Commonwealth of the Northern Mariana Islands

Public School System

STATE SYSTEMIC IMPROVEMENT PLAN (SSIP)
PHASE III, Year 4

IDEA Part C, Early Intervention Program

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INTRODUCTION

The CNMI Public School System (PSS) is a unitary educational system responsible for the provision and supervision of early intervention services and support for infants and toddlers with disabilities on three populated islands. The Commissioner of Education (COE) is the PSS Chief State School Officer responsible for administering the IDEA Part C and Part B grants, as well as all other local and Federal appropriations for the development, delivery, and evaluation of the educational system. The COE provides leadership in the development, implementation, and evaluation of programs and services for all public school children in the CNMI.

The Alignment of Current Improvement Plans and other Early Learning Initiatives:

The PSS has taken many steps and has implemented worthy initiatives over the years that focus on improving results of infants and toddlers with disabilities and more specifically, improving child outcomes in the area of positive social emotional skills, acquisition and use of knowledge and skills, and the use of appropriate behaviors to meet their needs. The PSS continues to implement the current initiatives and other early childhood initiatives to provide support for young children including infants and toddlers with disabilities and their families as part of CNMI's Early Childhood Comprehensive System of Services (ECCS) framework. The following are the current initiative updates that are aligned to the implementation and evaluation plans.

1) Developmental Screening Initiative for Birth to 5 Years Old: The PSS continues to partner with the Division of Public Health Services (DPHS) to continue the implementation of the Ages and Stages Questionnaires (ASQ) Developmental Screening tool. DPHS has taken specific steps to further align this current statewide initiative. There are over 100 personnel (nurses, childcare providers, early intervention providers) who are ASQ certified. The certified personnel are spread throughout the islands at the health centers, Head Start centers and in at least 12 childcare centers.

   Progress to Date: In 2019, DPHS conducted another round of ASQ training to certify new providers with implementing the ASQ. As a result, Early Intervention Service Coordinators continue to implement the ASQ. The Early Intervention Program is working in collaboration with the DPHS in the efforts to promote ASQ Certification among providers, including the implementation of the screening tool. This initiative allows the Early Intervention (EI) Program to identify, evaluate, and serve infants and toddlers that have developmental concerns. The EI team met with the Children with Special Health Care Needs coordinator, pediatric physicians and nurses to tighten up the referral process for all children. The EI team described the eligibility criteria and provided an Established Condition list to clarify the need for either a developmental evaluation or an ASQ screening. An ASQ referral form was developed and is now implemented to ensure that all children below age 5 are screened.

2) Early Learning Guidelines (ELGs): The PSS is a critical collaborator in the completion of the CNMI ELGs for infants and toddlers. The CNMI has taken specific steps to further align this current statewide initiative. The CNMI has implemented the use of ELGs within the Early Intervention Program, Head Start, Early Head Start Centers, and at all Child Care Development Funded Centers. The use of ELGs provides child care providers, including

parents, the information needed to help children attain the foundational skills needed. The Early Intervention Program continues to use the ELGs during the evaluation and IFSP process as "Age Anchoring" so that all team members, including the parents, are aware of what children are expected to do. In addition, the Early Intervention providers continue to distribute information and copies to families in the program.

Progress to Date: The Early Intervention Program continues to implement the ELGs and incorporates "Age Anchoring" during the evaluation and Individualized Family Service Plan (IFSP) process. In efforts to promote the importance of "Age Anchoring", the Early Intervention Program continues to provide training on the importance of child development, specifically on immediate foundational skills, foundational skills, and age expected skills on child development. Furthermore, training was provided to the teachers and teacher aides from the Early Head Start and Head Start programs on the importance of using the ELGs to assist in determining the rating needed for the Child Outcomes Summary measurement process.

3) Healthy Outcomes for Maternal and Early Childhood (H.O.M.E.) Visiting Program: The PSS is a strong collaborator with the H.O.M.E. Visiting Program. The CNMI has taken specific steps to further align this current statewide initiative. The H.O.M.E. Visiting Program currently serves approximately 152 families on the islands of Saipan, Tinian, and Rota. All children under the age of 5 who are enrolled with H.O.M.E. Visiting are screened and maintain an ASQ profile. Those children who score below the cut off are referred to the appropriate programs such as the Early Intervention or Early Childhood Special Education Program. The Early Intervention program and the H.O.M.E. Visiting Program collaborate thru the Partnership Agreement that is currently in place.

Progress to Date: Of the 75 families served to date, 8 families also receive H.O.M.E. Visiting services. The H.O.M.E. Visiting Program plays an active role when it comes to child find and public awareness activities spearheaded by the Early Intervention Program. Both programs work in collaboration with each other to ensure that all families in the programs benefit from services that promote early childhood development.

4) Learn the Signs. Act Early: The Early Intervention Program in collaboration with the H.O.M.E. Visiting Program presented to parents on the importance of monitoring their child's development using the tools and resources from the Center for Disease Control and Prevention (CDC) Learn the Signs. Act Early (LTSAE) The Interagency Coordinating Council (ICC) was provided an overview and how the information and training will be disseminated in collaboration with other community partners such as child care providers. The Service Coordinators provide parents referred to the Program with information and materials on LTSAE.

Progress to Date: The Early Intervention Program provides families with handouts from the CDC on monitoring and tracking their child's development. In efforts to promote child find, the providers distribute information on developmental milestones. In addition, providers assist families who prefer to download the milestone tracker on their smart devices so that families are kept informed about their child's development. There have been some instances where families are tracking their child's development and as a result, have specific

questions about specific developmental skills. Early Intervention providers have reported how positive their conversations were with families and how these resources have helped families gain insight on their developing baby. In Spring 2019, the Early Intervention Program accessed CDC resources during a Village Playtime Event. The intent of this event is to promote positive learning opportunities for children to grow, learn, and develop. Early Intervention providers facilitated a one-hour session for parents with young children and encouraged play activities that are developmentally appropriate. This event included families from early intervention, Woman Infant Children (WIC), H.O.M.E., and the island community. In addition, in March 2019, the CNMI was informed of CDC's Act Early Ambassador. The Early Intervention Program has met with the Ambassador to discuss available resources available and how to better collaborate to meet the needs of the families in the CNMI. In a meeting between the EI team and the Ambassador, discussion on leveraging resources, to include specific activities and actions, were identified.

Stakeholder Involvement:

CNMI Broad stakeholder involvement is central to the continued work of Phase III. Stakeholders include the members of the Interagency Coordinating Council (ICC), Early Intervention (EI) Core Team, and parents of children enrolled in the EI program. Throughout Phase III, Year 4, stakeholders continued to discuss the SSIP process to include reviewing and making, if needed, any changes to the SSIP implementation and evaluation plans.

On November 24, 2019 the ICC met to review the State Performance Plan/Annual Performance Report. During the meeting, ICC members addressed the CNMI performance and identified if targets were met. The ICC analyzed data and discussed possible reasons of why slippage may have occurred, specifically for Indicator 11; SSIP. The ICC identified the impact of Super Typhoon Yutu in 2018 and how this could have played a role on the CNMI's performance. In addition, the ICC also identified new targets for FY 2019-2020.

The ICC acknowledges the importance of keeping all stakeholders informed of the on-going work of SSIP. Further indicating that it is crucial for all stakeholders to understand the purpose of SSIP and the activities that are currently being implemented to meet the SiMR. The ICC encouraged the Core Team to use the Infographs, a resource gathered from the OSEP 2017 Leadership, Pacific Entities Meeting, and the NCSI Part C Cross State Learning Collaborative Spring Leads Meeting. The Infograph below depicts images that are culturally relevant, representing the island people and their beliefs in the "latte" as the strength and foundation of the family that will nurture the child with community supports.

The Core Team was happy to share with the ICC that the Infographs were proudly presented at the Family Outcomes Cross State Learning Collaborative Spring Leads Meeting, sponsored by the National Center for Systemic Improvement (NCSI) in May 2019.

ICC are excited to see the progress between the SSIP activities that are being implemented and its correlation to child performance. With trend data available, the ICC discussed the importance of capturing and documenting data in efforts to improve program planning.

In June 2019, the CNMI was informed that NCSI will no longer be able to support the Part C Program. As a result, the ICC and the EI team recommended that the EI Director communicate this concern to the CNMI's OSEP State Lead Officer. The EI Program anticipates that OSEP reconsiders this decision and looks forward to future technical support from NCSI Family Collaborative.

The Core Team re-evaluated The Evaluation Worksheet Matrix that was developed in Spring 2018 by the leadership of the PSS and the SSIP Core Team. This process included the discussion and agreements of the:

- alignment of the Theory of Action (TOA) and logic model to the implementation plan activities;
- review of the evidenced-based practices (EBPs) that are related to the logic model;
- connection and link of the evaluation plan to the implementation action plan and;
- development of the evaluation rubric to determine level of progress made.

The Core Team performed a data crosswalk looking at the 12 EBPs and aligned it with the four Coherent Improvement Strategies. The Core Team concluded that all 12 EBPs are evident and supported within the Coherent Improvement Strategies.

As a result of this process, the Core Team agreed that The Evaluation Worksheet Matrix continues to serve as the mechanism to capture the level of progress of each SSIP activity in efforts to meet the SiMR.

As noted earlier, stakeholders identified specific targets for FFY 2019 including indicator 11, CNMI's SiMR target.

CNMI's State-Identified Measurable Result (SIMR)

By June 2020, at least 66% of infants and toddlers who exit the early intervention program will have at least 80% of toileting, dressing, and feeding skills that are closer to their age peers, as measured by the Child Self-Help Checklist.

Target 2018-2019	Performance 2018-2019	Target 2019-2020
66%	65%	66%

Section A: CNMI Summary of Phase III, Year 4

1. A Brief History of the Theory of Action (TOA) and logic model for the SSIP

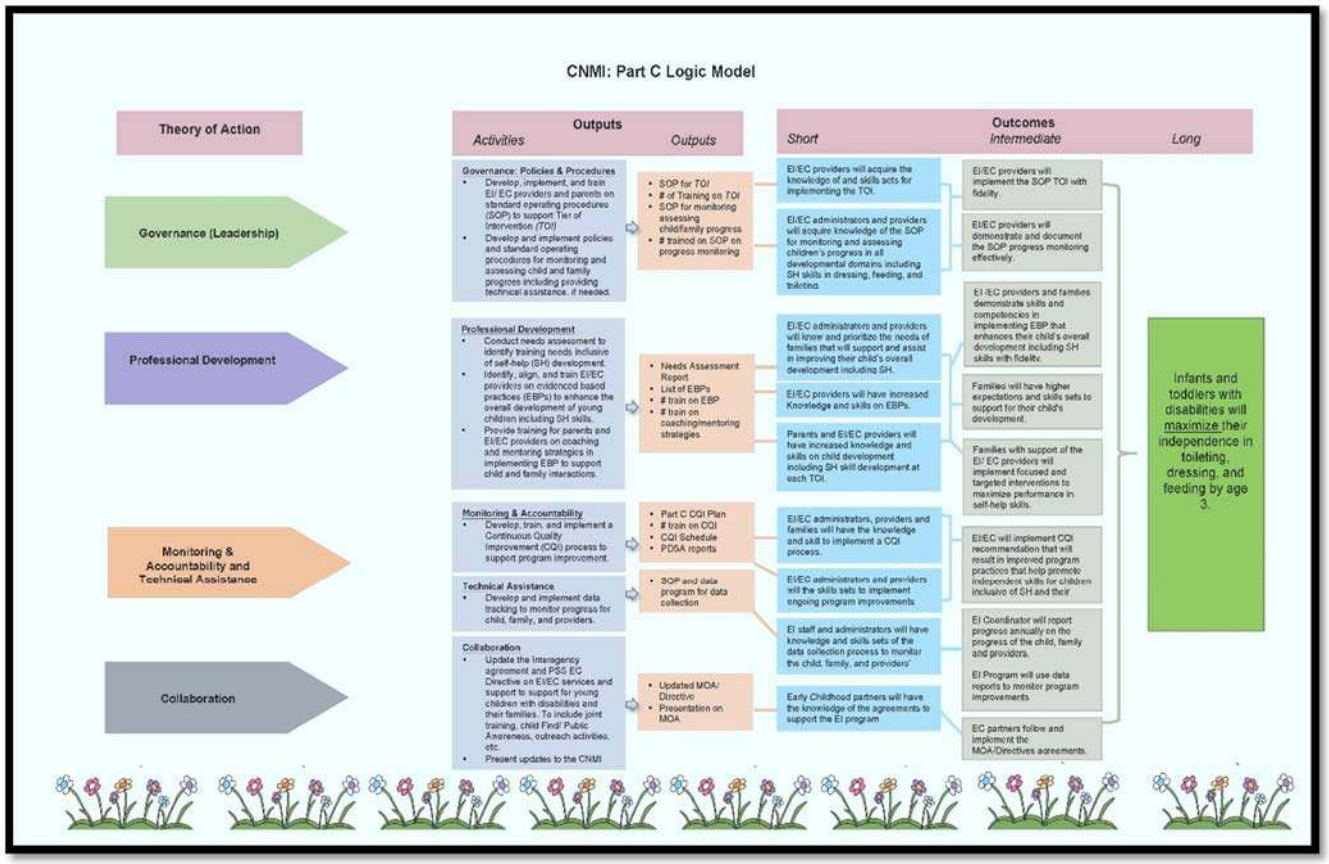
The CNMI's TOA articulates how PSS will improve infants and toddlers' self-help skills; in the specific areas of independent dressing, feeding, and toileting. Addressing the three skills area, will increase self-help skills and ultimately improve Indicator 3C: Using Appropriate Behaviors to Meet Their Needs. As noted below, the key strands of action identified in the Theory of Action are based on the in-depth analysis of the PSS data and infrastructure's strengths and areas that need improvement, evidence and researched based family practices, home visiting principles and practices, service provider competencies, the current PSS system initiatives and PSS *Strategic Priorities Plus.*

Commonwealth of the Northern Mariana Islands - Theory of Action: Part C

Key Strands of Action	If PSS	Then	Then	Then
Governance (Leadership) *Screening and Assessment*	*Adopts policies and procedures for systemic and systematic implementation of HELP curriculum based assessment and the HELP Self-Assessment checklist*	*...service providers can screen and monitor progress of all developmental domains, specifically in the area of self-help strands/skills in the area of dressing, feeding and toileting* *...service providers can report screening and assessment results to families and all program staff to be tracked and monitored.*	*...all infants and toddlers entering and exiting EI services will be assessed for self-help to determine their developmental and chronological age.* *...self-help assessment data will be used to support the allocation of resources* *...each child will have a self-help profile of their growth and progress in the areas of dressing, feeding, and toileting.*	*By June 2019, at least 66% of infants and toddlers who exit the early intervention program will have appropriate behaviors in dressing, feeding, and toileting skills that are closer to their same age peers, as measured by the Child Self-Help Checklist.*
Professional Development *Data Collection, Reporting and use for Screening and Assessments* *Recommended Practices*	*Provides professional development on how to collect, analyze and apply learning from multiple data sources* *Provides professional development on the Division of Early Childhood (DEC) Recommended Practices in the essential components of instructional strategies*	*...all service providers the can accurately and systematically screen and assess infants and toddlers developmental areas, specifically in the self-help strand/skills in the area of dressing, feeding and toileting* *... families and service providers will be knowledgeable in evidence based processes such as the coaching and mentoring model* *...service providers will have increased their competence to support families build their capacity to promote their child's development through daily routine activities*	*... all service providers will be able to systemically use the data to report growth and progress and plan specialized instruction based on individual needs of the child* *...all children exiting the program will demonstrate increased growth in their self-help skills* *...families will gain confidence to engage with their child during typical daily routines* *...all children will have purposeful opportunities to gain the age expected skills in the area of self-help*	
Collaboration *EI Service Providers and Families*	*...implements the use of an evidence based process such as the HELP and Family Coaching Model*	*...families and service providers can identify priorities and develop goals together using a systematic process to identify barriers that may prevent the child/family from being able to address the self-help targeted skills*	*...children will have purposeful opportunities to work on self-help skills.* *...children will be provided with appropriate assistive devices that will promote skill independence* *...all children exiting EI services will demonstrate improved growth in self-help skills, specifically in the area of dressing, feeding, and toileting*	
Technical Assistance	*...provides targeted on-going technical assistance based on performance data and infrastructure needs on specific topics to meet the needs of the family*	*...service providers can plan and target for specific DEC recommended strategies that can be embedded in the family's daily routine and that are culturally accepted*	*...families can support their child's development in the self-help area* *...all children exiting the EI program will have increased their independence skills and be prepared for the preschool setting*	
Accountability	*...holds EI program staff accountable for clearly identified, prioritized, and measureable goals as identified in SPP/APR* *... engages all stakeholders in the development of policies and procedures*	*...EI program will put procedures in place to systematically report data on self-help skills, specifically toileting, eating, and dressing using the Child Self-Help Checklist* *...service providers will be accountable for child growth and progress monitoring*	*...service providers will provide families with individualized evidence based instructions/strategies*	
Monitoring	*...Implements the HELP Self-Assessment and Child Self-Help Checklist to measure child progress, determine effectiveness of intervention* *...conducts observations using the "Everyday Child Learning Opportunities Checklist"*	*...service providers will have immediate feedback and information specific to the intervention plans and identifies strengths and areas that need improvement* *...service providers will adjust or modify the teaching, mentoring and coaching strategies to focus on areas that need improvement* *...the delivery of services will be individualized to meet the unique needs of the child and family*	*...all children will be engaged in meaningful and purposeful daily activities based on progress data that will lead to improved results*	

Section A: CNMI Summary of Phase III, Year 4

CNMI incorporated the coherent improvement strategies and how the improvement strategies continues to drive the achievement of improved results for infants and toddlers with disabilities in the TOA. These key strands include Governance (was known as Leadership) Professional Development, Collaboration, Technical Assistance, Accountability, and Monitoring. These key strands of action from the TOA are embedded into the CNMI's Logic Model.



