

# SD Part C

# FFY2015 State Performance Plan / Annual Performance Report

**Executive Summary:**

The Individuals with Disabilities Education Act (IDEA) Part C is known as the Birth to Three program in South Dakota and is housed within the Department of Education. The Birth to Three program has contracts with 8 regional Birth to Three programs throughout the state. These regional programs provide the service coordination for 66 counties in South Dakota. South Dakota Birth to Three has a strong partnership with school districts as all evaluations for Birth to Three are conducted by school district personnel. This creates a link for family engagement and communication between families, Birth to Three and the child's resident school district.

South Dakota Birth to Three utilizes an online data system in which Individualized Family Service Plans are entered. This secure system allows for real time information for providers, service coordinators and state staff. Through this system South Dakota is able to verify that regional programs and providers are consistently achieving high levels of compliance with IDEA requirements.

The Department, based on the 2016 Results-Driven Accountability determined South Dakota Birth to Three needs assistance in meeting the requirements of the Part C of IDEA. The determination is based on combined scoring of two components 1) Compliance and 2) Results for an overall score of 80% or greater.

In Compliance component, South Dakota received full points and scored 100%. In Results, states receive a score of zero, one or two in four scoring areas. South Dakota received four out of eight points, with no area receiving a zero, for a score of 50%. These two scores computed to an overall determination score of 75% and resulted in Needs Assistance determination.

In accordance with the Office of Special Education Programs (OSEP) Determination Letter received June 28, 2016, South Dakota must report:

- (1) the technical assistance sources from which the State received assistance; and
- (2) the actions the State took as a result of that technical assistance.

The technical assistance received and the actions took to improve performance can be found in Indicator C3 of this report.

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**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 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 eight 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 documents 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.
- f. In the summer of 2015, in conjunction with the SSIP Phase II, South Dakota restructured the Birth to Three program state leadership team. In order to better meet the needs of the Birth to Three program and support the systemic changes of the SSIP, a

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team member was designated to provide statewide technical assistance, a team member was devoted to data analysis and data quality, and another team member to the professional development associated with the evidence-based practices and the training that will be ongoing. Each program specialist is, however, cross-trained for each area to ensure full assistance to Birth to Three partners.

**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 the online system, is reviewed by Birth to Three state office staff to ensure 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 enter are valid and reliable.

**3. Monitoring**

- a. The Birth to Three state office conducts ongoing monitoring activities on all programs and services. The eight 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 conduct additional drill-down and inquiry to obtain information on reasons for potential delay or other factors important to consider in monitoring for requirements.

Noncompliance identified may result 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 occurs. Focused monitoring involves reviewing specific children's files, interviewing service coordinators, early intervention providers, parents, etc. Findings resulting from the focused monitoring are issued as necessary. A corrective action plan for compliance issues or an improvement plan for data slippage is developed involving the regional service coordinators and others (eg. 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 are 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:

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

**4. Dispute Resolution**

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. Dispute resolution processes consistent with federal and state regulation are available including: state administrative complaint resolution, due process hearing, mediation and resolution.

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**Technical Assistance System:**

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

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

- The provision of specific technical assistance to programs 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 with TA response as needed.
- 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 to guide their on-going supervision and continuous improvement. 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.

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### 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 providers who work in the program must meet qualified personnel standards as required by federal and state regulations.
2. All new service coordinators receive several days of one-on-one trainings along with comprehensive online module training on evidence-based practice.
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 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, family engagement, evidence based practices, early childhood guidelines and a Birth to Three program overview. These trainings are open to service coordinators and direct service providers.
7. Periodic training events are also held as needed for service providers related to use of private insurance, Medicaid reimbursement, and tele-therapy.
8. During FFY2015 the Birth to Three program developed and implemented a new online platform to support the ongoing professional development needs of service coordinators and direct service providers. This comprehensive learning opportunity provides a support system and promotes participation in ongoing professional development regardless of physical location. Within this online tool, modules have been developed to meet the specific needs of the early interventionist in implementing identified evidence-based practices and measuring child and family outcomes. Using this platform, the South Dakota Birth to Three program is building a continuum of learning opportunities for our early interventionists regardless of their role in the Birth to Three program.

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

Established as a private learning community, participants can also access research, a video library, discussion boards and blogs. Resources are available for new and seasoned early interventionists. This online tool is facilitated by Birth to Three state professional development staff.

While the online platform was first intended to provide cost-effective training opportunities for the SSIP work, state staff have quickly learned the value of this format for training of new service coordinators and direct service providers along with refreshers for veteran partners. It has also shown a reliable tool to present current and accurate information to all early interventionists.

9. Periodic training opportunities provided in collaboration with other state and community agencies including the Center for Disabilities, Part B, Parent Connection, Head Start, Medicaid, MIECHV, Child Care Services and Human Services.

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**Stakeholder Involvement:**  apply this to all Part C results indicators

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 has a strong relationship with the State Interagency Coordinating Council. Through quarterly meetings, members are kept abreast of program development and data trends. The State Interagency Coordinating Council (SICC) was heavily involved in the planning and writing the 5-year Birth to Three SPP/APR plan. This was through regularly scheduled SICC meetings as well as other communications.

In January 2017, the SICC convened to review FFY2015 data in relation to targets. 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. It was decided that targets would remain the same with no adjustments.

To ensure a broad overview of the state early intervention and demographics, 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's Parent Training and Information Center (PTI) 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, school district special education administration, 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.

State ICC meeting dates, times, agendas and meeting minutes are posted on the Department of Education website and the South Dakota Boards and Commissions website. 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.

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) and a private consultant.

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**Reporting to the Public:**

How and where the State reported to the public on the FFY 2014 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 2014 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2014 APR in 2016, is available.

The South Dakota Birth to Three State Performance Plan/Annual Performance Report (SPP/APR) is located on the state's Department of Education 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

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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.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 SICCC 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.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.

**Attachments**

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<a href="#">ffy2015 icc certification.pdf</a>	Sarah Carter		<input type="button" value="R"/> e m o v e

**Actions required in FFY 2014 response**

**OSEP Response**

The State's determinations for both 2015 and 2016 were Needs Assistance. Pursuant to section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), OSEP's June 28, 2016 determination letter informed the State that it must report with its FFY 2015 SPP/APR submission, due February 1, 2017, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

**Required Actions**

The State's IDEA Part C determination for both 2016 and 2017 is Needs Assistance. In the State's 2017 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2016 SPP/APR submission, due February 1, 2018, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**  
**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	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2015 - FFY 2018 Targets**

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

**FFY 2015 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 2014 Data*	FFY 2015 Target*	FFY 2015 Data
375	386	100%	100%	100%

<p><b>Number of documented delays attributable to exceptional family circumstances</b>  <i>This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.</i></p>	11
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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).**

For indicator C1, one quarter of the fiscal year was used to determine compliance with the indicator. The State selected the third quarter of FFY2015 (January 1, 2016 through March 31, 2016).

**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 FFY2015 (January 1, 2016 through March 31, 2016). 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 FFY2015.

**Actions required in FFY 2014 response**

none

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

**Correction of Findings of Noncompliance Identified in FFY 2014**

8/25/2017

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

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

**OSEP Response**

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2015-June 30, 2016). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

**Required Actions**

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
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	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			96.60%	96.90%	97.20%	97.50%	97.80%	97.80%	97.80%	96.80%	96.80%
Data		96.80%	98.00%	100%	100%	100%	100%	100%	100%	98.96%	99.92%

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

**FFY 2015 - FFY 2018 Targets**

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

Key:

**Targets: Description of Stakeholder Input**

The South Dakota Part C Birth to Three program has a strong relationship with the State Interagency Coordinating Council. Through quarterly meetings, members are kept abreast of program development and data trends. The State Interagency Coordinating Council (SICC) was heavily involved in the planning and writing the 5-year Birth to Three SPP/APR plan. This was through regularly scheduled SICC meetings as well as other communications.

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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) and a private consultant.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	<a href="#">Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings</a>	1,172	
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	<a href="#">Total number of infants and toddlers with IFSPs</a>	1,174	

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**  
FFY 2015 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 2014 Data*	FFY 2015 Target*	FFY 2015 Data
1,172	1,174	99.92%	96.80%	99.83%

**Actions required in FFY 2014 response**

none

**OSEP Response**

**Required Actions**

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**  
**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)

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

**Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A1	2013	Target ≥						44.90%	45.00%	45.00%	45.00%	50.48%	50.48%
		Data					53.80%	44.90%	38.40%	48.90%	48.90%	50.48%	51.39%
A2	2013	Target ≥						81.30%	81.40%	81.40%	81.40%	85.37%	85.37%
		Data					85.40%	81.30%	80.20%	84.10%	85.10%	85.37%	84.89%
B1	2013	Target ≥						49.30%	49.40%	49.40%	49.40%	58.82%	58.82%
		Data					59.40%	49.30%	47.40%	48.60%	57.90%	58.82%	54.97%
B2	2013	Target ≥						65.30%	65.40%	65.40%	65.40%	69.51%	69.51%
		Data					72.60%	65.30%	65.00%	65.00%	68.60%	69.51%	67.49%
C1	2013	Target ≥						64.90%	65.00%	65.00%	65.00%	57.26%	57.26%
		Data					55.30%	64.90%	68.00%	67.60%	60.90%	57.26%	56.74%
C2	2013	Target ≥						90.00%	90.10%	90.10%	90.10%	84.63%	84.63%
		Data					91.10%	90.00%	91.20%	91.70%	83.70%	84.63%	87.35%

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

**FFY 2015 - FFY 2018 Targets**

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

Key:

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**FFY 2015 SPP/APR Data**

Number of infants and toddlers with IFSPs assessed	687.00
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**Outcome A: Positive social-emotional skills (including social relationships)**

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	20.00	2.91%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	111.00	16.16%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	17.00	2.47%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	57.00	8.30%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	482.00	70.16%

	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 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 $(c+d)/(a+b+c+d)$ .	74.00	205.00	51.39%	50.48%	36.10%
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$ .	539.00	687.00	84.89%	85.37%	78.46%

**Explanation of A1 Slippage**

South Dakota continues to focus on the quality of Indicator C3 in accurately measuring child outcomes. During Phase I of the SSIP, Stakeholders identified Data Quality as one of four main action strands in the State's Theory of Action. Stakeholders recognized there may be a lack of consistency in the use of the BDI-2 evaluation tool across evaluators and the need for continuous training for new staff and to update skills of experienced staff.

In collaboration with South Dakota Part B 619, and BDI-2 publisher, Riverside, South Dakota developed a training program for BDI-2 evaluators. This training includes face-to-face as well as virtual training for both veteran and experienced evaluators and will eventually be offered to all South Dakota BDI-2 evaluators. The first face-to-face training took place in the fall of 2016 with Riverside Publishing providing the trainers and the content. Virtual, follow-up trainings will take place in the spring of 2017. It is the goal of the Part B 619 and Part C that all BDI-2 evaluators will go through a training to increase their skills and proficiency when administering the BDI-2.

South Dakota also continues to analyze the existing Indicator C3 data. The state team recognized that category e is too high for Indicators A and C and contributed to the 2016 Needs Assistance determination. Working with national TA Center DaSy, the national BDI User Group moderated by ECTA and a private consultant the state team continues to evaluate the extent to which business rules may play a part in the child outcomes performance.

South Dakota Data Manager attended the Improving Data, Improving Outcomes conference in New Orleans, August 15, 16 and 17, 2016. At this conference the data manager worked with TA centers DaSy and ECTA and other states that use the BDI-2 as their child outcome tool to identify business rules which can more accurately depict child outcomes performance.

**Explanation of A2 Slippage**

South Dakota continues to focus on the quality of Indicator C3 in accurately measuring child outcomes. During Phase I of the SSIP, Stakeholders identified Data Quality as one of four main action strands in the State's Theory of Action. Stakeholders recognized there may be a lack of consistency in the use of the BDI-2 evaluation tool across evaluators and the need for continuous training for new staff and to update skills of experienced staff.

In collaboration with South Dakota Part B 619, and BDI-2 publisher, Riverside, South Dakota developed a training program for BDI-2

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evaluators. This training includes face-to-face as well as virtual training for both veteran and experienced evaluators and will eventually be offered to all South Dakota BDI-2 evaluators. The first face-to-face training took place in the fall of 2016 with Riverside Publishing providing the trainers and the content. Virtual, follow-up trainings will take place in the spring of 2017. It is the goal of the Part B 619 and Part C that all BDI-2 evaluators will go through a training to increase their skills and proficiency when administering the BDI-2.

South Dakota also continues to analyze the existing Indicator C3 data. The state team recognized that category e is too high for Indicators A and C and contributed to the 2016 Needs Assistance determination. Working with national TA Center DaSy, the national BDI User Group moderated by ECTA and a private consultant the state team continues to evaluate the extent to which business rules may play a part in the child outcomes performance.

South Dakota Data Manager attended the Improving Data, Improving Outcomes conference in New Orleans, August 15, 16 and 17, 2016. At this conference the data manager worked with TA centers DaSy and ECTA and other states that use the BDI-2 as their child outcome tool to identify business rules which can more accurately depict child outcomes performance.

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	26.00	3.78%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	169.00	24.60%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	52.00	7.57%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	143.00	20.82%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	297.00	43.23%

	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 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 $(c+d)/(a+b+c+d)$ .	195.00	390.00	54.97%	58.82%	50.00%
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 $(d+e)/(a+b+c+d+e)$ .	440.00	687.00	67.49%	69.51%	64.05%

**Explanation of B1 Slippage**

South Dakota continues to focus on the quality of Indicator C3 in accurately measuring child outcomes. During Phase I of the SSIP, Stakeholders identified Data Quality as one of four main action strands in the State’s Theory of Action. Stakeholders recognized there may be a lack of consistency in the use of the BDI-2 evaluation tool across evaluators and the need for continuous training for new staff and to update skills of experienced staff.

In collaboration with South Dakota Part B 619, and BDI-2 publisher, Riverside, South Dakota developed a training program for BDI-2 evaluators. This training includes face-to-face as well as virtual training for both veteran and experienced evaluators and will eventually be offered to all South Dakota BDI-2 evaluators. The first face-to-face training took place in the fall of 2016 with Riverside Publishing providing the trainers and the content. Virtual, follow-up trainings will take place in the spring of 2017. It is the goal of the Part B 619 and Part C that all BDI-2 evaluators will go through a training to increase their skills and proficiency when administering the BDI-2.

South Dakota also continues to analyze the existing Indicator C3 data. The state team recognized that category e is too high for Indicators A and C and contributed to the 2016 Needs Assistance determination. Working with national TA Center DaSy, the national BDI User Group moderated by ECTA and a private consultant the state team continues to evaluate the extent to which business rules may play a part in the child outcomes performance.

South Dakota Data Manager attended the Improving Data, Improving Outcomes conference in New Orleans, August 15, 16 and 17, 2016. At this conference the data manager worked with TA centers DaSy and ECTA and other states that use the BDI-2 as their child outcome tool to identify business rules which can more accurately depict child outcomes performance.

**Explanation of B2 Slippage**

South Dakota continues to focus on the quality of Indicator C3 in accurately measuring child outcomes. During Phase I of the SSIP, Stakeholders identified Data Quality as one of four main action strands in the State’s Theory of Action. Stakeholders recognized there may be a lack of consistency in the use of the BDI-2 evaluation tool across evaluators and the need for continuous training for new staff and to update skills of experienced staff.

