Efficiency-careful planning/use of existing resources
Rural state – remoteness increases cost for travel	

QUALITY STANDARDS

South Dakota has policies and procedures in place to implement the Birth to Three program in accordance with federal and state rules/regulations. These policies and procedures provide requirements related to all aspects of the program including intake, evaluation and eligibility, assessment, IFSP development and review, provision of services, family support, child and family rights, and transition planning. South Dakota also uses the newly released Division for Early Childhood (DEC) Recommended Practices as a guide. When setting standards for service provision, state Birth to Three staff seeks assistance from national technical assistance centers.

South Dakota Birth to Three with Head Start Collaboration Office have partnered with the South Dakota Department of Social Services and early childhood experts from around South Dakota with the purpose of revising and enhancing existing Early Learning Guidelines to be inclusive of birth through age 5.

The Quality Standards of the Birth to Three program contain the necessary components to improve early intervention practice and make system changes to implement the *SSIP* and improve the *SIMR*.

Highlights of Stakeholder Identified Strengths, Challenges/Opportunities as Related to Working *SIMR*:

Strengths	
Preschool (age 3-5) Early Learning Guidelines are established	Birth to Three program does a great job getting information out to the public (families, providers etc.)
0-3 Early Learning Guidelines in process of being created	BDI-2 entry/exit reporting process is in place
Federal & State Rules/Regulations and processes are in place and implemented	

Challenges/Opportunities	
Early learning guidelines for children 0-3 need to align with 3-5 preschool early learning guidelines (and incorporate the early literacy information from new Indicator 11)	Fidelity of BDI-2 administration particularly for children birth to 12 months - true picture of child's performance?
State's (DOE) ability to implement early literacy initiative (cost, time, etc.)	Keeping any new process for providers to be simple and not involve more paperwork
BDI-2 process of retrieving exit scores when children graduate early from program	Provider training regarding early literacy and educating parents/public
Resource "Tots for Tech" needs to be shared with providers	

PROFESSIONAL DEVELOPMENT

South Dakota ensures all early intervention Part C personnel meet necessary requirements. Through regional contracts, service coordinators qualifications are assured. Direct service providers must go through a rigorous application and screening process and also must meet the qualifications as outlined in ARSD.

***24:05:16:16. Personnel qualifications.** To ensure that all personnel necessary to carry out the purposes of Part B and Part C of the Individuals with Disabilities Education Act are appropriately and adequately prepared and trained, including ensuring that those personnel have the content knowledge and skills to serve children with disabilities, the department shall determine that all personnel providing special education or related services, including related services, paraprofessionals and assistants, early intervention, and early childhood personnel, perform these functions under state-approved or state-recognized certification or licensure or other comparable requirements that apply to the area in which the person is providing special education or related services. The department shall ensure that related services personnel who deliver services in their discipline or profession meet the requirements of this section and have not had certification or licensure requirements waived on an emergency, temporary, or provisional basis.*

State Birth to Three staff provides multiple professional development and technical assistance opportunities to service coordinators and direct service providers. Each new service coordinator receives extensive face-to-face training by state staff. Annually, service coordinators attend a state Birth to Three conference providing them with the most current state and national updates, receiving training specific to their regional needs on the IFSP process, and hearing from guest speakers representing other local and state programs. In addition, regularly scheduled service coordinator training calls are held with topics revolving around best practices, child outcomes, and family engagement. Each service coordinator is also linked to a state Birth to Three staff that is available daily to lend technical assistance or interpretation of federal and state rules and regulations. Professional development is provided to individual agencies upon request.

Training is also held for direct service providers in relation to Birth to Three early intervention and the billing process. The State Birth to Three team provides face-to-face and virtual trainings that assist providers in supporting families fully in the development and implementation of children's IFSPs.

National TA centers are often utilized to provide trainings to ensure compliance with federal and state rules/regulations (i.e. Compliance indicator timelines, transition planning from Part C to Part B). Birth to Three also collaborates with Part B 619 by hosting national speakers on early literacy. Providers also have direct access to state Birth to Three staff in relation to billing questions.