Based on stakeholder input, the CNMI's SiMR is aligned with the TOA and the identified coherent improvement strategies to promote and or increase independence in infants and toddlers with developmental delays and disabilities.

2. Coherent Improvement Strategies:

Throughout CNMI SSIP Phase III, the SSIP Core Team and other stakeholders once again reviewed the CNMI Part C SSIP Implementation Action Plan, discussed and agreed that each coherent improvement strategies identified aligned with the Theory of Action (TOA) and Logic Model.

The Core Team in collaboration with the ICC reviewed and updated all the activities of the SSIP Action Plan. Consistent with the TOA, the Action Plan consists of four components: Governance, Professional Development, and Collaboration, and Accountability, Monitoring, and Technical Assistance was embedded into each activity, as needed. Coherent Improvement

Section A: CNMI Summary of Phase III, Year 4

Strategies are identified within each component:

- Governance or **G** has two strategies,
- Professional Development or **PD** has three strategies,
- Accountability, Monitoring, and Technical Assistance or **AMTA** has two strategies
- Collaboration or **C** has two strategies.

Based on each coherent improvement strategy, the Core Team continued to work towards addressing the identified activities in efforts to address the SSIP and make progress towards the SiMR.

CNMI continues to embed the principle activities of each coherent improvement strategy into their daily procedures:

Governance (G):
The Tiers of Intervention (TOI) was fully implemented in Spring 2017. The TOI is now a part of the IFSP process. The TOI discussion occurs with families and the service providers lead conversations on toileting, dressing and feeding skills. Families participate in discussions and describe their child's present levels in the targeted areas. Families are also encouraged to discuss their daily routines and how their child participates in it, with regards to the target areas. All families that fall in Tier 1 (promotion) are provided with age anchoring skills for the target areas as well as activities to promote independence. All families that fall in Tier 2 (prevention) have specific goals, indicated in the IFSP, to address developmentally appropriate strategies and activities that promote development. All families that fall in Tier 3 (intensive intervention) have specific goals indicated in the IFSP that incorporate family supports needed such as AT devices or trainings. Family engagement is crucial. Level of supports are determined by the IFSP team, which always includes families.

Professional Development (PD):
Offering targeted professional development in the areas of overall child development, self-help skills, and the training on Coaching continue to be the major focus for this coherent improvement strategy. Based on service provider responses from the PD opportunities, along with the provider observations that were conducted, the EI program identified that providers will benefit from continued support on;

1) child development,
2) age anchoring skills, sequencing of age expected skills and intentionally working on the progression of skills that are reflected in the IFSP goals, and
3) The delivery of EBPs in the natural routine.

A critical component of this coherent improvement strategy focuses on increasing family understanding and confidence. Through Parent Night activities, families had the opportunity to engage in SSIP and SiMR discussion, as well as child development and the importance of monitoring and tracking child development. All families from Saipan, Tinian, and Rota had the opportunity to meet other parents, share their personal experiences, and talk with providers.

Section A: CNMI Summary of Phase III, Year 4

Accountability, Monitoring, and Technical Assistance (AMTA):
The CNMI Part C Continuous Quality Improvement (CQI) Team met ten times during the past reporting year. In April 2018, the CQI team updated the two CQI Plans and developed a CQI Action Plan with specific strategies that included a Toileting Coach Plan (TCP).

The CQI Team modified the TCP to ensure consistency in data collection discussed in greater detail in Section D.

Collaboration (C):
Establishing the mechanisms to identify program collaboration among child serving agencies was a major focus for EI Program. Updating the Inter-Agency Agreement between the Public School System and the Commonwealth Healthcare Corporation was crucial for both programs. The Agreement specifically describes the roles and responsibilities for each program in order to provide early intervention services to all qualified children and families.

The development of a Partnership Agreement among child serving agencies reminds all programs of their role with each other. As a result of this mechanism, all participating programs serve as being "referral sources" for each program.

The Directive that was established between the Early Intervention Program and the Early Head Start Program provides a clearer understanding of the roles that all providers have when serving infants and toddlers with IFSPs in an Early Head Start setting.

Based on stakeholder input, the ICC will review and discuss annually if updates to the Inter-Agency Agreement, Partnership Agreement, and the Directive is needed. The mechanisms in place continue to be the driving force for all programs to collaborate with each other in efforts to provide all families with the needed services so that children grow up to be healthy and ready to learn.

3. Specific Evidence-Based Practices (EBPs)

The SSIP Core Team used the Division of Early Childhood (DEC) Recommended Practices to select the 12 coherent strategies that supported the theory of action and would result in improved results in the SiMR. The Team further identified which strategies will support the four components of the SSIP Improvement Plan. The following strategies currently being implemented are:

1) Instruction (INS) Strategy 4: Early intervention providers will plan for and provide the level of support, accommodations, and adaptations need for the child to access, participate, and learn within and across activities and routines.
2) Instruction (INS) Strategy 6: Early intervention providers will use systemic instructional strategies with fidelity to teach skills and to promote child engagement and learning.
3) Instruction (INS) Strategy 13: Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.
4) Family (F) Strategy 6: Early intervention providers engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences.

Section A: CNMI Summary of Phase III, Year 4

5) Family (F) Strategy 5: Early intervention providers support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.
6) Teaming and Collaboration (TC) Strategy 2: Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.
7) Assessment (A) Strategy 3: Practitioners use assessment materials and strategies that are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics.
8) Assessment (A) Strategy 8: Practitioners use clinical reasoning in addition to assessment results to identify the child's current levels of functioning and to determine the child's eligibility and plan for instruction.
9) Environment (E) Strategy 5: Practitioners work with families and other adults to acquire or create appropriate assistive technology to promote each child's access to and participation in learning experiences.
10) Environment (E) Strategy 6: Practitioners create environments that provide opportunities for movement and regular physical activity to maintain or improve fitness, wellness, and development across domains.
11) Interaction (INT) Strategy 1: Practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support.
12) Transition (TR) Strategy 1: Practitioners in sending and receiving programs exchange information before, during, and after transition about practices most likely to support the child's successful adjustment and positive outcomes.

With the recommended practices identified in the DEC, the Core Team is confident that the Tiers of Intervention (TOI) framework captures and supports the goal of the EI program. The TOI Framework includes the four implementation drivers. The four drivers include coaching, training, performance measures, and decision support data systems. The TOI framework embraces the belief that through leadership and administrative supports in the state and program level impacts how family and providers collaborate. Through coaching mentoring support, parents reinforce their child's overall development. This is all done by implementing EBPs identified at each level of the Tier. Included in each tier are the EBPs that are embedded in policies, procedures, and professional development activities.

In Fall 2019, EI service providers felt the need to expand the TOI to ensure that all children receive the appropriate services and supports needed. The TOI is an intentional process used by the service providers to support and monitor child progress in the three target areas during the IFSP process using the tier of intervention or TOI. The TOI provides the level of support needed for each target area. There are three tiers for the TOI. Tier 1 is promotion for all infants and toddlers. Tier 2 is targeted intervention and prevention that identifies the level of support needed. Tier 3 is intensive intervention that may include the use of assistive technology devices to promote progress.

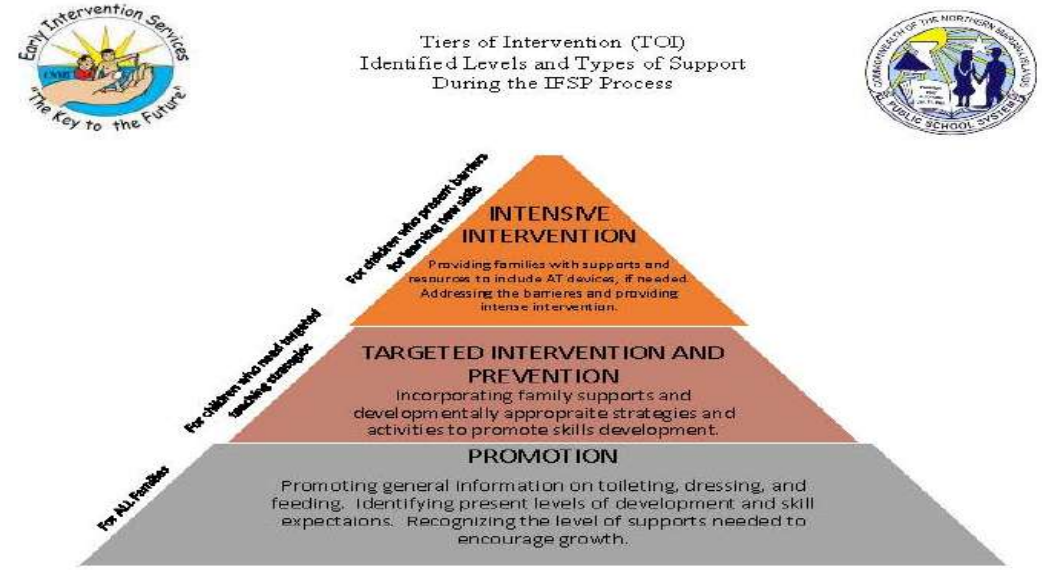
Section A: CNMI Summary of Phase III, Year 4

A thorough team discussion resulted in the addition of the types of Level of Supports needed. Team members discussed the examples of supports that children and families may benefit from. As a result, the team concluded that there are 5 Levels of Supports that will be discussed with families during the TOI conversation, which has been embedded into the IFSP process. The following are the identified Levels of Supports:

1. Routines Based Intervention
2. Visual Aides with Steps
3. Assistive Technology
4. Specialized Therapeutic Techniques
5. Medical Supports

The Levels of Supports are captured within the IFSP document as well as in the Self Help Database. This data reflects the Levels of Supports needed for the target areas of toileting, dressing, and feeding.

Figure 1. Tiers of Intervention



☐ Initial Evaluation ☐ Annual ☐ 6 Month Review

Date: _____

Skill Area & Tier Levels				TYPES OF SUPPORT				
				Routines Based Intervention	Visual Aides with Steps	Assistive Technology	Specialized Therapeutic Techniques	Medical Supports
Toileting	1	2	3					
Dressing	1	2	3					
Feeding	1	2	3					

The IFSP team will indicate the level of intervention needed by circling the agreed upon Tier. The IFSP team will then check (√) the Levels and Types of Supports. If Tier 1 is circled, then no checkmark is needed in the Levels and Types of Supports. If Tier 2 or Specific strategies will be discussed on the *Strategies Sheet* of the IFSP.

Number of Goals MET _____

SSIP Identified Activity
TOI Manual March 2017 (Revised 3/18/20)

Section A: CNMI Summary of Phase III, Year 4

As noted in Figure 1, the following are the EBPs identified at each tier:

- Tier 1: Promotion has seven (7) EBPs that include:
  - TC2: Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.
  - INS4: Practitioners plan for and provide the level of support, accommodations, and adaptations needed for the child to access, participate, and learn within and across activities and routines.
  - INS6: Practitioners use systematic instructional strategies with fidelity to teach skills and to promote child engagement and learning.
  - INS13: Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.
  - F5: Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.
  - F6: Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences.
  - INT1: Practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support.

- Tier 2: Targeted Intervention and Prevention
  - Described in Tier 1: TC2, INS4, INS6, and INS 13
  - A3: Practitioners use assessment materials and strategies that are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics.
  - A8: Practitioners use clinical reasoning in addition to assessment results to identify the child's current levels of functioning and to determine the child's eligibility and plan for instruction.
  - E3: Practitioners work with the family and other adults to modify and adapt the physical, social, and temporal environments to promote each child's access to and participation in learning experiences.

- Tier 3: Intensive Intervention:
  - Described in Tier 1: TC2, INS4, and INS6
  - E5: Practitioners work with families and other adults to acquire or create appropriate assistive technology to promote each child's access to and participation in learning experiences.
  - TR1: Practitioners in sending and receiving programs exchange information before, during, and after transition about practices most likely to support the child's successful adjustment and positive outcomes.

Section A: CNMI Summary of Phase III, Year 4

The Program implements the Early Childhood Intervention Coaching/ Mentoring model and the EBPs on self-help skills. As part of the SSIP Phase III, Year 2 process, one of the first tasks the SSIP Core Team worked on was to review the EBPs and determine if the 12 EBPs that were identified in the SSIP Phase II are intertwined and reinforced in the implementation activities.

As a result, the Core Team felt it was necessary to align the EBPs with the IFSP process. In Fall 2017, with the assistance from Guam CEDDERS, specific EBPs that supported the IFSP process were identified and documented in each section of the IFSP. The stakeholders in October 2017 gathered to identify specific EBPs that are incorporated in the IFSP process. The Team identified different sections in the IFSP process which reflect the EBPs. In addition, the Team labeled the 6 corresponding sections: Present Level of Performance; Eligibility; Concerns, Priorities and Resources; Child & Family Outcomes; Steps and Services; and Transition Conference.

Once again, in Spring 2019, the Core Team reviewed the EBPs and provided examples of how the EBPs are reinforced the implementation activities and continues to be implemented throughout the IFSP process. Since early intervention providers have been an active participant in the development of the SSIP from the beginning, all providers understand the importance of EBPs and its direct correlation to addressing the SiMR. As per the discussion with the Core Team, all 12 EBPs continue to be implemented.

4. Evaluation Activities, Measures, and Outcomes

Part C State Performance Plan (SPP) Indicator 11 State Systemic Improvement Plan (SSIP) Phase III, Year 4 represents the vehicle for the implementation and evaluation of the identified activities, which include evidence-based practices for meeting CNMI's SSIP State-identified Measurable Results (SiMR).

The CNMI has developed its IDEA Part C State Systemic Improvement Plan (SSIP) Phase III, Year 4 which expands on the coherent strategies, and the implementation of activities and outcomes of SSIP Phase III. CNMI's IDEA Part C SSIP Phase III includes stakeholder decision making process, stakeholder input, the implementation actions, and the evaluation measures for meeting CNMI's SiMR.

SiMR Statement: CNMI's SiMR is clearly based on CNMI's Phase I data and infrastructure analyses, is aligned with current agency initiatives or priorities, and will impact improved results for infants and toddlers with disabilities and their families in the CNMI.

As indicated in the previous SSIP Phase III document, the SSIP Core Team, in collaboration with the ICC, met to discuss the progress on each activity and develop an evaluation matrix. With Technical Assistance from Guam CEDDERS, it was critical to look at the mid-year progress of each activity. The Core Team looked at the identified activities derived from the Action Plan's 4 components. The Core Team identified the 18 Performance Indicators that were developed in Phase II. The team looked at the identified actions needed to meet each indicator. This encouraged the team to look at evidence, such as the development of new forms, the development of a database system, the status of evidence based practices, and professional development opportunities. With data on hand, the Core Team began the development of the SSIP Evaluation

Section A: CNMI Summary of Phase III, Year 4

Matrix. The Core Team worked diligently compiling all the data and developing data reports for each coherent improvement strategy.

The Core Team reviewed and updated the Updated CNMI Implementation Action Plan noting the following additions to the activities for to Governance (G) 1.1; G 2.1; G2.2; and Professional Development (PD) 2.2. In addition, adjustments were made to the timelines throughout the document as appropriate. (Appendix A)

Section B: CNMI Implementation Progress SSIP Phase III, Year 4

1 Description of the State's SSIP implementation progress

Based on the results from the infrastructure analysis, the SiMR, and TOI, the stakeholders looked at the coherent strategies and identified progress towards implementation. The CNMI assessed the activities for each coherent strategy and developed an Evaluation Worksheet Matrix that provides a snap shot picture of each performance indicators indicated in the Evaluation Plan.

In order for the CNMI to identify if the coherent strategies are being carried out to fidelity, stakeholders met to review the level of implementation to the, 1) the SiMR, 2) progress to date on the performance indicators the alignment of the coherent improvement strategies with the Division of Early Childhood (DEC) Recommended Practices, 3) the alignment of the coherent improvement strategies with the theory of action, and 4) the required actions needed to be addressed. With the Technical Assistance from Guam CEDDERS, and with input from stakeholders, CNMI continued to focus on increasing child skills in the areas of toileting, dressing, and feeding. As a result, the services early intervention providers provide to parents will ensure their toddlers will be school ready.

Coaching, which is an evidenced-based practice, was identified by the CNMI to provide the program with the necessary tools to support, nurture, and empower families. As depicted in the info-graph on page 14, the CNMI *LATTE Coaching Plan* provides a structure for planning and conducting home visits using the Five Key Characteristic of Coaching as documented on the *Early Childhood Coaching Handbook* by Dathan D. Rush and M'Lisa L. Sheldon.