In collaboration with South Dakota Part B 619, and BDI-2 publisher, Riverside, South Dakota developed a training program for BDI-2 evaluators. This training includes face-to-face as well as virtual training for both veteran and experienced evaluators and will eventually be offered to all South Dakota BDI-2 evaluators. The first face-to-face training took place in the fall of 2016 with Riverside Publishing providing the trainers and the content. Virtual, follow-up trainings will take place in the spring of 2017. It is the goal of the Part B 619 and Part C that all BDI-2 evaluators will go through a training to increase their skills and proficiency when administering the BDI-2.

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South Dakota also continues to analyze the existing Indicator C3 data. The state team recognized that category e is too high for Indicators A and C and contributed to the 2016 Needs Assistance determination. Working with national TA Center DaSy, the national BDI User Group moderated by ECTA and a private consultant the state team continues to evaluate the extent to which business rules may play a part in the child outcomes performance.

South Dakota Data Manager attended the Improving Data, Improving Outcomes conference in New Orleans, August 15, 16 and 17, 2016. At this conference the data manager worked with TA centers DaSy and ECTA and other states that use the BDI-2 as their child outcome tool to identify business rules which can more accurately depict child outcomes performance.

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	18.00	2.62%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	82.00	11.94%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	36.00	5.24%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	58.00	8.44%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	493.00	71.76%

	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 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 $(c+d)/(a+b+c+d)$ .	94.00	194.00	56.74%	57.26%	48.45%
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 $(d+e)/(a+b+c+d+e)$ .	551.00	687.00	87.35%	84.63%	80.20%

**Explanation of C1 Slippage**

South Dakota continues to focus on the quality of Indicator C3 in accurately measuring child outcomes. During Phase I of the SSIP, Stakeholders identified Data Quality as one of four main action strands in the State’s Theory of Action. Stakeholders recognized there may be a lack of consistency in the use of the BDI-2 evaluation tool across evaluators and the need for continuous training for new staff and to update skills of experienced staff.

In collaboration with South Dakota Part B 619, and BDI-2 publisher, Riverside, South Dakota developed a training program for BDI-2 evaluators. This training includes face-to-face as well as virtual training for both veteran and experienced evaluators and will eventually be offered to all South Dakota BDI-2 evaluators. The first face-to-face training took place in the fall of 2016 with Riverside Publishing providing the trainers and the content. Virtual, follow-up trainings will take place in the spring of 2017. It is the goal of the Part B 619 and Part C that all BDI-2 evaluators will go through a training to increase their skills and proficiency when administering the BDI-2.

South Dakota also continues to analyze the existing Indicator C3 data. The state team recognized that category e is too high for Indicators A and C and contributed to the 2016 Needs Assistance determination. Working with national TA Center DaSy, the national BDI User Group moderated by ECTA and a private consultant the state team continues to evaluate the extent to which business rules may play a part in the child outcomes performance.

South Dakota Data Manager attended the Improving Data, Improving Outcomes conference in New Orleans, August 15, 16 and 17, 2016. At this conference the data manager worked with TA centers DaSy and ECTA and other states that use the BDI-2 as their child outcome tool to identify business rules which can more accurately depict child outcomes performance.

**Explanation of C2 Slippage**

South Dakota continues to focus on the quality of Indicator C3 in accurately measuring child outcomes. During Phase I of the SSIP, Stakeholders identified Data Quality as one of four main action strands in the State’s Theory of Action. Stakeholders recognized there may be a lack of consistency in the use of the BDI-2 evaluation tool across evaluators and the need for continuous training for new staff and to update skills of experienced staff.

In collaboration with South Dakota Part B 619, and BDI-2 publisher, Riverside, South Dakota developed a training program for BDI-2 evaluators. This training includes face-to-face as well as virtual training for both veteran and experienced evaluators and will eventually be offered to all South Dakota BDI-2 evaluators. The first face-to-face training took place in the fall of 2016 with Riverside Publishing providing the trainers and the content. Virtual, follow-up trainings will take place in the spring of 2017. It is the goal of the Part B 619 and Part C that all BDI-2 evaluators will go through a training to increase their skills and proficiency when administering the BDI-2.

South Dakota also continues to analyze the existing Indicator C3 data. The state team recognized that category e is too high for

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

Indicators A and C and contributed to the 2016 Needs Assistance determination. Working with national TA Center DaSy, the national BDI User Group moderated by ECTA and a private consultant the state team continues to evaluate the extent to which business rules may play a part in the child outcomes performance.

South Dakota Data Manager attended the Improving Data, Improving Outcomes conference in New Orleans, August 15, 16 and 17, 2016. At this conference the data manager worked with TA centers DaSy and ECTA and other states that use the BDI-2 as their child outcome tool to identify business rules which can more accurately depict child outcomes performance.

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. The Battelle Developmental Inventory Second Edition (BDI-2) is the tool utilized by Part B and Part C offices. Children are evaluated using this 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 child's developmental status.

Entry and exit BDI-2 scores are stored in the BDI-2 database. From this database, state Part C staff retrieve scores of children who have exited the Part C program during the reporting period. Part C state staff collaborate with evaluators and the Part B 619 coordinator to ensure all appropriate testing was completed and 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.

During FFY2015, July 1, 2015 to June 30, 2016, 1060 children exited the Birth to Three program of which 687 children had qualifying entry and exit BDI-2 scores. Entry scores for the 687 exiting children were compared to their exit scores using defined state business rules. Resulting data was entered into the GRADS360 Indicator C3 table and reported accordingly.

The 687 exiting children computes to a 65% completion rate, a 4% increase over FFY2014 completion rate and an increased completion rate 18% over the past two years, since FFY2013. This increase in completion rate is significant as South Dakota Part C has been placed in Needs Assistance for the past two years. South Dakota did not receive full points in the Completeness component of Results. Working with national TA centers DaSy, ECTA and a private consultant the State identified this during Phase I of the SSIP and sought TA in establishing procedures to increase this completion rate. This increase meets the OSEP target of 65% Completeness. South Dakota continues to monitor and provide technical assistance to increase the completion percentage for indicator C3.

Additional data analysis of FFY2015 indicates of the 373 children who exited the Birth to Three program but did not receive a qualifying exit score approximately 70% were in the Birth to Three program less than 6 months.

**Actions required in FFY 2014 response**

none

**OSEP Response**

**Required Actions**

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
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	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2006	Target ≥					96.20%	96.40%	96.60%	96.60%	96.60%	93.90%	93.90%
		Data			93.90%	97.80%	96.50%	98.40%	99.30%	99.20%	99.04%	96.83%	99.67%
B	2006	Target ≥					89.80%	90.00%	90.20%	90.20%	90.20%	89.40%	89.40%
		Data			89.40%	97.40%	95.60%	97.60%	98.60%	98.30%	98.09%	97.74%	98.68%
C	2006	Target ≥					89.60%	89.80%	90.00%	90.00%	90.00%	89.30%	89.30%
		Data			89.30%	94.30%	96.20%	98.40%	99.00%	98.30%	98.56%	96.38%	98.68%

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

**FFY 2015 - FFY 2018 Targets**

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

Key:

**Targets: Description of Stakeholder Input**

The South Dakota Part C Birth to Three program has a strong relationship with the State Interagency Coordinating Council. Through quarterly meetings, members are kept abreast of program development and data trends. The State Interagency Coordinating Council (SICC) was heavily involved in the planning and writing the 5-year Birth to Three SPP/APR plan. This was through regularly scheduled SICC meetings as well as other communications.

In January 2017, the SICC convened to review FFY2015 data in relation to targets. 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. It was decided that targets would remain the same with no adjustments.

To ensure a broad overview of the state early intervention and demographics, 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's Parent Training and Information Center (PTI) 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, school district special education administration, 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.

State ICC meeting dates, times, agendas and meeting minutes are posted on the Department of Education website and the South Dakota Boards and Commissions website. 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.

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) and a private consultant.

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

**FFY 2015 SPP/APR Data**

Number of respondent families participating in Part C	372.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	368.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	371.00
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	365.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	369.00
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	364.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	370.00

	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	99.67%	93.90%	99.19%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	98.68%	89.40%	98.92%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	98.68%	89.30%	98.38%

**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 FFY2015, a total of 974 surveys were distributed to Part C families; 372 were returned for a response rate of 38.2%, this is a 5.4% increase in the return rate over FFY2014. The validity and reliability of the survey is ensured by having a carefully crafted survey that is understandable, measures the indicator, and is based on a representative group of parents. The representativeness of the surveys was assessed by examining the demographic characteristics survey responses, to the demographic characteristics of children in South Dakota's Part C program. This comparison indicates the results are representative by geographic region where the child receives services, the age of the child at referral and race/ethnicity of the child. For example, 14% of parents who returned a survey indicated that their children are Native American and 15% of children served by Part C are Native American; 72% of the parents who returned a survey indicated that their children are white and 71% of children in Part C are white.

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 2014 response**

none

**OSEP Response**

**Required Actions**

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
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	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			0.93%	0.95%	0.97%	0.89%	0.90%	0.91%	0.91%	0.82%	0.82%
Data		0.82%	1.21%	1.15%	0.87%	0.88%	1.21%	1.25%	1.36%	1.64%	1.67%

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

**FFY 2015 - FFY 2018 Targets**

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

Key:

**Targets: Description of Stakeholder Input**

The South Dakota Part C Birth to Three program has a strong relationship with the State Interagency Coordinating Council. Through quarterly meetings, members are kept abreast of program development and data trends. The State Interagency Coordinating Council (SICC) was heavily involved in the planning and writing the 5-year Birth to Three SPP/APR plan. This was through regularly scheduled SICC meetings as well as other communications.

In January 2017, the SICC convened to review FFY2015 data in relation to targets. 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. It was decided that targets would remain the same with no adjustments.

To ensure a broad overview of the state early intervention and demographics, 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's Parent Training and Information Center (PTI) 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, school district special education administration, 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.

State ICC meeting dates, times, agendas and meeting minutes are posted on the Department of Education website and the South Dakota Boards and Commissions website. 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.

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) and a private consultant.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	<a href="#">Number of infants and toddlers birth to 1 with IFSPs</a>	157	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2015	6/30/2016	<a href="#">Population of infants and toddlers birth to 1</a>	12,419	null

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 FFY 2015 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
157	12,419	1.67%	0.82%	1.26%

Provide additional information about this indicator (optional)

According to IDEA 2015 data of children under the age of one receiving services by eligibility, South Dakota ranks ninth out of the 18 state in Category B Eligibility criteria.

The US Census reports the birthrate for South Dakota had a minimal increase of 0.8% from FFY2014 to FFY2015. Data indicates the Birth to Three program had a slight decrease in the birth to one category in FFY2015. The Birth to Three program exceeded the State target and the National average of 1.20%.

**Actions required in FFY 2014 response**

none

**OSEP Response**

**Required Actions**

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
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	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			2.86%	2.87%	2.88%	2.84%	2.85%	2.86%	2.86%	2.81%	2.81%
Data		2.91%	2.97%	3.27%	3.14%	2.81%	3.10%	3.10%	3.05%	3.21%	3.43%

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

**FFY 2015 - FFY 2018 Targets**

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

Key:

**Targets: Description of Stakeholder Input**

The South Dakota Part C Birth to Three program has a strong relationship with the State Interagency Coordinating Council. Through quarterly meetings, members are kept abreast of program development and data trends. The State Interagency Coordinating Council (SICC) was heavily involved in the planning and writing the 5-year Birth to Three SPP/APR plan. This was through regularly scheduled SICC meetings as well as other communications.

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**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	<a href="#">Number of infants and toddlers birth to 3 with IFSPs</a>	1,174	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2015	6/30/2016	<a href="#">Population of infants and toddlers birth to 3</a>	37,086	

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**  
**FFY 2015 SPP/APR Data**

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
1,174	37,086	3.43%	2.81%	3.17%

**Provide additional information about this indicator (optional)**

According to IDEA 2015 child count data for children served ages birth to three, South Dakota ranked tenth out of the 19 state in Category B Eligibility criteria.

The US Census reports South Dakota had a 1.2% increase in the population of children age birth to three, from FFY2014 to FFY2015. The Birth to Three program in South Dakota had a .26% decrease from FFY2014 to FFY2015.

South Dakota exceeded the State target of 2.81% and the National average of 3.0%.

**Actions required in FFY 2014 response**

none

**OSEP Response**

**Required Actions**

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
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	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		97.30%	100%	100%	100%	100%	100%	100%	100%	99.44%	100%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2015 - FFY 2018 Targets**

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

**FFY 2015 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 2014 Data*	FFY 2015 Target*	FFY 2015 Data
239	241	100%	100%	100%

<p><b>Number of documented delays attributable to exceptional family circumstances</b>  <i>This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.</i></p>	2
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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 of FFY2015 (January 1, 2016 through March 31, 2016).

**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 FFY2015 (January 1, 2016 through March 31, 2016). 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 FFY2015.

**Actions required in FFY 2014 response**

none

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

**Correction of Findings of Noncompliance Identified in FFY 2014**

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

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

**OSEP Response**

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2015-June 30, 2016). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

**Required Actions**

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
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	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2015 - FFY 2018 Targets**

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

**FFY 2015 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 2014 Data*	FFY 2015 Target*	FFY 2015 Data
163	166	100%	100%	100%

Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.</i>	3
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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 FFY2015 January 1, 2016 through March 31, 2016.

**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 FFY2015 (January 1, 2016 - March 31, 2016). 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 FFY2015.

## FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

### Actions required in FFY 2014 response

none

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

### Correction of Findings of Noncompliance Identified in FFY 2014

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

### OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2015-June 30, 2016). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

### Required Actions

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
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	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2015 - FFY 2018 Targets**

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

**FFY 2015 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 2014 Data*	FFY 2015 Target*	FFY 2015 Data
166	166	100%	100%	100%

Number of parents who opted out <i>This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.</i>	null
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**Describe the method used to collect these data**

In South Dakota all children are potentially eligible for Part B. One-hundred and ten days prior to child turning three years old the states data system automatically generates an email to notify the Special Education Director of the LEA and the SEA. In addition, service coordinators send the LEA another notification prior to the child turning three years of age.

Do you have a written opt-out policy? No

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 FFY2015 (January 1, 2016 - March 31, 2016).

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

## FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

For indicator C8B, one quarter of the fiscal year was used to determine compliance with the indicator. The State selected the third quarter of FFY2015 (January 1, 2016 - March 31, 2016). 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 FFY2015.

### Actions required in FFY 2014 response

none

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

### Correction of Findings of Noncompliance Identified in FFY 2014

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

### OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2015-June 30, 2016). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

### Required Actions

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
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	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		94.60%	96.50%	100%	100%	100%	100%	100%	100%	99.38%	100%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2015 - FFY 2018 Targets**

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

**FFY 2015 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 2014 Data*	FFY 2015 Target*	FFY 2015 Data
163	166	100%	100%	100%

<b>Number of toddlers for whom the parent did not provide approval for the transition conference</b> <i>This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.</i>	null
<b>Number of documented delays attributable to exceptional family circumstances</b> <i>This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.</i>	3

**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 FFY2015 (January 1, 2016 - March 31, 2016).

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 third quarter of FFY2015 (January 1, 2016 - March 31, 2016). 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

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

the chosen reporting period accurately reflects data for infants and toddlers with IFSPs for FFY2015.