South Dakota’s Professional Development structure contains the necessary components to improve early intervention practice and make system changes to implement the *SSIP* and improve the *SIMR*.

Highlights of Stakeholder Identified Strengths, Challenges/Opportunities as Related to Working *SIMR*:

Strengths	
State level knowledge and support	National TA
Providers meet professional certifications	Individualized IFSPs – not cookie cutter
Birth to Three connects with other resources including Part B	Monitoring

Challenges/Opportunities	
Turnover in service coordinators and providers	Need to communicate enhanced monitoring system
Provider shortage	Need for training for BDI-2 evaluators
Ensure all providers have adequate knowledge of early childhood development	A professional development plan is needed to implement <i>SSIP</i>

DATA

As described in the *Data Analysis* section, South Dakota has a robust, statewide data system and child level data can be gathered from the records of infants and toddlers determined eligible for early intervention services. Most data elements are required fields and have error checking rules. In order to be confident that the data are correct, data verification activities occur year-round and can be tied to reimbursement. Information from the data system is used for program management, completing required reports for the SPP/APR, Section 618 data collections, identifying and correcting noncompliance, making regional IDEA determinations, completing state reports, and budgeting processes. Finally, data are used for selecting local programs for data verification and focused monitoring.

The Birth to Three Data System contains the necessary components to evaluate improved early intervention practices and make data driven decisions in the implementation of the *SSIP* and improvement of the *SIMR*.

Highlights of Stakeholder Identified Strengths, Challenges/Opportunities as Related to Working *SIMR*:

Strengths	
Data system is online - service coordinators enter IFSP's, providers can bill through system, state can pull reports from system and report to OSEP	BIT staff has long-term involvement in Birth to Three
Birth to Three has a data system in place, Part B 3-5 has BDI-2 data manager, 6-21 has the STARS LDS system	BDI-2 is standardized and can be used for Part C eligibility and is used for measuring child outcomes
Birth to Three has in-house support through BIT which promotes sustainability	BDI-2 covers all 5 areas of development

Challenges/Opportunities	
Birth to Three data system is not linked to 619, BDI-2, or to the 6-21 SDSTARS data system. Unable to get long term trend data.	BDI-2 Data Manager publisher software is not user friendly
Accuracy of BDI-2 data input into the database	Need to enhance Birth to Three reporting capabilities
Cost of developing data systems as well as fixing or tweaking.	Need to review South Dakota business rules for measuring child outcomes
Need to ensure reliability and validity of the BDI-2	

TECHNICAL ASSISTANCE

The South Dakota Birth to Three program specialists provides timely support to regional Birth to Three programs. These specialists provide daily support by email, phone, and on-site visits depending upon the needs of the regional program. Birth to Three service coordinators, direct service providers and local school districts can also assess technical assistance and training from staff within the Department of Education's Office of Finance and Management related to billing and finances.

Through contracts, regional agencies ensure that service coordinators are appropriately supervised. The state provides a variety of technical assistance to service coordinators and providers via written guidance, listserv, webinars, and the Birth to Three website, including national and state resource information. These mechanisms will be used to guide implementation of improvements in the *SIMR*.

South Dakota's Birth to Three Technical Assistance structure contains the necessary elements to improve early intervention practice and make system changes to implement the *SSIP* and improve the *SIMR*.

Highlights of Stakeholder Identified Strengths, Challenges/Opportunities as Related to Working *SIMR*:

Strengths	
State level knowledge and support	Monthly service coordinator calls and other TA
Long term stability of service coordinators	Individualized IFSPs – not cookie cutter
National TA	Monitoring

Challenges/Opportunities	
Upcoming retirements resulting in turnover in service coordinators and providers	There are differences in regional resources due to population density and sparcity
Provider shortages	TA Plan is needed for <i>SSIP</i> implementation
Need for better recruitment and retention planning	Time spent billing Medicaid , insurance

ACCOUNTABILITY AND MONITORING

South Dakota Birth to Three general supervision and monitoring system efforts are designed to ensure compliance with and full implementation of Part C of the IDEA. The system aligns and integrates activities with the State Performance Plan/Annual Performance Report (SPP/APR) and now including the *SSIP*. Elements include:

- Compliance and quality practices, especially those most closely aligned with improved results for children and families
- Data and the identification and correction of noncompliance
- Annual determination process
- Dispute resolution options
- Local team self-assessment process
- On-site targeted technical assistance
- Focused on-site monitoring

See the General Supervision section of the introduction of the SPP/APR for further details.