The CNMI LATTE Coaching Plan provides a guide for parents and service providers to use during each home visits and provides support to ensure the coaching model is implemented to the fidelity of the model. The LATTE Coaching Plan stands for:

- **L**earning using functional IFSP outcomes to guide the intervention
- **A**ction and trying different strategies
- **T**eaching, Learning, and deepening the understanding
- **T**racking and reflecting and providing feedback
- **E**veryday routines in home or community settings

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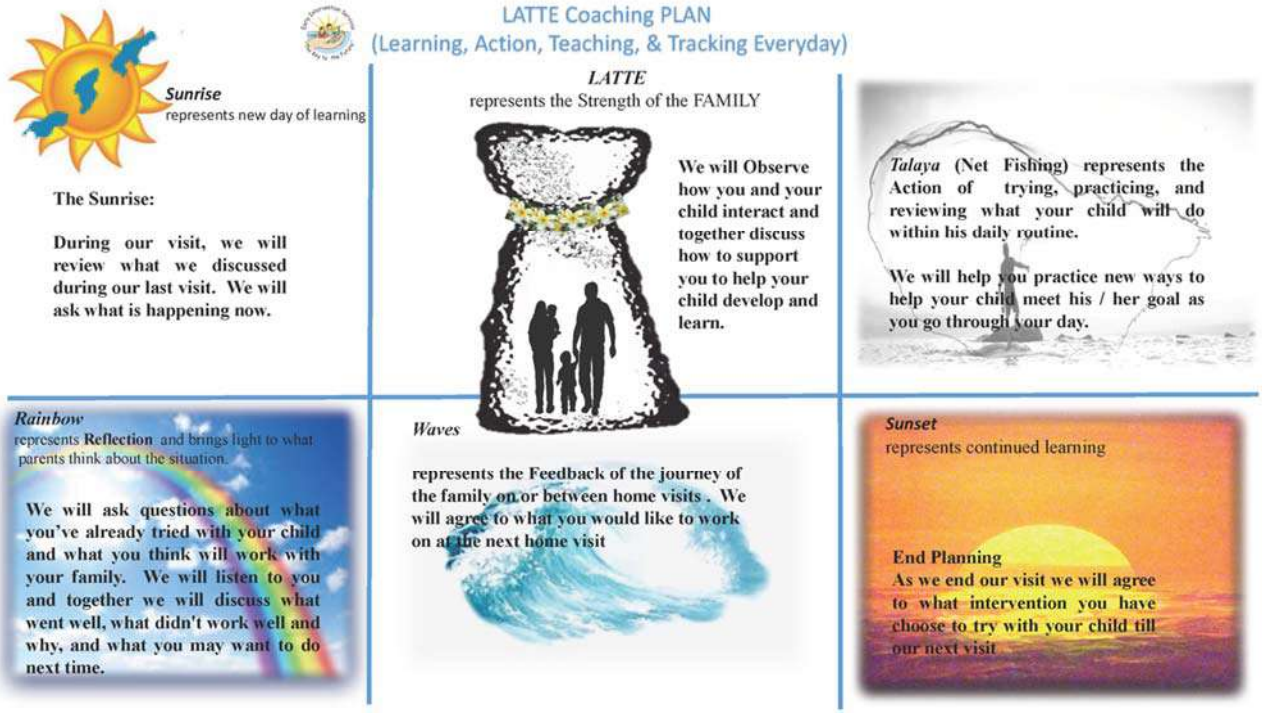

CNMI is at full implementation in using early childhood coaching and continues to provide ongoing training and technical assistance to service providers using the "*Ongoing Support for Coaching & Natural Environments Practices*". In August 2019, the CNMI Early Intervention Coaching standard operating procedures was finalized and is aligned with what we say, do and act when implementing early childhood coaching. CNMI is proud to say the Team is coaching families to fidelity.

CNMI SiMR: As noted in the previous SSIP Report and with stakeholder input, CNMI adjusted the SiMR to reflect an 80% level of performance or benchmark in efforts to provide clarity on child progress and present levels of performance. This benchmark will allow families and service providers to describe actual child skill levels compared to that of their peers.

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By June 2020, at least 66% of infants and toddlers who exit the early intervention program **will have at least 80%** of toileting, dressing, and feeding skills that are closer to their same age peers, as measured by the Child Self-Help Checklist.

Target 2018-2019	Performance 2018-2019	Target 2019-2020
66%	65%	66%

Description of the CNMI's Implementation Progress

The CNMI Part C Action Plan includes four coherent improvement strategies reflected in the TOA that includes:

1) Governance; 2) Professional Development; 3) Accountability, Monitoring and Technical Assistance; and 4) Collaboration. Stakeholders assessed each coherent improvement strategy and provided input based on the progress that has been made.

GOVERNANCE

Coherent Improvement Strategy: Governance or G**:** Two strategies aligned with seven Evidence Based Practices (EBPs).

Coherent Improvement Strategy and EBP Alignment: In Phase III, stakeholders identified that the coherent improvement strategies were aligned with the Theory of Action. Specific EBPs were also identified and stakeholders continue to implement the EBPs throughout the evaluation, Individualized Family Service Plan (IFSP), and transition processes in efforts to address the SiMR. Stakeholders reiterated that when implemented to fidelity, the SiMR will be addressed. The following EBPs have been identified and aligned with this coherent improvement strategy.

- TC2: Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.
- F5: Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.
- INS13: Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.
- A3: Practitioners use assessment materials and strategies that are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics.
- A8: Practitioners use clinical reasoning in addition to assessment results to identify the child's current levels of functioning and to determine the child's eligibility and plan for instruction.
- E5: Practitioners work with families and other adults to acquire or create appropriate assistive technology to promote each child's access to and participation in learning experiences.

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- E6: Practitioners create environments that provide opportunities for movement and regular physical activity to maintain or improve fitness, wellness, and development across domains.

Description of Planned Activities: Stakeholders met to assess the two activities to determine activity progress and status.

G1: To develop, implement, and train EI/ EC providers and parents on standard operating procedures (SOP) to support the Tier of Intervention (TOI)

Updated Activities to Implementation Plan: Based on stakeholder input the following updates were provided:

- Updated TOI to show levels of support
- Updated the annual Professional Development (PD) events to ensure all employees know the process for using the TOI
- Progress Monitoring (Data collection)

Accomplishments and Milestones: The EI program continues to provide training on the TOI for new and ongoing providers. In Spring 2018, service providers had the opportunity to participate in professional development opportunities that focused on the TOI. It was the program goal to ensure that all providers felt confident to fully implement and practice the use of the TOI with families, throughout the IFSP process. A major component of the TOI implementation continues to be parent engagement and feedback. PD opportunities opened the discussion on how service providers lead the TOI conversation with families so that; 1) family cultural perceptions on the target skill areas are respected, and 2) interventions reflect EBPs in the typical routine of the families. For the past two years, the TOI discussion has been embedded within the IFSP process. In Fall 2019, stakeholders incorporated additional information during the TOI process to include a description of the different types of supports in place. Stakeholders described the different levels and types of supports to include 1). Routines Based Intervention, 2). Visual Aides with Steps, 3). Assistive Technology, 4). Specialized Therapeutic Techniques, and 5). Medical Supports. This is a critical modification to the process for ensuring alignment of the IFSP and the levels of support needed as per the needs of the child and family. IFSP team members are able to identify the type of support needed and provide services based on the IFSP team decision. During the annual IFSP meetings, team members discuss the child's progress and whether the levels and types of supports are appropriate and work for the child and family. Stakeholders' acknowledge the sustainability of the TOI and the Data Manager continues to monitor this practice.

Stakeholder Input: Stakeholders reiterated the importance of family engagement during this process. The conversation on being culturally sensitive continues to be a priority with all stakeholders due to the perceptions and expectations that families may have for their children. Stakeholders discussed the importance of on-going training to accommodate new providers. Stakeholders suggested that "seasoned" providers also shadow new providers so that the TOI process remains consistent among all providers. Stakeholders agreed that the TOI process will assist families and provide the targeted levels of support needed to address skill development. In addition, stakeholders addressed the importance of updating the Self Help Data System to capture the additional fields within the Levels and Types of Support.

Stakeholders provided input to include two additional activities G1.1.7 and G1.1.8 under this coherent strategy.

Next Steps: Stakeholders agreed to implement the TOI to fidelity and that the EI program should continue to provide ongoing PD to all providers to ensure continuity.

Intended Outputs as a Result of Implementation: With the TOI in place, the EI program intends that all families will receive individualized levels of intervention in order to maximize child progress and family competencies. As a result, each IFSP will reflect the TOI so that targeted skills in toileting, dressing and feeding are being addressed.

G2: Develop and implement policies and standard operating procedures for monitoring and assessing child and family progress including providing technical assistance, if needed.

Updated Activities to Implementation Plan: Based on stakeholder input the following updates were provided:

- Develop, train, and implement Standard Operating Procedures on LATTE - Early Childhood Coaching
- Expand the data collection to reflect the changes in the updated TOI Form.

Accomplishments and Milestones: Monitoring and assessing child and family progress is an important aspect to addressing and meeting the SiMR. The TOI assists with identifying the family levels of supports. In Fall 2018, the Program is in full implementation of the TOI. As of February 2020, all 138 IFSPs were reviewed in a timely manner and all 138 reflected the TOI. The Program has in place a TOI data system and CNMI Self Help Data System to electronically collect, track, and monitor progress of each child's toileting, dressing and feeding skills. In Fall 2019, the Self Help Data System was updated to reflect the 5 Levels of Supports of the TOI. In addition, the LATTE Coaching Plan is in full effect and all providers have been trained on the implementation of the LATTE. The LATTE Plan is implemented during home visits between the provider and the parent/caregiver. It serves as the mechanism to document, plan for and track child development and progress.

Stakeholder Input: Based on the SSIP Evaluation Report, stakeholder indicated that all IFSPs reviewed had in place a TOI and that families participated in identifying their levels of support and types of supports needed. Stakeholders also discussed the importance of providing feedback of coaching skills observed during a coaching observation session to document if the providers are implementing early childhood coaching to fidelity and to complete the debrief forms documents skills that the provider will work on being intentional during the next home visits.

Stakeholders provided input to include two additional activities G2.1.7 and G2.2.4 under this coherent strategy.

Next Steps: Stakeholders indicated that data be reviewed on a weekly basis and cross-checked and verified for accuracy. Stakeholders stressed the importance of using child progress data to address family needs.

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Intended Outputs as a Result of Implementation: The EI program continues to collect, track, and monitor progress of each child's toileting, dressing and feeding skills. EI providers are aware of their responsibility to collect this data during the IFSP process and the data manager understands the importance of cross-checking data before inputting it into the data system. The EI program is able to use the data to analyze and make program decisions to address the SiMR.

PROFESSIONAL DEVELOPMENT

Coherent Improvement Strategy: Professional Development or PD**:** Three strategies aligned with six Evidence-Based Practices.

Coherent Improvement Strategy and EBP Alignment: In Phase III, stakeholders identified that the coherent improvement strategies were aligned with the Theory of Action. Specific EBPs were also identified and stakeholders continue to implement the EBPs throughout the evaluation, IFSP, and transition processes in efforts to address the SiMR. Stakeholders reiterated that when implemented to fidelity, the SiMR will be addressed. The following EBPs have been identified and aligned with this coherent improvement strategy.

- F5: Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.
- F6: Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences.
- INS4: Practitioners plan for and provide the level of support, accommodations, and adaptations needed for the child to access, participate, and learn within and across activities and routines.
- INS6: Practitioners use systematic instructional strategies with fidelity to teach skills and to promote child engagement and learning.
- INS13: Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.
- INT1: Practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support.

Description of Planned Activities: Stakeholders relooked at the four activities to determine activity progress and status.

PD. 2.1. Conduct needs assessment to identify training needs inclusive of self-help (SH) development.

Accomplishments and Milestones: In collaboration with program partners, the EI program provided PD opportunities to train on-going and new providers to attend. The purpose of the PD is to ensure that all providers gain the understanding and competence skills so that EBPs are being implemented. The topic areas focused on overall child development, implementing the Hawaii

Early Learning Profile (HELP) Chart, Age Anchoring using the CNMI Early Learning Guidelines, Autism Spectrum Disorder, collecting Early Childhood Outcomes, Evidence-Based Practices, Service Coordination, Assistive Technology, and measuring child self-help skills, specifically on toileting skills. EI providers continue to receive training on Early Childhood Coaching training on guidance for facilitating reflection using "*Ongoing Support for Coaching & Natural Learning Environment Practices*. In addition, the team engaged in Peer to Peer Coaching which includes the implementation of the LATTE Coaching Plan and the Coaching Fidelity Checklist. Providers were trained on the policies and procedures, the implementation, and the importance of capturing and documenting child and family progress. The program accesses local training opportunities facilitated by Guam CEDDERS, as well as resources from the Early Childhood Technical Assistance Center and Hawaii Part C Program. The EI program has identified that Professional Development will be an on-going process in order to increase and maintain service provider competencies.

Stakeholder Input: Stakeholders praised the EI Program in their efforts addressing specifically in the areas of toileting, dressing, and feeding. Stakeholders reviewed the Toileting Coaching Plan and were pleased to see that providers are well equipped with the skills needed to coach families on EBPs and address self-help skills. Stakeholders expressed their approval of the use of the LATTE Coaching Plan and encouraged providers to continue coaching families to fidelity. Stakeholders continue to express the need for early childhood partners to collaborate and network when offering professional development.

Next Steps: Stakeholders continue to discuss the importance of collaboration with community partners and the access to other resources. Through the Interagency Coordinating Council (ICC), the EI program will continue to work with other child serving agencies to schedule future professional development opportunities. Stakeholders continue to address the need for continuous collaboration due to the high turnover of service providers within the EI program and other child serving programs.

Intended Outputs as a Result of Implementation: By providing the targeted training opportunities, the EI program intends to have competent providers that will incorporate EBPs when promoting toileting, dressing, and feeding skills at all age levels. Families have increased knowledge and competencies in using everyday activities to teach their child new skills within the areas of toileting, dressing, and feeding, skills.

PD 2.2 Identify, aligns, and trains EI/EC providers on evidenced based practices (EBPs) to enhance the overall development of young children including SH skills.

Updated Activities to Implementation Plan: Based on stakeholder input the following updates were provided:

- Utilize the Early Childhood (EC) Coaching Fidelity Checklist along with the CaseTool: Everyday Child Learning Opportunities Checklist during the coaching observations.

Accomplishments and Milestones: The EI Director continues to access the Case Tool as a way to monitor and observe providers during direct services and to ensure that EBPs are being implemented. The observations are conducted during home visits, as well as evaluations and IFSP

reviews. In order to accommodate new service providers, the EI Director conducted a meeting with all providers to discuss the importance of the indicators of the Case Tool and their role when providing services. The discussion covered the importance of how service providers engage parent participation, the use of child initiated activities, and the promotion of family daily routines. In addition, stakeholders met to align DEC Recommended Practices with the IFSP process. As a result, the IFSPs now indicate specific EBPs that are evident throughout the IFSP process. EBPs are now reflected and documented in each child's IFSP. Throughout 2019, IFSP monitoring was conducted to reflect the alignment between family concerns and goals development. Service providers are also encouraged to indicate strategies that reflect EBPs so that families are aware of how to meet their child's needs. In addition, providers use the LATTE Coaching Plan to capture and document the methods and interaction between the parents/caregivers and the providers during services. With the collaboration from the State of Hawaii, Part C Program and with the guidance of Dr. M'Lisa Sheldon and Dr. Dathan Rush, the CNMI also began the implementation of the *Coaching Fidelity Checklist*. The checklist serves as a tool to ensure that providers coach families to fidelity. The checklist serves as a rubric that measures the competence and confidence levels of a provider with the 5 coaching components. The checklist is used in conjunction with the Case Tool, to ensure that services are delivered consistently using EBPs. Upon completion of all observations, peer to peer coaching occurs and coaches engage in conversations based on the data that was collected from the home visit. Joint planning is considered and next steps are identified to ensure that future services are provided to fidelity.

Stakeholder Input: Stakeholders continue to stress the importance of incorporating EBPs during home visits, as a way to work with children and families. Discussion on the LATTE Coaching Plan yielded positive feedback from the providers stating that this process systematically collects and track child progress among all providers. Stakeholders also discussed the importance of the Case Tool Observations and the Coaching Fidelity Checklist to ensure that EBPs are implemented. Stakeholders shared the importance of incorporating future trainings in a Professional Development plan.

Stakeholders provided input to including an additional activity PD2.2.9 under this coherent strategy.

Next Steps: The EI program will continue with on-going professional development on EBPs, stakeholders reiterated the importance of retraining existing and new providers in efforts to stay abreast of best practice. In addition, service providers are identifying effective EBPs and use those practices and / or strategies in their coaching plan.

Intended Outputs as a Result of Implementation: By aligning and training the providers on EBPs, the EI Program intends to have providers well equipped and skilled to work with children and families. Providers will be able to address targeted skills by incorporating the family's daily routines and typical daily activities so that children are learning in their natural setting.

PD 2.3 Provide training for parents and EI/EC providers on coaching and mentoring strategies in implementing EBP to support child and family interactions.

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Accomplishments and Milestones: The EI program conducted Parent Night on the island of Saipan in April 2019. Parent Night focused on the LATTE Coaching Plan. EI providers were tasked with rolling out the EBP so that families have a better understanding of how and why services will be provided. Families were provided the LATTE infograph and watched as the EI providers acted out and narrated the 5 components of coaching and how the delivery of services would reflect EBPs. A total of about 52 participants had the opportunity to provide input on the LATTE plan through group discussions facilitated by the providers. The EI program hosted Village Playtime on the island of Rota in May 2019 and on Tinian in October 2019. Village Playtime provided an opportunity for families to engage with their children using common household materials and age appropriate activities to promote family interaction, while nurturing child development. The idea of Village Playtime came about with the support from Guam's Early Intervention Services along with other early childhood serving agencies. Village Playtime is an event conducted in Guam villages to promote family engagement. The CNMI decided to incorporate this event as part of Child Find efforts and as a result, EI providers were trained and facilitated the event. This event was open to the island community that yielded about 75 children and parents. Participants included families who receive EI, HOME, and WIC services, as well as other families who had young children. EI providers understand the importance and value of island cultures and traditions. As a result, Village Playtime incorporated a variety of activities such as fishing, sack toss, find bear, singing, and an obstacle course using coconuts. The EI program continues to access and promote CDC LTSAE resources for all families to track and monitor their child's development.

