

SD Part C

FFY2014 State Performance Plan / Annual Performance Report

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

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.

In conjunction with the State Systemic Improvement Plan (SSIP), South Dakota Birth to Three program made changes in 2015 to the state office infrastructure. These changes were brought about with the assistance of stakeholders and will better equip South Dakota to sustain and build capacity for SSIP work as we maintain compliance and ensure the use of evidence-based practices to support achievement of results for infants and toddlers with disabilities and their families.

These infrastructure changes are discussed in their respective areas of the introduction.

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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 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 an online system, is reviewed by Birth to Three state office staff to ensure that state and federal regulations and guidelines are met before payment is approved.
- d. All provider reimbursement requests are linked to IFSPs. Providers are unable to bill for services that are not linked to an IFSP.
- e. The State Birth to Three online IFSP data system also allows service coordinators to view reports relating to child count verification and SPP/APR indicators. There are several reports that serve as edit checks in order to assist service coordinators in ensuring the data they enter is 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.

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

correction (OSEP 09-02).

In some instances, based on data slippage, parent information, past data reports etc., an onsite focused monitoring by Birth to Three state staff could occur. Focused monitoring involves reviewing specific children’s files, interviewing service coordinators, early intervention providers, parents, etc. Findings resulting from the focused monitoring 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 were completed in accordance with federal requirements. Verification of correction of any noncompliance is made in accordance with the required 2 prongs of correction in OSEP 09-02.

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

- 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.

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

- The provision of specific technical assistance to programs as requested by the program or regional service coordinator grantees.

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

The state staff have developed and provided regional staff a self-monitoring checklist that covers the SPP/APR indicators and federal/state rules and regulations. This is recommended to be used by regional staff to determine the status of their implementation of Part C requirements 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.
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, early childhood guidelines and a Birth to Three program overview.
7. Periodic training events are also held as needed for service providers. Recent and planned topics include effective outcome writing, use of insurance, Medicaid reimbursement, and tele-therapy.
8. Periodic training opportunities are announced or planned and provided in collaboration with other agencies including the Center for Disabilities, Part B, Parent Connection, Head Start, and Medicaid.
9. Online tutorials for writing child outcomes are available for new and seasoned providers.
10. In the summer of 2015, South Dakota added a new online learning platform to the professional development tools. From this online platform service coordinators and direct service providers can access training tools for implementation of the SSIP evidence-based practices. This comprehensive learning opportunity provides a support system and promotes participation in ongoing professional development regardless of physical location. 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. Established as a private learning community, participants can also access research, a video library, discussion boards and blogs.

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.

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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. The culmination of the SICC work took place in November and December of 2014 and January, 2015.

In January 2016, the SICC convened to review FFY2014 data and 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 2013 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 2013 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2013 APR in 2015, 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 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 SICC and Stakeholders, all regional Birth to Three programs, service coordinators, and providers of the availability of these reports on the Birth to Three website <http://doe.sd.gov/oess/Birthto3.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.

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Actions required in FFY 2013 response

None

OSEP Response

Required Actions

The State's IDEA Part C determination for both 2015 and 2016 is needs assistance.

In the State's 2016 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 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.

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
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		100%	100%	100%	100%	100%	100%	100%	100%	100%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

FFY 2014 - FFY 2018 Targets

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

FFY 2014 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 2013 Data*	FFY 2014 Target*	FFY 2014 Data
421	421	100%	100%	100%

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner)	null
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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 FFY2014, January 1, 2015 through March 31, 2015

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 FFY2014 (January 1, 2015 through March 31, 2015). 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 IFSP's for FFY2014.

Provide additional information about this indicator (optional)

In South Dakota, Birth to Three defines timely services as services beginning within 30 calendar days from the date the parent signs consent for IFSP services.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

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, 2014-June 30, 2015). 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

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
Target ≥			96.60%	96.90%	97.20%	97.50%	97.80%	97.80%	97.80%	96.80%
Data		96.80%	98.00%	100%	100%	100%	100%	100%	100%	98.96%

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

FFY 2014 - FFY 2018 Targets

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

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,254	
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	Total number of infants and toddlers with IFSPs	1,255	

FFY 2014 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 2013 Data*	FFY 2014 Target*	FFY 2014 Data
1,254	1,255	98.96%	96.80%	99.92%

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

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)

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

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
A1	2013	Target ≥						44.90%	45.00%	45.00%	45.00%	50.48%
		Data					53.80%	44.90%	38.40%	48.90%	48.90%	50.48%
A2	2013	Target ≥						81.30%	81.40%	81.40%	81.40%	85.37%
		Data					85.40%	81.30%	80.20%	84.10%	85.10%	85.37%
B1	2013	Target ≥						49.30%	49.40%	49.40%	49.40%	58.82%
		Data					59.40%	49.30%	47.40%	48.60%	57.90%	58.82%
B2	2013	Target ≥						65.30%	65.40%	65.40%	65.40%	69.51%
		Data					72.60%	65.30%	65.00%	65.00%	68.60%	69.51%
C1	2013	Target ≥						64.90%	65.00%	65.00%	65.00%	57.26%
		Data					55.30%	64.90%	68.00%	67.60%	60.90%	57.26%
C2	2013	Target ≥						90.00%	90.10%	90.10%	90.10%	84.63%
		Data					91.10%	90.00%	91.20%	91.70%	83.70%	84.63%

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

FFY 2014 - FFY 2018 Targets

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

Key:

Explanation of Changes

FFY2018 Target A2 was not pre-populated. Stakeholders agreed upon target manually entered.

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

FFY 2014 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	569.00
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Outcome A: Positive social-emotional skills (including social relationships)

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	12.00	2.11%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	58.00	10.19%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	16.00	2.81%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	58.00	10.19%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	425.00	74.69%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 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	144.00	50.48%	50.48%	51.39%
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 $(d+e)/(a+b+c+d+e)$.	483.00	569.00	85.37%	85.37%	84.89%

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	18.00	3.16%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	118.00	20.74%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	49.00	8.61%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	117.00	20.56%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	267.00	46.92%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 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 $(c+d)/(a+b+c+d)$.	166.00	302.00	58.82%	58.82%	54.97%
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 $(d+e)/(a+b+c+d+e)$.	384.00	569.00	69.51%	69.51%	67.49%

Explanation of B1 Slippage

South Dakota identified Data Quality as one of the main strands on the states Theory of Action. Stakeholders recognized there maybe 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, in-depth BDI-2 training will be provided to all evaluators, so that evaluations are implemented consistently and results are interpreted uniformly across districts. This will improve the reliability and validity of the BDI-2 administration. Trainings will occur in Phase III of South Dakota's State Systemic Improvement Plan.

Explanation of B2 Slippage

South Dakota identified Data Quality as one of the main strands on the states Theory of Action. Stakeholders

recognized there maybe 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, in-depth BDI-2 training will be provided to all evaluators, so that evaluations are implemented consistently and results are interpreted uniformly across districts. This will improve the reliability and validity of the BDI-2 administration. Trainings will occur in Phase III of South Dakota's State Systemic Improvement Plan.

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	11.00	1.93%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	50.00	8.79%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	11.00	1.93%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	69.00	12.13%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	428.00	75.22%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 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 $(c+d)/(a+b+c+d)$.	80.00	141.00	57.26%	57.26%	56.74%
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 $(d+e)/(a+b+c+d+e)$.	497.00	569.00	84.63%	84.63%	87.35%

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. South Dakota revised their business rules in FFY2013 to ensure better data quality and thus more effectively measure and capture growth for child outcomes.

During FFY2014, July 1, 2014 to June 30, 2015, 934 children exited the Birth to Three program of which 569 children had qualifying entry and exit BDI-2 scores. This computes to a 61% completion rate, a 15% increase over FFY2013 completion rate. Entry scores for the 569 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.

South Dakota continues to monitor and provide technical assistance to increase the completion percentage for indicator C3. Data analysis of FFY2014 indicates of the 365 children who exited the Birth to Three program but did not receive a qualifying exit score, 62% were in the Birth to Three program less than 6 months.

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

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
A	2006	Target ≥					96.20%	96.40%	96.60%	96.60%	96.60%	93.90%
		Data			93.90%	97.80%	96.50%	98.40%	99.30%	99.20%	99.04%	96.83%
B	2006	Target ≥					89.80%	90.00%	90.20%	90.20%	90.20%	89.40%
		Data			89.40%	97.40%	95.60%	97.60%	98.60%	98.30%	98.09%	97.74%
C	2006	Target ≥					89.60%	89.80%	90.00%	90.00%	90.00%	89.30%
		Data			89.30%	94.30%	96.20%	98.40%	99.00%	98.30%	98.56%	96.38%

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

FFY 2014 - FFY 2018 Targets

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

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

FFY 2014 SPP/APR Data

Number of respondent families participating in Part C	305.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	301.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	302.00
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	298.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	302.00
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	300.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	304.00

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	96.83%	93.90%	99.67%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	97.74%	89.40%	98.68%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	96.38%	89.30%	98.68%

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 FFY2014, a total of 931 surveys were distributed to Part C families; 305 were returned for a response rate of 32.8%, this is a 5% increase in the return rate over FFY2013. The validity and reliability of the survey is ensured by having a carefully crafted survey that is understandable, that measures the indicator, and is based on a representative group of parents. The representativeness of the surveys was assessed by examining the demographic characteristics of the children of the parents who responded to the survey to the demographic characteristics of children in the Part C system in South Dakota. This comparison indicates the results are representative by geographic region where the child receives services, the age of the child at referral and race/ethnicity of the child. For example, 16% of parents who returned a survey indicated that their children are Native American and 16% of Part C children are Native American; 74% of the parents who returned a survey indicated that their children are white and 72% of Part C children are white. See below chart for details (also attached).