The General Supervision of the Birth to Three program contains the necessary accountability and monitoring protocols to improve early intervention practices and make system changes to implement the *SSIP* and improve the *SIMR*.

Highlights of Stakeholder Identified Strengths, Challenges/Opportunities as Related to Working *SIMR*:

Strengths	
Both Part B and Part C use BDI-2 – helps with continuity and accountability	Birth to Three brings in stakeholders for program planning
Parents have a strong voice with how the program is designed/works	Already have data people on board, ICC in place to look at data
If you focus primarily on Knowledge & Skills, you should see progress in all other areas	Strong customer service, helps parents be engaged
BDI-2 looks at the whole child	Monitoring system
Have access to data	

Challenges/Opportunities	
Need for enhanced website to ensure ease of access	Need for enhanced monitoring and supervision of quality of services
Families may be hesitant to complain	Local collaboration doesn't always happen
Improve communication and information for families on community resources	Families don't always understand what the BDI-2 scores actually mean for them
Valid outcomes and evaluations will require consistent data collection & reporting across programs	

During the Gallery Walk at the September 15, 2014 meeting, Stakeholders also charted state and local initiatives that could enhance the *SSIP* and directly related to the *SIMR* work. Some of these initiatives included:

- South Dakota Department of Education 4th grade reading goal
- First Lady Linda Daugaard's work to increase reading among school age children
- South Dakota State Library 20 minutes 24/7 reading initiative, Read SD!, and Reach out and Read
- Enhancement of South Dakota Early Learning Guidelines to span from birth through age 5

Other initiatives mentioned included: Bright Start Home Visiting with the Department of Health Maternal Child Division, Parent Connection (PTI center), Early Childhood Enrichment programs (Department of Social Services), and Head Start programs.

The most often cited statewide initiatives include collaboration with the South Dakota Department of Education reading goal, specifically the early literacy strategy and other initiatives surrounding literacy. State staff noted, with Birth to Three leading the Department of Education's early literacy strategy, the opportunity has arisen to create a broad early learning community that includes multiple state agencies in a collaborative effort to improve children's literacy. This early learning community is in infancy stages and will continue to evolve as agencies work together to speak a common language and steer initiatives towards positive child outcomes which will better prepare children for school readiness and ultimately graduating College, Career and Life Ready.

Stakeholders made a direct correlation between the working SIMR and relation to literacy.

To substantially increase the rate of children’s growth in their acquisition and use of knowledge and skills, including early language/communication

Recommendation was made to the state Leadership team that where integration of initiatives was possible, Birth to Three should consider collaboration, ensuring sustainability of the Birth to Three *SSIP*. The extent of integration will be determined in *Phase II* of the *SSIP*.

In-depth Infrastructure Analysis

Following the September meeting, state Leadership members compiled the results of the broad *Infrastructure Analysis* and grouped information to identify opportunities that could improve the working *SIMR*. This yielded 23 possible strategies that could impact children’s knowledge and skills. The state leadership team created a Likelihood/Impact survey designed to ask stakeholders to rank each of these items according to their potential level of impact on the *SIMR* and on the likelihood of their accomplishment in the next 5 years (see Attachment B). Each stakeholder was asked to complete the activity individually first using a Likert Scale of 1-4.

During the January 2015 meeting, Stakeholders, led by an ECTA TA consultant, were placed into small groups. State Leadership team members facilitated these small groups, asking Stakeholders to discuss their individual scores and come to consensus on these rankings. The Stakeholders were then brought together in a large group to consider each small group’s conclusions on the rankings. The full stakeholder group participated in a consensus process to reach final scores on each item’s likelihood and impact in relation to the *SIMR*.