**Actions required in FFY 2014 response**

none

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

**Correction of Findings of Noncompliance Identified in FFY 2014**

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

**OSEP Response**

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2015-June 30, 2016). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

**Required Actions**

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
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	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data											

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

**FFY 2015 - FFY 2018 Targets**

FFY	2015	2016	2017	2018
Target ≥				

Key:

**Targets: Description of Stakeholder Input**

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/2/2016	<a href="#">3.1(a) Number resolution sessions resolved through settlement agreements</a>	n	null
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/2/2016	<a href="#">3.1 Number of resolution sessions</a>	n	null

**FFY 2015 SPP/APR Data**

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
0	0			

**Actions required in FFY 2014 response**

none

**OSEP Response**

The State reported fewer than ten resolution sessions held in FFY 2015. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

**Required Actions**

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
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	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data											

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

**FFY 2015 - FFY 2018 Targets**

FFY	2015	2016	2017	2018
Target ≥				

Key:

**Targets: Description of Stakeholder Input**

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/2/2016	<a href="#">2.1.a.i Mediations agreements related to due process complaints</a>	n	null
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/2/2016	<a href="#">2.1.b.i Mediations agreements not related to due process complaints</a>	n	null
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/2/2016	<a href="#">2.1 Mediations held</a>	n	null

**FFY 2015 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 2014 Data*	FFY 2015 Target*	FFY 2015 Data
0	0	0			

**Actions required in FFY 2014 response**

none

## FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

### OSEP Response

The State reported fewer than ten mediations held in FFY 2015. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

### Required Actions

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
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.

**Reported Data**

Baseline Data: 2013

FFY	2013	2014	2015
Target		58.82%	58.82%
Data	58.82%	54.97%	50.00%

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

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target	58.82%	58.82%	60.00%

Key:

**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 statewide evidence based practices 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,

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

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.

**Overview**

See Attached PDF

**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.

**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.

**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 2016" 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:** No Theory of Action Submitted

 Provide a description of the provided graphic illustration (optional)

**Infrastructure Development**

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

See Attached

**Support for EIS programs and providers Implementation of Evidence-Based Practices**

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

See Attached

**Evaluation**

- (a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.

## FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

(c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).

(d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

See Attached

### Technical Assistance and Support

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

See Attached

**Phase III submissions should include:**

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

**A. Summary of Phase 3**

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

See Attached PDF

**B. Progress in Implementing the SSIP**

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

See Attached PDF

**C. Data on Implementation and Outcomes**

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

See Attached PDF

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

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

See Attached PDF

**E. Progress Toward Achieving Intended Improvements**

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

See Attached PDF

**F. Plans for Next Year**

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

See Attached PDF

**OSEP Response**

**Required Actions**

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Certify and Submit your SPP/APR**

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

**Selected:** Designated by the Lead Agency Director to certify

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

Name: Sarah Carter

Title: Part C Director

Email: sarah.carter@state.sd.us

Phone: 605-773-4478

South Dakota Part C

Birth to Three

Indicator C11

State Systemic Improvement Plan

Phase III

Submitted: April 3, 2017

## Introduction

Phase III of the South Dakota Birth to Three State System of Improvement Plan (SSIP) process continues to build on the work Stakeholders and the State Leadership Team planned and built in SSIP Phase I and Phase II. South Dakota Stakeholders identified early the need for early intervention providers use of evidence based practices when providing services to infants and toddlers and their families to contribute to the successful implementation of the 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***

Phase III of the SSIP is being implemented with the continued active assistance of an extensive Stakeholder group and ongoing technical assistance (TA) from national OSEP funded centers DaSy, ECTA, NCSI and IDC and private consultant. During Phase I and Phase II of the SSIP South Dakota conducted broad in-depth analysis of South Dakota’s early intervention program infrastructure and data that resulted in the selection of the SiMR. To determine the *coherent improvement strategies* that would contribute to the achievement of the SiMR, Birth to Three, with Stakeholder involvement, conducted a root cause analysis to identify contributing factors to the state’s current performance on the SiMR and to identify areas to address to improve performance on the identified SiMR. The root cause analysis determined four areas of need including:

- **Data Quality** – Need for increased reliability statewide in the use of the Battelle Developmental Inventory, Second Edition (BDI-2) evaluation tool, and the collection and recording of BDI-2 scores in the database.
- **Accountability** – Need for an enhanced monitoring protocol that evaluates and facilitates improvement in the delivery of evidence-based practices and its effect on child outcomes.
- **Professional Development** - Lack of cohesive system to adequately train all Stakeholders (service coordinators, providers, families and community partners) in the understanding and implementation of the early intervention processes and DEC Recommended Practices.
- **Recommended Practices** – Need for statewide change in the service delivery model with an emphasis on engagement of families, caregivers and community partners.

These four areas of need were identified as the Stands of Action in the well-developed and defined *Theory of Action* (see below & Attachment A).



### SSIP Theory of Action

Strands of Action	If the State.....	Then regionally.....	Then	Results
<b>Data Quality</b>	<ul style="list-style-type: none"> <li>....establishes a process to obtain and report exit BDI scores for children exiting the Birth to Three programs regardless of reasons for exit</li> <li>....Provides BDI-2 training in collaboration with 619 to evaluators</li> </ul>	<ul style="list-style-type: none"> <li>....service coordinators/districts will increase the number of usable BDI-2 exit evaluations</li> <li>....evaluators will improve the reliability and validity of BDI-2 administration</li> </ul>	<ul style="list-style-type: none"> <li>....statewide data quality will increase</li> <li>....children and families will receive appropriate evidence based practice</li> <li>....parents and caregivers will be engaged in child's routine based intervention</li> </ul>	<ul style="list-style-type: none"> <li>....infants and toddlers exiting early intervention services will demonstrate increased growth in their acquisition and use of knowledge and skills (including early language / communication)</li> </ul>
<b>Accountability</b>	<ul style="list-style-type: none"> <li>....develops and implements a monitoring protocol to identify appropriate IFSP decisions and the use of appropriate recommended EI practices</li> </ul>	<ul style="list-style-type: none"> <li>....IFSP teams will increase evidence-based service decisions</li> </ul>		
<b>Professional Development</b>	<ul style="list-style-type: none"> <li>....provides support and TA to all partners to increase their active participation in the SSIP process</li> <li>....designs and implements training/TA to increase knowledge and skills and use of appropriate recommended EI practices</li> </ul>	<ul style="list-style-type: none"> <li>....Birth to Three partners will increase active involvement in SSIP process including analyzing data and making data informed decisions</li> <li>....providers will increase use of recommended practices</li> </ul>		
<b>Recommended Practices</b>	<ul style="list-style-type: none"> <li>....presents a consistent statewide message about early intervention service delivery and evidence based practice</li> <li>....provides training and resources on appropriate use of family assessment and embedded routines</li> </ul>	<ul style="list-style-type: none"> <li>....service coordinators and providers will implement and cultivate family and caregiver engagement and coaching practices</li> </ul>		

Phase III began the installation and implementation of the *Coherent Improvement Strategies* planned for and laid out in Phase I and Phase II of the SSIP process. Throughout Phase III technical assistance is being provided by ECTA, DaSy, IDC and NCSI national technical assistance (TA) centers, a private consultant, as well as calls with South Dakota’s OSEP contact. The State Leadership Team participated in multiple webinars and teleconferences provided by national TA centers. The South Dakota Part C State Leadership became members of NCSI Knowledge and Skills Learning Collaborative and NCSI Accountability Learning Collaborative where collaboration with other state Part C programs and content experts were available. Members of the State Leadership Team along with various Stakeholders also attended national conferences including the DaSy Improving Data in New Orleans, DaSy Family Institute in Kentucky, NCSI Knowledge and Skills Collaborative meeting in Washington DC and NCSI Knowledge and Skills and Accountability Collaborative meetings in Dallas, TX.

The following report will provide information on how South Dakota’s Birth to Three early intervention program, with support from Stakeholders, began the installation and implementation of the *Coherent Improvement Strategies*, including selected Evidence Based Practices (EBP). Readers should recognize as stated in South Dakota Phase II SSIP, South Dakota Birth to Three has capitalized on the SSIP process as an opportunity to re-define and enhance early intervention in

South Dakota. This document will describe the exciting work that has taken place during the first year of Phase III and the simultaneous evaluation and analysis. These evaluations have at times taken South Dakota back to revisit early stages and consider implementation drivers and organization supports to the new practices. ECTA's [A Guide to the Implementation Process: Stages, Steps and Activities](#) describes it best "While the stages, steps and activities suggest a linear sequence of events, in actual implementation there is often a more dynamic flow of the work."

Throughout Phase III, the State Leadership Team met frequently with Stakeholders. To maximize the valuable insight, expertise, feedback and differing perspectives of the Stakeholders, the State Leadership Team met with this group as a whole and also in smaller identified work teams. During the small work team meetings, individual implementation activities and their evaluation plans were discussed. Stakeholders provided invaluable insight with which to implement these activities with success. The results from these meetings were then shared with the full Stakeholder group.

Accompanying this narrative is a series of Attachments. Each attachment is directly aligned to an Action Strand on the Theory of Action. Each designated attachment contains an update on progress with specific details on each activity noted in Phase II. The four Implementation Plan attachments contain updated Resources/Alignment list, Status of the Step, updated Timeline and identified Next Steps. South Dakota has tracked progress of activities in the Status column by using the following categories adapted from the ECTA process guide and the NIRN Stages of Implementation. These stages are color coded as such:

- **Exploration** (first stage of implementation)
- **Installation** (building system capacity)
- **Implementation** (new practices put into practice; may include multiple stages)
- **Scaling Up** (wide spread use of practice/activity)
- **Full Implementation** (practice/activities are implemented as intended)
- **Pending** (activity delayed; progression dependent on another factor)

The Attachments also include a complete Evaluation Tracking tool. The tracking tool is quite extensive and links Stakeholder identified Coherent Improvement Strategies and Activities to identified outputs and the short, intermediate and long term outcomes documented in Phase II. From these the reader will note the Stakeholder identified evaluation questions and the performance indicators results. This format displays the data collection used to obtain the results followed by an analysis of those results and brief statements on how information will be used for future program improvement and ongoing evaluation. The last column depicts identified Next Steps. This affords the State Leadership team a consistent format to inform and update Stakeholders of SSIP progress towards the SiMR.

The reader will note throughout the following report, South Dakota has welcomed the opportunity to redefine early intervention in our state and enhance the services infants and toddlers and their families receive. Significant work has been done on infrastructure to ensure support for the evidence based practices and sustainability. Because of this the EBPs have not been fully implemented and thus it is not expected to see direct results to the SiMR.

## Coherent Improvement Strategies

South Dakota Stakeholders during Phase I identified specific Coherent Improvement Strategies within each of the four Stands of Action, which when fully implemented would contribute to the SiMR. To accomplish the Strategies, State Leadership with small Stakeholder groups created Implementation Plans outlining the activities and implementation steps. The following section will provide a summary of the activities which have been employed during the past year including the infrastructure improvements. Detailed information, outlining each implementation step, the resources, status, updated timeline and next steps can be found in proceeding Attachments.

Stakeholders and the State Leadership team identified early that to successfully implement and sustain long-term Coherent Improvement Strategies, changes to the personnel structure of the State Birth to Three office needed to occur. With limited human and fiscal resources available, the state needed to capitalize on existing resources and build a strong structure of support. As such, the State office realigned the positions and work distribution to accommodate future needs as identified on the Theory of Action. The positions were realigned to provide technical leadership in the areas of data, professional development/training and technical assistance. By making this change early in the process the state remained fiscally responsible. With no additional state personnel, the Birth to Three program has had the ability to implement many of the activities using existing resources.

### **Data Quality (Attachment B)**

The following *Coherent Improvement Strategies* related to Data Quality were identified by Stakeholders.

- *South Dakota will establish a process to obtain and report exit BDI-2 scores for children exiting the Birth to Three programs regardless of reasons for exit.*
- *South Dakota will provide BDI-2 training in collaboration with 619 to evaluators.*

South Dakota State Leadership continued to focus much attention on data quality during this first year of Phase III. With the reorganization of the state office personnel and establishing technical leadership in the data area, many activities were achieved within the first year which led to meeting several defined short term and intermediate outcomes. By enhancing processes and implementing new monitoring, South Dakota has continued to improve its completion rate. South Dakota's completion rate in FFY2013 was 46.5%, in FFY2014 it was 60.9%, and in the most recent reporting year, FFY2015, South Dakota had a **65% completion rate, an increase of 18.5% in 2 years**. This increase will meet OSEP 65% threshold and should remove the DMS targeted assistance status in this area.

South Dakota Birth to Three has also collaborated with Part B 619 to focus on the BDI-2 evaluation tool. Activities focused on increasing awareness of the BDI-2 exit evaluation tool and bringing about

awareness of child progress categories a through e. The evaluation section of Attachment B will show 100% of service coordinators were trained on this area. The State recognizes it did not accurately capture the percent of school district personnel who attended various presentations and webinars. Therefore, next steps are to procure a system to more accurately record school district attendees.

Part C Stakeholders recognized a key component of the Data Quality strand to reaching the SiMR was providing additional training on administering the BDI-2 tool. As South Dakota Part B also utilizes BDI-2, Birth to Three collaborated with Part B 619 and Riverside Publishing to develop a face-to-face training offered multiple times throughout South Dakota for BDI-2 evaluators. The first of these trainings took place in November, 2016 with 30 veteran and new BDI-2 evaluators in attendance. Training feedback was very positive and additional trainings are scheduled for spring and fall of 2017. With capped attendance of 30 and associated cost, it was determined the State would be unable to sustain this form of training long-term.

Part C and Part B 619 staff are part of the ECTA BDI-2 State Users Group and have been activity pursuing other options for state-wide training that would involve creation of modules which could be accessed virtually. This change brings about a delay to other steps to implement the Coherent Improvement Strategies. Due to the changes in the training, the pool of BDI-2 trainers and coaches have been designated as pending on Attachment B Implementation and Evaluation Plans with next steps noted.

*BDI-2 training attendees noted the training taught them what they were supposed to be doing!*

South Dakota Birth to Three notes an additional data quality activity is being worked on but was not outlined in the original Implementation Plan. This additional activity is the linking of Part C Birth to Three data with the existing K12 State Longitudinal Data System (SLDS). At the time of this report, Birth to Three children now have a unique identifier which will provide Birth to Three with higher quality IDEA data to inform decision-making for improving outcomes for infants and toddlers with disabilities and their families.

South Dakota Birth to Three Part C director with the South Dakota Head Start Collaboration director also attended the national Privacy Technical Assistance Center & State Longitudinal Data System Head Start/Early Childhood meeting in Orlando, FL. As the Part C Birth to Three director also oversees the Head Start Collaboration Office, research is underway on the feasibility of linking Head Start data with the state SLDS. As stated this is in exploration stage and no determination has been made as to if this will occur.

### **Accountability (Attachment C)**

South Dakota Stakeholders identified the following Coherent Improvement Strategy in the Accountability Action Strand

- *South Dakota will develop and implement a monitoring protocol to identify appropriate IFSP decisions and the use of appropriate recommended EI practices.*

With an established and effective system for statewide monitoring of compliance, Stakeholders during Phase I identified a need to add to the monitoring protocol a process to ensure that evidence based practices are being provided as intended and in Phase II, activities were determined. Attachment C, Accountability Strand, contains an updated Implementation Plan and Evaluation Tracking tool. Each activity is outlined and will provide the reader with real-time progress information.