C4

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 2013 response

None

OSEP Response

Required Actions

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
Target ≥			0.93%	0.95%	0.97%	0.89%	0.90%	0.91%	0.91%	0.82%
Data		0.82%	1.21%	1.15%	0.87%	0.88%	1.21%	1.25%	1.36%	1.64%

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

FFY 2014 - FFY 2018 Targets

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

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	Number of infants and toddlers birth to 1 with IFSPs	206	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	4/3/2014	Population of infants and toddlers birth to 1	12,313	null

FFY 2014 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
206	12,313	1.64%	0.82%	1.67%

Provide additional information about this indicator (optional)

According to IDEA 2014 data of children under the age of one receiving services by eligibility, South Dakota ranks seventh out of the 19 states in the Category B Eligibility criteria.

The US Census reports the birthrate for South Dakota increased by 1.40% from FFY2013 to FFY2014. Data

indicates the South Dakota Birth to Three program increased in the birth to one category from FFY2013 1.64% (199 children) to 1.67% (206 children) or a 3.52% increase. South Dakota birthrate increased and likewise more children were identified as being eligible for early intervention services. South Dakota exceeds the National average of 1.15%.

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

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
Target ≥			2.86%	2.87%	2.88%	2.84%	2.85%	2.86%	2.86%	2.81%
Data		2.91%	2.97%	3.27%	3.14%	2.81%	3.10%	3.10%	3.05%	3.21%

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

FFY 2014 - FFY 2018 Targets

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

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	Number of infants and toddlers birth to 3 with IFSPs	1,255	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2014	7/2/2015	Population of infants and toddlers birth to 3	36,638	

FFY 2014 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
1,255	36,638	3.21%	2.81%	3.43%

Provide additional information about this indicator (optional)

According to IDEA 2014 child count data for children served ages birth to three, South Dakota ranked tenth out of the 19 states in the Category B Eligibility criteria.

The US Census reports South Dakota had a 1.42% increase in the population of children age birth to three,

from FFY2013 to FFY2014. The Birth to Three program in South Dakota also increased the number of children served by 8.38%. The FFY2013 child count for South Dakota's Birth to Three program was 1158 compared to 1255 in FFY2014. Nationally, South Dakota exceeds the national average of 2.95%, serving 3.43% of South Dakota's birth to age three population.

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

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
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		97.30%	100%	100%	100%	100%	100%	100%	100%	99.44%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2014 - FFY 2018 Targets

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

FFY 2014 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 2013 Data*	FFY 2014 Target*	FFY 2014 Data
172	172	99.44%	100%	100%

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline)	null
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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 FFY2014 January 1, 2015 through March 31, 2015

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 FFY2014 (January 1, 2015 through March 31, 2015). 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 FFY2014.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	null	0

FFY 2013 Findings of Noncompliance Verified as Corrected

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

State Staff monitor compliance of indicator C7 through the Birth to Three state data system. During the monitoring process it was found that one file from the Southeast Regional Birth to Three program did not meet the 45 day timeline. The state provided technical assistance to Southeast Regional Birth to Three Program to ensure and verify correction of the noncompliance in accordance with the federal requirement prongs of correction (OSEP 09-02).

Utilizing the Birth to Three data system, state staff monitored Southeast Regional Birth to Three program C7 data and found no further instances of noncompliance during the subsequent two quarters of monitoring.

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

It was found due to turnover of service coordinators in the Southeast Area Birth to Three program one child's 45-day timeline did not fall within the required timelines. Using the state data system state staff were able to ensure an IFSP was written for this child. The Southeast Regional program has put procedures into place to safeguard against future noncompliance.

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, 2014-June 30, 2015). 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

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
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		100%	100%	100%	100%	100%	100%	100%	100%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2014 - FFY 2018 Targets

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

FFY 2014 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 2013 Data*	FFY 2014 Target*	FFY 2014 Data
158	158	100%	100%	100%

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of children exiting Part C who have an IFSP with transition steps and services)	null
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What is the source of the data provided for this indicator?

- State monitoring



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 FFY2014 January 1, 2015 through March 31, 2015

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 FFY2014 (January 1, 2015 - March 31, 2015). 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 FFY2014.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

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, 2014-June 30, 2015). 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

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
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		100%	100%	100%	100%	100%	100%	100%	100%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2014 - FFY 2018 Targets

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

FFY 2014 SPP/APR Data

Data include notification to both the SEA and LEA

- Yes
- No

Please explain

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 2013 Data*	FFY 2014 Target*	FFY 2014 Data
158	158	100%	100%	100%

Number of parents who opted out (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2014 Data)	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

Is the policy on file with the Department? No

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

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

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

Third Quarter FFY2014 January 1, 2015 through March 31, 2015

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

For indicator C8B, one quarter of the fiscal year was used to determine compliance with the indicator. The State selected the third quarter of FFY2014 (January 1, 2015 through March 31, 2015). 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 FFY2014.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

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

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

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, 2014-June 30, 2015). 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

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
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		94.60%	96.50%	100%	100%	100%	100%	100%	100%	99.38%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2014 - FFY 2018 Targets

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

FFY 2014 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 2013 Data*	FFY 2014 Target*	FFY 2014 Data
158	158	99.38%	100%	100%

Number of toddlers for whom the parent did not provide approval for the transition conference (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2014 Data)	null
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Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B)

null

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 January 1, 2015 through March 31, 2015

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 FFY2014 (January 1, 2015 through March 31, 2015). 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 FFY2014.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	null	0

FFY 2013 Findings of Noncompliance Verified as Corrected

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

State staff reviewed compliance of indicator C8C through the data system. During the monitoring process it was found that one file from the Southeast Regional Birth to Three program did not meet the transition conference timelines. The state provided technical assistance to Southeast Birth to Three program to ensure and verify correction of the noncompliance in accordance with the federal requirement prongs of correction (OSEP 09-02).

Utilizing the Birth to Three data system, state staff have monitored Southeast Regional Birth to Three program's C8C data and found no further instances of noncompliance during the additional two quarters monitored.

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

It was found that due to turnover of service coordinators in the Southeast Area Birth to Three program a child's transition conference did not fall within the required timelines. Using the state data system, state staff were able to ensure that a transition conference was held. Southeast Regional Birth to Three program has put procedures into place to safeguard against future noncompliance.

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, 2014-June 30, 2015). 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

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
Target ≥										
Data										

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

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥					

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/5/2015	3.1(a) Number resolution sessions resolved through settlement agreements	n	null
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/5/2015	3.1 Number of resolution sessions	n	null

FFY 2014 SPP/APR Data

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
0	0			

Actions required in FFY 2013 response

None

OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2014. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

Required Actions

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
Target ≥										
Data										

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

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥					

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/5/2015	2.1.a.i Mediations agreements related to due process complaints	n	null
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/5/2015	2.1.b.i Mediations agreements not related to due process complaints	n	null
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/5/2015	2.1 Mediations held	n	null

FFY 2014 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 2013 Data*	FFY 2014 Target*	FFY 2014 Data
0	0	0			

Actions required in FFY 2013 response

None

OSEP Response

The State reported fewer than ten mediations held in FFY 2014. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

Required Actions

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
Target		58.82%
Data	58.82%	54.97%

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

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	58.82%	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 - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

Overview

South Dakota Phase II can be found as a pdf in the Attachments below.

Data Analysis

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

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 2015" in below Attachments section.

Selection of Coherent Improvement Strategies

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

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

Theory of Action

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

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

Illustration

 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.
- (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

OSEP Response

Required Actions

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: Lead Agency Director

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

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 II

Submitted: April 1, 2016



Introduction

Phase II of the South Dakota Birth to Three State Systemic Improvement Plan (SSIP) process builds on the work of Phase I, focusing on the plans necessary to address infrastructure improvements to support early intervention providers in the use of evidence based practices when providing services to infants and toddlers and their families to contribute to the successful implementation of the statewide 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 II of the SSIP was developed with the continued active assistance of an extensive Stakeholder group and ongoing technical assistance (TA) from the Early Childhood Technical Assistance Center (ECTA). Phase II builds on the work of Phase I that included a broad and 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.

Stakeholders considered these areas of need and assisted the State Leadership Team in identifying and selecting *Coherent Improvement Strategies* to address those needs:

- South Dakota will establish a process to obtain and report exit BDI-2 scores for children exiting the Birth to Three program, regardless of reasons for exit.
- South Dakota will provide BDI-2 training in collaboration with 619 to evaluators.
- South Dakota will develop and implement a monitoring protocol to increase the likelihood of appropriate Individual Family Service Plan (IFSP) decisions (frequency and intensity of EI services) and the use of appropriate recommended early intervention practices.
- South Dakota will provide support and TA to all partners to increase their active participation in the SSIP process.
- South Dakota will design and implement training/TA to increase knowledge and skills and use of appropriate recommended EI practices.
- South Dakota will present a consistent statewide message about early intervention service delivery and evidence based practice.