The CNMI currently has four Mentor Coaches who implement coaching families to fidelity! Throughout 2019, the CNMI continues to implement Coaching with families. The LATTE Coaching Plan and the Coaching Fidelity Checklist are set in place and implemented so that all providers are able to identify their areas of strengths and areas in need of improvement. EI providers expressed the importance of how visits are documented so that Coaching practices are evident to families. Upon completion of a coaching observation session, a debrief meeting is held to facilitate discussion of refinement of coaching skills that the Coachee will work on and the team agrees to complete the "Active Engagement Plan". This provides of mechanism of ongoing monitoring and assuring ongoing skill building and development.

As the EI program scales up, the Mentor Coaches are now tasked to provide Coaching Training to other service providers, to include Service Coordinators. The EI program continues to provide coaching training so that all service providers will be able to implement coaching families to fidelity.

Stakeholder Input: Participants from the Parent Night activity were vocal and shared the excitement on learning about EBPs and what the meaning of early childhood coaching means to them personally. Parents commented on the LATTE infograph and liked how the images and ideas stem from the island culture and people. Stakeholders indicated that Village Playtime was a success. EI providers reported that parents seemed to open up and get comfortable interacting with their child. Culturally, this is not always evident, especially during a public event with other people around and watching. Based on parent feedback, Village Playtime was a hit! Parents responded positively and asked for more opportunities such as this.

Next Steps: The EI program intends to continue providing training on EBPs with families and service providers. Since the implementation of the LATTE Coaching Plan and the Coaching Fidelity Checklist, and through the implementation of Peer to Peer coaching, families and providers are working diligently on increasing provider competencies, parent confidence levels, and child progress. Therefore, the implementation of EBPs will continue to be an on-going activity. Based on parent feedback from the Village Playtime event, the EI program feels that parents would benefit from more opportunities to engage in meaningful conversations with other parents, as well as gain leadership skills. Based on feedback from the parents and with the support from Guam CEDDERS, providers will undergo a training to become parent café hosts. Parents will have the opportunity to participate in the first Parent Café in April 2020 facilitated by the Early Intervention Program.

Intended Outputs as a Result of Implementation: With providers and parents receiving continued training, the EI program intends that children will continue to show progress and make the necessary gains so upon exiting the EI program, children are closer to "age-expected skills."

ACCOUNTABILITY, MONITORING, AND TECHNICAL ASSISTANCE (AMTA)

Coherent Improvement Strategy and EBP Alignment: In Phase III, stakeholders identified that the coherent improvement strategies were aligned with the Theory of Action. Specific EBPs were also identified and stakeholders continue to implement the EBPs throughout the evaluation, IFSP, and transition processes in efforts to address the SiMR. Stakeholders reiterated that when implemented to fidelity, the SiMR will be addressed. The following EBPs have been identified and aligned with this coherent improvement strategy.

- INS4: Practitioners plan for and provide the level of support, accommodations, and adaptations needed for the child to access, participate, and learn within and across activities and routines.
- INS6: Practitioners use systematic instructional strategies with fidelity to teach skills and to promote child engagement and learning.
- INS13: Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.
- A3: Practitioners use assessment materials and strategies that are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics.
- A8: Practitioners use clinical reasoning in addition to assessment results to identify the child's current levels of functioning and to determine the child's eligibility and plan for instruction.

Description of Planned Activities: Stakeholders relooked at the 4 activities to determine activity progress and recommended that activities 3.2 and 3.3 be aligned with activity 3.1.

AMTA 3.1 Develop, train, and implement a Continuous Quality Improvement (CQI) process to support program improvement.

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Accomplishments and Milestones: The CQI Team continues to monitor the two Aims that focuses on improving toileting skills since that is the lowest area identified in the Self Help Self-Assessment Survey for the past 3 years. At a CQI meeting, stakeholders provided recommendations to include a performance measure for each Aim statement. The following are the revised Aims:

- Aim 1: To increase the percentage of parent awareness understanding on appropriate age for their child to begin toilet training from 38% in 2015 and to increase by 2% each year thereafter.
- Aim 2: To increase percentage of children exiting the program close to or at age expected skills in toileting from 18% in 2014 and to increase by 4% each year thereafter.

The CQI Program Level workgroup met 11 times for this reporting period to address the two Aims. The CQI Team have had long discussion on strategies that would increase the percent of children exiting the program with increased skills in toileting. The CQI Team developed a Standard Operating Procedures (SOP) for the Toileting Coaching Plan slated for full implementation.

In 2019, the CQI Team met and decided to add 2 more Plan, Do, Study, Act (PDSA) worksheets that would focus on decreasing the number of "Waived Visits" and address the types of support for the TOI.

- Aim 3: To decrease the number of missed visits that will result in maximizing the number of home visits identified in the IFSP by 17.5% in 2019 and to decrease by 2% each year thereafter.

The CQI Team clearly defined a "Waived Visit" is when the child is not physically in the CNMI or the parent or the program is unable to meet. After having a clear and consistent definition of a Waived Visit, the CQI Team discussed strategies to increase the frequency of timely services. The CQI Team use the "5 WHY" process on why there were missed home visits. The Team is working to develop strategies and will be discussing ways to decrease the waived visits.

- Aim 4: To identify, monitor, and track the types of support of the TOI.

The CQI Team felt that it was necessary to further identify the types of supports that are provided to families to ensure that the TOI accurately meets the family's needs. After a thorough discussion, the CQI Team identified types of supports to include 1). Routines Based Intervention, 2). Visual Aides with Steps, 3). Assistive Technology, 4). Specialized Therapeutic Techniques, and 5). Medical Supports. Baseline data for this Aim will be collected and reviewed through the Self-Help Data System.

Next Steps: CQI Team will continue to collect and analyze data on the TCP and the TOI to determine if strategies are making an impact the AIMs. In addition, CQI boaster training on the CQI process and PDSA will continue this summer through fall 2020.

Intended Outputs as a Result of Implementation: EI Providers are implementing the PDSA cycle and are collecting data to determine if the strategies are effective and showing improvement. During the Spring 2019 Annual Performance Report (APR) Stakeholder Input session, stakeholders requested to see the TCP and discussed how the service providers are working with families on toileting and collecting the data to measure if the strategies are effective. The stakeholders were impressed with the TCP and gave positive feedback to the Program.

AMTA 3.2 Develop and implement data tracking to monitor progress for child, family, and providers.

Accomplishments and Milestones: The EI Program uses CNMI Self-Help Data System reports to drive program improvement. The data manager provides monthly data reports to track and monitor progress of the child, family and providers. The CNMI Self-Help Data System includes child specific data and is able to report child progress every six months. In 2019, additional fields were added to the data system to reflect types of supports that families receive on the TOI. The Parent Feedback survey is disseminated and collected annually. The Parent Feedback allows the parents to rate their level of understanding and confidence/ competencies in dressing, feeding, and toileting. In addition, the program director observes providers at least twice a year with the Case Tool: *Everyday Child Learning Opportunity Checklist* and the *Coaching Fidelity Checklist.* Peer to Peer Coaching is implemented to ensure that all providers have the opportunity to address all areas of the coaching components.

Stakeholder input: Stakeholders requested to review CNMI Self-Help trend data and compare data from the past 3 years. Stakeholders wanted to identify specific skills that toddlers are not meeting. As a result of this review, the team modified processes and forms to ensure clear understanding and continuity within providers.

Next Steps: The EI program will continue to implement and support the CQI process in making small steps to change to reach the Aims.

Intended Outputs as a Result of Implementation: The CQI process is a critical component to meeting the SiMR. This processes allows the program to adopt, modify, or abandon strategies that supports the 4 coherent improvement strategies identified in the TOA.

COLLABORATION

Coherent Improvement Strategy: Collaboration or C: One strategy aligned with two Evidence Based Practices.

Coherent Improvement Strategy and EBP Alignment: Once again, stakeholders agreed that the following coherent improvement strategies were aligned with the Theory of Action. The following EBPs have been identified and aligned with this coherent improvement strategy.

- TR1: Practitioners in sending and receiving programs exchange information before, during, and after transition about practices most likely to support the child's successful adjustment and positive outcomes.
- TC2: Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.

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Description of Planned Activities: Stakeholders relooked at the two activities to determine activity progress and status.

C 4.1: Inform the Interagency Coordinating Council on the update of the Interagency Agreement and PSS EC Directive on EI/EC services and support to support for young children with disabilities and their families. To include joint training, child Find/ Public Awareness, outreach activities, etc.

Accomplishments and Milestones: The Public School System and the Commonwealth Healthcare Corporation continues to adhere to the 2017 Interagency Agreement. The agreement includes the continued work in identifying, evaluating and serving infants and toddlers with disabilities and their families. In August 2018, the Interagency Coordinating Council (ICC) were provided an orientation on the EI Program and partnership agreement. To date, the ICC continues to meet on a quarterly basis and continues to advise and assist the Early Intervention Program.

Stakeholder Input: The ICC continues to serve as broad stakeholders who provide input to the EI program in making infrastructure decisions that will impact services for infants and toddlers with disabilities and their families. The ICC remains the center meeting point for all the collaborating partners. Stakeholders acknowledges the importance of collaboration to ensure that programs are fully aware of their roles and responsibilities as a collaborating agency.

Next Steps: In efforts to fully promote collaboration, program partners will continue to meet on a quarterly basis or as needed to address program concerns and needs.

Intended Outputs as a Result of Implementation: With the mechanisms in place, the EI program intends to support all families so that children are healthy and ready for school. The EI program also intends to work through barriers at the program level so that services for families run smoother.

Stakeholder involvement in SSIP implementation

CNMI's Communication Strategies:
Since the initial stages of the SSIP Phase II, the Program developed a "Communication Flow" process as a mechanism to facilitate the work in building CNMI's capacity to support the Program and Early Intervention providers in implementing EBPs that would lead to improved outcomes to CNMI's SIMR. Though discussion with the PSS Leadership Team and the critical participants that are needed to support this effort, the CNMI formed three groups: 1) Leadership Team, 2) Core Team, and 3) the ICC.

For SSIP Phase III, these three stakeholder groups are involved in the implementation, monitoring, and evaluating of the CNMI's SSIP. Each group of stakeholders, the Leadership Team, Core Team, and ICC are involved at their own level and play an active role in the decision making process.

1. The Leadership Team is comprised of the State Board of Education (BOE) and primary role is to provide the EI Program with comments and suggestions on program activities. Their role is also to adopt the necessary actions for the Program and support the EI Program

with the necessary supports such as Technical Assistance from Guam CEDDERS to support CNMI's SSIP development and in the implementation of the early childhood coaching model. The EI Director provides the BOE with child data and anticipated activities that were suggested by the ICC and Core Team during monthly meetings.

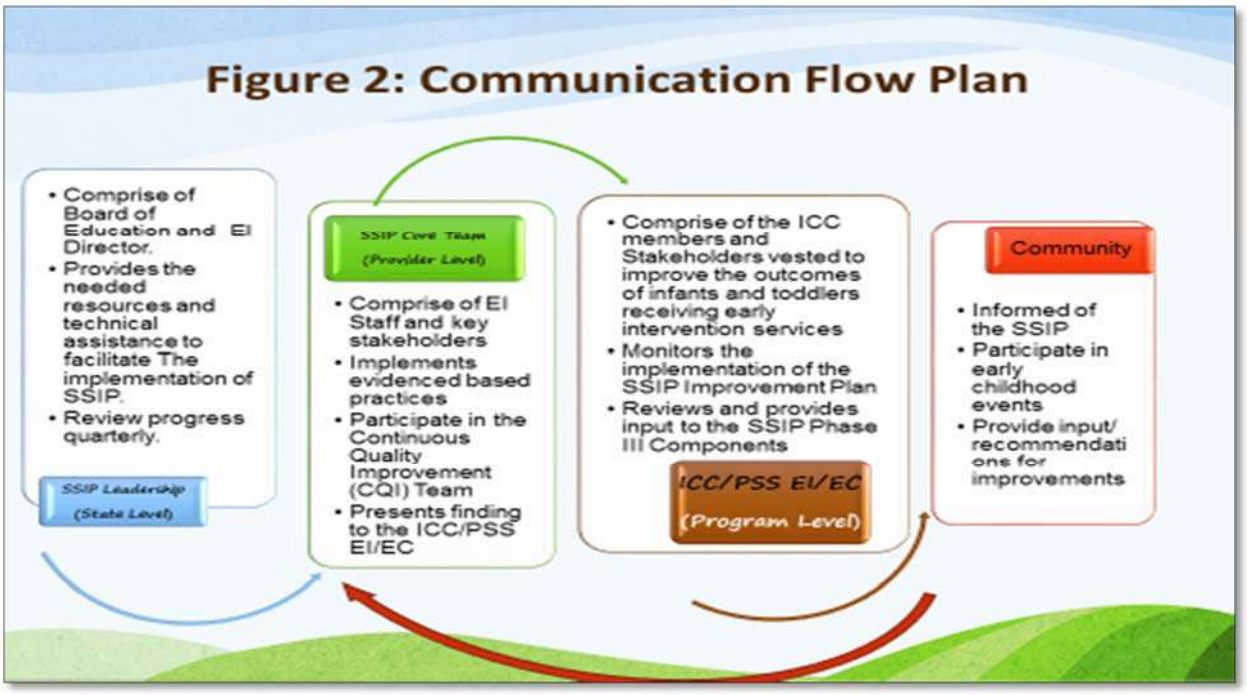
2. The Core Team consists of EI Director, service providers, and staff. The Core Team's role is to collect and analyze data. During Phase III, the Core Team worked towards intentionally implementing the early childhood coaching model. The Core Team, assisted in finalizing the Standard Operating Procedure for the Tiers of Intervention (TOI). LATTE Coaching Plan, and the Coaching Fidelity Checklist. The EI Director continues to review all IFSPs that are developed to ensure that activities are being implemented based on Performance Indicators for SSIP evaluation. On a quarterly basis, the Core Team presented their findings to the ICC, who were also provided feedback and are agreement with the implementation activities. The Core Team meets on a weekly basis and provides updates for each activity.

3. The ICC's role is to advise and assist the EI Program by providing feedback on the progress of the performance measure. Based on feedback from the ICC regarding the need to strengthen the collaboration with families, the EI Program was able to hire a Family Partnership Advocate (FPA) to focus on parent engagement and events to support families in meeting the needs of their infant or toddler. The FPA role was developed to address community partners and family resources. The EI program felt that it was important to maintain a positive working relationship with the community partners. The role of the FPA is to connect with other partners to share program goals and vision. Through the use of monthly newsletters, and social media, the EI program is able to keep all stakeholders updated on community planned activities such as developmental disability awareness, autism awareness, promotion of developmental tracking, the First Lady Foundation of events, etc.

4. The Community is in all 3 islands and are informed of the SSIP and participates in collaborative events such as the Village Playtime. These are opportunities that the EI Director shares about the SSIP progress to date. For example, the SSIP infograph will be disseminated at the April 2020 Parent Café' in Rota.

As indicated in Figure 2, the EI Program consists of a variety of stakeholders who are working diligently to ensure that infants and toddlers with disabilities and their families At the ICC meeting held in March, Stakeholders reviewed the Communication Flow Plan and recommended that a community box be included. All four SSIP groups will continue to communicate, as often as needed, to ensure that SSIP activities are in being addressed.

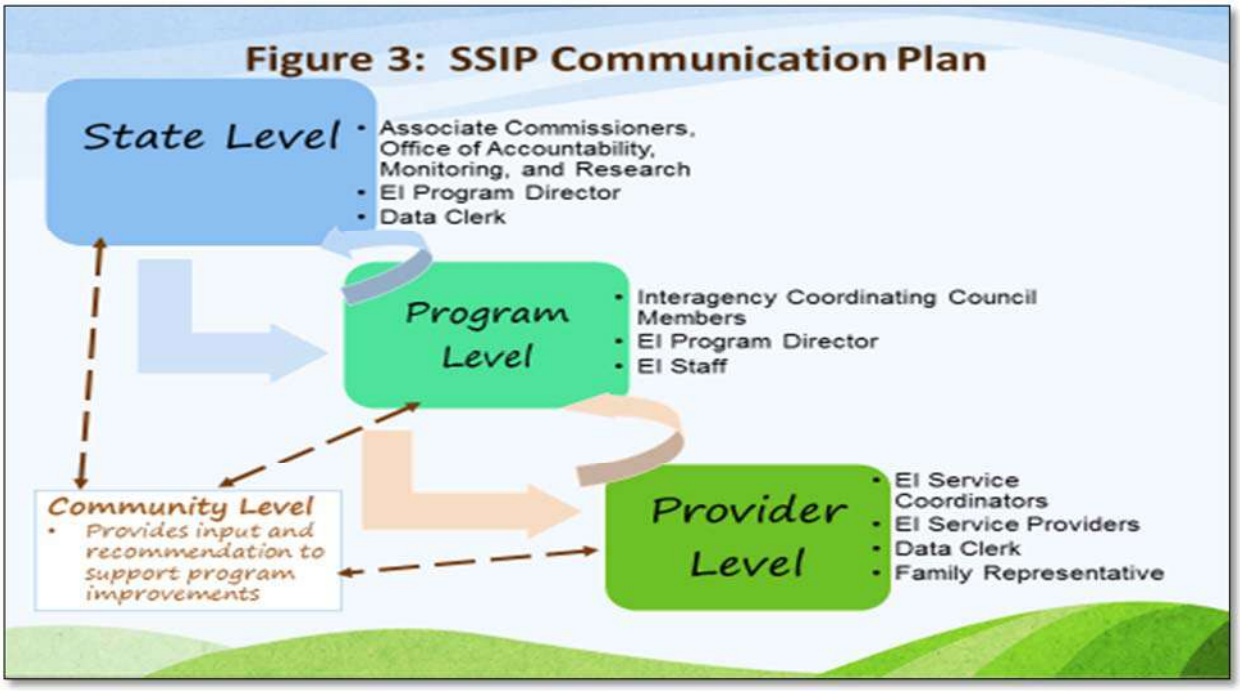
Section B: CNMI Implementation Progress SSIP Phase III, Year 4



SSIP COMMUNICATION PLAN:

To ensure that the SSIP Part C Action Plan is implemented to the fidelity of the model with resources and supports provided at each implementation stages will be used to help guide the process and to monitor the plan. As indicated in Figure 3, in the SSIP Phase III, there are 4 levels that will work together with specific roles and responsibilities to support the monitoring process. Based on feedback from the stakeholders, it was recommended to add an additional Community Level since feedback from the community at large are given opportunities to review and provide feedback to CNMI's SiMR.