As with the Data Quality Strand, the reorganization of the state office personnel and establishing technical leadership in the technical assistance and monitoring area, significant progress was made towards the enhancement of the online IFSP data system. The State embarked on this sizable update with the assistance of Stakeholders, national TA and the State Bureau of Information and Technology. Upon its completion in the fall of 2016, the improved site now includes information related to the EBP being implemented (RBI). As the data base provides real-time information, state staff can provide quick, timely responses and TA to service coordinators. As full implementation and scaling up of the EBP progresses, state TA and PD technical leader will be able to monitor portions of implementation as intended and also evaluate need for professional development.

The reader will note the status for many activities on the Accountability Implementation Plan are in the Installation stage. As stated in the ECTA Guide to the Implementation Process, “Some stages or steps may be occurring simultaneously and the work often circles back to revisit earlier stages”. The Accountability Strand activities and timelines are reliant on the implementation of the EBPs. Therefore, as South Dakota is installing and implementing the EBPs, full implementation of the activities will be delayed. The reader will note within Attachment C updated timelines, additional resources and next steps have all been clearly identified.

While many of the activities are contingent on the EBP implementation, South Dakota is actively participating in the NCSI Accountability Learning Collaborative. With access to national TA, content experts and fellow Part C state leaders who have identified Accountability as a priority, South Dakota continues to glean information and resources which could be modified to meet our state’s needs.

#### **Professional Development and Recommended Practices (Attachment D)**

The South Dakota Birth to Three Theory of Action, has two additional Stakeholders identified Action Strands, they are Professional Development and Recommended Practices. The Coherent Improvement Strategies for these strands are:

- *(Recommended Practice) South Dakota will present a consistent statewide message about early intervention service delivery and evidence based practices.*

- *(Professional Development) South Dakota will provide support and technical assistance to all partners to increase their active participation in the SSIP process.*
- *(Professional Development) South Dakota will design and implement training/TA to service coordinators and providers to increase their knowledge and skills and use of appropriate recommended early intervention practices.*
- *(Recommended Practice): South Dakota will provide training and resources to service coordinators and providers on appropriate use of family assessment and embedded routines engaging families in the early intervention process*

These four Coherent Improvement Strategies complement each other, and the flow of activities lead from one Action Strand to another. It became logical during work sessions to align activities and work flow as outcomes and evaluation mirrors each other. Therefore, the reader will find that activities from the Professional Development Action Strand and the Recommended Practices have been combined to be more efficient in their implementation and to provide better evaluation opportunities. For purposes of this report, South Dakota will speak to the activities surrounding these Coherent Improvement Strategies and the ensuing evaluation collectively.

Early in Phase II, the South Dakota Birth to Three State Leadership Team met with a group of Stakeholders to review SSIP Phase I work including the Theory of Action, Coherent Improvement Strategies and the strengths and weaknesses described in the Infrastructure and Data Analyses. From this review, the decision was made for the State Leadership Team to look for practices that had strong family engagement with proven results. With the restructured State Birth to Three office, and instituting a Technical Leader in professional development the State was able to move forward with the implementation of many Stakeholder identified steps to Implement the Activities.

Work immediately began to create a Birth to Three early intervention message, inclusive of family engagement and EBPs. Select program materials were developed, updated and distributed to Birth to Three partners. This included printed materials for Birth to Three partners such as the medical community, school districts, child care providers as well as updated brochures and handouts for families, and distributed accordingly. Updates were made to the Birth to Three website, housed on the South Dakota Department of Education's URL. Birth to Three sought a stronger presence at state and regional early childhood events where school district personnel, early interventionist, child care providers and families are present, to increase awareness of Birth to Three and the Evidence Based Practices that were being installed. Over the course of the year Birth to Three staff presented at special education conferences, medical gatherings, regional SPED meetings and new state SPED Directors meetings to name a few. Feedback from these conferences has been very positive, with attendees asking for additional training. The State leadership team will continue to pursue opportunities to present at gatherings where early childhood, school district and families are present.

Other activities to meet the Improvement strategy to create a Birth to Three Early Intervention message are in development and contingent on the finalization and implementation of the EBPs. Full details on the status, updated resources and timelines and next steps can be found in Attachment D.

South Dakota has fully embraced the SSIP process and embarked on a large undertaking to redefine early intervention in South Dakota and create a dynamic early intervention program that is sustainable long-term. Stakeholders firmly held to the research indicating that if families are more engaged in their child’s early intervention, it leads to improved child outcomes which would improve the SiMR. Stakeholders were also committed to EBP’s being implemented statewide to maximize the opportunities for all families to benefit from high quality evidence based practices by the end of the SSIP process. From these deliberations, it was determined that two EBPs were needed, one to address the assessment process and one to address intervention.

From this Stakeholder feedback, the State selected the Evidence Based Practice *Routines Based Interview (RBI)*. This EBP meet the identified family assessment needs advocated for by the Stakeholders. To ensure that these practices would be implemented statewide, South Dakota Birth to Three added language into the regional service coordination contracts, effective July 2015, regarding compliance with training and the implementation of the *RBI* by all service coordinators. Signing off on the contract was acceptance of not only funding for service coordination but acceptance of the EBP implementation. All agencies signed and returned their contracts.

Training of service coordinators in the EBP *Routines Based Interview (RBI)* was extensive and statewide. The state PD technical leader, who is *RBI* Certified, developed the curriculum and training calendar with input from the two other South Dakota *RBI* certified trainers, the State Leadership team and a small stakeholder group. *RBI* training calendar was carried out online, virtually and face-to-face. At the conclusion of the online curriculum, the state PD technical leader with assistant from the two *RBI* certified trainers held regional face-to-face trainings over the summer of 2016. During these trainings, service coordinators facilitated practice *RBI*s on existing Birth to Three family members who had volunteered their time. The state PD technical leader and two other *RBI* certified trainers served as coaches during these interviews and provided real time feedback and advice. Not only was this hands-on learning experience well received by service coordinators, but families who volunteered to be interviewed also reported finding the process very rewarding and helpful to their family.

The reader will note on the accompanying Attachment D, several training timelines were met and 100% of service coordinators received training and were deemed proficient in the model and sufficiently able to meet the requirements of implementation with families.

“This is Brilliant!” *RBI*  
parent volunteer  
response to process

The launching of the EBP *Routines Based Interview (RBI)* with families, however, was slightly delayed. Due to unforeseen staffing circumstances at the state level, as noted in Attachment D,

official launch was moved back from August 2016 to October 2016. Originally, Stakeholders had indicated that *RBI*'s would be done with all families on all IFSP's. However, after meeting with service coordinators and regional directors who expressed concern with feasibility of this plan, the timelines were altered. Many expressed concern for families already on an IFSP who may not appreciate this change midway through their time in Birth to Three. There was also concern expressed about time factors. With this feedback loop, the original plan was revised and as of October 1, 2016, service coordinators began implementing the *RBI* with families who were receiving their initial IFSP. Going forward these families will have an *RBI* annually in conjunction with their annual IFSP timeframe. Full implementation of the *RBI* with every family for all initial and annual IFSPs is anticipated by winter 2020.

To ensure the EBP is being implemented as intended, and as part of the training plan, service coordinators must submit a video of their *RBI* administration to the state PD technical leader for review. The *RBI* Implementation Checklist is used to determine the service coordinator's proficiency. As of 3/1/2017, with 5 months of implementation 50% of service coordinators have been observed. Of those observed, 62% are considered proficient, 23% are considered emerging and 15% are considered beginners. Implementation of *RBI*'s with families continues as does the learning and professional development for service coordinators. Technical assistance continues with monthly service coordinators calls, and individual coaching events for each service coordinator. South Dakota will continue to evaluate the proficiency of service coordinators in conducting the *RBI* as intended and the State leadership team, with small stakeholder group will determine future training needs for service coordinators at all levels of proficiency.

One training component became evident through coaching sessions. It became clear that direct service providers needed to receive some training on the *RBI* so they were familiar with how the information that informed the IFSP was gathered. A gap in knowledge between what service coordinators were implementing, and what direct service providers were accustomed to, become evident. The state is addressing this gap in several ways. First a sample video of an *RBI* with its components was placed on the online learning community for access by all direct service providers. Secondly, the state has developed a face-to-face training called "*RBI* Bootcamp", with intended audience of direct service providers, school district personnel and any other early intervention partners who wish to attend. With over 400 direct service providers across the state, a one-time training would not suffice; therefore this training will be offered multiple times in multiple locations the next 2 years to ensure sufficient opportunity to attend. The first training began in March, 2017 and was very well attended and received. The state intends to offer this bi-annually for any new direct service providers and veteran providers who need a refresher after these first two years.

The State would like to note a positive unintended consequence from the implementation of *RBI*. A partnership has formed with a large child care facility in the state. This child care program has been implementing family engagement activities as part of a recently received grant. Upon learning of South Dakota Birth to Three's SSIP and focus on family engagement the child care director has reached out to the Birth to Three director and they currently are exploring ways the *RBI* training can

happen for the child care staff. Birth to Three is very excited about this opportunity as a state with a significant population of working mothers. This could lead to future collaboration and training opportunities for early intervention in the child care setting.

As stated above, South Dakota Stakeholders identified the need for two EBPs. *Routines Based Intervention (RBI)* was determined for the assessment, but another was needed for the direct early intervention services provided to families. In the selection process, Stakeholders recommended state leadership identify an EBP for intervention that would scale-up and encourage family engagement. State leadership originally intended the *Family Guided Routines Based Intervention* would be the EBP to meet the state's needs and immediately began collaboration with Dr. Juliann Woods on implementation of a train-the-trainer model.

This train-the-trainer model began with a kick-off event in August, 2016. Significant collaboration was done to ensure this event was possible. As a multi-agency partnership between South Dakota Department of Education Birth to Three, SD Department of Social Services Child Care Services division, SD Department of Health Maternal Child Health's Bright Start Home Visiting and SD Head Start Collaboration office, 160 individuals from across the state attended a one-day event consisting of multiple national speakers addressing family engagement and early literacy from various perspectives. At maximum capacity and with a waiting list, attendees were given information on early literacy and language development and child outcome results based on family engagement. Attendees included Birth to Three direct service providers, Bright Start home visiting nurses, Child Care services personnel and Head Start representative.

This event has served as a spring board to forming a State Multi-Agency work group focusing on children from pre-natal to age 8 and their families. Included in this work group are representatives from SD Human Services, SD Medicaid, SD Maternal Child, SD Head Start Collaboration Office, SD WIC and Birth to Three. Known as the Child and Family Services Interagency Workgroup, this group of agency staff meets quarterly to collaborate on initiatives and future training events.

Day two of this event was specific to the *Family Guided Routines Based Intervention (FGRBI)* training. With nine Birth to Three direct service providers, known as the Early Adopters, these individuals had a full day training on the *FGRBI* and have continued their training as part of a virtual coaching/mentoring program. The members submit videos monthly to an *FGRBI* certified trainer, who provides individual TA and facilitates monthly group meetings. While this experience has been invaluable, upon further analysis the State found due to lack of funding to implement *FGRBI* statewide, the State would need to explore other options.

With assistance from national TA centers, ECTA and NCSI and guidance of the DEC Recommended Practices on family engagement, the state is contracting with a content expert to assist in developing and implementing a curriculum and training materials for an *EBP routines based home visiting approach* for direct service providers. The objectives of the professional development are to:

- Enhance direct services providers' ability to implement individualized and culturally sensitive early intervention home visits that emphasize parent child interactions during typical routines in children's homes and early care settings;
- Support direct service providers' ability to promote families' understanding of, and ability to positively support, young children's physical, social, emotional, cognitive, and language development; and
- Promote direct service providers' awareness of strategies they can utilize to help families provide language and literacy rich learning experiences for their children.

The curriculum content will also be influenced by the recently enhanced South Dakota Early Learning Guidelines. The Birth to Three Part C director serves as a member of the oversight review committee for this effort. Alignment will ensure training related to child development and early literacy aligns with other statewide early childhood initiatives, the K-12 standards and the South Dakota Department of Education early literacy initiative.

Training modules may be conducted virtually, online and face-to-face. A critical component of the training is instilling a coaching component for the direct service providers. As noted by Dean Fixsen, NIRN, in his presentation *Implementing Evidence-Based Education* optimum knowledge, skill and use of EBP occur with Coaching. Therefore, the State with input from the *FGRBI* Early Adopters is developing an implementation plan that will begin with a pilot and grow to include statewide implementation. By beginning with a pilot it allows the State opportunity to make adjustments to the training components and calendar to insure reliability of implementation.

## Summary

South Dakota has fully embraced the SSIP process and has made great strides in the activities to meet the Coherent Improvement Strategies. As outlined in our original TOA and in this report, significant initial activity has been focused on Infrastructure improvements that are necessary to support the statewide implementation of the evidence based practices. South Dakota recognizes within the first year of Phase III, there is limited SSIP data related directly to the improvement of Child Outcome Indicator C3. Data that is available is indicative of the activities to build the infrastructure to ensure statewide implementation and the long-term sustainability of the EBPs and initial professional development, as noted in the proceeding Attachments. Until progress is made towards full, statewide implementation of EPB, South Dakota will have limited data to show progress towards the SiMR. The State has addressed Indicator C3 data and any changes directly in GRADS360.

As South Dakota Birth to Three program moves forward, focus will continue on infrastructure activities as well as clear focus on EBP development and implementation. Dean L Fixsen, Ph.D., NIRN stated "An evidence-based program is one thing; Implementation of an evidence-based program

is a very different thing”. South Dakota Part C has learned this and the reader will note on the accompanying Attachments the changes to the original implementation and the additional resources that were identified. With a diverse and active Stakeholder group, State Leadership has been able to implement many of the activities Stakeholders identified to successfully meet the Outcomes. The Evaluation Plan and Implementation plan will provide tracking of progress and necessary data as South Dakota continues to inform and seek Stakeholder input throughout the next several years.

Throughout the SSIP process, South Dakota utilized the OSEP funded technical assistance centers on an intensive and continuous basis. The knowledge and expertise available from these centers was all-encompassing and readily available. Being a minimally funded state, South Dakota could not have begun to access this broad knowledge base independently. We are very appreciative of the assistance and guidance provided to the State Leadership Team and the Stakeholder group. Working with multiple centers, South Dakota experienced a collaborative working relationship from one center to the other. The technical assistance centers that assisted in some manner with the SSIP work include: ECTA, DaSy, IDC and NCSI. South Dakota intends to continue accessing technical assistance from these centers as needed throughout the SSIP process.

South Dakota Part C  
SSIP  
Theory of Action

# SSIP Theory of Action

Strands of Action	If the State.....	Then regionally.....	Then	Results
<b>Data Quality</b>	<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>		
<b>Accountability</b>	<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><b>....infants and toddlers exiting early intervention services will demonstrate increased growth in their acquisition and use of knowledge and skills (including early language / communication)</b></p>
<b>Professional Development</b>	<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>	
<b>Recommended Practices</b>	<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>		

# South Dakota Part C SSIP

## Data Quality

## Implementation Plan: Data Quality

**Coherent Improvement Strategy:** South Dakota will establish a process to obtain and report exit BDI-2 scores for children exiting the Birth to Three programs regardless of reasons for exit.