State Leadership team members also completed this activity separate from the stakeholders group and followed the same guidelines, individually and then as a group to achieve consensus. State input was key as the Leadership team has a broader perspective and additional institutional knowledge of the program and its components.

State Leadership members tabulated the results from the Stakeholder group and state Leadership team, and focused on those items that were ranked high in both impact and likelihood by both groups (see Attachment C). Items that ranked in the top quadrant were summarized and compiled into a list of 15 possible strategies that could have impact on the *SIMR*. These were grouped by similarity.

When the Stakeholders came together at their next meeting in March 2015, they considered a list of *Root Causes* as concluded by the complete *Data and Infrastructure Analyses*. They also reviewed the possible strategies identified through the *Infrastructure Analysis*. From these *Root Causes* came “if / then” statements from which Stakeholders identified *Coherent Improvement Strategies*. These strategies formed the *Theory of Action* that will lead to regional and state results which will impact the *State Identified Measurable Result*.

Upon completion of the broad and in-depth *Data and Infrastructure Analyses*, Stakeholders identified four *Root Causes* that affect current performance in the *SIMR*. They are:

1. Need for increased fidelity statewide in the use of the BDI-2 evaluation tool, and the collection and recording of BDI-2 scores in the database.
2. Need for an enhanced monitoring protocol that evaluates and facilitates improvement in the delivery of evidence-based practices and its effect on child outcomes.
3. Lack of cohesive system to adequately train stakeholders (service coordinators, providers, families and community partners) in the understanding and implementation of the early intervention processes and DEC recommended practices.
4. Need for statewide change in the service delivery model with an emphasis on engagement of families, caregivers and community partners.

“This sounds very exciting and looking forward to being a part of this process. You all need to be commended for this work....in the end will result in those outcomes we’ve established.”

Rich Jankord, Stakeholder, Birth to Three Regional Service Coordinator

Component #3: SIMR

The development and selection of the *State Identified Measurable Result (SIMR)* was determined by the Birth to Three Stakeholder group which consisted of both internal and external representatives of early intervention in South Dakota (see Attachment A). Through multiple meetings, Stakeholders participated in both broad and in-depth *Data and Infrastructure Analyses* as described in *Component #1 and Component #2*. These analyses led to an informed statewide data-driven *State Identified Measurable Result (SIMR)* which will be supported by *Coherent Improvement Strategies* and a meaningful *Theory of Action*.

The South Dakota Birth to Three Stakeholders group identified the following as the statewide *State Identified Measurable Result*:

“To substantially increase the rate of children’s growth in their acquisition and use of knowledge and skills, including early language/communication, by the time they exit the program, as defined by the targets established for Indicator 3B, Summary Statement 1 in each of the years FFY 2014-2018.”

The State’s objective is to increase the number of children who substantially increase their knowledge and skill outcome by addressing early literacy and communication. This child outcome is measured by Indicator C-3B by comparing entrance and exit BDI-2 scores in conjunction with the State’s new business rules. The *SIMR* is directly aligned to Indicator C-3B, child outcomes data. The targets set for Indicator C-3B will be used for Indicator 11 and to evaluate progress on the *SIMR*.

By utilizing Summary Statement 1 of Indicator C-3B, the progress achieved in the *SIMR* will be a direct result of the developmental gains made by individual children. As outlined in *Component #1: Data Analysis*, the focus of implementation in South Dakota will include the entire state rather than a specific geographic location or subpopulation.

While the focus of the *SIMR* is on child outcomes in knowledge and skills, all of the *Coherent Improvement Strategies* described in *Component #4*, will be implemented throughout all child outcomes. Using only the data related to Indicator C-3B allows the State Birth to Three program to focus on a subset, which based on data, needs the most improvement. (Refer to GRADS360 Indicator C-3 Baseline and Targets)

Baseline data and targets are consistent with SPP/APR Indicator C-3b Summary Statement 1 data.

BASELINE YEAR						
	FFY2013	FFY2014	FFY2015	FFY2016	FFY2017	FFY2018
	58.82%	58.82%	58.82%	58.82%	58.82%	60.00%

Stakeholders were provided with a wide variety of data to analyze and identify areas needing

“I can see how the dots are connecting.” “As a parent, I am excited to see what we have here. It’s exciting to see that we want to get info to parents, work with other agencies, and provide training to service coordinators. This will enhance what we do as parents.”