Section B: CNMI Implementation Progress SSIP Phase III, Year 4



Stakeholders Involvement and Decision Making Roles

The Program continues the implementation of the EBPs to the fidelity of the model through the participation and engagement of key stakeholders at three levels. Based on the SSIP Communication Plan, stakeholders include the SSIP Leadership Team, SSIP Core Team, and the ICC/ Public School System. The following briefly describes the roles and responsibilities at each level:

1. The Leadership Team is comprised of the State Board of Education (BOE) and primary role is to provide the EI Program with comments and suggestions on program activities. Their role is also to adopt the necessary actions for the Program and support the EI Program with the necessary supports such as Technical Assistance from Guam CEDDERS in supporting CNMI's SSIP development. The EI Director provides the BOE with child data and anticipated activities that were suggested by the ICC and Core Team. The BOE meets on a monthly basis.

2. The Core Team consists of EI Director, service providers, and staff. The Core Team role is to collect and analyze data. During Phase III, the Core Team worked with intentionality in the implementation of the early childhood coaching model and in ensure the EBPs are embedded in the practices. The Core Team, began to use the Tiers of Intervention (TOI) as part of the IFSP process. The IFSP team discusses the TOI at the IFSP and periodic review process. During the reviews, conversation among team members led to the identification of level of supports needed. This process is documented on the TOI document which is included in the IFSPs. On a quarterly basis, the Core Team presented their findings to the ICC, who were also provided feedback and are in agreement with the implementation activities. The Core Team meets on a weekly basis and provides updates for each activity.

Section B: CNMI Implementation Progress SSIP Phase III, Year 4

3. The ICC's role is to advise and assist the EI Program by providing feedback to the progress identified in the improvement plan activities. During Phase III, the ICC provided encouragement to the CORE Team to change practices and align the practices to revised procedures that embedded the TOI and the EBPs in the IFSP process. ICC provided feedback on the EI Self-Assessment survey that indicated the need for ongoing professional development on the EBPs identifying there are different levels of confidence from providers based on their years of experience. Further input included discussions on EBPs and the steps needed to provide ongoing mentoring for EI service providers. The ICC meets on a quarterly basis, but also has the opportunity to meet with other stakeholders during scheduled work sessions.

4. The Community's role is to provide input to the SSIP at any point and at any meetings such as family forums, schools, or village meetings in the 3 islands of Rota, Tinian, and Saipan. The Public School System (PSS) is ensuring that the SSIP is shared to larger group beyond the ICC.

All four SSIP Teams worked closely in reviewing the SSIP Action Plan beginning in December 2019 thru March 2020 to identify progress towards implementation and discuss challenges that the team had encountered during implementation. The Core Team met to update the data reports for the SSIP Evaluation Worksheet Matrix which serves as the mechanism used to evaluate the CNMI's performance, by the Office of Accountability, Research & Evaluation (ARE). The office of ARE was provided the Final SSIP Evaluation Worksheet Matrix for review and evaluation in March 2020.

As noted in this Section, CNMI continues to implement the activities with rigor, commitment, and fidelity and in partnership with the family. This is apparent in the increase of performance of 65% in the SiMR but most of all the testimonial that parents have shared regarding their experience with EI staff. The focus of the SiMR is to support each child be ready to transition to the next level and be as independent as they can and be ready for the next steps in life.

Section C: Data on Implementation and Outcomes Phase III, Year 4

1. Monitoring and Measuring Outputs

a. Evaluation Measures

b. Data Sources for each key measures

The CNMI developed and established an Evaluation Worksheet Matrix, with technical assistance from Guam CEDDERS, to serve as the mechanism to capture levels of progress of SSIP activities. With resources from the Active Implementation Hub, stakeholders identified all the evaluation questions and performance indicators from each coherent improvement strategies. The following rubric is what is used to identify activity progress towards each SSIP activity:

0 = Little or No Implementation (0%-69%)
1 = Some Implementation (70%-79%)
2 = Moderate Implementation (80%-89%)
3 = Strong Implementation (90%-100%)

Throughout the year, the EI program continued to collect data and conduct SSIP activities that were set in place. In Fall 2019, with the technical assistance from Guam CEDDERS, the Core Team met to: 1) review and analyze the comparison data, 2) assess the progress to date on the implementation plan, and 3) identify barriers and solutions to work towards meeting the SiMR.

The Core Team worked diligently to review each evaluation question to ensure that it is aligned with the performance indicators. The Evaluation Worksheet Matrix in Table 3 on page 51 provides the Core Team with a logical order for cross validating and ensuring alignment between the evaluation questions, performance indicator and data plan. After completing a thorough review, data for each performance indicator were analyzed using the performance measurement. The results of the performance measurement were then linked to the corresponding rating. Stakeholders analyzed 16 evaluation questions and 27 performance indicators.

Stakeholders reviewed data for each performance indicator. The collection of data assisted with identifying the rating for the level performance with regards to each performance indicator. Stakeholders were able to make comparisons and identify the progress that has been made from last reporting period. Program monitoring is conducted on a monthly basis to ensure that all EI providers and staff were on task. In Fall 2019, data was collected, and reports were completed to reflect the Evaluation Worksheet Matrix for final review by the Office of Accountability, Research & Evaluation (ARE). The Office of ARE serves as the external evaluators and verifies the data and evidenced for each performance measure and determines the level of progress of the SSIP activities.

Stakeholders concluded that all four coherent improvement strategies; Governance (G), Professional Development (PD), Accountability, Monitoring and Technical Assistance (AMTA) and Collaboration (C) are strongly being implemented. The EI program continues to document progress based on each evaluation question and performance indicator which has a direct impact towards achieving the SiMR.

Section C: Data on Implementation and Outcomes Phase III, Year 4

Governance:

Evaluation Question G1: To what extent do EI providers implement the Tier of Intervention (TOI)?

G1.1 Performance Indicator: 100% of providers attend TOI Training Annually

Review and Reflect: The EI program continue to provide TOI training at the beginning of each school year and when new providers come on board. A total of 3 trainings on the TOI were conducted from August 2019 to January 2020. The TOI trainings were facilitated with the assistance from Guam CEDDERS. In Fall 2019, the TOI was revised to include a description of the different types of supports in place. The different types of supports include 1) Routines Based Intervention, 2) Visual Aides with Steps, 3) Assistive Technology, 4) Specialized Therapeutic Techniques, and 5) Medical Supports. New service providers were given the opportunity to learn about the TOI and the direct impact it has on the SiMR. The TOI Standard Operating Procedures were reviewed and finalized. In attendance were EI teachers, service coordinators, physical therapist, occupational therapist, family partnership advocate, and data clerk. Additional training opportunities were provided to new staff at weekly staff meetings and when needed. Data indicated that 9 of 9 or 100% of service providers attended and were trained on the TOI.

G1.2 Performance Indicator: 100% of IFSPs reflect the TOI

Review and Reflect: The TOI is in full implementation and is a part of the IFSP process. As of February 2020, all 138 of 138 or 100% IFSPs reviewed reflected the TOI. The Program has in place a TOI data system and CNMI Self Help Data System to electronically collect, track, and monitor each child's toileting, dressing and feeding skills. In Fall 2019, the Self-Help Data System was updated to indicate the 5 Types of Supports of the TOI. The EI Program has ensured that the TOI is sustained as polices and practices are in place.

Evaluation Question G2: To what extent do the families feel that the TOI has been useful and incorporated in their everyday routines?

G2.1 Performance Indicator: All families will participate in TOI Conversation and identify their level of support needed.

Review and Reflect: The TOI discussion is embedded into the IFSP process. Families are a part of the IFSP team. The IFSP team discusses the TOI during the IFSP and periodic review process. Based on the data that was collected, there were 136 IFSPs reviewed. Conversations among team members led to the identification of level of supports needed and the type of supports that families may benefit from. Families have the opportunity to determine the supports needed based on their daily routines and the resources that are available to them. This process is documented on the TOI document which is included in the IFSPs.

Section C: Data on Implementation and Outcomes Phase III, Year 4

Evaluation Question G3: To what extent do EI providers collect, track and document child progress and monitoring?

G3.1 Performance Indicator: 100% of timely reviews completed and data is inputted in database.

Review and Reflect: Stakeholders emphasized that in order to track and monitor child progress, IFSP reviews should be timely so that the necessary accommodations and modifications could be made. Upon the database review for this reporting period, 92 IFSPs required a periodic review.

Of the 92 IFSPs, 61 of 61 or 100% six-month reviews were required and conducted in a timely manner. Of the 92 IFSPs, 31 of 31 or 100% annual reviews were required and conducted in a timely manner.

G3.2 Performance Indicator: 100% goals achieved from a random selection of IFSPs.

Review and Reflect: Stakeholders stressed the importance of tracking IFSP goals to determine if child goals are being met. Data revealed that of the 92 IFSPs reviewed, 187 out of the 274 goals were met or 68% of the goals were achieved. EI service providers are aware of the correlation between goal achievement and child progress. The Program continues to work toward developing goals with families that are specific, measurable, attainable, reasonable, and timely.

Overall Rubrics Rating for Governance: Based on the evidences collected for all activities, stakeholders rated a 3 for Strong Implementation, for this coherent improvement strategy for GS 1 and 2. For GS 3.2, the program slipped from last reporting period.

Evaluation Worksheet Matrix: Stakeholders relooked at progress for this coherent improvement strategy. Discussion on the measurement and rating for each performance indicator was verified to ensure that the Office of ARE was able to capture the necessary information to determine if the CNMI met scoring criteria.

Professional Development:

Evaluation Question PD 1: To what extent do EI providers receive relevant and useful Professional Development regarding Coaching and child development, to increase provider competencies?

PD1.1 Performance Indicator: At least 5 PDs provided that were relevant to coaching strategies and child development on self-help skills.

Review and Reflect: All EI providers were offered 8 PD opportunities for this reporting period. In addition, PD opportunities continue with13 PDs offered between July 2019 and December 2019. Professional development opportunities that focused on specific topics in order to address the CNMI SiMR. The EI program continues to use assessment results for professional development program planning. The following is a brief summary of the PD opportunities that were provided, for this reporting period.

1. Early Intervention providers and staff participated in *Standard Operating Procedures* Training. This training focused on the review of all standard operating procedures, to include the TOI

and Toileting Coaching Plan that are currently set in place. Participants also reviewed the use of the electronic data system to capture and store the data. This on-going training is provided by technical assistance from Guam CEDDERS. As a result of this training, the EI providers and staff are able to track, monitor and deliver EBPs so that child progress is made.

2. Early Intervention providers participated in a training on *Coaching Strategies on Toileting Skills* provided by technical assistance from Guam CEDDERS. The training focused on the TCP and how providers introduce information to families so that activities can be incorporated in the family's daily routine, taking into consideration the family's cultural beliefs and the child's present levels of performance. In addition, providers discussed anticipated scenarios to better prepare themselves on how to address family concerns, should they arise. As a result of this training, providers gained knowledge on appropriate conversations to have with families on toileting skills and routines.

3. Service coordinators participated in the *ASQ* Training facilitated by the Maternal and Child Health Bureau under the Division of Public Health Services, As a result, of this training, service coordinators were advised on the importance of implementing the ASQ to fidelity.

4. Early Intervention providers participated the *Early Childhood Outcomes-Building Capacities*, training facilitated by Guam CEDDERS. In efforts to identify child progress and skills gained, participants drilled down child data, specifically those that fell in the "c" and "d" categories. Participants reviewed and analyzed specific data such as age of entry, years of service, disability, race or ethnicity as possible reasons why children exited in these categories. As a result of this training, providers gained knowledge on the correlation between child progress and the frequency of services based on the child's IFSP.

5. Service providers were briefed on *Implementing Evidence Based Practices in Early Intervention* and the *Everyday Learning Opportunities Checklist.* Service providers are expected to provide EBPs to fidelity. This one-on-one meeting between the provider and the EI Director provided the opportunity to review specific indicators, what will be observed during a home visit, as well as identify barriers and solutions that may arise during a home visit. As a result of this meeting, service providers and the EI Director developed a Provider Observation Calendar to be implemented.

6. Service providers participated in first of five sessions on "Ongoing Support for Coaching & Natural Learning Environment Practices". The first session entitled: *Overview of the Five Characteristic of Coaching* reviewed the Coaching Action Checklist and using a collaborative problem-solving, reflections, and feedback on practices. These reflective sessions enhanced the service providers' skills as the program continues to fully implement the *early childhood coaching* approach described by Rush and Shelden (2011), which focuses on building the caregiver's capacity to enhance the child's development using everyday interactions and activities.

7. Staff participated in a training on *Introduction on Assistive Technology*. The presenter provided information on AT definition, examples of AT for infants and toddlers, possible areas of need for AT, guidelines for selecting AT, and AT in the IFSP.

8. Service providers participated in the *ASD Early Development and Diagnosis* facilitated by Giacomo Vivante, PhD. Providers had the opportunity to learn about the early signs of autism, intervention strategies and evidence based practices that are currently implemented with young

children on the spectrum. Participants learned about "Implementing the Group-Based Early Start Denver Model for young children with Autism" and were briefed on the importance of early identification.

9. Service Coordinators attended the on-line webinar presented by *CDCs: Learn the Signs Act Early*. Providers were able to focus on specific child find activities that are being used around the nation. The EI Director and the providers were able to brainstorm on child find and public awareness ideas that are culturally relevant, yet informative for the community to ensure that all families have access to resources regarding child development.

10. Early Intervention providers and staff participated in *Standard Operating Procedures* Training. This training focused on the review of all standard operating procedures. A review of the TOI and Toileting Coaching Plan was discussed to ensure that families participated in this process. Participants also reviewed the use of the electronic data system to capture and store the data. This on-going training is provided by technical assistance from Guam CEDDERS. As a result of this training, the EI providers and staff are able to track, monitor and deliver EBPs so that child progress is made.

11. Early Intervention providers and staff participated in *Standard Operating Procedures* Training. This training focused on the review of all standard operating procedures, to include the *LATTE Coaching Plan.* Providers also finalized the LATTE Infogrpah and clarification was provided so that all providers understood the purpose and importance of implementing EBPs. Participants also reviewed the use of the electronic data system to capture and store the data. This on-going training is provided by technical assistance from Guam CEDDERS. As a result of this training, the EI providers and staff are able to track, monitor and deliver EBPs so that child progress is made.

12. Early Intervention providers and staff participated in a training that focused on the *Alignment of TOI Process* with the IFSP. Participants relooked at the TOI and shared some of the discussions that arise during this process with families. Participants indicated that the TOI (Level of Support) should be revised to include the TYPES of supports. Participants brainstormed on possible types of supports that families could benefit from. In conclusion, the TOI was revised and now reflects the addition of 5 Types of Supports. Participants also reviewed the use of the electronic data system to capture and store the data. This on-going training is provided by technical assistance from Guam CEDDERS. As a result of this training, the EI providers and staff are able to track, monitor and deliver EBPs so that child progress is made.

13. Early Intervention providers and staff participated in *Outcome Measurement System* training. This training focused on the collection of outcome measurements, specifically how children fall into the different categories using the Child Outcome Summary (COS). Participants were able to correlate child functioning with the 7 point scale and identify how children fall into the different categories. The training was facilitated by Guam CEDDERS in collaboration with resources from ECTA. As a result of this training, EI providers and staff have a better understanding of the different categories (a, b, c, d, e) and how services can impact child progress.

Section C: Data on Implementation and Outcomes Phase III, Year 4

14. Service providers participated in the *Everyday Learning Opportunities* session with the EI Director. The focus of this session was to reiterate the importance of EBPs and the delivery of services during home visits. Providers went over the indicators to clarify specific activities that could be done during visits in relation to the indicators. As a result of this briefing, providers were able to assess their competence and confidence levels so that EBPs are being addressed.

15. Service Coordinators attended the *Service Coordination Module 1 of 10: Understanding IDEA.* In efforts to stay abreast on the roles and responsibilities of service coordination and the implementation of EBPs, service coordinators continue on-going training facilitated by Guam CEDDERS. This training is based on the *Service Coordinator Apprentices Training* through the Florida Department of Health, Children's Medical Services, and the Agency for Health Care Administration.