**Coherent Improvement Strategy:** South Dakota will provide BDI-2 training in collaboration with 619 to evaluators.

Activities to meet Coherent Improvement Strategy	Steps to Implement the Activities	Resources	Status	Projected Timeline	Next Steps
<b>Develop and implement steps to increase completion rates</b>	Work with national contractor to develop database for analyzing child outcomes data	Funding OTISEd Consultant BDI-2 Publisher SD DOE LDS Work Group ECTA BDI-2 State Users Group	<b>Full Implementation</b>	Fall 2013	<ul style="list-style-type: none"> <li>Continue to analyze child outcome data to ensure most accurate depiction of child outcomes is captured.</li> <li>Continue to work with ECTA BDI-2 users group.</li> </ul>
	Restructure of state lead agency to create a position dedicated to data analysis and quality	Infrastructure analysis DOE Leadership Part C Leadership Team National TA	<b>Full Implementation</b> State office has designated data technical leader.	Summer 2015	<ul style="list-style-type: none"> <li>Continue to review and realign to best meet ongoing needs as SSIP process evolves</li> </ul>
	Annually disaggregate and analyze data to identify and report additional scores that could be included on the completer list <ul style="list-style-type: none"> <li>Modify data query as necessary to ensure data quality</li> </ul>	Funding Birth to Three Data System OTISEd Consultant BDI-2 Data System	<b>Full Implementation</b> Data disaggregated annually.	Fall 2015 Ongoing	<ul style="list-style-type: none"> <li>Continue to analyze data to ensure exit BDI-2 assessments are being conducted and recorded</li> </ul>

## Implementation Plan: Data Quality

Activities to meet Coherent Improvement Strategy	Steps to Implement the Activities	Resources	Status	Projected Timeline	Next Steps
	<p>Develop and implement process to enter BDI-2 exit progress scores not currently captured</p> <ul style="list-style-type: none"> <li>• Develop procedures and guidance for entering BDI-2 scores.</li> <li>• Train service coordinators and school districts on entering data</li> <li>• Train and provide process for tribal development clinics to share BDI-2 exit progress scores</li> <li>• Monthly state data quality checks to ensure regional data quality for completion</li> <li>• Service coordinators follow-up with evaluators as necessary</li> </ul>	<p>Birth to Three Data Base BDI Data Base Training Materials K-12 District Personnel Part B 619 Tribal Early Childhood Partners Service Coordinators</p>	<p><b>Full Implementation</b></p> <p>Establishing full time data technical leader allowed ongoing processes which were established with monthly checks to ensure children exiting Part C received exit BDI-2.</p> <p>State completion rate increased from 46.5% in FFY2014 to 65% FFY2016.</p>	<p>May 2015 Ongoing</p>	<ul style="list-style-type: none"> <li>• Continue with process</li> </ul>
	<p>Increase number of assessors able to conduct an exit BDI-2</p> <ul style="list-style-type: none"> <li>• Provide BDI-2 training</li> <li>• Distribute list of trained assessors to service coordinators</li> </ul>	<p>Training Materials BDI-2 Protocol BDI-2 Publisher</p>	<p><b>Initial Implementation</b></p> <p>Due to staffing capacity and change in personnel, the BDI-2 training was delayed. In November 2016 the first face-to-face training was conducted by Riverside Publishing .</p>	<p><del>Fall 2015</del> <b>Fall 2016</b> Ongoing</p>	<ul style="list-style-type: none"> <li>• Continue to collaborate with Part B 619 on future training opportunities</li> <li>• Encourage direct service providers with necessary credentials to consider being trained</li> </ul>

## Implementation Plan: Data Quality

Activities to meet Coherent Improvement Strategy	Steps to Implement the Activities	Resources	Status	Projected Timeline	Next Steps
<b>Increase understanding of the importance and relevance of child progress data</b>	Annually provide programs with regional disaggregated child progress data	OTISED Consultant Birth to Three Data Base	<b>Full Implementation</b> Established annual Data PD provided to regional programs.	January 2015 Ongoing	<ul style="list-style-type: none"> <li>Part C data technical leader continue to meet annually with regional programs</li> </ul>
	Incorporate percentage of BDI-2 completion rate in regional determinations	Birth to Three Data BDI-2 Data	<b>Full Implementation</b> Part C state leadership team has incorporated the BDI completion rate data into regional determinations.  Regular TA is provided to assist regions in understanding their completion data.	Spring 2015 Ongoing	<ul style="list-style-type: none"> <li>Ongoing TA to ensure continued improvement in completion rate</li> </ul>
	Provide training to service coordinators, district personnel and direct service providers on child progress categories a through e	BDI-2 Data Training Materials School Districts Regional Birth to Three Programs	<b>Implementation</b> State has offered face-to-face and virtual PD to service coordinators and direct service providers; written TA distributed to districts.	January 2015 Ongoing	<ul style="list-style-type: none"> <li>Ongoing TA on progress categories a through e during regularly scheduled TA calls</li> </ul>
	Collaborate with Part B 619 on district level awareness of BDI-2 completion rates. <ul style="list-style-type: none"> <li>State SPED director calls</li> <li>New SPED director trainings</li> <li>Joint communication from Part B and Part C directors regarding importance of BDI-2</li> </ul>	Data Training Materials Part B 619 Part B School Districts	<b>Implementation</b> Collaboration efforts began between Part B 619 and Part C in 2015.  BDI-2 presentation provided at new SPED director trainings.	Winter 2015 Ongoing	<ul style="list-style-type: none"> <li>State leadership continue to take advantage of opportunities where school district SPED personnel are present</li> </ul>

## Implementation Plan: Data Quality

Activities to meet Coherent Improvement Strategy	Steps to Implement the Activities	Resources	Status	Projected Timeline	Next Steps
<b>Develop and Implement training protocol for BDI-2 administration</b>	Develop introductory and ongoing BDI-2 training <ul style="list-style-type: none"> <li>Meet with BDI-2 publisher and Part B 619 regarding state specific training</li> <li>Collect information from other ECTA BDI-2 State Users Group regarding training materials</li> </ul>	Part B 619 BDI-2 Publisher BDI-2 State Users Group Training Material Funding Part C State Leadership Team	<b>Exploration</b> Part B 619 and Part C continue to work with ECTA BDI-2 State User Group to access training materials to inform development of South Dakota training protocol.	Fall 2016 Ongoing	<ul style="list-style-type: none"> <li>Continue to explore resources from other BDI-2 states that might be duplicated in South Dakota</li> </ul>
	Implement introductory and ongoing BDI-2 training	Part B 619 Funding Training Materials BDI-2 Evaluators Part C State Leadership Team	<b>Installation</b> Initial BDI-2 training took place November 2016 for Part B and Part C.	Fall 2016 Ongoing	<ul style="list-style-type: none"> <li>Additional trainings scheduled for Spring 2017 and Fall 2017</li> </ul>
	Create a training/coaching model to support BDI-2 administrators	Part B 619 Funding Training Materials Part C State Leadership Team	<b>Pending</b> Activity delayed due to change in staffing at state level and funding available to support.	<del>Fall 2017</del> <b>Spring 2018</b>	<ul style="list-style-type: none"> <li>Collaborate with Part B 619 staff on creation of model</li> </ul>
	Implement cadre of BDI-2 trainers and coaches <ul style="list-style-type: none"> <li>Provide ongoing regional training to schools, providers and service coordinators regarding BDI-2 and Part C</li> </ul>	Funding Part B 619 Part C State Leadership Cadre members	<b>Pending</b> Implementation of cadre of BDI trainers contingent on the creation of the model timelines.	Fall 2018	<ul style="list-style-type: none"> <li>Activity timeline pending on creation of training/coaching model</li> </ul>

## Implementation Plan: Data Quality

Activities to meet Coherent Improvement Strategy	Steps to Implement the Activities	Resources	Status	Projected Timeline	Next Steps
<b>Ongoing efforts to ensure data quality using BDI-2 tool</b>	Ongoing participation with ECTA BDI-2 State Users Group	Part B 619 Part C State Leadership ECTA BDI-2 State Users Group	<b>Full Implementation</b> Part C remains active in the ECTA BDI-2 Users Group.	Spring 2014 Ongoing	<ul style="list-style-type: none"> <li>Continue to explore resources from other BDI-2 states that might be duplicated in South Dakota</li> </ul>
	Monitor data quality through continued analysis of child progress data categories	Birth to Three Data Base OTISEd Consultant BDI-2 Data Base	<b>Full Implementation</b> Data quality continues to be monitored by Part C data technical leader.	Spring 2014 Ongoing	<ul style="list-style-type: none"> <li>Data technical leader continue to analyze data</li> </ul>
	Participation with BDI-2 publisher regarding future BDI-2 updates and revisions	Part C State Leadership Part B 619 BDI-2 Administrators	<b>Full Implementation</b> Part C remains available to Riverside Publishing as new version of BDI is implemented.	Spring 2015 Ongoing	<ul style="list-style-type: none"> <li>Participate as requested as new version is implemented</li> </ul>
	Develop and implement with Part B a monitoring system to ensure quality of administration of BDI-2 tool	Funding Birth to Three Database SLDS	<b>Pending</b> Activity delayed due to staffing capacity and available funding.	<del>Summer 2017</del> <b>Summer 2018</b>	<ul style="list-style-type: none"> <li>Continue to work with ECTA BDI-2 Users Group to identify a fidelity tool that can be adapted for South Dakota monitoring system</li> </ul>

## Evaluation Tracking: Data Quality

Strategies & Activities	Outputs	Outcomes	Evaluation
<p><b>Coherent Improvement Strategy (Data Quality):</b> South Dakota will establish a process to obtain and report exit BDI scores for children exiting the Birth to Three program</p> <ul style="list-style-type: none"> <li>Develop and implement steps to increase completion rates</li> <li>Increase understanding of the importance and relevance of child progress data</li> </ul> <p><b>Coherent Improvement Strategy (Data Quality):</b> South Dakota will provide BDI-2 training in collaboration with 619 to evaluators</p> <ul style="list-style-type: none"> <li>Develop and implement training protocol for BDI-2 administration</li> <li>Ongoing efforts to ensure data quality using BDI-2 tool</li> </ul>	<ul style="list-style-type: none"> <li><b>Full Implementation</b> Database has been developed for analyzing child outcomes data</li> <li><b>Full Implementation</b> Data manager position has been created</li> <li><b>Full Implementation</b> Initial and exit BDI-2 score analysis (completion rate) scheduled annually</li> <li><b>Full Implementation</b> Process developed to capture progress scores</li> <li><b>Implementation</b> Pool of BDI-2 assessors will be created</li> <li><b>Installation</b> BDI-2 training will be developed and implemented</li> <li><b>Installation</b> BDI-2 administration training ongoing for evaluators</li> <li><b>Pending</b> Training/coaching model will be developed for BDI-2 evaluators</li> <li><b>Pending</b> Pool of BDI-2 trainers/coaches available for local program support</li> <li><b>Pending</b> BDI-2 monitoring tool developed and implemented</li> </ul>	<p><b>SHORT TERM</b></p> <ul style="list-style-type: none"> <li>Service coordinators and school districts trained on the necessity of obtaining BDI-2 exit evaluations</li> <li>Increased number of children receiving the BDI-2 exit evaluation</li> <li>School district evaluators trained on administration of the BDI-2</li> </ul> <p><b>INTERMEDIATE</b></p> <ul style="list-style-type: none"> <li>Increased number of usable exit evaluations statewide</li> <li>Increased understanding of the importance and relevance of child progress data by BDI-2 evaluators and service coordinators</li> </ul> <p><b>LONG TERM</b></p> <ul style="list-style-type: none"> <li>Improved reliability and validity of the BDI-2 administration</li> <li>Increased statewide data quality</li> <li>(SiMR) Infants and Toddlers exiting early intervention services will demonstrate substantially increased growth in their acquisition and use of knowledge and skills (including early language/communication)</li> </ul>	<p><b>D1.</b> Were service coordinators and school district evaluators trained on necessity and use of the BDI-2 tool?</p> <p><b>D2.</b> Did the reliability and validity of BDI-2 administration improve?</p> <p><b>D3.</b> Did children exiting Birth to Three receive a BDI-2 exit evaluation?</p> <p><b>D4.</b> Did increased BDI-2 training substantially increase infants' and toddlers' rate of growth in acquiring and using knowledge and skills?</p>

## Evaluation Tracking: Data Quality

Evaluation	Performance Indicator	Data Collection (Instrument/Protocol/Status)	Analysis
<b>D1.</b> Were service coordinators and school district evaluators trained on necessity and use of the BDI-2 tool?	100% Service Coordinators trained on necessity of BDI-2 tool	<ul style="list-style-type: none"> <li>Attendance logs at annual service coordinator conference</li> <li>Attendance logs during monthly service coordinator TA calls</li> <li>Attendance logs during annual Indicator C3 regional data retreats</li> </ul>	<b>D1a.</b> All service coordinators have been trained on the necessity of the BDI-2 and the a through e progress categories
	Unable to Determine % of school district evaluators trained on necessity and use of BDI-2 Tool	<ul style="list-style-type: none"> <li>Written communication mailed to all school district SPED directors containing a-e progress category information and necessity of BDI-2</li> <li>Invitation to all school district SPED directors and their staff to join quarterly provider webinar in which a-e progress categories discussed</li> <li>Attendance logs at BDI-2 training</li> </ul>	<p><b>D1b.</b> Birth to Three does not have data on which school district staff attended first webinar</p> <p>Webinar was capped by state platform provider; attendees included school district personnel, service coordinators and private providers. It is unclear how many of the participants were school district personnel</p> <p>Riverside Publishing trainers conducted one BDI-2 training in November, 2016; 27 BDI-2 evaluators attended. Future trainings are planned for spring and fall 2017</p>
<b>D2.</b> Did the reliability and validity of BDI-2 administration improve?	Unable to Determine % of BDI evaluators who administer the BDI-2 tool according to the publishers identified criteria	<ul style="list-style-type: none"> <li>Attendance logs from BDI-2 training</li> </ul> <p>Due to change in staffing at state level, tool has not been developed to measure this performance improvement measurement.</p>	<b>D2.</b> Data unavailable to analyze due to delay in BDI-2 training implementation and development and use of fidelity tool
<b>D3.</b> Did children exiting Birth to Three receive a BDI-2 exit evaluation?	65% of children received exit evaluations statewide	<ul style="list-style-type: none"> <li>Exit status report reviewed monthly</li> </ul>	<b>D3.</b> State saw an increase in exit BDI-2 evaluations. From FFY2013 to FFY2015 state had an increase of 18.5% to reach 65% completion rate
<b>D4.</b> Did increased BDI-2 training substantially increase infants' and toddlers' rate of growth in acquiring and using knowledge and skills?	Unable to Determine % of infants and toddlers demonstrating increased growth in knowledge and skills	<ul style="list-style-type: none"> <li>Due to delay in BDI-2 training, no data available to answer this questions</li> </ul>	<b>D4.</b> No data available to answer this question due to delay in BDI-2 training