- South Dakota will provide training and resources on appropriate use of family assessment and embedded routines

These state strategies were included in a well-developed and defined *Theory of Action* (see below & Attachment A). Within the Theory of Action, four main Strands of Action were identified. Special attention was paid to address the role of the state lead agency, as well as the role of regional and local providers in creating a sustainable plan that would lead to increased positive child and family outcomes.

SSIP Theory of Action

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

The *Coherent Improvement Strategies* included in Phase I and the resulting *Theory of Action* formed the basis of the Phase II work. Throughout this phase, the State Leadership Team met frequently with Stakeholders. Recognizing Stakeholders' valuable insight, expertise, feedback and differing perspectives, 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 Action Strands and the activities with which to scale up, support and sustain early intervention services and the implementation of evidence-based practices were developed. These Action Strands were then shared with the large Stakeholder group.

Throughout Phase II, technical assistance was 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 as well as communication with other state Part C programs. Members of the State Leadership Team along with various Stakeholders also attended national conferences including the Integrated Institute in

New Mexico, Improving Data in New Orleans, OSEP Leadership Conference in Washington, D.C. and the OSEP Virtual Conference to gain knowledge and skills from experts and other state leaders.

The following report will provide information on how South Dakota's Birth to Three early intervention program, with support from Stakeholders, developed strategies, activities, steps and resources required to implement the *Coherent Improvement Strategies* outlined in Phase I. Evidence Based Practices chosen by the state will be described as well as the infrastructure improvements necessary to support those practices. The timelines for implementation and measures needed to evaluate the implementation and impact on the SIMR for infants and toddlers with disabilities and their families will be included. In Component #3, the SSIP Evaluation Plan will be presented and described. Readers should recognize, as emphasized throughout the document, that South Dakota Birth to Three took the SSIP process as an opportunity to re-define and enhance early intervention in South Dakota. No stone was left unturned in an effort to implement an early intervention system that provides high-quality evidence based early intervention for infants and toddlers and their families designed to achieve improved outcomes for children specifically in their acquisition and use of knowledge and skills.

Phase II Component #1: Infrastructure Development

1(a) Specify improvements that will be made to the State Infrastructure to better support EIS programs and providers to implement and scale up EBP's to improve the SIMR for infants and toddlers with disabilities and their families.

With the *Theory of Action* as the guiding document and the *Coherent Improvement Strategies* outlined by Stakeholders in Phase I, the State Leadership Team with assistance from the ECTA national center and a state private consultant focused activity on aspects of the existing infrastructure that did not provide the long-term capacity needed to support and sustain high quality evidence based practices in South Dakota. Utilizing the Phase I Infrastructure Analysis, both broad and in-depth, and building upon the strengths and challenges Stakeholders identified, the State Leadership Team reorganized the state office to successfully implement the SSIP and achieve the SIMR.

With no additional resources available for this work, the State Leadership Team identified opportunities to build capacity without adding additional expenses to the program and building upon the strengths the Stakeholder group noted. In June 2015, the State Leadership Team members held a mini-retreat to clearly define existing work and future needs related to SSIP work. The necessary tasks and activities for the state office were recorded on charts and then organized into three distinct sets of responsibilities that emerged from the activity. One state staff member was assigned to each of three areas of work - technical assistance, data quality, and professional development. While the South Dakota Birth to Three office had always had personnel to perform these activities, the existing infrastructure was not able to support continued growth and needs. Changes to the state office infrastructure and new assignments achieved a streamlined work flow and one that will support the future needs of the early intervention program as the SSIP is fully implemented.

Any possible concern about the restructuring from the field was quickly replaced by support as the State Leadership Team reviewed the possible changes and listened to feedback and suggestions on how best to implement these changes. Service coordinators, providers and other Stakeholders agreed that one dedicated person providing technical assistance would add to efficiency and effectiveness and ensure consistent responses to the field. They also agreed that having one individual specifically address ongoing and changing data needs would provide consistency, reliability and uniformity to the ever growing data needs. Along with data quality and the activities for the SSIP, this position has a key role in the SSIP evaluation work, as well as continued work on data linkage between Birth to Three and Part B 619 in collaboration with South Dakota Part B Data Manager.

With the implementation of evidence based practices and the professional development needs associated with scale-up and sustainability of high quality evidence based practices, the need for a position dedicated to professional development was apparent. The Professional Development (PD) position will focus specifically on the professional development needs of Birth to Three service coordinators and direct service providers from planning and conception to meeting short-term and long-term professional development needs. This individual would be the lead trainer but also serve as a mentor to service coordinators and providers.

Development of Implementation Plans: Infrastructure

The State Leadership Team and Stakeholders working in small and large groups used the *Coherent Improvement Strategies* and began laying out the *Activities and Steps* associated with them. It was clear that both Data Quality and Accountability Action Strands primarily involved infrastructure changes. The two remaining Action Strands, Professional Development and Recommended Practices also had activities which would involve Infrastructure enhancements. All of these improvements are to better support the Birth to Three program and the implementation of high quality evidence based practices. Descriptions of these Implementation Plans are included below and all four Implementation Plans are attached to this document (Attachment B).

Implementation Plan: Data Quality

The Data Quality Implementation Plan identifies four main strategies that will address the *long term outcome* of increased statewide data quality.

1. Develop and implement steps to increase completion rates of BDI-2;
2. Increase understanding of the importance and relevance of child progress data;
3. Develop and implement training protocol for BDI-2 administration; and
4. Ongoing efforts to ensure data quality using BDI-2 tool.

South Dakota Birth to Three program utilizes the BDI-2 evaluation to determine eligibility and measure child growth for submission of data for Indicator C3. Working with OTISEd, a contracted vendor, South Dakota Birth to Three was able to better match the children in the BDI-2 data base to the South Dakota Birth to Three program data base. Using defined business rules, the matching program, iMark, verifies information is accurate in both systems and yields the highest possible inclusion of records for Indicator C3. Records not matched are provided to state staff from which further investigation may provide more matching opportunities.

From the records which were not matched, state staff determined a number of the children did not have a qualifying exit BDI-2 to measure against eligibility BDI-2 assessments. Through the restructuring of the state office and the assignment of a Data Manager, South Dakota Birth to Three put into place processes and practices to ensure an increase in usable exit evaluations. Using the BDI-2 data base, and the Birth to Three IFSP data base, on a monthly basis the Data Manager completes a cross check of children who have exited the Birth to Three program and who have been in the program more than six months, to ensure there is a usable BDI-2 assessment from which to measure child growth. The data manager follows up with regional program staff if an assessment is missing to ensure one has been completed or one will be. Significant improvements have resulted from these two actions. In FFY 2013 South Dakota's completion rate was 46.5% and in FFY 2014 South Dakota had a 60.9% completion rate. These numbers do not reflect any child who was in the program less than six months.

In conjunction with the work on data quality related to the BDI-2 administration, Stakeholders identified a need to enhance the State's training and assurance of reliability of administration of the BDI-2 tool by evaluators. In collaboration with the Part B 619 office and the BDI-2 publisher, a new statewide training plan is being established for BDI-2 evaluators. This plan consists of:

- Fall 2016 and spring 2017 face-to-face 2-day trainings conducted by BDI-2 publisher;
- Summer 2017 train-the-trainer for cohort of South Dakota BDI-2 evaluators who will provide ongoing training and support to evaluators; and
- Spring 2018 Statewide training events.

In addition to these trainings, Part B and Part C continue to work, through the ECTA sponsored BDI Users Group, with other states that also use the BDI-2 assessment tool to measure child outcomes. This group of states shares resources and assistance on successful BDI-2 training as well as discussions on business rules and other policy considerations.

Along with training, the state Birth to Three State Leadership Team continues to address the understanding and knowledge of the use of the BDI-2 tool to early intervention partners throughout the state. Presenting at multiple special education events and other events where district personnel, service coordinators, direct service providers and regional program directors are present, the state continues to speak to the importance of child outcome data not only for Part C exit data but in the use of linking Part C and preschool child outcomes to future positive outcomes for students as they move through their school years.

Implementation Plan: Accountability

The Birth to Three program has an established and effective system for statewide monitoring of each of the Compliance Indicators, which are reported in the Annual Performance Report (APR). The Birth to Three state office utilizes the online data system, desk audits, data inquiry, focused monitoring and on-site visits to identify and correct identified non-compliance.

During Phase I, Stakeholders quickly identified a need to add to the monitoring protocol a process to ensure that evidence based practices are being provided as intended. With the assistance of a small Stakeholder work group, activities were identified including the enhancement of the online IFSP system to accurately capture child and family outcomes in relation to the evidence based practices selected. This enhancement to the system is scheduled to be available fall 2016 with funding through the FFY2015 grant award.

In addition, tools to measure the progress toward the use of the evidence based practices including those to increase family engagement will be identified and used throughout the SSIP lifespan. A tool to measure the quality of functional outcomes also will be identified and utilized. The performance results as measured by the tools will be reviewed periodically and appropriate recognition and/or additional targeted professional development will be implemented.