16. Service Coordinators attended the *Service Coordination Module 2 of 10: Collaboration, Communication, Culture.* In efforts to stay abreast on the roles and responsibilities of service coordination and the implementation of EBPs, service coordinators continue on-going training facilitated by Guam CEDDERS. This training is based on the *Service Coordinator Apprentices Training* through the Florida Department of Health, Children's Medical Services, and the Agency for Health Care Administration.

17. Service Coordinators attended the *Service Coordination Module 3 of 10*: *Building Relationships with Families.* In efforts to stay abreast on the roles and responsibilities of service coordination and the implementation of EBPs, service coordinators continue on-going training facilitated by Guam CEDDERS. This training is based on the *Service Coordinator Apprentices Training* through the Florida Department of Health, Children's Medical Services, and the Agency for Health Care Administration.

18. Service providers completed the five sessions on "Ongoing Support for Coaching & Natural Learning Environment Practices". Service providers participated in five of five sessions on "Ongoing Support for Coaching & Natural Learning Environment Practices". Early Childhood Coaching. These reflective sessions enhanced the service providers' skills as the program continues to fully implement the *early childhood coaching* approach described by Rush and Shelden (2011), which focuses on building the caregiver's capacity to enhance the child's development using everyday interactions and activities. The sessions was facilitated by Guam CEDDERS.

19. Service providers and staff participated in the on-going training on *AT Devices*. In collaboration with Guam CEDDERS, participants had the opportunity to visit the Guam System for Assistive Technology. Participants were able to view a range of devices including laptops, tablets, voice recognition, text to speech, wheelchairs, magnification, and other technology with built-in accessibility features for everyday use. As a result of this training, participants were able to have a better understanding of how such devices can be used to assist young children explore their environment. In addition, participants gained insight on devices that are available for individuals as they transition out of early intervention services.

Section C: Data on Implementation and Outcomes Phase III, Year 4

20. Service Coordinators attended the *Service Coordination Module 4 of 10*: *Understanding Child Development.* In efforts to stay abreast on the roles and responsibilities of service coordination and the implementation of EBPs, service coordinators continue on-going training facilitated by Guam CEDDERS. This training is based on the *Service Coordinator Apprentices Training* through the Florida Department of Health, Children's Medical Services, and the Agency for Health Care Administration.

21. Early Intervention providers and staff participated in the Annual Performance Report/ State Systemic Improvement Plan Roundtable discussion. Participants looked at APR indicators and dissected data to determine performance measures and possible reasons for indicators that were not met. Participants also looked at each SSIP activity to measure implementation and progress. A thorough discussion on the coherent improvement strategies yielded the progress updates and accomplishments that are being addressed to meet the SiMR.

PD1.2 Performance Indicator: 100% of EI providers have attended the targeted PD trainings.

Review and Reflect: The EI service providers were given 21 opportunities to participate in targeted professional development opportunities. In attendance were EI teachers, physical therapist, occupational therapist, speech language pathologist, service coordinators, family partnership advocate, and data clerk. 9 of 9 or 100% of EI provider and staff attended the PD trainings. For these occasions in which not all providers were present at the trainings, the EI program set in place a mechanism to retrain either individually, or with the whole group, during weekly staff meetings.

Evaluation Question PD2: To what extent do EI providers feel that they have gained the skills needed to implement EBPs?

PD2.1 Performance Indicators: All EI providers will have at least 80% of adequate, advance, or expert skills in EBPs.

Review and Reflect: The CNMI Early Intervention providers and staff participated in 14 trainings from April 2019 to January 2020. Of the 14 Professional Development opportunities, 9 trainings pertained to the implementation of Evidence Based Practices (EBPs) such as trainings on Early Childhood Outcomes (ECO), the TOI, Reflective Coaching Strategies, and on Assistive Technology (AT). These trainings were conducted with Pre & Post Self-Assessments that assessed provider levels of understanding and competency. Prior to and at the end of each training participants were asked to complete a Pre and Post Assessment of their levels of understanding and competencies. Based on the results, 46 of 46 or 100% of the participants indicated that they have indeed, gained skills (adequate to advanced skills) in EBPs. Based on evaluation summary from the pre/post assessments, the Program will continue to assess provider competency and confidence levels to ensure the delivery of EBPs.

PD2.2 Performance Indicators: 90% of EI providers feel that the PD training has enhanced their skills.

Review and Reflect: EI providers were given the opportunity to participate in a variety of PD opportunities. In efforts to identify if providers benefited from the trainings, PD evaluation forms

were given to all providers upon completion of the training series. Based on the data collected, 77 of 77 or 100% of the participants indicated that the training has "enhanced their skills." As indicated in Table 1: the EI program was also able to collect provider input that describe participant perceptions of the trainings. The EI program considers the participant comments and makes the necessary changes for future PD opportunities.

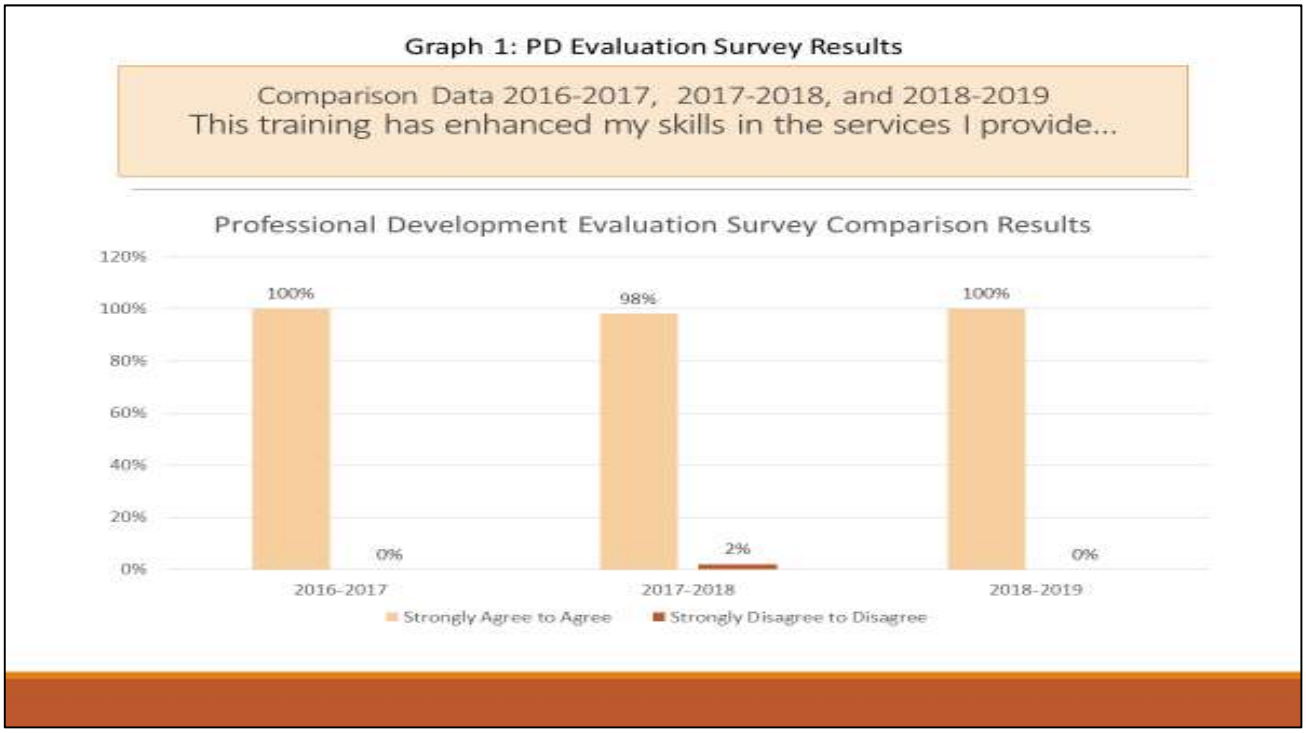
Table 1: Professional Development (PD)

PD Strengths and Needs assessed by *This training has enhanced my skills in the services I provide.*

Title	Date Offered # of Participants	Enhanced my skills Strongly Agree & Agree	Enhanced my skills Strongly Disagree & Disagree
Autism Spectrum Disorder Early Development and Diagnosis	April 25-26, 2019 6/6	6	0
CDC LTSAE Child Find	August 27, 2019 4/4	4	0
Standard Operating Procedures	August 27, 2019 *9/9	9	0
LATTE Coaching Plan	August 28, 2019 *9/9	9	0
Alignment of TOI Process	August 29, 2019 *9/9	9	0
Outcome Measurement System	August 29, 2019 *9/9	9	0
Everyday Learning Opportunities	Ongoing 3/3	3	0
Understanding IDEA -Service Coordination Module 1	September 6, 2019 4/4	4	0
Collaboration, Communication, Culture - Service Coordination Module 2	October 23, 2019 4/4	4	0
Building Relationships with Families - Service Coordination Module 3	November 13, 2019 4/4	4	0
Reflective Coaching	November 14, 2019 3/3	3	0
At Devices – Guam CEDDERS	December 05, 2019 5/5	5	0
Understanding Child Development - Service Coordination Module 4	December 06, 2019 4/4	4	0
APR/SSIP Roundtable	December 06, 2019 4/4	4	0

As part of the professional development protocol, after every training event, participants are asked to indicated if that the training has enhanced their skills by marking a rating from "Strongly Disagree, Disagree, Agree, or Strongly Agree." As noted in Graph 1, for this reporting period, 100% of

participants responded either "Strongly Agree or Agree:" to the statement "This training has enhanced my skills in the services I provide…" This an improvement from what was reported last year at 98%.



Evaluation Question PD3: To what extent do EI providers integrate EBPs when developing and implementing IFSP goals?

PD3.1 Performance Indicator: 100% of random selection of IFSP strategies reflect EBPs.

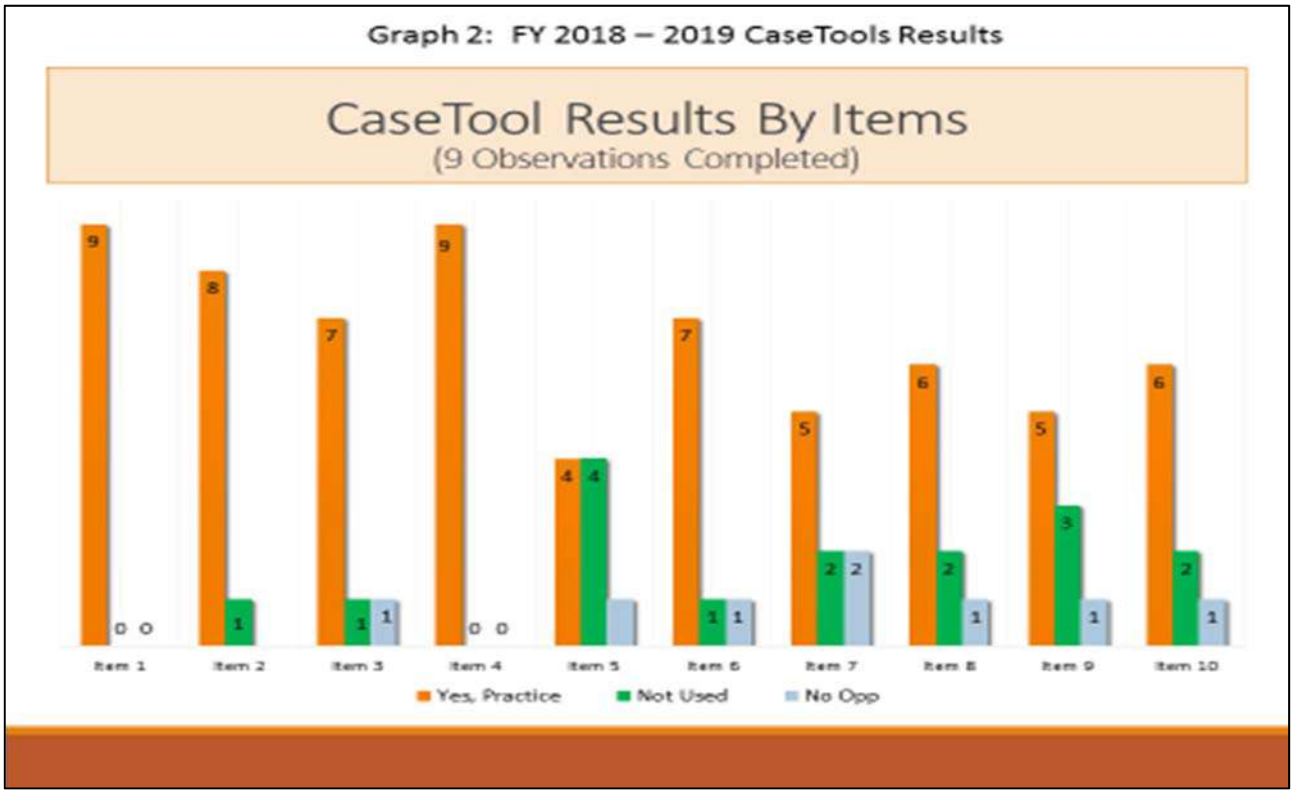
Review and Reflect: The EI Director continues to monitor all IFSPs to ensure that IFSP strategies align with EBPs. IFSP strategies that are developed are based on the child's natural learning environment that include the engagement of familiar adults in the child's life. EBPs are a critical component and play an important role in the evaluation, throughout the IFSP, and transition process. Based on data for this reporting period, 92 of 92 or 100% of IFSP strategies reflect EBPs.

PD3.2 Performance Indicator: 100% of EI providers will demonstrate at least 5 EBPs identified in the CaseTools during observations.

Review and Reflect: The EI Director continues to conduct observations of service providers during evaluations, IFSP periodic reviews, and at home visiting sessions with parents and child care providers. The "*Everyday Child Learning Opportunities Checklist*" that was taken from the CaseTools: Instruments and Procedures for Implementing Early Childhood and Family Support Practices, provides data on how service providers implement EBPs. This checklist includes key practice indicators for supporting and strengthening parent's use of everyday family and communities activities as a source of interest-based learning opportunities. The checklist consist of 10 items which used a rating of 1 = Yes, practice is used; 2 = Not used, missed opportunities, and 3 = No opportunities to observe, 0= No Answer.

Section C: Data on Implementation and Outcomes Phase III, Year 4

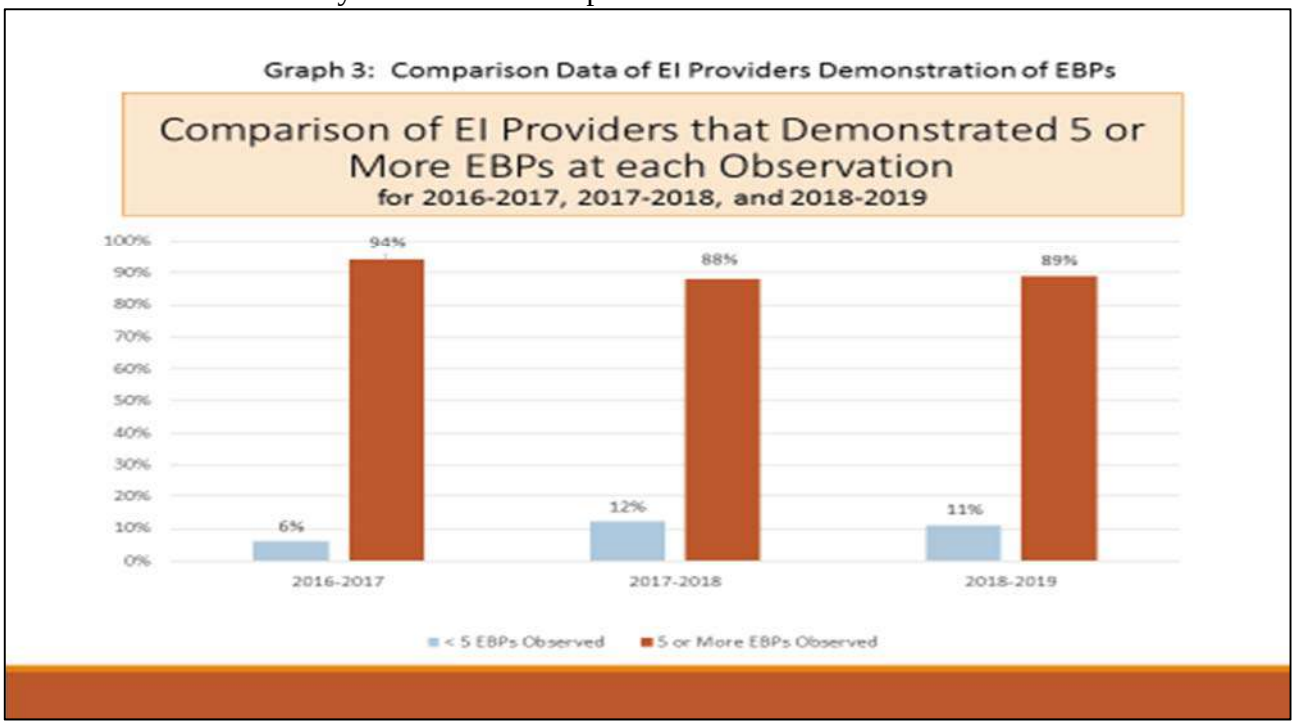
As noted in the Graph 2 below, there were 9 observations completed using the CaseTool for this reporting period indicating the 10 items and if the practiced was used, not used, or not observed.