Mona Drolz, Stakeholder, Parent, State ICC Member

improvement. State infrastructure analysis was also used to identify the *SIMR*. Stakeholders participated in infrastructure analysis activities which included: identification of potential strengths and challenges/opportunities and determination of likelihood and impact of these potential strategies based on their value to the *SIMR*.

Stakeholders compiled a list of state initiatives/priorities that could be leveraged for sustainability within the area of knowledge and skills.

Component #4: Selection of Coherent Improvement Strategies

Stakeholders were intricately involved in selecting the *Coherent Improvement Strategies* to address the *Root Causes* identified as a result of the *Data and Infrastructure Analyses*. South Dakota’s Birth to Three Stakeholder team paid specific attention to each step in the process to ensure the development of *Coherent Improvement Strategies* and the *Theory of Action* would be a sustainable plan that would lead to increased positive child and family outcomes. From the inception of the work toward developing the *State Systemic Improvement Plan (SSIP)*, Stakeholders were aware that their work would lead to a plan that would consist of strategies that would be implemented and ultimately lead to measurable improvement in the *State Identified Measurable Result (SIMR)*.

Stakeholders reviewed and discussed possible strategies that would impact the *SIMR*. Using the results of the Likelihood/Impact activity described in *Component #2: Infrastructure Analysis*, Stakeholders agreed to a final list of possible strategies from which *Coherent Improvement Strategies* were identified (see below).



**SSIP Improvement Strategies for Consideration
Based On Infrastructure Analysis**

	Strategy Description
1.	Obtain and report exit BDI scores for children exiting the Birth to Three program, regardless of reasons for exit.
2.	Improve the reliability and validity of administration of BDI by evaluators.
5.	Training and TA is provided for service coordinators and providers to increase their knowledge and skills and use of appropriate recommended EI practices, based on child development.
11.	Focused TA is provided to service coordinators and providers on child and family outcomes.
15.	Increase parents’ knowledge and skills to maximize their engagement/involvement in their child’s development, especially their child’s acquisition and use of knowledge and skills.
17.	Provide support to regional and local entities to increase their active participation in the SSIP process, including ongoing effective communication about SSIP activities and progress.
19.	Develop mechanisms for training, ongoing mentoring/TA and monitoring for service coordinators to align their work with families and providers to increase a child’s knowledge and skills.
22.	Training and TA is provided for service coordinators and providers in the primary provider model.
4.	Training and TA is provided for service coordinators and providers to ensure appropriate IFSP decisions (frequency and intensity of EI services) are made.
6.	Training and TA is provided for service coordinators and providers on how to incorporate the new Early Learning Guidelines into their decision-making and practice with particular emphasis on knowledge and skills.
7.	A monitoring protocol is developed and used to increase the likelihood of appropriate IFSP decisions (frequency and intensity of EI services) and use of appropriate recommended EI practices, based on child development.
8.	Increase information on community and school resources made available to families early in their time in Birth to Three.
14.	Increase service coordinators’ and providers’ knowledge and skills in maximizing parental engagement/involvement in the provision of services to increase their child’s outcomes.
21.	Birth to Three data are linked to 619 and K-12 providing long-term trend data, with emphasis on the value-added of EI.
23.	Provide training on early literacy and availability of community resources for families to all service coordinators and providers.

In preparation for the development of the *Coherent Improvement Strategies* and *Theory of Action*, stakeholders reviewed OSEP’s *Theory of Action*, focusing on how efforts at the federal, state, and local level can contribute to the improvement of child and family outcomes. With this perspective in mind, the stakeholders considered possible *Coherent Improvement Strategies* and the impact of these

strategies on regional programs, providers and ultimately the *SIMR*. Keeping in line with OSEP recommended guidance for *Theory of Action* development, stakeholders used “If” “Then” statements to address each *Root Cause*. With the 15 possible strategies as a basis, South Dakota Birth to Three “If” “then” statements were created. They are as follows:

Birth to Three – SSIP Root Causes Analysis

Data Quality – Need for fidelity statewide in the use of the BDI-2 evaluation tool and lack of collecting and recording of progress categories in the database.