Implementation Plan: Professional Development Infrastructure

The area of professional development (PD) was identified as needing significant enhancement. The Birth to Three State office has always provided timely and relevant PD. However, with the SSIP identified need to scale-up and sustain evidence based practices, revising the existing PD structure to support ongoing training, coaching and support for providers was identified as a priority for achievement of the SIMR. All the Implementation Plans for each Action Strand of the SSIP involve a need for some PD to ensure success in meeting *long term outcomes*. As described above, it was decided to have a member of the

State Birth to Three Team who has experience in the development and provision of training of adult learners, fill this position and lead this effort. Having this person located at the state office provided assurance that the PD would be thorough and accurate in communicating the SSIP processes. Having a state team member who is part of the State Leadership Team and takes part in Stakeholder meetings ensures accuracy in implementation as well as knowledge of state resources and limitations.

Within this Action Strand, the South Dakota Stakeholder group identified infrastructure changes to existing professional development that would need to occur to sustain the scaling up of EBPs. The enhanced PD system consists of online learning opportunities and face to face training. As a result, South Dakota Birth to Three State Leadership Team identified and began using a statewide platform, Blackboard Learn, which is free of charge to state offices. From this platform, service coordinators and direct service providers have access to video training, virtual classrooms, early intervention research, webinars, blogs, virtual coaching and mentoring. This learning community allows service coordinators and providers of various expertise and skill the opportunity to hone their skills and learn from colleagues. The state PD lead oversees this online community along with assistance from EBP's content experts (discussed in Component #2).

Initial face to face trainings on EBP began in the fall of 2015, and will continue through 2018. A long term goal is for South Dakota to have a cadre of train-the-trainers with knowledge of the EBPs who can coach and provide training throughout the state. The selection of the EBP's and development of this cadre (as outlined in Component #2) will complete the PD system.

South Dakota recognizes for any plan to be successful it must contain an active communication plan and meet the needs of the adult learner. There are multiple early intervention partners who must be informed of the changes to the Birth to Three program and the EBPs that will be implemented. Part C staff, working with Part B colleagues, has utilized multiple opportunities to communicate with district personnel, service coordinators, direct service providers, regional programs and other early intervention partners. Along with written communication, state staff have presented on monthly SPED Director calls/webinars and conferences. Special webinars have taken place outside of these endeavors as well, to inform Birth to Three partners of upcoming changes and opportunities for training. Through email communications and mailings, this same group of partners has been notified of the online learning community and available resources posted to that site.

With greater numbers of providers to be trained a multi-year training calendar was developed. Collaborating with content experts (described in Component #2) a training protocol is being established to ensure sustainability and capacity building for years to come. Using Dr. Juliann Woods, Florida State University, train-the-trainer model a select group of early adopters of Family Guided Routines Based Intervention (FGRBI) will be trained and mentored by Dr. Juliann Woods on the practice. The application of this training consists of a two-day intense training accompanied by a 10-month virtual mentoring/coaching. The individuals selected for this group of trainers will consist of multi-disciplinary direct service providers from across the state, encompassing each region. Trainers will be comprised of private providers, school district personnel, Educational Cooperative employees, medical staff etc.

As the Implementation Plans were being developed, it became evident that Action Strands complemented 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 mirrored each other. Therefore, the reader will find that activities from the Professional Development Action Strand and the Recommended Practice strand have been combined to be more efficient in their implementation and to provide better evaluation opportunities.

1(b) Identify the steps the State will take to further align and leverage current improvement plans and 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.

The Department of Education (DOE) is the lead agency for Part C Birth to Three program which is part of the Educational Services and Support Division. The Part C Director oversees Part C and the Head Start State Collaboration office. The Part C Director reports to the Division Director who also oversees Part B, Title I, Child and Adult Nutrition Services, and School Health/21st Century Community Learning Centers. This governance structure promotes ongoing partnerships between Part C early intervention, Part B and K12 school districts in the state as well as Head Start and Early Head Start.

South Dakota believes strongly in the connection between early intervention and a child's continued success throughout his/her educational career. The Birth to Three program continues to partner with other early childhood partners such as Department of Social Services (DSS) Child Care Services, Department of Health (DOH) Office of Child and Family Services, Head Start State Collaboration Office, local school districts, tribal entities as well as State university personnel preparation programs and graduate schools of health sciences.

This ongoing partnership is evident by exciting plans for a 2016 Summer Institute. Birth to Three and mentioned partners are collaborating on a professional training specifically related to Family Engagement from the perspective of an early interventionist. Content experts will be presenting to a broad range of early interventionists and students from teacher prep programs as well as graduate schools of health sciences. This Summer Institute will bring awareness to Family Engagement and build caregivers' capacity. This one day training will be open to personnel from Birth to Three direct service providers and service coordinators, Bright Start Home Visiting, Early Head Start, DSS Division of Child Care Early Childhood Enrichment, school district personnel, tribal entities and other early interventionists. Plans are underway for this to become an annual training opportunity to address early intervention from multiple agencies perspectives.

Through the work of the SSIP Stakeholders group one of the state university early childhood special education teacher preparation programs is proposing an amendment to their existing major. This amendment would address an identified need to place more emphasis on birth to three development, extended field experience with supervised practicum in early intervention and a specific course on early childhood assessment. These proposed nine additional credits will enhance students' knowledge and skills in Early Childhood Special Education creating a better prepared workforce for South Dakota's Birth to Three program. Discussions are also taking place on development of a certification program for special instruction to ease the shortage of providers in this area.

The Birth to Three program in partnership with the Head Start State Collaboration office, Department of Social Services Child Care Division and University of South Dakota School of Education are in the final

stages of enhancing the existing State Early Learning Guidelines (ELG). This enhancement includes updating existing guidelines and including guidelines for children aged birth through two years. The final product will be a birth to age five ELG. Collaboration with DSS will include training for early childhood professionals in the state and making print and online versions of the ELG available for parents.

1(c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.

The State Birth to Three Part C Director has the authority and accountability for any changes to the Part C program. As the lead, the Director will be responsible for allocating all resources including personnel and funding. The Director works collaboratively with the State Leadership Team and also organizes and facilitates Stakeholder meetings.

In addition, the Reader will note, a column on each Implementation Plan specifies the person and/or group who is responsible for the implementation of each activity.

1(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.

The South Dakota Department of Education is the lead agency for the Birth to Three program. The Birth to Three Program Director and Part B 619 Coordinator collaborate on multiple projects. Each of the Action Strands involves a component of collaboration with the 619 office. Other partnerships involve the Head Start State Collaboration Office Director who reports directly to the Part C Director. This close relationship of early childhood birth to five creates avenues for partnerships and collaboration as each entity works towards priorities and goals. The Head Start Collaboration Office assists with statewide early childhood conferencing in the state and has asked Birth to Three to present at multiple engagements where early childhood professionals will be.

The Birth to Three program also works closely with the Department of Education Data Management Office. Through collaborative work, beginning in the fall of 2016 South Dakota will have the capability for each Birth to Three child to be entered into the State Infinite Campus student management system. This new process will ensure improved data quality and linkage of outcomes data giving Birth to Three the capacity to measure the impact of early intervention on South Dakota's earliest scholars.

The Birth to Three program relies heavily on the SSIP Stakeholder group but also the State Interagency Coordinated Council to provide input and build relationships between lead agency departments and multiple other agencies. These two groups represent a large contingency of early childhood professionals in the state and multiple resources for children and families. Along with these two groups, the Department of Health Office of Child and Family Services, the Department of Social Service Child Care Services division and the Birth to Three program are establishing a working group from which we will address each agency's priorities and act on opportunities for collaboration and pooling of resources.

Phase II Component #2: Support for EIS Program and Provider Implementation of Evidence-Based Practices (EBPs)

2(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.

2(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

2(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.

(The Reader will note the responses to 2(a), 2(b) and 2(c) above are addressed within the entire narrative of this Component. To answer each section independently would be disruptive to the flow and content.)

A number of activities throughout Phase II were undertaken to identify the evidence based practices that would be addressed in the SSIP. 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. 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 that the EBP’s be implemented statewide to maximize the opportunities for all families to benefit from high quality evidence based practices by the end of the SSIP process. Family engagement begins with the first contact with families and continues on through each and every session. Due to the structure of South Dakota’s early intervention program, evidence based practices are needed that would include service coordinators who are employed by one of the regional programs as well as direct service providers who have independent agreements with the state Birth to Three program. The process for and selection of the two evidence based practices South Dakota has chosen to implement to improve the SIMR is described below.

Prior to the submission of Phase I of the SSIP, the Birth to Three State Leadership Team, with ongoing support from national technical assistance ECTA, held regular meetings to discuss the Stakeholders recommendations, the research supporting EBPs and how to meet the outcomes of the South Dakota SSIP. In 2014, the Division of Early Childhood (DEC) of the Council for Exceptional Children published a set of Recommended Practices. This served as a guide for the State Leadership Team discussions. These DEC Recommended Practices were “developed to provide guidance to practitioners and families about the most effective ways to improve the learning outcomes and promote the development of young children who have developmental delays or disabilities.” State staff used the DEC Recommended Practices as well as investigating multiple available models and EBPs used nationwide. To assist in

making a final decision consideration was given to the ECTA Center 2013 data which identified the most frequently identified model as “routines-based intervention”. From these deliberations, it was determined that two EBPs were needed, one to address the assessment process and one to address intervention. The process of determining these 2 practices began at this point.

The assessment EBP which quickly rose to the top of consideration was the Routines Based Interview (RBI). The RBI is a semi-structured interview method used for:

- Gathering information about child and family’s functioning within the context of their daily activities;
- Establishing a positive relationship with the family;
- Capitalizing on learning opportunities for the child, with familiar people and within their natural environment;
- Identifying family concerns, needs and priorities; and
- Identifying functional goals or outcomes for the child and family.