The EI Director met with each provider upon completion of the observation and provided feedback with the use of Coaching and through reflective questioning, providers were able to review the Checklist results, analyze the observation session, identify their strengths, and discuss the actions needed for future visits. During the after observation briefing with the provider, a "Joint Planning" was developed based on the revised coaching procedures. Based on Dr. M'Lisa Sheldon and Dr. Dathan Rush Coaching model, providers were encouraged to review certain aspects of their coaching styles related to reflective questioning, and the type of feedback that is being given to families. As a result, providers were encouraged to review the Coaching resources such as the Road Maps to Coaching which assists coaches on how to facilitate discussions with care providers.

The EI Director met with the providers (teachers and occupational therapist) to provide overall feedback on the CaseTool observations. The Providers discussed that implementing EBPs is a skill and with repeated intentional practice, this will become automatic and part of how they engage in coaching with families. All providers have at least 5 years or more experiences in their respected position. As indicated Graph 3 below, of the 9 observations that were completed by February 2020, 8 or 89% of the observation data indicated that the provider demonstrated 5 or more EBPs. For this reporting period, there were 8 out of the 9 observations that the providers demonstrated the implementation of 5 or more EBP practices. This is a consistent performance for this indicator from what was reported last year at 88% and indicated in the graph below. Further discussion with providers on "why" practices identified for example with item #5 was the lowest performance. Providers indicated that based on the family outcomes there are time that specific child initiated and child directed activities are not appropriate for a particular home visit or if working on a family

outcome that discussion of the strategies works then observation or an action of show me how you've done this. The providers discussed the need to look at functional goals of the child and if things such as medical issues are identified, then further discussion with the parents are need to identify goals that the family would like to work on for the child. The Team agreed to continue the discussion and review the checklist of ways to address those practices.

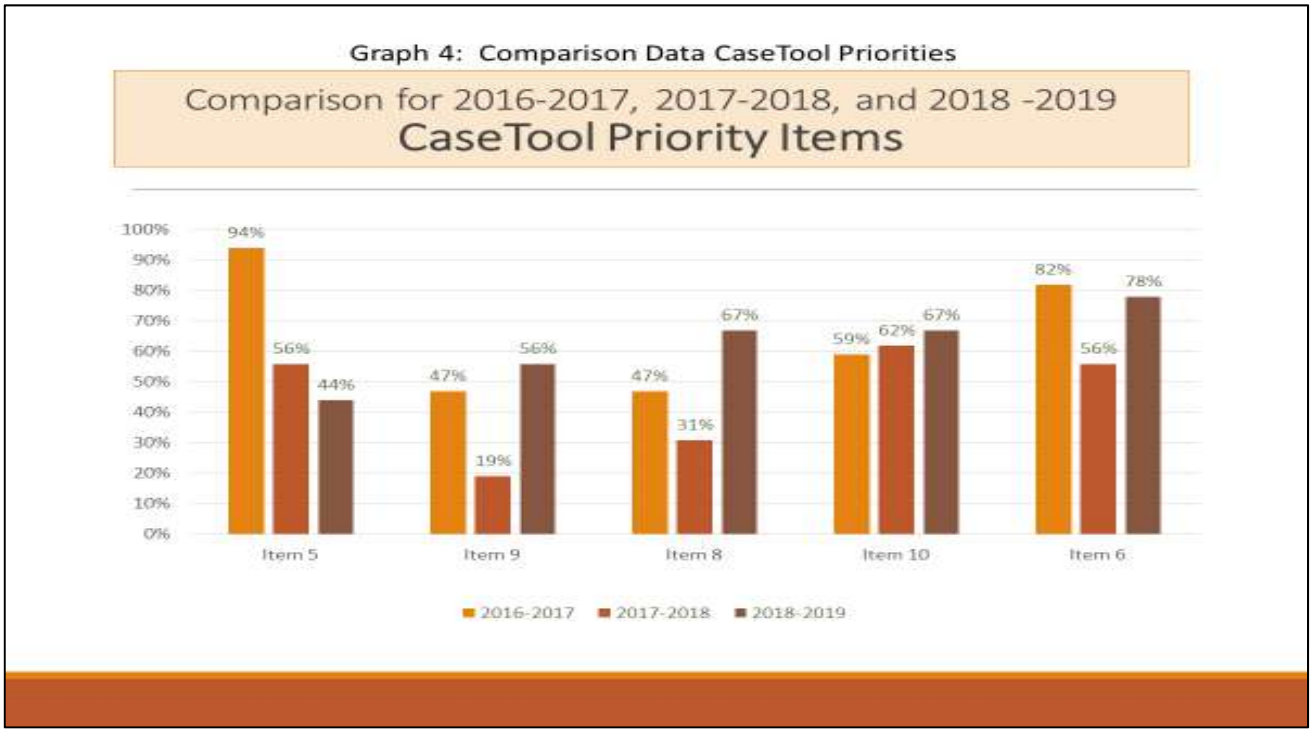


Upon reviewing and discussing results of the data displayed on Graph 4, stakeholders identified the following 5 top practices that were not used or missed opportunity and have recommended that the Program provide coaching and mentoring supports. These areas are:

- Item 5: Practitioner actively engages parent in providing everyday learning opportunities that are child-initiated and child-directed.
- Item 9: Practitioner actively engages the parents in using highly responsive and minimally directive interactive styles to support everyday child learning.
- Item 8: The practitioner actively engages the parent in using naturally occurring reinforcing consequences for the child's use of interactive competencies
- Item 10: Practitioner prompts/supports parent reflection on the characteristics and consequences of interest-based everyday child learning opportunities.
- Item 6: Practitioner actively engages parent in increasing the variety and frequency of their child's involvement in interest-based everyday learning activities.

Graph 4 shows a comparison of top 5 prioritized items identified in 2017 through 2019. As noted below, the percentage of practiced observed for 2018-2019 are lower for item 5 as what was reported in the prior year. A positive note that there has be an increased in performance overall as compared to prior years.

Section C: Data on Implementation and Outcomes Phase III, Year 4



Stakeholders reviewed the five prioritized items and discussed in great detail the teachable and doable behaviors that are used when providing early childhood coaching to the fidelity. In efforts to increase practice change for each item, the stakeholders agreed to the following supports: 1) Monthly training with service providers using the guidelines for "Ongoing Support for Coaching & Natural Learning Environments Practices" and 2) onsite peer coaching support to provide additional technical assistance through applied practices. With intentionality, the Program will continue to reinforce the strategies and practices of implementing the early childhood coaching model to the fidelity and in continuing to use the CaseTools to measure changes in the practices.

Evaluation Question PD 4: To what extent do EI Providers have the knowledge and skills to implement EBPs that support a child's growth and increased skill development?

PD4.1 Performance Indicator: 90% of EI providers are confident in their skills in implementing EBPs in efforts to enhance a child's growth and increase skill development.

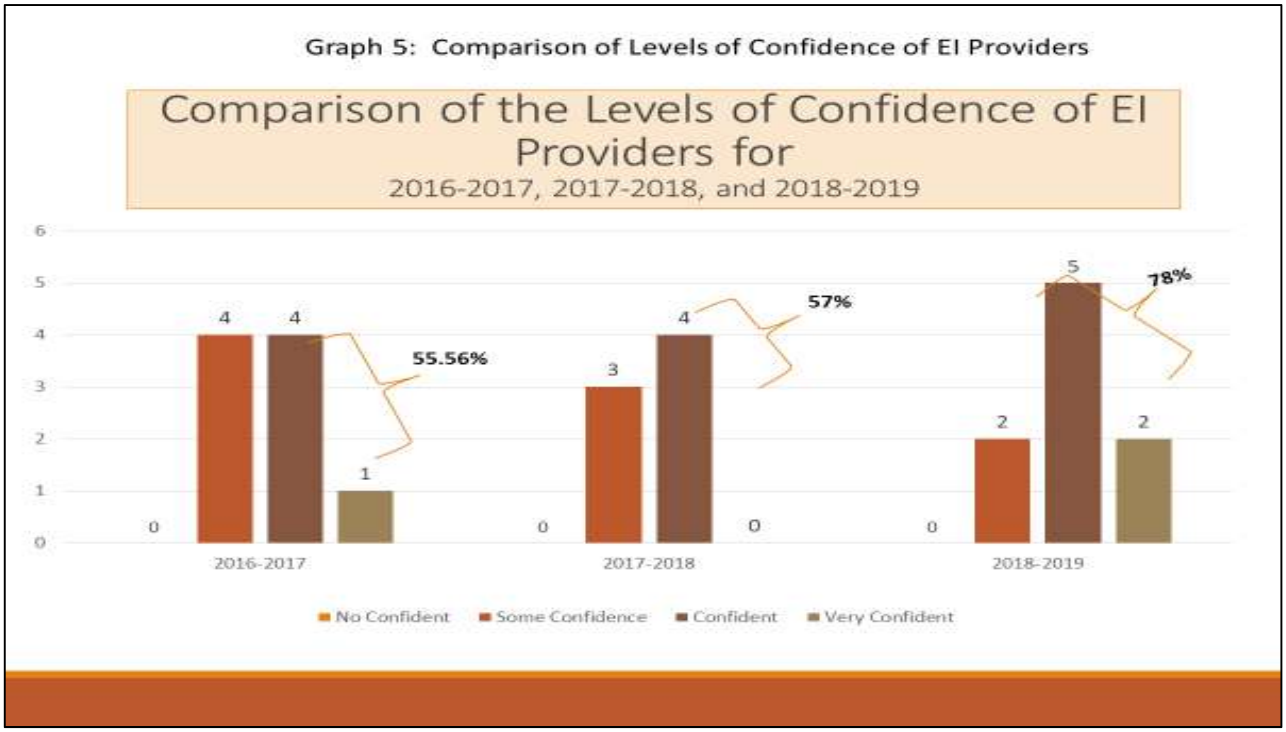
Review and Reflect: EI Providers were asked to complete the Annual EI Self-Assessment Survey. The EI Provider Survey included the following five subsections:

1. Rating your understanding and confidence in the IFSP Process
2. Rating your understanding and confidence components of the EI
3. Rating your level of confidence in implementing evidenced-based practices
4. Comments: Additional topics you would like to review and learn more
5. Comments: Topic that are particular strengths

Section C: Data on Implementation and Outcomes Phase III, Year 4

For this performance indicator, Section 3 of the EI Providers Survey identified the evidenced based practices were reviewed and analyzed. The Providers were asked to respond to each item and to rate their level of confidence. There are a total of 19 questions that each EI providers were asked to rate their level of confidence in implementing EBPs practices. The respondents were to indicate the following:

(1) None, (2) Little, (3) Some, (4) Confident, or (5) Very Confident.



As displayed in Graph 5 below, 78% of EI providers are Confident / Very Confident with their skills in implementing EBPs. This is an improvement from 57% as reported in the 2017-2018 SSIP Report. This an increase of performance of 21% in compared to last reporting period. CNMI acknowledges the behaviors of providers on their levels of confidence and competence is mirrored during the early childhood observations.

The SSIP Core Team reviewed the data and clearly drew a connection with the skills that were demonstrated during the observation and the low percent of providers that were confident in implementing EBPs. Stakeholders discussed the need to be more intentional in practicing and using EBPs and ongoing training and mentoring will strengthen their skills. Also noted that this is new practice to some providers that have only been with the program for less than a year.

Evaluation Question PD 5: To what extent do EI providers identify and address IFSP goals and strategies to meet the family's concerns.

PD5.1, 5.2, 5.3 Performance Indicators**:**

- 100% of random selection of IFSPs that align concerns with goals
- 100% of random selection of IFSPs strategies that support goal implementation
- 100% of random selection of IFSPs that reflect the use of the TOI

Review and Reflect: The EI Director monitors every IFSP that is developed to ensure that goals are aligned with concerns, that strategies are developed to support goal implementation, and that all IFSPs reflect the use of the TOI. Providers have had numerous PD opportunities to address these measures and as a result all measures are embedded within the IFSP to support all children with their toileting, dressing, and feeding skills. Based on the data collected, 92 of 92 or 100% of IFSPs reviewed had concerns aligned with goals with strategies that support goal implementation.
138 of 138 or 100% of IFSPs reviewed reflected the TOI.

Evaluation Question PD 6: To what extent do families feel that they trainings they received contributed to a better understanding about their child's development and have the skill sets to support their child's development.

PD6.1 Performance Indicator: At least 2 family trainings provided

Review and Reflect: For this reporting period, the EI program facilitated 3 family trainings. The EI program conducted Parent Night on the island of Saipan in April 2019. Parent Night focused on the LATTE Coaching Plan. EI providers were tasked with rolling out the EBP so that families have a better understanding of how and why services will be provided. Families were provided the LATTE infograph and watched as the EI providers acted out and narrated the 5 components of coaching and how the delivery of services would reflect EBPs. A total of about 52 participants had the opportunity to provide input on the LATTE plan through group discussions facilitated by the providers. The EI program hosted Village Playtime on the island of Rota in May 2019 and on Tinian in October 2019. Village Playtime provided an opportunity for families to engage with their children using common household materials and age appropriate activities to promote family interaction, while nurturing child development. The idea of Village Playtime came about with the support from Guam's Early Intervention Services along with other early childhood serving agencies. Village Playtime is an event conducted in Guam villages to promote family engagement. The CNMI decided to incorporate this event as part of Child Find efforts and as a result, EI providers were trained and facilitated the event. This event was open to the island community that yielded about 75 children and parents. Participants included families who receive EI, HOME, and WIC services, as well as other families who had young children. EI providers understand the importance and value of island cultures and traditions. As a result, Village Playtime incorporated a variety of activities such as fishing, sack toss, find bear, singing, and an obstacle course using coconuts. The EI program continues to access and promote CDC resources for all families to track and monitor their child's development.

PD6.2 Performance Indicator: 90% of families in attendance feel that training has enhanced their skills to support their child's development.

Review and Reflect: The 3 parent training opportunities were a success on Saipan, Tinian, and Rota! At least 92 parents were able to engage with each other and with their primary service providers throughout all three events. Families were eager to listen to the LATTE Coaching process that the EI Program has been implementing. During the orientation presentation, parents were asked to provide input based on the early childhood coaching model that the Program is using when providing home visiting services. Parents were asked about early childhood coaching and how important it is for the

families to know their priorities that would support their child's overall development. Parents provided feedback on how the Providers will use the LATTE strategies during each home visit to support the family in tips and strategies to enhance their child's development.

Parent Night:
Participants were asked the following question: "What is the importance of coaching strategies?"…

Responses include:

…Talk about how we can teach our kids to communicate and what to do

.. The latte coaching plan I like how we get to talk out what we are planning to do and the plans we have.

…That they showed us what we can all do to help our kids/baby achieve their goals…

… Learning how important it is to praise and encourage our children daily…

Village Playtime:

Participants were asked to rate the following statement:
The playtime session provided information I can use to play with my child

Responses from Rota: 17 of 17 respondents or 100% indicated that they Agree or Strongly Agree that they were Satisfied with Village Playtime.

Responses from Tinian: 26 of 26 respondents or 100% indicated that they Agree or Strongly Agree that they were Satisfied with Village Playtime.

PD6.3 Performance Indicator: 90% of families in attendance that completed the parent feedback survey indicated their Levels of Understanding and Confidence in skills to support their child's development. The survey ratings are as follows: Don't Understand or Not Confident to Understand or Confident.

Review and Reflect: Of the fifty-two (52) parents that attended the PSS Early Intervention Parent Night, forty-nine (49) parents completed the evaluation survey. Invitation were sent to parents that have children receiving early intervention services and or participated in other early childhood programs for children birth to three.

Prior to the meeting, parents were asked to complete a PRE-Assessment indicating their level of understanding (what they already know) and their level of confidence (how well you can do something) to 10 items. After the presentation, the parents were once again asked to complete a POST self-assessment.

Section C: Data on Implementation and Outcomes Phase III, Year 4

The Parent Forum Self-Assessment is comprised of 10 items that included questions related to the State Systemic Improvement Plan (SSIP), State Improved Measurable Results (SiMR), how children learn, and importance of teaching toileting, dressing, and feeding.
Parents were asked to rate their level of understanding and confidence using the following rubric:

- 0 = I don't understand or not confident
- 1 = I understand a little bit or I am somewhat confident
- 2 = I really understand or I am very confident

Based on survey results, indicated in the Table 2 below, all parents indicated at the Post assessment on Level of Understanding in having "fully understand." For Level of Confidence, families indicated that they are "somewhat confident" to support their child's growth and development through the using the LATTE Coaching.

Table 2: Parents Feedback Survey

Levels of Understanding and Levels of Confidence in LATTE Coaching
2018-2019

	Pre Level of Understanding	Post Level of Understanding	Pre Level of Confidence	Post Level of Confidence
Overall	.92 (understand a little bit)	1.87 (Increased understanding by .95 points)	1.00 (I am somewhat confident)	1.79 (I am some what confident and an increase by .79 points)

Levels:
0 = I don't understand/not confident
1 = I understand a little bit /somewhat confident
2 = I really understand / very confident

Overall Rubrics Rating for Professional Development: Based on the evidences collected for all activities, stakeholders rated a 3 for Strong Implementation, for this coherent improvement strategy.

Evaluation Worksheet Matrix: Stakeholders relooked at progress for this coherent improvement strategy. Discussion on the measurement and rating for each performance indicator was verified to ensure that the Office of ARE was able to capture the necessary information to determine if the CNMI met scoring criteria.

Section C: Data on Implementation and Outcomes Phase III, Year 4

Accountability, Monitoring and Technical Assistance (AMTA):

Evaluation Question AMTA 1: To what extent do EI providers implement the PDSA CQI process?

AMTA1.1 Performance Indicator: At least 10 CQI meetings each year

Review and Reflect: The CQI team updated the CQI Plans during the 11 meetings that occurred from April 2019 through December 2019.