## Evaluation Tracking: Data Quality

Analysis	Use in Program Improvement	Ongoing Evaluation	Next Steps
<p><b>D1a.</b> All service coordinators have been trained on the necessity of the BDI-2 and the a through e progress categories</p>	<p>Ensure all new service coordinator receive training</p>	<p>Have all new service coordinators received BDI-2 necessity training?</p>	<ul style="list-style-type: none"> <li>• Add materials on BDI-2 necessity to new service coordinator orientation</li> </ul>
<p><b>D1b.</b> Birth to Three does not have data on which school district staff attended first webinar</p> <p>Webinar was capped by state platform provider; attendees included school district personnel, service coordinators and private providers. It is unclear how many of the participants were school district personnel</p> <p>Riverside Publishing trainers conducted one BDI-2 training in November, 2016; 27 BDI-2 evaluators attended. Future trainings are planned for spring and fall 2017</p>	<p>Develop tracking system to capture school district personnel who participate in virtual meetings</p>	<p>What % of school district personnel have received information and training on importance of BDI-2?</p>	<ul style="list-style-type: none"> <li>• Determine better tool for collecting attendance during virtual PD events</li> <li>• Collect specific attendance information to determine % of evaluators trained</li> <li>• Analyze attendance information to determine % of evaluators to be trained</li> <li>• Work with Part B 619 to develop material to distribute to school district personnel to ensure all school district personnel are aware of BDI-2 importance</li> <li>• Continue with BDI-2 face-to-face trainings; spring and fall 2017</li> </ul>
<p><b>D2.</b> Data unavailable to analyze due to delay in BDI-2 training implementation and development and use of fidelity tool</p>	<p>Determine fidelity and/or need for additional training</p>	<p>Did the reliability and validity of BDI-2 administration improve?</p>	<ul style="list-style-type: none"> <li>• Continue collaboration with ECTA BDI-2 user group on materials for fidelity training as well as tools for monitoring fidelity.</li> <li>• Partner with Part B 619 on creation of state training model inclusive of pre and post knowledge</li> <li>• Continue BDI-2 face-to-face trainings</li> </ul>
<p><b>D3.</b> State saw an increase in exit BDI-2 evaluations. From FFY2013 to FFY2015 state had an increase of 18.5% to reach 65% completion rate</p>	<p>Determine Indicator C3 completion rate by region</p>	<p>Is the state able to maintain OSEP's 65% goal with a large percentage of children in the program less than 6 months?</p>	<ul style="list-style-type: none"> <li>• Continue to analyze monthly exit data to avoid slippage</li> <li>• Continue to provide TA to regions on C3 completion percentage</li> </ul>
<p><b>D4.</b> No data available to answer this question due to delay in BDI-2 training</p>	<p>Continue BDI-2 training</p>	<p>Did increased BDI-2 training impact the % of infants and toddlers demonstrating increased growth in knowledge and skills?</p>	<ul style="list-style-type: none"> <li>• Due to delay in BDI-2 training, no data available to answer this questions</li> </ul>

# South Dakota Part C

## SSIP

### Accountability

## Implementation Plan: Accountability

**Coherent Improvement Strategy 1:** South Dakota will develop and implement a monitoring protocol to identify appropriate IFSP decisions and the use of appropriate recommended EI practices.

Activities to Meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources	Status	Projected Timeline	Next Steps
<b>Develop a monitoring protocol to ensure evidence based practices are provided as intended (<i>RBI &amp; EBP routines based home visiting approach</i>)</b>	Update Birth to Three online IFSP data base to reflect evidence-based practices including development of appropriate functional outcomes.	Funding State BIT National TA Service Coordinators	<b>Full Implementation</b> Online IFSP updated to include <i>RBI</i> components.	Fall 2016	
	Determine measurement tool to ensure evidence based practices are provided as intended and measure quality of functional outcomes. e.g. IFSP, provider survey, parent survey, observation, video observation, face-to-face observation, checklist, peer to peer review, mentoring/coaching.	Stakeholders National TA Centers Content Experts <i>FRGBI</i> Tools <i>RBI</i> Tools Contractor Funding State Leadership Team Technology Early Adopters	<b>Installation</b> <i>RBI</i> measurement tools have been established to monitor provided as intended. Other tools are pending development of <i>EBP routines based home visiting approach</i> .	<del>September 2016</del> Winter 2018	<ul style="list-style-type: none"> <li>Develop and implement a tool to measure the quality of child outcomes</li> <li>Contract with content expert to develop measurement tool to accompany the <i>EBP routines based home visiting approach</i></li> <li>Continue participation in NCSI Community of Practice (CoP)</li> </ul>
	Review results of performance and adjust as needed including provision of recognition and/or additional professional development.	Content Experts Stakeholders Contractor State Leadership Team Funding	<b>Installation</b> Due to staffing capacity, implementation of <i>RBI</i> training was delayed, directly affecting the timeline for review of results. Due to lack of funding and inability to fully implement <i>FRGBI</i> statewide, State is developing curriculum and training materials for an <i>EBP routines based home visiting approach</i> .	<del>May 2017</del> Winter 2018 - Ongoing	<ul style="list-style-type: none"> <li>Continue to review performance of <i>RBI</i> implementation</li> <li>Review results of performance of <i>EBP routines based home visiting approach</i></li> <li>Determine possibility of SD Early Intervention Specialist certificate</li> <li>NCSI CoP participation</li> </ul>

## Implementation Plan: Accountability

Activities to Meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources	Status	Projected Timeline	Next Steps
<b>Develop tool to measure family engagement</b>	Define family engagement	Stakeholders Content Experts National TA Part C Leadership DEC Recommended Practices	<b>Installation</b> Due to lack of funding and inability to fully implement <i>FGRBI</i> statewide, State is developing curriculum and training materials for an <i>EBP routines based home visiting approach</i> .	<del>May 2016</del> Winter 2018	<ul style="list-style-type: none"> <li>Small stakeholder group assist in development of tool based on <i>EBP routines based home visiting approach</i></li> <li>NCSI CoP</li> </ul>
	Determine measurement tool to ensure evidence based practices are provided as related to increasing family engagement. e.g. Parent survey, checklist,	Stakeholders Funding Content Experts National TA Part C Leadership Contractor Early Adopters NCSI CoP	<b>Installation</b> Due to lack of funding and inability to fully implement <i>FGRBI</i> statewide, State is developing curriculum and training materials for an <i>EBP routines based home visiting approach</i>	July 2016 Winter 2018	<ul style="list-style-type: none"> <li>Small stakeholder group assist in development of tool with assistance from national TA</li> <li>NCSI CoP</li> </ul>
	Review results of provider activities to facilitate family engagement and provide recognition and/or additional professional development	Content Experts National TA Part C Leadership Stakeholders Contractor Funding	<b>Installation</b> Due to lack of funding and inability to fully implement <i>FGRBI</i> statewide, State is developing curriculum and training materials for an <i>EBP routines based home visiting approach</i>	July 2017 Summer 2018	<ul style="list-style-type: none"> <li>Develop SD Early Intervention Specialist certificate as component of <i>EBP routines based home visiting state approach</i></li> </ul>

## Evaluation Tracking: Accountability

The Accountability Evaluation includes both EBPs South Dakota is implementing.  
Revisions have been made to include the *EBP routines based home visiting approach*

Strategies & Activities	Outputs	Outcomes	Evaluation
<p><b>Coherent Improvement Strategy (Accountability):</b> South Dakota will develop and implement a monitoring protocol to identify appropriate IFSP decisions and the use of appropriate recommended EI practices</p> <ul style="list-style-type: none"> <li>• Develop a monitoring protocol to ensure fidelity of evidence-based practices</li> <li>• Develop tool to measure family engagement</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Installation</b> Monitoring tool will be developed</li> <li>• <b>Installation</b> Family engagement measurement tool will be developed</li> </ul>	<p><b>SHORT TERM</b></p> <ul style="list-style-type: none"> <li>• Evidence based practice monitoring protocol developed</li> <li>• Family engagement measurement tool developed</li> <li>• Family Engagement information provided to families</li> </ul> <p><b>INTERMEDIATE</b></p> <ul style="list-style-type: none"> <li>• Children and families will receive appropriate evidence based practice</li> <li>• Early Interventionist will engage parents and caregivers in <i>Routines Based Interview</i></li> <li>• Early Interventionists will engage parents and caregivers in <i>EBP routines based home visiting approach</i></li> </ul> <p><b>LONG TERM</b></p> <ul style="list-style-type: none"> <li>• Early Interventionist will implement <i>Routines Based Interview</i> as intended</li> <li>• Early Interventionists will implement <i>EBP routines based home visiting approach</i> as intended</li> <li>• (SiMR) Infants and Toddlers exiting early intervention services will demonstrate substantially increased growth in their acquisition and use of knowledge and skills (including early language/communication)</li> </ul>	<p><b>A1.</b> Did children and families receive appropriate <i>EPB routines based home visiting approach</i>?</p> <p><b>A2.</b> Are families engaged in <i>EBP routines based home visiting approach</i>?</p> <p><b>A3.</b> Did infants and toddlers exiting early intervention services demonstrate substantially increased growth in their acquisition and use of knowledge and skills?</p>

## Evaluation Tracking: Accountability

The Accountability Evaluation includes both EBPs South Dakota is implementing.  
Revisions have been made to include the *EBP routines based home visiting approach*

Evaluation Questions	Performance Indicator	Data Collection (Instrument/Protocol/Status)	Analysis
<b>A1.</b> Did children and families receive appropriate <i>EPB routines based home visiting approach</i> ?	<p><b>Unable to determine</b> % of families receiving appropriate evidenced based practices.</p> <p>Data will be collected for analysis upon implementation of <i>EBP routines based home visiting approach</i>.</p>	<ul style="list-style-type: none"> <li>• Representative Poll of families</li> <li>• Survey to be developed with contractor, content experts and national TA</li> <li>• Partner with PTI center on administration</li> </ul>	<b>A1.</b> Determine % of families who reported receiving <i>EBP routines based home visiting approach</i> from poll responses.
<b>A2.</b> Are families engaged in <i>EBP routines based home visiting approach</i> ?	<p><b>Unable to determined</b> % of families engaged in routine based interventions.</p> <p>Data will be collected for analysis upon implementation of <i>EBP routines based home visiting approach</i>.</p>	<ul style="list-style-type: none"> <li>• Representative Poll of families</li> <li>• Survey to be developed with contractor, content experts and national TA</li> <li>• Partner with PTI center on administration</li> </ul>	<b>A2.</b> Determine % of families who responded they are engaged in <i>EBP routines based home visiting approach</i> from poll responses and compare to previous years.
<b>A3.</b> Did infants and toddlers exiting early intervention services demonstrate substantially increased growth in their acquisition and use of knowledge and skills?	<p><b>Unable to determined</b> % of infants and toddlers demonstrating increased growth in acquisition and use of knowledge and skills.</p> <p>Data will be collected for analysis upon implementation of <i>EBP routines based home visiting approach</i>.</p>	<ul style="list-style-type: none"> <li>• Indicator C3 child outcomes</li> </ul>	<b>A3.</b> Database/ECO calculator

## Evaluation Tracking: Accountability

The Accountability Evaluation includes both EBPs South Dakota is implementing.  
Revisions have been made to include the *EBP routines based home visiting approach*

Analysis	Use in Program Improvement	Ongoing Evaluation	Next Steps
<b>A1.</b> Determine % of families who reported receiving <i>EBP routines based home visiting approach</i> from poll responses	<b>Unable to determined</b> Additional training and revised training  Data will be collected for analysis upon implementation of <i>EBP routines based home visiting approach</i> .	Families understanding of <i>EBP routines based home visiting approach</i>  Are caregivers implementing <i>EBP routines based intervention approach</i> as intended?	<ul style="list-style-type: none"> <li>Consult with content experts, National TA and NSCI CoP members on development in relation to <i>EBP routines based home visiting approach</i></li> <li>Consults with content, experts, national TA on strategies for increasing family understanding of EBP</li> </ul>
<b>A2.</b> Determine % of families who responded they are engaged in <i>EBP routines based home visiting approach</i> from poll responses and compare to previous years	<b>Unable to determined</b> Additional training and revised training  Data will be collected for analysis upon implementation of <i>EBP routines based home visiting approach</i> .	Families understanding of engagement in <i>EBP routines based home visiting approach</i>  Are caregivers implementing EBP as intended?	<ul style="list-style-type: none"> <li>Consult with content experts, National TA and NSCI CoP members on development in relation to EBP routines based home visiting approach</li> </ul>
<b>A3.</b> Database/ECO calculator	<b>Unable to determined</b> Additional training and revised training	Time factor from implementation of EBP and data collection	<ul style="list-style-type: none"> <li>Due to delay in implementation of <i>EBP routines based home visiting approach</i>, data unavailable to answer evaluation question</li> </ul>

# South Dakota Part C

## SSIP

### Professional Development

&

### Recommended Practices

## Implementation Plan: Consistent Statewide Message and Statewide SSIP Involvement

**Coherent Improvement Strategy (Recommended Practice):** South Dakota will present a consistent statewide message about early intervention service delivery and evidence based practices.

**Coherent Improvement Strategy (Professional Development):** South Dakota will provide support and technical assistance to all partners to increase their active participation in the SSIP process.

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources	Status	Timeline	Next Steps
<b>Create a Birth to Three Early Intervention Message</b>	Create a Birth to Three Mission/Vision statement	Funding Stakeholders Birth to Three Material National TA	<b>Installation</b> Part C State Leadership met with ICC members and Stakeholders throughout 2016. Final suggestions were presented to state leadership in the fall of 2016.	<del>Fall 2016</del> <b>Summer 2017</b>	<ul style="list-style-type: none"> <li>Finalize Mission Statement including ICC and Stakeholders comments</li> <li>Present finalized statement to the ICC and stakeholders during summer 2017 meeting</li> </ul>
	Develop Birth to Three program materials for multiple EI partners e.g. <ul style="list-style-type: none"> <li>Families, medical community, child care providers, school districts, general public, legislators, State Board of Education, providers, service coordinators, early education groups, higher education (teacher prep) state agencies, English learners, tribal partners, advocacy groups</li> </ul>	Funding Stakeholders DOE Content Experts National TA	<b>Implementation</b> State Leadership team developed and enhanced multiple program materials based on Stakeholder suggestion and national TA. Those materials have been distributed accordingly.	Fall 2016 - Ongoing	<ul style="list-style-type: none"> <li>Continue to edit and explore material as relates to EI partners</li> </ul>
	Develop Birth to Three presentations usable by agencies, service coordinators, state staff etc.	Funding Stakeholders National TA Bright Start Home Visiting EHS/HS DSS CCS	<b>Installation</b> Delayed due to finalization of the <i>EBP routines based home visiting approach</i> .	<del>Fall 2016</del> <b>Fall 2017</b>	<ul style="list-style-type: none"> <li>Finalize <i>RBI</i> presentation</li> <li>Develop presentation for <i>EBP routines based home visiting approach</i></li> </ul>

## Implementation Plan: Consistent Statewide Message and Statewide SSIP Involvement

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources	Status	Timeline	Next Steps
	Update existing Birth to Three materials e.g. <ul style="list-style-type: none"> <li>Home Visiting Guide, Family Rights Booklets, Parent Survey, Ages and Stages tear-offs, brochures, Family Guide, Service Coordinator Manual, Provider Agreement, Provider Manual</li> </ul>	Funding Stakeholders DOE National TA	<b style="color: #c00000;">Installation</b> Finalizations of these materials have been delayed due to development of an <i>EBP routines based home visiting approach</i> . It was decided to delay printing material until all aspects of Birth to Three EBPs could be included.	Fall 2016 Winter 2018	<ul style="list-style-type: none"> <li>Finalize upon development of curriculum and training materials for <i>EBP routines based home visiting approach</i></li> </ul>
<b>Disseminate Early Intervention materials</b>	Birth to Three state website updates and enhancements	Funding DOE Stakeholders National TA	<b style="color: #008000;">Implementation</b> Multiple updates have been made to the existing website; finalization of the work is pending finalization of the vision/mission statement with Stakeholders.	<del>December 2016</del> Summer 2017	<ul style="list-style-type: none"> <li>Finalize vision/mission statement with ICC/Stakeholders</li> <li>Incorporate new Birth to Three vision/mission statement into existing website</li> </ul>
	Disseminate material to: <ul style="list-style-type: none"> <li>Regional Birth to Three programs</li> <li>Early childhood partners i.e. Parent Connection, state agencies, higher education</li> <li>School Districts</li> <li>Child Care Providers</li> <li>Parents</li> <li>Medical clinics and physicians</li> <li>Tribal entities</li> <li>Local support groups</li> <li>Parent groups</li> </ul>	Funding DOE Stakeholders National TA	<b style="color: #008000;">Implementation</b> Birth to Three has disseminated material to identified EI partners including parents, child care providers, medical clinics/physicians etc.	December 2016 - Ongoing	<ul style="list-style-type: none"> <li>Continue to disseminate updated material to Birth to Three partners as developed</li> </ul>

## Implementation Plan: Consistent Statewide Message and Statewide SSIP Involvement

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources	Status	Timeline	Next Steps
	Present at early childhood gatherings e.g. Head Start State Conference, Special Education Conference, Head Start Home Visiting, State Medical Associations, regional Birth to Three agencies, early intervention partner agencies	Funding National TA Birth to Three Staff	<b>Scale Up</b> State leadership team members have presented at multiple early childhood events where EI partners present. Presentations consist of the changes to the Birth to Three program including the EBP and impact on child outcomes.	December 2015 Ongoing	<ul style="list-style-type: none"> <li>Continue to present at early childhood gatherings</li> </ul>

## Implementation Plan: Professional Development & Recommended Practices

**Coherent Improvement Strategy (Professional Development):** South Dakota will design and implement training/TA to service coordinators and providers to increase their knowledge and skills and use of appropriate recommended early intervention practices.