In July, 2015 South Dakota sent three individuals to the RBI Certification Institute held at SISKIN Children’s Institute in Chattanooga, Tennessee. The purpose of the RBI Institute is to train a cadre of expert interviewers who can train others to conduct the Routines Based Interview. The South Dakota team accepted to the institute included the state PD lead and two service coordinators representing diverse regional programs. Upon returning from the training all three members emphatically stated, the RBI is definitely the model South Dakota Birth to Three needs to use for the assessment. Further research led State Leadership Team members and Stakeholder representative to visit a neighboring state’s early childhood intervention site where the RBI model is practiced. The South Dakota contingency was able to visit with service coordinators and direct service providers about the RBI model and its relationship to child outcomes. Following conversations with the early interventionists and seeing the results of the RBI in this state, the State Leadership Team and Stakeholder representatives overwhelmingly supported moving to the RBI model. The Stakeholder group, hearing the results of these activities endorsed the selection of the RBI model. It was determined that South Dakota’s RBI will focus on three early intervention practices: the Routines Based Interview, the eco-map and functional & meaningful child and family outcomes.

Having received RBI Certification from the SISKIN Institute, the State PD lead used the knowledge and skills gained to lead the implementation plan for the RBI training model. With an aggressive goal of having all service coordinators initially receiving training by July 2016, with full implementation of the RBI by July 2017, training components were determined and a training calendar established.

Components of the training consist of:

- Participation in regional face-to-face meetings (August 2015). During these meetings the State Leadership Team met with all service coordinators and regional office leadership to introduce the new model and projected implementation plan.
- Participation in webinars (September thru December 2015). Webinars consisted of power points highlighting the RBI and the research surrounding it.

- Participation in the online learning community. Created in October 2015, service coordinators are assigned learning tasks which include research article, video resources, discussion boards, wiki workgroups, blog posts and peer support.
- Participation in Phase I 2-day intense training (December 2015). All service coordinators attended a 2-day training where they viewed a live RBI demonstration, which included building an eco-map and functional goal writing. Participants also role-played as the interviewer and a parent and practiced writing functional goals.
- Participation in Phase II 2-day training (Spring 2016). All service coordinators will role-play a primary interviewer, secondary interviewer, and parent. Practice will be observed by an approved RBI trainer who functions as a coach providing feedback in real time. This training will take place in regional locations beginning in April 2016.
- Participants will conduct RBI/ecomaps as primary interviewer with families on their caseloads. These RBI's will be conducted with opportunities for feedback from an approved RBI trainer who completes an RBI implementation checklist. Interviews will be observed by an approved RBI trainer who functions as a coach providing feedback in real time.
- Following this training the State PD lead will determine if services coordinators are:
 - Ready to implement the RBI; or
 - In need of additional PD.

The second EBP to be determined would reflect the delivery of services. Research continued on how to enhance family engagement in the direct interventions children receive. The EBP selected would be one that would be used by the direct service providers and complement the RBI service coordinators were conducting, which leads to identified family priorities.

This EBP for intervention had to enhance family engagement but must also be feasible given the large number of direct service providers working within the Birth to Three program. There are over 300 direct service providers who have agreements with the Birth to Three program to provide services to infants and toddlers and families throughout the State. A practice needed to be selected which had the capacity to be scaled-up to include all the providers within the state.

The State Leadership Team explored multiple EBP's before selecting the Florida State University Family Guided Routines Based Intervention. According to the project, "Family Guided Routines Based Intervention (FGRBI) is an ongoing research endeavor that focuses on developing and validating an early intervention approach that incorporates the Part C of IDEA mandates and the recommended evidence-based practices for supports and services for young children with special needs and their families. Caregiver coaching research documents strategies that facilitate the implementation of FGRBI by caregivers with their children in everyday routines and activities. Together, FGRBI and Caregiver Coaching offer strategies for early intervention professionals across disciplines to support development of child and family outcomes."

The project FGRBI and Caregiver Coaching aim to:

- Translate evidence based practices into procedures that will be effective, efficient, and capacity building for multidisciplinary team members,

- Develop a better understanding of the factors that contribute to effective natural environments intervention for children and their families,
- Investigate strategies for providers to use to facilitate caregiver's interactions with their children that promote participation in their everyday routines and activities, and
- Explore professional development on caregiver coaching in collaboration with local community and national Part C programs to ensure "real world" results and applications.

With assistance from Dr. Juliann Woods, Florida State University, an Implementation Plan has been developed to include a selection of early adopters who will be trained and mentored by Dr. Juliann Woods over the course of 10 months beginning in August 2016. This group of early adopters, once trained, will provide multiple trainings to other Birth to Three direct service providers throughout the state of South Dakota.

The training begins with a Summer Institute on Family Engagement. This Institute is a cooperative effort between multiple state agencies, local school districts, Part B, Head Start Collaboration Office and tribal entities. This Summer Institute will be a one day training provided by nationally renowned experts on Family Engagement in early intervention. Audiences for this day include Birth to Three service coordinators, direct service providers, Bright Start Home Visiting nurses, Early Childhood Enrichment trainers, school district personnel, Head Start/Early Head Start teachers, undergraduate and graduate students from teacher prep and health science programs and early childhood educators.

The Birth to Three lead agency has created a partnership, building on the national emphasis of family engagement, resulting in these entities pooling resources to bring information and training to a multitude of early childhood professionals throughout the state.

Directly following the Summer Institute, Dr. Woods will conduct a 2-day face to face train-the-trainer event on Family Guided Routines Based Intervention (FGRBI). This intense training will be specifically for those Birth to Three direct service providers who have been identified through application and selection to possess the skills necessary to become future trainers for South Dakota. Dr. Woods along with additional Florida State University researchers will continue to provide virtual coaching/mentoring to these early adopters until May 2017. Upon completion of the full training, these trainers will work with State Leadership Team to schedule training opportunities throughout the state to other Birth to Three direct service providers.

The South Dakota SSIP is dedicated to implementing the two selected *evidence based practices*:

1. Assessment: Routines Based Interview (RBI) conducted by service coordinators
2. Intervention: Family Guided Routines Based Intervention (FGRBI) provided by direct service personnel

These two practices together will provide South Dakota with a viable and sustainable scaling up of evidence based practices statewide. As depicted in the adjacent graph, each of these components of the implementation plan will lead to the final outcome of improved child and family outcomes which directly correlates to an improved SIMR.



One final piece is necessary to achieve the intended goals of the SSIP. It is evident the scaling-up of these evidence based practices and the related activities is a systemic change to early intervention in South Dakota, therefore, Birth to Three needs to develop and communicate a clear message regarding early intervention. With assistance from Stakeholders, work has begun on a new Birth to Three Mission/Vision Statement. This statement as well as clear language about how early intervention is defined will carry through to printed materials and edits to state documents and forms to accurately depict the systemic changes and use of high quality evidence based practices. Media will be created to address specific early intervention partners such as families, child care providers, school districts, medical community, and community groups to name a few. These materials will be distributed by Birth to Three service coordinators and direct service providers as well as through partnerships with the South Dakota Parent Training and Information (PTI) center.

One of the most effective methods of communicating the changes is directly to specific audiences. The Birth to Three State Leadership Team will continue to present to groups on the local, regional and state level. Through consistent communication and visibility the Birth to Three vision and mission will be communicated with multiple partners. As a result it is anticipated that these partners' knowledge of early intervention will increase which will lend to their increased participation in the SSIP process.

Phase II Component #3: Evaluation

The South Dakota Evaluation Plan clearly outlines for each Action Strand the Inputs and/or Resources needed to complete the Activities and achieve the Outcomes. When developing these plans, Inputs and Resources were interpreted according to guidance from IDC, as including financial, staff, technology, partners and consultants. Each Evaluation Plan clearly outlines the Inputs needed. As many of the activities relate to each other the Inputs remain the same. Within the same Evaluation Plan the expected outcomes are listed and indication is made if they are Short Term, Intermediate or Long Term.

Through data analysis and infrastructure analysis the Birth to Three program, with Stakeholder involvement, determined that the child outcome most in need of improvement was knowledge and skills. The State Leadership Team and Stakeholders chose to focus improvement activities across the state. All service coordinators will be trained on the Routines Based Interview by summer 2016, with implementation occurring throughout 2016 and full implementation by July 2017. Direct service providers will be trained on the Family Guided Routines Based Intervention beginning summer of 2016 with full implementation by 2018.

Throughout Phase II Component #3, it will become evident South Dakota Birth to Three has made a clear connection between the Implementation Plans described in Component #1 and Component #2 and the Evaluation Plans. Using the IDC evaluation planning tool as a guide, South Dakota, with technical assistance from ECTA, DaSy and IDC, developed Evaluation Planning Tool (see Attachment C) for the Cohesive *Improvement Strategies* found within the *Theory of Action*. These plans were adapted to comprehensively present the logic for the evaluation activities. Each plan identifies the Inputs, Outputs, and Outcomes (i.e., Short Term, Intermediate, and Long Term). This tool also presents information on evaluation questions, performances indicators, measurement tools, and data collection timelines. All which will assist the Birth to Three program for making mid-course corrections and ensuring implementation and progress toward the SIMR.

3(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.