Coherent Improvement Strategies (If):

- Establish a process to obtain and report exit BDI scores for children exiting the Birth to Three program, regardless of reasons for exit.
- Provide BDI training in collaboration with 619 to evaluators

Results (Then): Increased completeness and fidelity of the BDI data leads to increased statewide data quality.

- Improve the reliability and validity of administration of BDI by evaluators.
- Improve the number of usable BDI exit scores

Accountability – Need for *comprehensive* monitoring protocol that evaluates and facilitates improvement in the delivery of evidence-based practices and its effect on child outcomes.

Coherent Improvement Strategies (If):

- Develop and implement a monitoring protocol to increase 1)the likelihood of appropriate IFSP decisions (frequency and intensity of EI services) and 2) use of appropriate recommended EI practices, based on child development.

Results (Then):

- Increased evidence-based service decisions by IFSP teams
- Increase providers’ use of routines-based practices

Professional Development - Lack cohesive system to adequately train stakeholders (service coordinators, providers, families and community partners) in the understanding and implementation of the early intervention processes and DEC recommended practices.

Coherent Improvement Strategies (If): Create a system for training and technical assistance

- Provide support to regional Birth to Three programs, school districts, education cooperatives and other entities to increase their active participation in the SSIP process, including ongoing effective communication about SSIP activities and progress, and focused TA to service coordinators and providers on child and family outcomes.
- Design and implement training and TA for service coordinators and providers to increase their knowledge and skills and use of appropriate recommended EI practices, based on child development including early literacy.

Results (Then):

- Early interventionists and caregivers implement appropriate childhood practices and intervention procedures.

Service Delivery Systems Change – Need for statewide change in the service delivery model with an emphasis on engagement of families, caregivers and community partners.

Coherent Improvement Strategies (If):

- Update, promote and communicate Birth to Three informational materials to present a consistent statewide message about early intervention service delivery, including assistance from community partners in promoting a consistent message about the purpose of Birth to Three.
- Provide training and resources to service coordinators and providers on appropriate use of family assessment and embedded routines to engage parents and community resources throughout the EI process

Results (Then):

- Maximize parental engagement and active role of other caregivers in working on child outcomes within the child’s daily routines.

South Dakota’s strategies are sound, logical, and aligned because of the robust *Data and Infrastructure Analyses* and the strategic flow of the activities to determine the *SIMR*. Subsequently, the *Coherent Improvement Strategies* were developed with an emphasis on their level of possible achievement as well as the impact on the *SIMR*. These evidence-based strategies were developed with clear consideration of the *Root Causes* of the current performance. These strategies were developed by South Dakota Birth to Three Stakeholders with various expertise in early intervention (see Attachment A). The strategies also complement each other, for example, improving professional development and accountability directly affects the service delivery system. The fidelity of implementation will be supported through an enhanced system of professional development. Joining other state initiatives (i.e. DOE 4th Grade Reading Goal, SD State Library 24/7, READ SD!, etc.) that support knowledge and skills as identified in *Component #2: Infrastructure*, Birth to Three will leverage resources for training and the preparation of qualified personnel.

Stakeholders at the conclusion of the selection of *Coherent Improvement Strategies* had the following to say:

“This is spot on. You can see from beginning to end it makes sense.”

*Lori Laughlin, Stakeholder,
Director Black Hills Special Services Cooperative,
Black Hills Regional Birth to Three*

The flow of activities to implement the broad improvement strategies is described in the *Theory of Action* (see *Component #5*). The *Coherent Improvement Strategies* will be implemented at multiple levels.

“...the overview of the process was exceptionally helpful. It is not often in these kinds of federal initiatives that we are given such a clear view of the "big picture!" The way she linked actions by OSEP to actions by the state to actions by Birth to Three to actions by providers to RESULTS for children and families was fabulous!”