**Coherent Improvement Strategy (Recommended Practice):** South Dakota will provide training and resources to service coordinators and providers on appropriate use of family assessment and embedded routines engaging families in the early intervention process

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources	Status	Projected Timeline	Next Steps
<b>Determine and complete necessary infrastructure activities to support the statewide implementation of evidence based practices</b>	Restructure of state lead agency and create a position dedicated to professional development	Part C State Leadership Stakeholders DOE Leadership National TA Center	<b>Full Implementation</b> Restructure of state office to include professional development technical leader.	Spring 2015 - Fall 2015	
	Select appropriate online learning community platform for providing professional development for evidence based practices	Part C State Leadership K12 Data System Online Learning Platform	<b>Full Implementation</b> State selected the online platform Blackboard Learn. There is no cost to access this platform as funded by the State.	Summer 2015-Fall 2015	
	Develop and promulgate (implement) rule adding new criteria for Special Instruction within birth through age two	Stakeholders DOE Leadership Part B Legislators <b>Funding</b>	<b>Pending</b> State was attempting to increase number of and create reimbursement for an additional certification specific to Birth to Three Special Instruction providers in the state. Upon review, funding was not available for the additional enhancement.	Spring 2016 - Summer 2017 <b>Annually</b>	<ul style="list-style-type: none"> <li>State will re-evaluate if funding becomes available to support reimbursement for this new group of providers</li> </ul>

## Implementation Plan: Professional Development & Recommended Practices

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources	Status	Projected Timeline	Next Steps
<b>Develop and implement a PD system for scaling up appropriate use of family assessment</b>	Research and select evidence based practices for family assessment.	Funding Part C Program Director Stakeholders National TA Center	<b>Full Implementation</b> SD selected <i>Routines Base Interview (RBI)</i> for the assessment of families.	Winter 2015 – Summer 2015	
	Select a cadre of South Dakota Birth to Three representatives to attend SISKIN Institute <i>Routines Based Interview (RBI)</i> training	Funding Program Specialist Service Coordinator Regional EI Program	<b>Full Implementation</b> Three individuals attended the SISKIN institute in July 2015. Two service coordinators and the state technical leader for professional development.	July 2015 – January 2016	
	Develop an <i>RBI</i> training plan for service coordinators to include face-to-face, online learning community, webinars, conference calls, literature, mentoring, observation and coaching. <ul style="list-style-type: none"> <li>• Ongoing coaching/mentoring for service coordinators varied skills, experience and need for additional support</li> </ul>	Funding Regional Programs Blackboard Learn Technology National TA	<b>Full Implementation</b> Following certification from the SISKIN Institute certified state technical leadership staff began developing training plan to be rolled out to service coordinators statewide.	August 2015 Ongoing	<ul style="list-style-type: none"> <li>• Continue to analyze data and fidelity of implementation and adjust PD accordingly</li> </ul>
	Develop <i>RBI</i> training materials to support training plan activities	Funding Part C State Leadership Team <i>RBI</i> Trainers	<b>Full Implementation</b> Training materials were developed by PD technical leader and <i>RBI</i> certified trainers.	October 2015 Ongoing	<ul style="list-style-type: none"> <li>• Continue to evaluate materials and adapt as necessary to meet on-going training needs</li> </ul>

## Implementation Plan: Professional Development & Recommended Practices

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources	Status	Projected Timeline	Next Steps
	Implementation of <i>Routines Based Interview</i> training <ul style="list-style-type: none"> <li>Blackboard online learning community</li> <li>Initial 2 day face-to-face training(Dec 2015)</li> <li>Continued face-to-face training (spring 2016)</li> <li>On-going mentoring / coaching including use of video</li> </ul>	Funding Part C State Leadership Team Stakeholders RBI Trainers	<b>Implementation</b> Training continues for service coordinators. Following 12 months of online and face-to-face training, service coordinators are now conducting <i>RBI</i> with all Initial IFSPs. State PD leadership staff are implementing mentoring and coaching virtually.	October 2015 Ongoing	<ul style="list-style-type: none"> <li>Implement process with new service coordinators</li> </ul>
	Revise regional contracts to include <i>RBI</i> language and timelines <ul style="list-style-type: none"> <li>Define skill set needed for success in <i>RBI</i></li> </ul>	Funding	<b>Full Implementation</b> Language was added to the 2016-2017 contracts to include implementation of the <i>RBI</i> with all service coordinators.	March 2016	<ul style="list-style-type: none"> <li>Ensure language added to future contracts</li> </ul>
	Launch of <i>Routines Based Interview (RBI)</i> with Birth to Three families <ul style="list-style-type: none"> <li>Notification letter for families “What Is Early Intervention”</li> <li>Notification letter for providers</li> <li>Starting <del>July 1, 2016</del> <b>November 1, 2016</b> initial and annual IFSP will be done using <i>RBI</i></li> <li>Strategy with service coordinators for meeting timeline</li> </ul>	Funding Regional EI Program Part C State Leadership Team	<b>Implementation</b> Due to staffing capacity implementation start date for <i>RBI</i> was delayed.	<del>August 2016–July 2017</del> <b>October 2016—winter 2020</b>	<ul style="list-style-type: none"> <li>Implementation of <i>RBI</i> with families began 11/1/2016. These families will all have initial and annual IFSP using <i>RBI</i></li> <li><i>RBI</i>'s will be offered to families who entered prior to 11/1/2016</li> <li>Full implementation of <i>RBI</i> on all IFSPs will be completed by winter 2020</li> </ul>

## Implementation Plan: Professional Development & Recommended Practices

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources	Status	Projected Timeline	Next Steps
<b>Develop and implement a PD system for scaling up use of embedded routines</b>	Research and select evidence based practices for engaging families in early intervention services	Funding Part C State Leadership Team Stakeholders Content experts National TA Contractor Early Adopters NCSI CoP DEC Recommended Practices	<b>Installation</b> EBP <i>Routines Based Interview</i> selection and implementation in progress. Development of <i>EBP routines based home visiting approach</i> is in progress.	Winter 2015 – <del>Summer 2015</del> Summer 2017	<ul style="list-style-type: none"> <li>Continue to work with content experts to design <i>EBP routines based home visiting approach</i></li> </ul>
	Develop and implement communication plan for district personnel and private providers regarding early intervention evidence based practices, <i>RBI</i> and <i>EBP routines based home visiting state approach</i> <ul style="list-style-type: none"> <li>Develop and implement informational webinars</li> <li>Develop and implement breakout sessions at the SD SPED Conference</li> <li>Distribute communication via Direct Service Provider Listserv</li> <li>Distribute communication via online learning community</li> </ul>	Part C State Leadership Content Experts Funding Stakeholders Contractor	<b>Installation</b> Family assessment EBP selection is completed ( <i>RBI</i> ) and implemented. Due to lack of funding and resources available, the State has changed from <i>FGRBI</i> to a state developed <i>EBP routines based home visiting approach</i> and state provided PD. This approach will be effective but will extend the original timeline for full state implementation.	December 2015 Ongoing Summer 2021	<ul style="list-style-type: none"> <li>Continue to work with content experts to design curriculum and training materials for <i>EPB routines based home visiting approach</i></li> <li>Implement new timeline for <i>EBP routines based home visiting approach</i> statewide implementation by summer 2021</li> </ul>

## Implementation Plan: Professional Development & Recommended Practices

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources	Status	Projected Timeline	Next Steps
	Implement <i>Family Guided Routines Based Intervention (FGRBI)</i> Early Adopter training <ul style="list-style-type: none"> <li>• Blackboard online learning community</li> <li>• <i>FGRBI</i> 2 day initial train-the-trainer face-to-face training</li> <li>• 7 month virtual mentoring / coaching</li> </ul>	Funding K12 Data Center Blackboard Learn Training Locations Technology FGRBI Content Experts School Districts Stakeholders	<b style="color: green;">Implementation</b> The original EBP model selected, <i>FGRBI</i> , is being implemented with a group of early adopters. These early adopters will be part of the development of the new <i>EBP routines based home visiting approach</i> .	Summer 2015 <del>Ongoing</del> July 2017	<ul style="list-style-type: none"> <li>• Continue online mentoring with early adopters through summer 2017</li> <li>• Meet with online participants to gather information on incorporating their <i>FGRBI</i> experience into the state <i>EBP routine based home visiting approach</i></li> <li>• These original participants will be part of future training and coaching for statewide implementation</li> </ul>

## Implementation Plan: Professional Development & Recommended Practices

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources	Status	Projected Timeline	Next Steps
	<p><b>NEW STEP</b></p> <p>Develop curriculum and PD plan for <i>EBP routines based home visiting state approach</i></p>	<p>Funding State Part C Program Staff Consultant/ Content Expert Blackboard Learn SD Early Learning Guidelines DEC Recommended Practices NCSI University of Nebraska Early Adopters Stakeholders School Districts Training Locations Technology K12 Data Center</p>	<p><b>Installation</b></p> <p>The State has contracted with content expert to develop curriculum for implementation of an <i>EBP routines based home visiting approach</i>. The state and contractor are working with national TA centers, content experts and NCSI Cross-State Learning Collaborative.</p>	<p>December 2016 – September 2017</p>	<ul style="list-style-type: none"> <li>Develop sustainable training model to be rolled out over multiple years Create state specific early intervention specialist recognition</li> </ul>
	<p>Develop and implement <i>EBP routines based home visiting state approach</i> training calendar to ensure statewide implementation of practice.</p>	<p>Funding Trainers Part C Leadership Team Contractor</p>	<p><b>Installation</b></p> <p>The State has contracted with content expert to develop curriculum for implementation of a <i>EBP routines based home visiting state approach</i>. The state and contractor are working with national TA centers, content experts and NCSI Cross-State Learning Collaborative.</p>	<p>Spring 2017- Fall 2017 – Ongoing</p>	<ul style="list-style-type: none"> <li>Implement training calendar for statewide implementation of <i>EBP routines based home visiting state approach</i></li> <li>Develop and implement continued PD for new providers</li> </ul>

## Implementation Plan: Professional Development & Recommended Practices

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Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources	Status	Projected Timeline	Next Steps
	<p>Explore collaboration opportunities with other state agencies and DOE programs on family engagement evidence based practices.</p> <ul style="list-style-type: none"> <li>Family Engagement Summer Institute for early childhood professionals</li> </ul>	<p>Funding Part C State Leadership HSSCO director DOH Bright Start Home Visiting DSS Child Care Services Part B 619 Tribal Entities School Districts DOE</p>	<p>Scaling up</p>	<p>January 2016 August 2016- Ongoing</p>	<ul style="list-style-type: none"> <li>Participate in state agency Family Service Interagency group, formed from success of Family Engagement Summer Institute</li> <li>Explore other collaboration opportunities to promote family engagement</li> </ul>

## Evaluation Tracking: PD & Recommended Practices

South Dakota is implementing two EBP the *Routines Based Interview (RBI)* and a *routines based home visiting approach*.  
This page contains information for both EBPs

Strategies & Activities	Outputs	Outcomes	Evaluation Question
<p><b>Coherent Improvement Strategy (Professional Development):</b> South Dakota will design &amp; implement training/TA to increase knowledge and skills and use of appropriate early intervention practices.</p> <ul style="list-style-type: none"> <li>Determine and complete necessary infrastructure activities to support the statewide implementation of evidence based practices</li> </ul> <p><b>Coherent Improvement Strategy (Recommended Practices):</b> South Dakota will provide training and resources on appropriate use of family assessment and routines based embedded intervention.</p> <ul style="list-style-type: none"> <li>Develop and implement a PD system for scaling up appropriate use of family assessment.</li> <li>Develop and implement a PD system for scaling up use of caregiver implemented routines based embedded intervention.</li> </ul> <p><b>Coherent Improvement Strategy (Recommended Practices):</b> South Dakota will present a consistent statewide message about early intervention service delivery and evidence based practices</p> <ul style="list-style-type: none"> <li>Create a Birth to Three Early Intervention message</li> <li>Disseminate Early Intervention materials</li> </ul> <p><b>Coherent Improvement Strategy (Professional Development):</b> South Dakota will provide support and TA to all partners to increase their active participation in the SSIP process.</p> <ul style="list-style-type: none"> <li>Develop communication plan for targeted audiences to build awareness and partnership for early intervention</li> </ul>	<ul style="list-style-type: none"> <li><b>Full Implementation</b> State office restructured to support PD position</li> <li><b>Scale Up</b> Online learning community</li> <li><b>Pending</b> Part C Special Instruction Rule promulgated to increase number of Special Instruction providers</li> <li><b>Implementation</b> Cadres of <i>RBI</i> trainers established to provide ongoing training</li> <li><b>Installation</b> <i>RBI EBP routines based home visiting approach</i> training plans and materials developed and implemented</li> <li><b>Full Implementation</b> Regional contracts contain training provision</li> <li><b>Implementation</b> Collaboration established with partner agencies regarding training and branding</li> <li><b>Installation</b> Vision and Mission statements created and shared with Stakeholders</li> <li><b>Scaling Up</b> Birth to Three brochures and materials updated</li> <li><b>Scaling Up</b> Audience-specific brochures and materials created and disseminated (<i>RBI</i>)</li> <li><b>Installation</b> Communication plan developed and implemented (<i>RBI</i>)</li> </ul>	<p><b>Short Term</b></p> <ul style="list-style-type: none"> <li>Early Interventionists will be trained on the State’s chosen evidence based practices</li> <li>Increased awareness of early intervention and evidence based practices</li> <li>All early intervention partners, including families and caregivers, will have a greater awareness of how early intervention and family engagement affects children’s outcomes</li> </ul> <p><b>Intermediate</b></p> <ul style="list-style-type: none"> <li>Early Intervention providers will engage families in <i>RBI and EBP routines based home visiting approach</i></li> <li>IFSP’s will reflect family and child outcomes based on <i>RBI and EBP routines based home visiting approach</i></li> <li><i>Parents and caregivers will be engaged</i> in their child’s routine based intervention</li> </ul> <p><b>Long Term</b></p> <ul style="list-style-type: none"> <li>(SiMR) Infants and Toddlers exiting early intervention services will demonstrate substantially increased growth in in their acquisition and use of knowledge and skills (including early language/communication)</li> </ul>	<p><b>1PD.</b> Were early interventionist trained on evidence-based practices (<i>RBI, EBP routines based home visiting approach</i>) as intended?</p> <p><b>2PD.</b> Do early interventionists have an increased awareness of evidence based intervention?</p> <p><b>3PD.</b> Are early interventionists using evidence-based practices as intended?</p> <p><b>4PD.</b> Did children and families receive appropriate evidence based practices?</p> <p><b>5PD.</b> Are families engaged in routine based interventions?</p> <p><b>6PD.</b> How aware are families and partners of early intervention and the impact of family engagement?</p> <p><b>7PD.</b> Did infants and toddlers demonstrate substantially increased growth in acquisition and use of knowledge and skills?</p>