Using the IDC evaluation planning tool as a model, South Dakota, with technical assistance from ECTA and DaSy, developed an Evaluation Planning Tool (see Attachment C) for the identified Action Strands within the Theory of Action. The Evaluation Planning Tool will guide our evaluation work. We adapted this tool to comprehensively present our plan and logic for our evaluation work. In the tool, we have identified our inputs, outputs and outcomes (i.e. short, intermediate, and long term). This tool also presents information on our evaluation questions, performance indicators, measurement tools and timelines for data collection.

Using this tool, Evaluation Plans were developed which identified the Strategies and Activities with resulting outputs and outcomes for each. Evaluation questions were developed which would provide data points (performance indicators) and assist the Birth to Three program in determining if the outcomes had been achieved and/or progress was being made towards the improvement of the SIMR.

With limited resources, and the restructuring of the Birth to Three state office, evaluation will be handled internally. The Birth to Three Data Manager will assume the responsibility for gathering necessary documentation and summarizing and preparing evaluation information to the State Leadership Team and Stakeholders.

3(b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.

At the beginning of Phase II Stakeholders from the Phase I large Stakeholder group were asked to be part of small work groups based on interest, past knowledge and experience. One such group was formed to address evaluation. This small work group met with the State Leadership Team to develop a shared understanding of the evaluation process and how the evaluation information would be collected and utilized. This group provided input into the process which the State Leadership Team then incorporated into the Evaluation Plan.

As Phase III proceeds, data will be shared and reviewed periodically with Stakeholder groups through webinars and a face to face meeting. Stakeholders will review formative data and provide input, which could result in recommendations for changes to implementation activities, evaluation activities and/or performance indicators. Summative data will also be shared with Stakeholders, regional programs and early intervention groups. The State plans to post evaluation material on the Department of Education Birth to Three website. The State also notes, many of the SSIP Stakeholders will be directly involved in the RBI and FGRBI training events. As such direct and immediate feedback will be available.

3(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).

The State will collect evaluation data on both the implementation of the *Coherent Improvement Strategies* of the *Theory of Action* and the degree to which the state has achieved the intended outcomes to address the SIMR. Data on the implementation and intended outcomes will be used to notify and enhance the early intervention system in South Dakota. Evaluation data will come from multiple sources described in the Evaluation Planning Tools (see Attachment C).

The methods the state will use to collect data on implementation include:

- Training/Attendance Logs
- BDI-2 Completion Reports
- BDI-2 Validity Measurement Tool (to be developed)
- Family Survey
- FGRBI Measurement Tool (to be developed)
- RBI Implementation Checklist
- Indicator C3 Child Outcome Reports

The state will collect data to ensure activities defined on the Implementation Plans are completed as scheduled and with the intended participants. The state will collect information as to how well the activities have been implemented and if the Outcomes outlined in the Implementation Plans have been met. These data points will be collected and summarized by the Part C Data Manager as defined on the Evaluation Plans. As the formative evaluation is collected, findings will be reviewed to determine any

potential need for changes to activities or procedures. Cumulative data reports will be shared with Stakeholders and regional programs as relevant on an annual basis through webinars, emails and meetings.

3(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.

The state will use data from the evaluation plan in multiple ways to examine the effectiveness of implementation and track the states progress towards achieving outcomes and the SIMR. Data will be reviewed regularly by state staff and identified Stakeholders.

The effectiveness of implementation will be evaluated by reviewing:

- The degree to which BDI-2 evaluators were trained
- The degree to which service coordinators and direct service providers were trained and coached on Routines Based Interview and Family Guided Routines Based Intervention
- The degree to which service coordinators and direct service providers are practicing Routines Based Interview and Family Guided Routines Base intervention
- The degree to which service coordinators and direct service providers are engaging families in evidence based practice

As indicated in the evaluation plan, information will be collected at multiple points throughout Phase II and Phase III of the SSIP. Data collected will be used to analyze progress towards the SIMR and determine if changes to the implementation plans need to occur. For example, if data reveals that participants are not gaining sufficient knowledge on how to conduct a Routines Based Interview, training content will be reviewed and revised to be more effective.

Progress towards achieving intended improvements will be evaluated by reviewing:

- Increases in number of children receiving a BDI-2 exit evaluation
- Improved reliability and validity of BDI-2 administration
- Increased statewide data quality
- Increases in the number of children and families who received appropriate evidence based practices
- Increases in the number of families that report they are engaged in their child's early intervention
- Increases in infant and toddler knowledge and skills.

The assumptions are that with infrastructure changes and appropriate training, coaching, mentoring and monitoring data quality will improve which leads to validity in child outcome data. It is also assumed that with appropriate training and ongoing coaching and mentoring, service coordinators and direct service providers will practice Routines Based Interview and Family Guided Routines Based Intervention as intended. This will increase families' engagement in their child's early intervention which will improve outcomes in the area of knowledge and skills.

Evaluation data will be collected according to the timelines included in the evaluation plan to ensure that intermediate and long term outcomes are achieved to meet the SIMR. If data indicates these

measurements are not being achieved, corrections will be made to improve the effectiveness of the training and infrastructure support of the practices.

Phase II 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.

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

South Dakota Part C
SSIP Phase II
Implementation Plan

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 the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline
Develop and implement steps to increase completion rates.	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	Part C State Leadership Team	Fall 2013 Ongoing
	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	Part C Program Director	Summer 2015
	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"> • Modify data query as necessary to ensure data quality 	Funding Birth to Three Data System OTISEd Consultant BDI-2 Data System	Part C Data Manager	Fall 2015
	Develop and implement process to enter BDI-2 exit progress scores not currently captured <ul style="list-style-type: none"> • Develop procedures and guidance for entering BDI-2 scores. • Train service coordinators and school districts on entering data • Train and provide process for tribal development clinics to share BDI-2 exit progress scores • Monthly state data quality checks to ensure regional data quality for completers) • Service coordinators follow-up with evaluators as necessary 	Birth to Three Data base BDI Data base Training Materials K-12 District Personnel Part B 619 Tribal Early Childhood Partners Service Coordinators	Part C Data Manager	May 2015 Ongoing

Implementation Plan: Data Quality

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline
	Increase number of assessors able to conduct an exit BDI-2 <ul style="list-style-type: none"> • Provide BDI-2 training • Distribute list of trained assessors to service coordinators 	Training Materials BDI-2 Protocol BDI-2 Publisher	Part C Program Director Part B Part B 619	Fall 2015 Ongoing
Increase understanding of the importance and relevance of child progress data	Annually provide programs with regional desegregated child progress data	OTISEd Consultant Birth to Three Data Base	Part C Data Manager	January 2015 Ongoing
	Incorporate percentage of completer in regional determinations.	Birth to Three Data BDI-2 Data	Part C State Leadership Team	Spring 2015 Ongoing
	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	Part C Data Manager	January 2015 Ongoing
	Collaborate with Part B 619 on district level awareness of BDI-2 completion rates. <ul style="list-style-type: none"> • State SPED director calls • New SPED director trainings • Joint communication from Part B and Part C directors regarding importance of BDI-2 	Data Training Materials Part B 619 Part B School Districts	Part C Program Director Part C Data Manager Part B Part B 619	Winter 2015 Ongoing
Develop and Implement training protocol for BDI-2 administration	Develop introductory and ongoing BDI training <ul style="list-style-type: none"> • Meet with BDI-2 publisher and Part B 619 regarding state specific training • Collect information from other ECTA BDI-2 State Users Group regarding training materials 	Part B 619 BDI-2 Publisher BDI-2 State Users Group Training Material Funding Part C State Leadership Team	Part B 619 Part C State Leadership	Fall 2016 Ongoing

Implementation Plan: Data Quality

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline
	Implement introductory and ongoing BDI-2 training	Part B 619 Funding Training Materials BDI-2 Evaluators Part C State Leadership Team	Part B 619 Part C State Leadership BDI-2 trainers	Fall 2016 Ongoing
	Create a training/coaching model to support BDI-2 administrators	Part B 619 Funding Training Materials Part C State Leadership Team	Part B 619 Part C State Leadership	Fall 2017
	Implement cadre of BDI trainers and coaches <ul style="list-style-type: none"> • Provide ongoing regional training to schools, providers and service coordinators regarding BDI-2 and Part C 	Funding Part B 619 Part C State Leadership Cadre members	Part B 619 Part C State Leadership	Fall 2018 Ongoing
Ongoing efforts to ensure data quality using BDI-2 tool	Ongoing participation with ECTA BDI-2 State Users Group	Part B 619 Part C State Leadership ECTA BDI-2 State Users Group	Part C State Leadership Part B 619 Staff	Spring 2014 Ongoing
	Monitor data quality through continued analysis of child progress data categories	Birth to Three Data Base OTISEd Consultant BDI-2 Data Base	Part C Data Manager	Spring 2014 Ongoing
	Participation with BDI-2 publisher regarding future BDI-2 updates and revisions	Part C State Leadership Part B 619 BDI-2 Administrators	Part C State Leadership	Spring 2015 Ongoing
	Develop and implement with Part B a monitoring system to ensure quality of administration of BDI-2 tool	Funding Birth to Three Database SD LDS	Part B 619 Part C State Leadership	Summer 2017