*Dr. David Calhoun, Stakeholder, Black Hills State University
Education Teacher Prep and State ICC member*

Component #5: Theory of Action

The *Theory of Action* image accurately reflects the culmination of South Dakota Birth to Three Stakeholders *State Systemic Improvement Plan* work and the resulting improved child outcomes in knowledge and skills. Implementation of *Phase 2 Coherent Improvement Strategies* is underway and will continue with ongoing stakeholder input and evaluation.

“This is so exciting to see how you have developed the stakeholder’s suggestions into the Theory of Action for South Dakota’s Birth to 3 Program! From a service coordinator perspective, I’m also very excited about supporting the service delivery system change, including training on recommended EI practices, family assessment, embedded routines as well as community resources.”

*Mary Fitzpatrick, Stakeholder,
Regional Birth to Three Team Leader*

SSIP Theory of Action

Strands of Action	If the State.....	Then regionally.....	Then	Results
Data Quality	<p>....establishes a process to obtain and report exit BDI scores for children exiting the Birth to Three programs regardless of reasons for exit</p> <p>....Provides BDI-2 training in collaboration with 619 to evaluators</p>	<p>....service coordinators/districts will increase the number of usable BDI-2 exit evaluations</p> <p>....evaluators will improve the reliability and validity of BDI-2 administration</p>		
Accountability	<p>....develops and implements a monitoring protocol to identify appropriate IFSP decisions and the use of appropriate recommended EI practices</p>	<p>....IFSP teams will increase evidence-based service decisions</p>	<p>....statewide data quality will increase</p> <p>....children and families will receive appropriate evidence based practice</p>	<p>....infants and toddlers exiting early intervention services will demonstrate increased growth in their acquisition and use of knowledge and skills (including early language / communication)</p>
Professional Development	<p>....provides support and TA to all partners to increase their active participation in the SSIP process</p> <p>....designs and implements training/TA to increase knowledge and skills and use of appropriate recommended EI practices</p>	<p>....Birth to Three partners will increase active involvement in SSIP process including analyzing data and making data informed decisions</p> <p>....providers will increase use of recommended practices</p>	<p>....parents and caregivers will be engaged in child's routine based intervention</p>	
Recommended Practices	<p>....presents a consistent statewide message about early intervention service delivery and evidence based practice</p> <p>....provides training and resources on appropriate use of family assessment and embedded routines</p>	<p>....service coordinators and providers will implement and cultivate family and caregiver engagement and coaching practices</p>		

Stakeholder	Group
Cindy Fisher	Tribal Head Start
Rebecca Poelstra	Birth to Three Parent
Jennifer Baur Fuhr	District SPED Administration
John New	State ICC
Kim Brink	Part C Provider
Lisa Sanderson	Parent Connection (PTI), State ICC Chair
Lori Laughlin	Director, Black Hills Special Services Educational Cooperative - Regional Birth to Three Program
Mary Fitzpatrick	Service Coordinator, Center for Disabilities Region
Mona Drolc	Birth to Three Parent, State ICC Member
Wendy Trujillo	South Dakota Part B 619 Coordinator
Sara Aker	South Dakota Medicaid Representative
Vicki Linn	Black Hills State University Ed. Prep
Rich Jankord	Service Coordinator, Heartland Hands Region
Janet Penticoff	SD Part C Billing Support
Colleen Springer	Service Coordinator, River Region
Dr. David Calhoun	Black Hills State University Ed Prep
Sarah Carter	South Dakota Part C Program Director
Crystal Goeden	South Dakota Part C Program Specialist
April Hodges	South Dakota Part C Program Specialist
Steve Livermont	South Dakota part C Program Specialist

As part of the State Systemic Improvement Plan (SSIP), the Birth to Three program obtained and compiled comments and input from stakeholders regarding the strengths and areas of improvement within the system’s framework that can potentially impact the achievement of the State Identified Measurable Result (SIMR). The identified system areas of improvement were rewritten as possible strategies that could contribute to the achievement of the SIMR.

To utilize resources effectively and efficiently, Birth to Three must prioritize those efforts with the greatest likelihood of success and those that will generate the highest impact. Birth to Three is requesting stakeholders to contribute their opinion as to: 1) the likelihood that a strategy/effort can be achieved within the next 3 years; and 2) the impact that strategy/effort would have on the SIMR if the strategy or effort were achieved.