*Routines Based Interview (RBI)*

Evaluation Question	Performance Indicator	Data Collection	Analysis
<b>1PD.</b> Were early interventionist trained on <i>RBI</i> as intended?	100% of Service Coordinators trained on <i>RBI</i> Model	<ul style="list-style-type: none"> <li>Attendance Logs</li> <li>Sign in sheets</li> </ul>	<b>1PD</b> 100% attendance during <i>RBI</i> training for Service coordinators. Trainings took place July 12-13, 2016, August 1-2, 2016, August 22-23, 2016 and September 14-15, 2016.
<b>2PD.</b> Do early interventionists have an increased awareness of <i>RBI</i> ?	96% of service coordinators indicated increased in knowledge of <i>RBI</i>	<ul style="list-style-type: none"> <li>Self-reported survey</li> </ul>	<b>2PD</b> 100% of service coordinators completed pre, mid and post surveys between August 2015 and January 2017 determining their knowledge of <i>RBI</i> and its components. Data showed an increase in self-reported knowledge from 37% to 96% in service coordinators knowledge of <i>RBI</i> and its components.
<b>3PD.</b> Are early interventionists using <i>RBI</i> as intended?	100% of service coordinators are implementing the <i>RBI</i>  Measurement of fidelity of the <i>RBI</i> administration is underway and will be reported in 2018	<ul style="list-style-type: none"> <li>Self-reported quarterly reports submitted to State office</li> <li><i>RBI</i> Implementation checklist</li> </ul>	<b>3PD</b> 100% of service coordinators submitted reports to state office for the reporting period of 10/1/2016 to 12/31/2016. During this reporting time frame: 100% of service coordinators are conducting <i>RBI</i> 's with one or more families during their initial IFSP. As of 3/1/2017 52% of service coordinators have been observed by certified <i>RBI</i> state staff using the <i>RBI</i> implementation checklist. Of the service coordinators who have been observed, 15% are considered as having beginning skills, 23% are considered emerging and 62% are proficient
<b>4PD.</b> Did children and families receive appropriate <i>RBI</i> practices?	Unable to determined % of families receiving appropriate <i>RBI</i>	<ul style="list-style-type: none"> <li>Representative Poll of families</li> <li>Partner with PTI to administer</li> </ul>	<b>4PD</b> State staff and stakeholders are developing tool to measure if family received <i>RBI</i> . Tool is delayed in development due to delay in implementation of <i>RBI</i> training and development and implementation of EBP routines based home visiting approach.
<b>5PD.</b> Are families engaged in <i>RBI</i> ?	Unable to determined % of families engaged in <i>RBI</i>	<ul style="list-style-type: none"> <li>Representative Poll of families</li> <li>Partner with PTI to administer</li> </ul>	<b>5PD</b> State staff and stakeholders are developing tool to measure if families are engaged in <i>RBI</i> . Tool is delayed in development due to delay in implementation of <i>RBI</i> training and development and implementation of EBP routines based home visiting approach.
<b>6PD.</b> How aware are families and partners of early intervention and the impact of family engagement?	Unable to determined % of families and caregivers who indicate increased awareness of and importance of family engagement	<ul style="list-style-type: none"> <li>Representative Poll of families and caregivers</li> </ul>	<b>6PD</b> State staff and stakeholders are developing tool to measure families increased awareness and importance of family engagement based on interactions with <i>RBI</i> and the EBP routines based home visiting approach. Tool is delayed in development due to delay in implementation of <i>RBI</i> training and development and implementation of the EBP routines based home visiting approach
<b>7PD.</b> Did infants and toddlers demonstrate substantially increased growth in acquisition and use of knowledge and skills?	Unable to determined % of infants and toddlers demonstrating increased growth in knowledge and skills	Indicator C3 child outcomes	<b>7PD</b> EBP has not been fully implemented therefore data unavailable to demonstrate increased growth in knowledge and skills.

*Routines Based Interview (RBI)*

Analysis	Use in Program Improvement	Ongoing Evaluation	Next Steps
<p><b>1PD</b> 100% attendance during <i>RBI</i> training for service coordinators. Trainings took place July 12-13, 2016, August 1-2, 2016, August 22-23, 2016 and September 14-15, 2016.</p>	<p>Identify service coordinators that need to be trained</p>	<p>Have new service coordinators completed <i>RBI</i> training?</p>	<ul style="list-style-type: none"> <li>Implement ongoing <i>RBI</i> training for new service coordinators</li> </ul>
<p><b>2PD</b> 100% of service coordinators completed pre, mid and post surveys between August 2015 and January 2017 determining their knowledge of <i>RBI</i> and its components. Data showed an increase from 37% to 96% in service coordinators self-reported knowledge of <i>RBI</i> and its components.</p>	<p>Training with new service coordinators to increase knowledge base</p>	<p>Have new service coordinators completed self-assessment survey and demonstrated increased knowledge of <i>RBI</i>?</p>	<ul style="list-style-type: none"> <li>Insure new service coordinators complete surveys throughout their training</li> </ul>
<p><b>3PD</b> 100% of service coordinators submitted reports to state office for the reporting period of 10/1/2016 to 12/31/2016. During this reporting time frame: 100% of service coordinators are conducting <i>RBI</i>'s with one or more families during their initial IFSP. As of 3/1/2017 52% of service coordinators have been observed by certified <i>RBI</i> state staff using the <i>RBI</i> implementation checklist. Of the service coordinators who have been observed, 15% are considered as having beginning skills, 23% are considered emerging and 62% are proficient</p>	<p>Identify service coordinators who are not conducting <i>RBI</i>'s on all initial IFSP meetings</p> <p>Identify % of service coordinators who are not proficient in <i>RBI</i></p>	<p>Are <i>RBI</i>'s being reported as being conducted on all IFSP's?</p> <p>Is <i>RBI</i> practice continuing as intended?</p>	<ul style="list-style-type: none"> <li>Continue to analyze quarterly data submitted to state office</li> <li>Observation by certified <i>RBI</i> state staff conducted bi-annually to ensure the practice continues to occur as intended</li> <li>Determine observation calendar</li> <li>Contract for virtual platform to ensure state capacity</li> <li>Establish training protocol to address any gaps in performance</li> </ul>
<p><b>4PD</b> State staff and stakeholders are developing tool to measure if family received <i>RBI</i>. Tool is delayed in development due to delay in implementation of <i>RBI</i> training and development and implementation of EBP routines based home visiting approach.</p>	<p>% of families not receiving appropriate <i>RBI</i></p>	<p>Does regional data indicate a need for regional specific training?</p> <p>Do families need additional information to understand <i>RBI</i>?</p>	<ul style="list-style-type: none"> <li>Develop survey tool to measure if families received <i>RBI</i></li> <li>Distribute survey tool</li> </ul>
<p><b>5PD</b> State staff and stakeholders are developing tool to measure if families are engaged in <i>RBI</i>. Tool is delayed in development due to delay in implementation of <i>RBI</i> training and development and implementation of EBP routines based home visiting approach.</p>	<p>% of families engaged in <i>RBI</i></p>	<p>Does regional data indicate a need for region specific training?</p> <p>Do families need additional information to understand <i>RBI</i>?</p>	<ul style="list-style-type: none"> <li>Develop survey tool to measure if families received <i>RBI</i></li> <li>Distribute survey tool</li> </ul>
<p><b>6PD</b> State staff and stakeholders are developing tool to measure families increased awareness and importance of family engagement. Tool is delayed in development due to delay in implementation of <i>RBI</i> training and development and implementation of EBP routines based home visiting approach</p>	<p>% of families and caregivers who indicate increased awareness of and importance of family engagement</p>	<p>Does regionally disaggregate data indicate need for additional material and/or training?</p>	<ul style="list-style-type: none"> <li>Work with national TA to identify factors how to increase family engagement.</li> </ul>
<p><b>7PD</b> EBP has not been fully implemented therefore data unavailable to demonstrate increased growth in knowledge and skills.</p>	<p>Identify training gaps</p>	<p>Does BDI-2 evaluation tool accurately reflect significant growth?</p>	<p>BDI-2 evaluation tool accurately reflect significant growth</p>

## Evaluation Tracking: PD & Recommended Practices

Due to lack of funding and inability to implement FGRBI statewide, the State is developing curriculum and training materials for an *EBP routines based home visiting approach* for direct service providers.

Data will be collected for evaluation and analysis upon implementation of *EBP routines based home visiting approach*

### *Routines Based Home Visiting Approach*

Evaluation Question	Performance Indicator	Data Collection	Analysis
<b>1PD</b> Were early interventionist trained on <i>EBP routines based home visiting approach</i> as intended	<b>Undetermined</b> % of direct service providers trained in <i>EBP routines based home visiting approach</i>	<ul style="list-style-type: none"> <li>Attendance Logs</li> <li>Sign in sheets</li> </ul>	<b>1PD</b> Summary of Attendance and Training Dates
<b>2PD</b> Do early interventionists have an increased awareness of <i>EBP routines based home visiting approach</i>	<b>Undetermined</b> % of direct service providers who indicated increase in knowledge of <i>EBP routines based home visiting approach</i>	<ul style="list-style-type: none"> <li>Self-reported survey</li> </ul>	<b>2PD</b> Pre/post comparison of providers response to awareness and use of <i>EBP routines based home visiting approach</i>
<b>3PD</b> Are early interventionists using <i>EBP routines based home visiting approach</i> ?	<b>Undetermined</b> % of direct service providers implementing the <i>EBP routines based home visiting approach</i>	<ul style="list-style-type: none"> <li>Implementation checklist</li> <li>Observation of practice</li> </ul>	<b>3PD</b> To be determined by state leadership, national TA, contractor content expert
<b>4PD</b> Did children and families receive appropriate <i>EBP routines based home visiting approach</i>	<b>Undetermined</b> % of families receiving appropriate <i>EBP routines based home visiting approach</i>	<ul style="list-style-type: none"> <li>Representative Poll of families</li> <li>Partner with PTI to administer</li> </ul>	<b>4PD</b> Family Responses to <i>EBP routines based home visiting approach</i> questions in poll
<b>5PD</b> Are families engaged in <i>EBP routines based home visiting approach</i>	<b>Undetermined</b> % of families engaged in <i>EBP routines based home visiting approach</i>	<ul style="list-style-type: none"> <li>Representative Poll of families</li> <li>Checklist based on <i>EBP routines based home visiting approach</i></li> <li>Partner with PTI to administer</li> </ul>	<b>5PD</b> Families who report being engaged in child's <i>EBP routines based home visiting approach</i> based on poll responses
<b>6PD</b> How aware are families and partners of early intervention and the impact of family engagement?	<b>Undetermined</b> % of families and caregivers who indicate increased awareness of and importance of family engagement	<ul style="list-style-type: none"> <li>Representative Poll of families and caregivers</li> <li>checklist based on <i>EBP routines based home visiting approach</i></li> </ul>	<b>6PD</b> Family responses to questions on increased awareness and importance of family engagement from poll
<b>7PD.</b> Did infants and toddlers demonstrate substantially increased growth in acquisition and use of knowledge and skills?	<b>Undetermined</b> % of infants and toddlers demonstrating increased growth in knowledge and skills	<ul style="list-style-type: none"> <li>Indicator C3 child outcomes</li> </ul>	<b>7PD</b> ECO Calculator results

## Evaluation Tracking: PD & Recommended Practices

Due to lack of funding and inability to implement FGRBI statewide, the State is developing curriculum and training materials for an *EBP routines based home visiting approach* for direct service providers.

Data will be collected for evaluation and analysis upon implementation of *EBP routines based home visiting approach*

### *Routines Based Home Visiting Approach*

Analysis	Use in Program Improvement	Ongoing Evaluation	Next Steps
<b>1PD</b> Summary of Attendance and Training Dates	Identify providers who need to be trained	Have new direct service providers received training the <i>EBP routines based home visiting approach</i>	<ul style="list-style-type: none"> <li>Develop and implement <i>EBP routines based home visiting approach</i> with national TA, content experts, contractor</li> </ul>
<b>2PD</b> Pre/post comparison of providers response to awareness and use of <i>EBP routines based home visiting approach</i>	Training with new direct service providers to increase knowledge	Have direct service providers completed self-assessment and demonstrated increased knowledge on <i>EBP routines based home visiting approach</i>	<ul style="list-style-type: none"> <li>Develop pre/post survey to accompany <i>EBP routines based home visiting approach</i> with national TA, content experts, contractor</li> </ul>
<b>3PD</b> To be determined by state leadership, national TA, contractor content expert	Identify providers who are not conducting <i>EBP routines based home visiting approach</i> as intended	Does observation data indicate <i>EBP routines based home visiting approach</i> is continuing as intended?	<ul style="list-style-type: none"> <li>Develop and implement <i>EBP routines based home visiting approach</i> with national TA, content experts, contractor</li> </ul>
<b>4PD</b> Family Responses to <i>EBP routines based home visiting approach</i> questions in poll	% of families not receiving <i>EBP routines based home visiting approach</i>	Does regional data indicate a need for regional specific training? Do families need additional information to understand <i>EBP routines based home visiting approach</i> ?	<ul style="list-style-type: none"> <li>Develop and implement <i>EBP routines based home visiting approach</i> with national TA, content experts, contractor</li> </ul>
<b>5PD</b> Families who report being engaged in child's EBP routines based home visiting approach based on poll responses	% of families engaged in <i>EBP routines based home visiting approach</i>	Does regional data indicate a need for regional specific training? Do families need additional information to understand EBP routines based home visiting approach?	<ul style="list-style-type: none"> <li>Develop and implement <i>EBP routines based home visiting approach</i> with national TA, content experts, contractor</li> </ul>
<b>6PD</b> Family responses to questions on increased awareness and importance of family engagement from poll	% of families and direct service providers who indicate awareness of and important of family engagement	Desegregate data regionally to determine if additional material and/or training is needed	<ul style="list-style-type: none"> <li>Develop and implement EBP routines based home visiting approach with national TA, content experts, contractor</li> </ul>
<b>7PD</b> ECO Calculator results	% increase in C3 Child Outcome results	BDI-2 evaluation tool accurately reflect significant growth	<ul style="list-style-type: none"> <li>Continue to determine if the BDI-2 evaluation tool accurately reflects significant growth</li> </ul>