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/Alignment with Other State Initiatives	Person(s) Responsible	Projected Timeline
Develop a monitoring protocol to ensure evidence based practices are provided as intended (RBI & FGRBI)	Update Birth to Three online IFSP data base to reflect evidence-based practices including development of appropriate functional outcomes	Funding State BIT National TA Center Service Coordinators	Part C State Leadership	Fall 2016
	Determine measurement tool to ensure evidence based practices are provided as intended and measure quality of functional outcomes. e.g. IFSP, survey, parent survey, observation, video observation, face-to-face observation, checklist, peer to peer review, mentoring/coaching	Stakeholders National TA center Content Experts FRGBI Tools RBI Tools	Part C State Leadership	September 2016
	Review results of performance and adjust as needed including provision of recognition and/or additional professional development	Content Experts Stakeholders	Part C State Leadership	May 2017
Develop tool to measure family engagement	Define family engagement	Stakeholders Content Experts National TA Part C Leadership DEC Recommended Practices	Part C State Leadership	May 2016
	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	Part C State Leadership	July 2016
	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	Part C State Leadership	July 2017

Implementation Plan: Professional Development & Evidence Based 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/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline
Determine and complete necessary infrastructure activities to support the statewide implementation of evidence based practices	Restructure of state lead agency and create a position dedicated to professional development	Part C State Leadership Stakeholders DOE Leadership National TA Center	Part C Director	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	Part C State Leadership Team	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	Part C Director	Spring 2016 – Summer 2017
Develop and implement a PD system for scaling up appropriate use of family assessment	Research and select evidence based practices for family assessment of services	Funding Part C Program Director Stakeholders National TA Center	Part C State Leadership Team	Winter 2015 – Summer 2015
	Select a cadre of South Dakota Birth to Three representatives to attend SISKIN Institute Routines Based Interview (RBI) training	Funding Program Specialist Service Coordinator Regional EI Program	Part C Director	July 2015 – January 2016

Implementation Plan: Professional Development & Evidence Based Practices

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline
	Develop an RBI 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"> Ongoing coaching/mentoring for service coordinators varied skills, experience and need for additional support 	Funding Regional Programs Blackboard Learn Technology National TA	Part C PD Staff	August 2015 Ongoing
	Develop RBI training materials to support training plan activities	Funding Part C State Leadership Team RBI Trainers	Part C PD Staff	October 2015 Ongoing
	Implementation of Routines Based Interview training <ul style="list-style-type: none"> Blackboard online learning community Initial 2 day face-to-face training(Dec 2015) Continued face-to-face training (spring 2016) On-going mentoring / coaching including use of video 	Funding Part C State Leadership Team Stakeholders RBI Trainers	Part C PD Staff	October 2015 Ongoing
	Revise regional contracts to include RBI language and timelines <ul style="list-style-type: none"> Define skill set needed for success in RBI 	Funding	Part C Director	March 2016
	Launch of Routines Based Interview with Birth to Three families <ul style="list-style-type: none"> Notification letter for families “What Is Early Intervention” Notification letter for providers Starting July 1, 2016 initial and annual IFSP will be done using RBI Strategy with service coordinators for meeting timeline 	Funding Regional EI Program Part C State Leadership Team	Part C Director Part C PD Staff	August 2016 - July 2017
Develop and implement a PD system for scaling up use of embedded routines	Research and select evidence based practices for engaging families in early intervention services	Funding Part C State Leadership Team Stakeholders	Part C Director	Winter 2015 – Summer 2015

Implementation Plan: Professional Development & Evidence Based Practices

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline
	Develop and implement communication plan for district personnel and private providers regarding early intervention evidence based practices, Routines Based Interview and Family Guided Routines Based Intervention <ul style="list-style-type: none"> • Develop and implement informational webinars • Develop and implement breakout sessions at the SD SPED Conference • Distribute communication via Direct Service Provider Listserv • Distribute communication via online learning community 	Part C State Leadership	Part C Director Part C PD Staff Part C TA Staff	December 2015 Ongoing
	Implement Family Guided Routines Based Intervention (FGRBI) training <ul style="list-style-type: none"> • Blackboard online learning community • FGRBI 2 day initial train-the-trainer face-to-face training • 10 month virtual mentoring / coaching with Dr. Juliann Woods 	Funding K12 Data Center Blackboard Learn Training Locations Technology Dr. Juliann Woods/FSU School Districts Content Experts	Part C Director Part C PD Staff	Summer 2015 Ongoing
	Develop and implement statewide FGRBI training calendar to ensure all direct service providers are trained	Funding Trainers Part C Leadership Team	Part C Director	Spring 2017
	Explore collaboration opportunities with other state agencies and DOE programs on family engagement evidence based practices. <ul style="list-style-type: none"> • Family Engagement Summer Institute for early childhood professionals 	Funding Part C State Leadership HSSCO director DOH Bright Start Home Visiting DSS Child Care Services Part B 619 Tribal Entities School Districts DOE	Part C Director	January 2016 Ongoing

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/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline
Create a Birth to Three Early Intervention Message	Create a Birth to Three Mission/Vision statement	Funding Stakeholders Birth to Three Material National TA	Part C State Leadership	Fall 2016
	Develop Birth to Three program materials for multiple EI partners e.g. <ul style="list-style-type: none"> • 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 	Funding Stakeholders DOE Content Experts National TA	Part C State Leadership	Fall 2016
	Develop Birth to Three presentations usable by agencies, service coordinators, state staff etc.	Funding Stakeholders DOE National TA Bright Start Home Visiting Early Head Start/Head Start DSS Child Care Services	Part C State Leadership	Fall 2016
	Update existing Birth to Three materials e.g. <ul style="list-style-type: none"> • Home Visiting Guide, Family Rights Booklets, Parent Survey, Ages and Stages tear-offs, brochures, Family Guide, Service Coordinator Manual, Provider Agreement, Provider Manual 	Funding Stakeholders DOE National TA	Part C State Leadership	Fall 2016

Implementation Plan: Consistent Statewide Message and Statewide SSIP Involvement

Activities to meet the Coherent Improvement Strategy	Steps to Implement the Activities	Resources/Alignment with other State Initiatives	Person(s) Responsible	Projected Timeline
Disseminate Early Intervention materials	Birth to Three state website updates and enhancements	Funding DOE Stakeholders National TA	Part C State Leadership	December 2016
	Disseminate material to: <ul style="list-style-type: none"> • Regional Birth to Three programs • Early childhood partners ie Parent Connection, state agencies, higher education • Child Care Providers • Parents • Medical clinics and physicians • Tribal entities • Local support groups • Parent groups 	Funding DOE Stakeholders National TA	Part C State Leadership	December 2016
	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	Part C State Leadership	December 2015 Ongoing

South Dakota Part C
SSIP Phase II
Evaluation Planning Tool

Evaluation Planning Tool: Data Quality

Inputs	Strategies/Activities	Outputs	Outcomes		
			Short Term	Intermediate	Long Term
<p>Staff DOE State Staff Stakeholders Service Coordinators DOE Administration</p> <p>Technology K12 data system Online Learning Community Birth to Three Data Base BDI-2 Data Base</p> <p>Funding State Funding Part C Funding</p> <p>Partners Regional EI Programs Part B 619 Head Start BDI-2 Publisher PTI Center</p> <p>TA Consultants OTISEd ECTA DaSY IDC</p>	<p>Coherent Improvement Strategy (Data Quality): 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"> Develop and implement steps to increase completion rates Increase understanding of the importance and relevance of child progress data <p>Coherent Improvement Strategy (Data Quality): South Dakota will provide BDI-2 training in collaboration with 619 to evaluators</p> <ul style="list-style-type: none"> Develop and implement training protocol for BDI-2 administration Ongoing efforts to ensure data quality using BDI-2 tool 	<ul style="list-style-type: none"> Database has been developed for analyzing child outcomes data Data manager position has been created Initial and exit BDI-2 score analysis (completion rate) scheduled annually Process developed to capture progress scores Pool of BDI-2 assessors will be created BDI-2 administration training ongoing for evaluators BDI-2 training will be developed and implemented Training/coaching model will be developed for BDI-2 evaluators Pool of BDI-2 trainers/coaches available for local program support BDI-2 monitoring tool developed and implemented 	<p>Service coordinators and school districts trained on the necessity of obtaining BDI-2 exit evaluations</p> <p>Increased number of children receiving the BDI-2 exit evaluation</p> <p>School district evaluators trained on administration of the BDI-2</p>	<p>Increased number of usable exit evaluations statewide</p> <p>Increased understanding of the importance and relevance of child progress data by BDI-2 evaluators and service coordinators</p>	<p>Improved reliability and validity of the BDI-2 administration</p> <p>Increased statewide data quality</p> <p>Infants and Toddlers exiting early intervention services will demonstrate increased growth in their acquisition and use of knowledge and skills (including early language/communication)</p>

Evaluation Planning Tool: Data Quality

Evaluation Question	Performance Indicator	Measurement Tool	Status of Instrument	Frequency of Collection	First Data Collected
Were service coordinators and school district evaluators trained on necessity and use of the BDI-2 tool?	% of service coordinators and school district evaluators trained on use of BDI-2	Professional Development training and attendance logs	In Development Completion by September 2016	Fall 2016, Spring 2017	Fall 2016
Did the reliability and validity of BDI-2 administration improve?	% of BDI evaluators who administer the BDI-2 tool according to the publishers identified criteria	Partner with BDI-2 publisher and other BDI-2 states to determine tool. May include self-study videos, online test, self-assessment, evaluator video observations etc.	In Development Completion by August 2016	3 months after training	Winter 2017
Did children exiting Birth to three receive a BDI-2 exit evaluation?	% of children receiving exit evaluations by region	Completion rate report/chart	Exist	Monthly BDI-2 Data Checks Yearly BDI-2 Data Pull	Summer 2015
Did increased BDI-2 training impact the % of infants and toddlers demonstrating increased growth in knowledge and skills?	% of infants and toddlers demonstrating growth in knowledge and skills	Measurement tool comparing Indicator C3 child outcomes	Exist	Annually	Winter 2017