These responses will assist in setting priorities and the development of coherent strategies for submission in Phase One of the State Systemic Improvement Plan (SSIP).

Instructions: For each item:

- 1) Check the “Likelihood” of the strategy/effort being achieved within the next 3 years; and
- 2) Check the “Level of Impact” achieving the item will have on the SIMR.

State Identified Possible Strategies 1=not likely, low impact 4=highly likely, high impact	Likelihood of Achievement				Level of Impact on SIMR			
	1	2	3	4	1	2	3	4
1. Obtain and report exit BDI scores for children exiting the Birth to Three program, regardless of reasons for exit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Improve the reliability and validity of administration of BDI by evaluators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Improve the reliability and validity of administration of BDI for children for whom evaluation is administered through an interpreter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Training and TA is provided for service coordinators and providers to ensure appropriate IFSP decisions (frequency and intensity of EI services) are made.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Training and TA is provided for service coordinators and providers to increase their knowledge and skills and use of appropriate recommended EI practices, based on child development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

South Dakota State Systemic Improvement Plan
(Attachment B: Likelihood/Impact Survey)

State Identified Possible Strategies	Likelihood of Achievement				Level of Impact on SIMR			
	1	2	3	4	1	2	3	4
6. Training and TA is provided for service coordinators and providers on how to incorporate the new Early Learning Guidelines into their decision-making and practice with particular emphasis on knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. A monitoring protocol is developed and used to increase the likelihood of appropriate IFSP decisions (frequency and intensity of EI services) and use of appropriate recommended EI practices, based on child development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Increase information on community and school resources made available to families early in their time in Birth to Three.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Shortage of providers is addressed statewide resulting in adequate numbers of providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Post-secondary includes more early childhood development in programs of study.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Focused TA is provided to service coordinators and providers on child and family outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Secure increased state dollars to address increased child count and resulting service needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Collaborative efforts, including pooling resources, with other agencies with similar initiatives to increase the availability of resources for SIMR (Title, Migrant, Homeless, State Library, ELL, DSS, DOH, EHDI, School for the Deaf, School for the Blind, Post-Secondary, Parent Connections, Early Head Start and Home Visiting, etc.) are increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Increase service coordinators' and providers' knowledge and skills in maximizing parental engagement/involvement in the provision of services to increase their child's outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Increase parents' knowledge and skills to maximize their engagement/involvement in their child's development, especially their child's acquisition and use of knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Increase the understanding and support, among members of the state legislature, on the impact of EI on K-12 results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

South Dakota State Systemic Improvement Plan
(Attachment B: Likelihood/Impact Survey)

State Identified Possible Strategies 1=not likely, low impact 4=highly likely, high impact	Likelihood of Achievement				Level of Impact on SIMR			
	1	2	3	4	1	2	3	4
17. Provide support to regional and local entities to increase their active participation in the SSIP process, including ongoing effective communication about SSIP activities and progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Secure appropriate caseloads and necessary efficiencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Develop mechanisms for training, ongoing mentoring/TA and monitoring for service coordinators to align their work with families and providers to increase a child's knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Ensure that all BDI scores for children in 619 are reported in the database.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Birth to Three data is linked to 619 and K-12 providing long-term trend data, with emphasis on the value-added of EI.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Training and TA is provided for service coordinators and providers in the primary provider model.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Provide training on early literacy and availability of community resources for families to all service coordinators and providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Red Denotes SSIP Stakeholder**

***Blue Denotes State Leadership**

IMPACT

	Low Likelihood/High Impact		High Likelihood/High Impact	
4	18	6 16	1 2 5 15	1 2 14 15
			20 22 23	17
3		3 7 9 12 13	9 18 23	4 5 6 19 22
			4 21 8 10 11 17	5 6 19 22
				19 7 11
	Low Likelihood/Low Impact		High Likelihood/Low Impact	
2		10 13	4 8 14 16 20	21
1		3		
	1	2	3	4

LIKELIHOOD