Planned Analysis	Process for Use Program Improvement	Possible Implications for Ongoing Evaluation
Percent of service coordinators and school evaluators trained and not trained due to attrition	% of evaluators to be trained	BDI-2 training of newly hired evaluators and ongoing training for experienced evaluators
Evaluators pre and post knowledge of BDI-2 tool	Determine fidelity and/ or need for additional training	Quantity and capacity of qualified assessors to review measurement tools
State and regional Indicator C3 completion rate percentages compared to previous years	Determine Indicator C3 completion rate by region; provide TA to increase completion rate	May never reach OSEPs 70% goal, do to children being in program <6 months
ECO Calculator	Regional training for early interventionist	BDI-2 evaluation tool sensitivity to growth

Evaluation Planning Tool: Accountability

Inputs	Strategies & Activities	Outputs	Outcomes		
			Short Term	Intermediate	Long Term
<p>Staff DOE State Staff Stakeholders Service Coordinators DOE Administration</p> <p>Technology K12 data system Online Learning Community Birth to Three Data Base BDI-2 Data Base</p> <p>Funding State Funding Part C Funding</p> <p>Partners Regional EI Programs Part B 619 Head Start BDI-2 Publisher PTI Center</p> <p>TA Consultants OTISEd ECTA DaSY IDC</p>	<p>Coherent Improvement Strategy (Accountability): 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"> Develop a monitoring protocol to ensure fidelity of evidence-based practices Develop tool to measure family engagement 	<p>Monitoring tool will be developed</p> <p>Family engagement measurement tool will be developed</p>	<p>Evidence based practice monitoring protocol developed</p> <p>Family engagement measurement tool developed</p> <p>Family Engagement information provided to families</p>	<p>Children and families will receive appropriate evidence based practice</p> <p>Early Interventionist will engage parents and caregivers in Routines Based Interview</p> <p>Early Interventionists will engage parents and caregivers in Family Guided Routines Based Intervention</p>	<p>Early Interventionist will implement Routines Based Interview as intended</p> <p>Early Interventionists will implement Family Guided Routines Based Intervention as intended</p> <p>Infants and Toddlers exiting early intervention services will demonstrate increased growth in their acquisition and use of knowledge and skills</p>

Evaluation Planning Tool: Accountability

Evaluation Questions	Performance Indicator	Measurement Tool	Status of Improvement	Frequency of Collection	First Data Collected
1) Did children and families receive appropriate Family Guided Routines Based Intervention?	% of families receiving appropriate evidenced based practices	Representative Poll of families Survey to be developed with Florida State University FGRBI guidance Partner with PTI center on administration	To be developed Fall 2016	At first 6 month review then annually	Winter 2017
2) Are families engaged in Family Guided Routines Based Interventions?	% of families engaged in routine based interventions	Representative Poll of families Survey to be developed with Florida State University FGRBI guidance Partner with PTI center on administration	To be developed Fall 2016	IFSP 6 month and 1 year review dates	Winter 2017
3) Did infants and toddlers demonstrate increased growth in knowledge and skills?	% of infants and toddlers demonstrating increased growth in knowledge and skills	Indicator C3 child outcomes	Exist	Annually	Winter 2017

Planned Analysis	Process for Use Program Improvement	Possible Implications for Ongoing Evaluation
1) Determine % of families who reported receiving Family Guided Routines Based Intervention from poll responses	Additional training and revised training	Representative poll return rate/family culture Caregiver not engaged
2) Determine % of families who responded they are engaged in Family Guided Routines Based Intervention from poll responses and compare to previous years	Regional training for early interventionist	Representative poll return rate/family culture Caregiver not engaged
3) Database/ECO calculator	Additional training and revised training	Time factor from implementation of EBP and data collection

Evaluation Planning Tool: Professional Development & Recommended Practices

Inputs	Strategies & Activities	Outputs	Outcomes		
			Short Term	Intermediate	Long Term
<p>Staff DOE State Staff Stakeholders Service Coordinators DOE Administration</p> <p>Technology K12 data system Online Learning Community Birth to Three Database BDI-2 Database</p> <p>Funding State Funding Part C Funding</p> <p>Partners Regional EI Programs Part B 619 Head Start BDI-2 Publisher PTI Center</p> <p>TA Consultants OTISEd ECTA DaSY IDC</p>	<p>Coherent Improvement Strategy (Professional Development): South Dakota will design & implement training/TA to increase knowledge and skills and use of appropriate early intervention practices.</p> <ul style="list-style-type: none"> Determine and complete necessary infrastructure activities to support the statewide implementation of evidence based practices <p>Coherent Improvement Strategy (Recommended Practices): 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"> Develop and implement a PD system for scaling up appropriate use of family assessment. Develop and implement a PD system for scaling up use of caregiver implemented routines based embedded intervention. <p>Coherent Improvement Strategy (Recommended Practices): South Dakota will present a consistent statewide message about early intervention service delivery and evidence based practices</p> <ul style="list-style-type: none"> Create a Birth to Three Early Intervention message Disseminate Early Intervention materials <p>Coherent Improvement Strategy (Professional Development): 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"> Develop communication plan for targeted audiences to build awareness and partnership for early intervention 	<ul style="list-style-type: none"> State office restructured to support PD position Online learning community Part C Special Instruction Rule promulgated to increase number of Special Instruction providers Cadres of RBI trainers and FGRBI trainers established to provide ongoing training RBI and FGRBI training plans and materials developed and implemented Regional contracts contain training provision Collaboration established with partner agencies regarding training and branding Vision and Mission statements created and shared with Stakeholders Birth to Three brochures and materials updated Audience-specific brochures and materials created and disseminated Communication plan developed and implemented 	<p>Early Interventionists will be trained on the State’s chosen evidence based practices</p> <p>Increased awareness of early intervention and evidence based practices</p> <p>All early intervention partners, including families and caregivers, will have a greater awareness of how early intervention and family engagement affects children’s outcomes</p>	<p>Early Intervention providers will engage families in Routines Based Interview and Family Guided Routines Based Intervention</p> <p>IFSP’s will reflect family and child outcomes based on Routines Based Interview and Family Guided Routines Based Intervention</p> <p>Parents and caregivers will be engaged in their child’s routine based intervention</p>	<p>Infants and Toddlers exiting early intervention services will demonstrate increased growth in their acquisition and use of knowledge and skills (including early language/communication)</p>

Evaluation Planning Tool: Professional Development & Recommended Practices

Evaluation Question	Performance Indicator	Measurement Tool	Status of Instrument	Frequency of Collection	First Data Collected
1) Were early interventionist trained on evidence-based practices (RBI, FGRBI) as intended?	% of early interventionist that were trained	Training logs, attendance records	Exist	Each Training	Aug 2015
2) Do early interventionists have an increased awareness of evidence based intervention?	% of early interventionists whose knowledge of evidence based practices increased	Survey	Exist	Pre and Post trainings	August 2015
3) Are early interventionists using evidence-based practices as intended?	% of early interventionist using evidence based practices	Adoption of measurement tool from Florida State University FGRBI training team	Exist	Annually	6 months post training
4) Did children and families receive appropriate evidence based practices?	% of families receiving appropriate evidenced based practices	Representative Poll of families Partner with PTI to administer	To Be Developed	Annually	Spring 2017
5) Are families engaged in routine based interventions?	% of families engaged in routine based interventions	Representative Poll of families FGRBI Checklist Partner with PTI to administer	To Be Developed	Annually	Spring 2017
6) How aware are families and partners of early intervention and the impact of family engagement?	% of families and caregivers who indicate increased awareness of and importance of family engagement	Representative Poll of families and caregivers FGRBI checklist	To be Developed	Annually	Spring 2017
7) Did infants and toddlers demonstrate increased growth in knowledge and skills?	% of infants and toddlers demonstrating increased growth in knowledge and skills	Indicator C3 child outcomes	Exist	Annually	Winter 2016

Planned Analysis	Process for Use Program Improvement	Possible Implications for Ongoing Evaluation
1) Summary of attendance and training dates	Identify providers that need to be trained	Provider buy in/Behavior change
2) Pre / post comparison of providers response to awareness and use of evidence based practice	Continue training for fidelity and sustainability	Capacity of assessors to view and monitor for fidelity
3) To be determined by Florida State University FGRBI team	Additional training	Providers belief compared to fidelity
4) Family responses to evidence based practices questions in poll	Additional training and revised training	Return rate and family culture Provider buy-in
5) Families who report being engaged in child's evidence based intervention based on poll responses	Additional training and revised training	Return rate and family culture Provider buy-in
6) Family responses to questions on increased awareness and importance of family engagement from poll	Additional training for providers Potential training for families and caregivers	Family early intervention beliefs
7) ECO calculator	Regional training for early interventionist	BDI-2 evaluation tool accurately reflect significant growth