AMTA1.2 Performance Indicator: At least 2 PDSA worksheets are developed per year

Review and Reflect: The CQI team updated the two PDSA worksheets and added two more AIM statement based on stakeholder input from the input from stakeholders. The following are the four CQI Aims:

- Aim 1: To increase the percentage of parent awareness understanding on appropriate age for their child to begin toilet training from 38% in 2015 and to increase by 2% each year thereafter.
- Aim 2: To increase percentage of children exiting the program close to or at age expected skills in toileting from 18% in 2014 and to increase by 4% each year thereafter.
- Aim 3: To decrease the number of missed visits that will result in maximizing the number of home visits identified in the IFSP by 17.5% in 2019 and to decrease by 2% each year thereafter.
- Aim 4: To identify, monitor, and track the types of support of the TOI

AMTA 1.3 Performance Indicator: At least 2 CQI Action Plan Updates document the progress of the aim.

Review and Reflect: Throughout 2019, the CQI Team met and updated the PDSA worksheets. To review the initial Aim 1 and Aim 2. As a result, the CQI Team agreed to continue promoting toileting skills to through the use of the Toileting Coaching Plan. The TCP is a working document that is provided to families and left at home for parents to track and document their child's toileting skills. In addition, the CQI Team finalized TCP standard operating procedure. The addition of Aim 3 involved the "waived visits". The CQI Team continue to stress the importance of providing services based on the frequency indicated in the IFSP. Upon a clearer definition of "Waived Visits" and the mutual understanding between parents and providers, the CQI Team will continue to monitor and track data. Aim 4 focused on the TOI and further investigating the types of supports that are provided. The CQI Team felt that it was necessary to identify the types of supports to ensure that the TOI accurately meets the family's needs. After a thorough discussion, the CQI Team identified types of supports to include 1) Routines Based Intervention, 2) Visual Aides with Steps, 3) Assistive Technology, 4) Specialized Therapeutic Techniques, and 5) Medical Supports.

AMTA2.1 Performance Indicator: 100% data reports for each PDSA worksheet supporting the aim statement.

Review and Reflect:

For this reporting period, the CQI team updated the two PDSA worksheets and added a 2 addition

AIM statements that were based on stakeholder input.

Evaluation Question AMTA 3: To what extent does the EI program provide data reports on the Self Help Monitoring Checklist?

AMTA3.1 Performance Indicator: 100% monthly data reports on the progress of children's Self Help Outcomes Checklist submitted within 2 weeks of exiting the program.

Review and Reflect: From July 2018 to June 2019, a total of 56 children exited the program and required the Self Help Checklist. 56 of 56 or 100% of children exiting the program within 2 weeks received the checklist. The Self Help Checklist Data System provides information on data collected on a monthly basis.

Overall Rubrics Rating for Accountability, Monitoring, and Technical Assistance (AMTA): Based on the evidences collected for all activities, stakeholders rated a 3 for Strong Implementation, for this coherent improvement strategy.

Evaluation Worksheet Matrix: Stakeholders relooked at progress for this coherent improvement strategy. Discussion on the measurement and rating for each performance indicator was verified to ensure that the Office of ARE was able to capture the necessary information to determine if the CNMI met scoring criteria.

Collaboration:

Evaluation Question C 1: To what extent did the Public School System use as a mechanism to define the partnership between PSS and the Commonwealth HealthCare Corporation (CHCC)?

C1 Performance Indicator: Updated Interagency Agreement as needed.

Review and Reflect: The Interagency Agreement continues to serve as the mechanism between the CNMI Public School System and the Commonwealth Health Care Corporation. Stakeholders reiterated the importance of updating the Interagency Agreement when the changes within the agencies occur.

Evaluation Question C 2: To what extent did the PSS use as a mechanism to identify the relationship between the PSS and Child Care, WIC, H.O.M.E. Visiting or other programs?

C2.1 Performance Indicator: Partnership Agreement as needed.

Review and Reflect: In Spring 2018, stakeholders agreed that this performance indicator has been met and no further actions will be needed.

Section C: Data on Implementation and Outcomes Phase III, Year 4

Evaluation Question C 3: To what extent did the EI Program collaborate with other agencies?

C3.1 Performance Indicator: At least 2 planned collaborative activities conducted.

Review and Reflect: The EI program conducted a total of 2 activities on the islands of Tinian and Rota. In efforts to promote collaboration among early childhood serving agencies and promote parent engagement, the EI program planned and conducted Village Playtime for the island community. The EI program collaborated with the Department of Youth Services, Children with Special Health Care Needs Program, H.O.M.E. Visiting Program, and WIC to make Village Playtime possible. The participants for Village Playtime also participated in these programs.

C3.2 Performance Indicator: Four scheduled meetings conducted.

Review and Reflect: The EI Director met, on different occasions, with the department administrators from different agencies to plan activities, discuss strengths, concerns, as well as to identify solutions to the barriers. The main focus of these meetings was to strengthen the referral process for all agencies and plan for program activities. All department officials discussed the importance of early identification and the supports available to assist all families. Child find and public awareness continues to be the major focus of discussion. A total of 6 meetings were conducted with University Center for Excellence in Developmental Disabilities, Maternal Child Health Bureau Children with Special Health Care Needs, Department of Public Health, the Commonwealth Health Care Corporation, and Tinian and Rota Mayors Office.

Evaluation Question C 4: To what extent does the EI Program collaborate with the Early Head Start Program?

C4.1 Performance Indicator: Directive signed by the COE as needed.

Review and Reflect: EI Program continues to have in place a Directive from the Commissioner of Education between the Early Head Start Program and the Early Childhood Special Education Program.

C4.2 Performance Indicator: At least 6 toddlers being served in EHS.

Review and Reflect: On August 1, 2019, the first day of instruction for school year 2019-2020, , the EI data manager confirmed and documented the roster to ensure that children with IFSPs are being served in Early Head Start settings. As per this reporting period, 8 children with IFSPs were being served in this setting.

Overall Rubrics Rating for Collaboration: Based on the evidences collected for all activities, stakeholders rated a 3 for Strong Implementation, for this coherent improvement strategy.

Evaluation Worksheet Matrix: Stakeholders relooked at progress for this coherent improvement strategy. Discussion on the measurement and rating for each performance indicator was verified to ensure that the Office of ARE was able to capture the necessary information to determine if the CNMI met scoring criteria.

Table 3. CNMI SSIP Evaluation Worksheet Matrix

GOVERNANCE (G)						
`						
SSIP Activity 1. Develop the TOI						
Activity to Evaluate		**Data Collection Plan**		**Evaluation of Activity Implementation**		
Evaluation Question Implemented activity from logic model or action plan	**Performance Indicator** How we will know the outcome is achieved	**Evaluation Design and Timeline**	**Data Collection Method & Tools**	**Measurement** ***Evidence/ Program Update***	**Rating for Performance Indicator**	**ARE**
Evaluation Question # 1 **G1** To what extent do EI providers implement the Tier of Intervention?	(1) 100% of providers attend the TOI training annually	Formative: Provide ongoing feedback using data and TOI Summative: Monthly discussion on how TOI is being implemented	**Method:** Sign In Sheets **Tools:** TOI Evaluation Form	# attended / total # of EI staff = % **9/9 = 100%** • *August 27, 2019 (*9/9)* • *August 29, 2019 (*9/9)* • *November 14, 2019 (3/3)* **Makeup trainings were held*	☐ 0 ☐ 1 ☐ 2 ☒ 3 0= 0 - 69% 1= 70% - 79% 2= 80% - 89% 3= 90% - 100%	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No
	SSIP Activity 2. Train on the TOI					
	(2) 100% of IFSPs reflect the TOI	Formative: Monthly reviews of IFSP post TOI training. Provide clarification on TOI if needed. Summative: Annual review of IFSP data	**Method:** IFSP monitoring **Tools:** IFSP/EBP Checklist	# of IFSP with a completed TOI document / # of IFSP = % **138/138 = 100%** • *For this reporting period, 138 IFSPs that were reviewed after the TOI was implemented, included the TOI document.*	☐ 0 ☐ 1 ☐ 2 ☒ 3 0= 0 - 69% 1= 70% - 79% 2= 80% - 89% 3= 90% - 100%	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No

Table 3. CNMI SSIP Evaluation Worksheet Matrix

GOVERNANCE (G)						
Governance Intended Outcome 1: Early Intervention providers will implement the Standard Operating Procedures of the Tier of Intervention (TOI) w/ fidelity						
SSIP Activity 2. Train on the TOI						
Activity to Evaluate		**Data Collection Plan**		**Evaluation of Activity Implementation**		
Evaluation Question Implemented activity from logic model or action plan	**Performance Indicator** How we will know the outcome is achieved	**Evaluation Design and Timeline**	**Data Collection Method & Tools**	**Measurement** ***Evidence/ Program Update***	**Rating for Performance Indicator**	**ARE**
Evaluation Question # 2 **G2** To what extent do families feel that the TOI has been useful and incorporated in their everyday routines.	(1) All families will participate in TOI Conversations and identify their level of support needed.	Formative: TOI discussion during home visits Summative: Discussion to modify/adapt TOI implementation	**Method:** Service provider asks parent during initial IFSPs and 6 month & annual reviews of IFSPs. **Tools:** IFSP/EBP checklist	# of IFSP with TOI document indicating with level of support / # of IFSP reviewed = % **138/138 =100%** • *For this reporting period, there were 138 IFSPs and all had TOI documents.*	☐ 0 ☐ 1 ☐ 2 ☒ 3 0= 0 - 69% 1= 70% - 79% 2= 80% - 89% 3= 90% - 100%	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No

GOVERNANCE						
Governance Intended Outcome 2: Early Intervention providers will demonstrate and document the SOPs of progress monitoring effectively.						
SSIP Activity 1. Develop a SOP for monitoring and assessing child and family progress.						
Activity to Evaluate		**Data Collection Plan**		**Evaluation of Activity Implementation**		
Evaluation Question Implemented activity from logic model or action plan	**Performance Indicator** How we will know the outcome is achieved	**Evaluation Design and Timeline**	**Data Collection Method & Tools**	**Measurement** ***Evidence/ Program Update***	**Rating for Performance Indicator**	**ARE**
Evaluation Question # 3 **G3** To what extent will EI providers collect, track and document	(1) 100% of timely reviews completed and data is inputted in database.	Formative: Monthly review of database. Summative: Annual review of database to ensure	**Method:** Monthly data report of IFSPs due and completed **Tools:** Database review	# of timely (on or before the expected review date) reviewed IFSP / # of IFSPs = % **92/92 = 100% of IFSP** • *For this reporting period, there were 61 six month and 31 annual IFSPs Reviewed. Four*	☐ 0 ☐ 1 ☐ 2 ☒ 3 0= 0 - 69% 1= 70% - 79%	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No

Table 3. CNMI SSIP Evaluation Worksheet Matrix

child progress and monitoring?		that all reviews are being inputted.		*(4) reviews were completed untimely due to family circumstance (Note: valid reasons are including in the numerator and denominator).*	2= 80% - 89% 3= 90% - 100%	
	SSIP Activity 2. Progress monitoring report to include input data for each child after each periodic review.					
	(2)100% goals achieved from a random selection of IFSPs.	Formative: review data to ensure goals are developmentally appropriate. Summative: Child progress taken	**Method:** Post measurement only – review of IFSPs (at 6 month or annual reviews) **Tools:** IFSP/EBP Checklist	# of goals achieved / total # of goals indicated in the IFSP = % **187/274=68%** • *For this reporting period, there were 187 goals achieved out of 274 taken from the Self-Help Data Report.*	☒ 0 ☐ 1 ☐ 2 ☐ 3 0= 0 - 69% 1= 70% - 79% 2= 80% - 89% 3= 90% - 100%	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No

PROFESSIONAL DEVELOPMENT (PD)						
PD Intended Outcome 1: Early Intervention providers will participate in PD related to EBPs						
SSIP Activity 1. Conduct needs assessment (NA) to identify training needs inclusive of self-help (SH) development.						
Activity to Evaluate		**Data Collection Plan**		**Evaluation of Activity Implementation**		
Evaluation Question Implemented activity from logic model or action plan	**Performance Indicator** How we will know the outcome is achieved	**Evaluation Design and Timeline**	**Data Collection Method & Tools**	**Measurement** ***Evidence/ Program Update***	**Rating for Performance Indicator**	**ARE**
Evaluation Question # 4 **PD1.** To what extent do EI providers receive relevant and useful Professional Development	(1) At least 5 PD's provided that were relevant to coaching strategies and child development on self-help skills	Formative: Debriefing w/ staff upon completion of PD opportunities. Make	**Method:** Post measurement only – list of EI Program PD opportunities with Title, Abstract, Date, Presenters, and	# of targeted PDs **14 targeted PDs provided** 1. *April 25-26, 2019: ASD Early Development and Diagnosis* 2. *August 27, 2019: Webinar CDC Learn the Signs Act Early Child Find.* 3. *August 27, 2019 - Standard Operating Procedures -*	☐ 0 ☐ 1 ☐ 2 ☒ 3 0= None 1= 1 – 2 relevant PDs	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No

Table 3. CNMI SSIP Evaluation Worksheet Matrix

regarding Coaching and child development, to increase provider competencies?		modifications if necessary. Summative: Upon end of SY, identify the future training or follow up needed	Venue of Conferences **Tools:** PD Binder	4. *August 28, 2019 - LATTE Coaching Plan -* 5. *August 29, 2019 - Alignment of TOI Process -* 6. *August 29, 2019 - Outcome Measurement System -* 7. *Everyday Learning Opportunities - Observation(s) -* 8. *September 6, 2019 - Service Coordination Module 1 -* 9. *October 23, 2019 - Service Coordination Module 2 -* 10. *November 13, 2019 - Service Coordination Module 3 -* 11. *November 14, 2019 - Early Childhood Coaching – Reflective Coaching* 12. *December 05, 2019 - AT Devices - Guam CEDDERS* 13. *December 06, 2019 - Service Coordination Module 4* 14. *December 06, 2019 – APR/SSIP Roundtable -*	2= 3 – 4 relevant PDs 3= 5 or more relevant PDs	
	(2) 100% of EI providers have attended the targeted PD trainings	Summative: Upon end of SY, identify other providers who will need PD or who have not received PD (new providers, etc.)	**Method:** Sign in sheets, list of SY PDs **Tools:** PD binder by SY	# of EI providers attended / total # of EI Providers = % *9/9 = 100%* *14 PDs provided were relevant to PD 1.1 and PD 1.2. The CNMI Early Intervention staff participated in these training sessions from April 2019 to January 2020.*	☐ 0 ☐ 1 ☐ 2 ☒ 3 0= 0 - 69% 1= 70% - 79% 2= 80% - 89% 3= 90% - 100%	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No

Table 3. CNMI SSIP Evaluation Worksheet Matrix

PROFESSIONAL DEVELOPMENT (PD)						
PD Intended Outcome 1: Early Intervention providers will participate in PD related to EBPs						
SSIP Activity 1. Conduct needs assessment (NA) to identify training needs inclusive of self-help (SH) development.						
Activity to Evaluate		**Data Collection Plan**		**Evaluation of Activity Implementation**		
Evaluation Question Implemented activity from logic model or action plan	**Performance Indicator** How we will know the outcome is achieved	**Evaluation Design and Timeline**	**Data Collection Method & Tools**	**Measurement** ***Evidence/ Program Update***	**Rating for Performance Indicator**	**ARE**
Evaluation Question # 5 **PD2.** To what extent do EI providers feel that they have gained the skills needed to implement EBPs?	(1) All EI providers will have at least 80% of adequate, advance, or expert skills in EBPs.	Summative: Discussion with providers for on-going promotion of EBPs.	**Method:** Post measurement with providers **Tools:** Pre & Post Self-Assessment	# of providers w/ adequate, advance, or expert skills / total # of providers **46/46 = 100%** 1. *August 28, 2019 - LATTE Coaching Plan (7/7) - One provider on leave, One Out of State* 2. *August 29, 2019 - Alignment of TOI Process (7/7) - One provider on leave, One Out of State* 3. *August 29, 2019 - Outcome Measurement System (7/7) - One provider on leave, One Out of State* 4. *September 6, 2019 - Service Coordination Module 1 (4/4)* 5. *October 23, 2019 - Service Coordination Module 2 (4/4)* 6. *November 13, 2019 - Service Coordination Module 3 (4/4)* 7. *November 14, 2019 - Early Childhood Coaching (3/3)* 8. *December 05, 2019 - Guam System for Assistive Technology (6/6)* 9. *December 06, 2019 - Service Coordination Module 4 (4/4)*	☐ 0 ☐ 1 ☐ 2 ☒ 3 0= 0 - 69% 1= 70% - 79% 2= 80% - 89% 3= 90% - 100%	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No
	(2) 90% of EI providers feel that the PD training has enhance their skills	Summative: Upon completion of each PD, a written reflection of PD by providers	**Method:** Post evaluation survey results **Tools:** PD evaluation form	# of EI providers that feel the PD training has enhance their skills / total number of EI providers attended = % **48/48 = 100%** 1. August 27, 2019: CDC LTSAE Child Find. (4/4) 2. August 27, 2019: Standard Operating Procedures. (7/7) 3. August 28, 2019: LATTE Coaching Plan (7/7)	☐ 0 ☐ 1 ☐ 2 ☒ 3 0= 0 - 69% 1= 70% - 79%	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No

				4. August 29, 2019: Alignment of TOI Process. (7/7) 5. August 29, 2019: Child Outcome Summary. (7/7) 6. Service Coordination Training 10 Modules a. September 6, 2019: Understanding IDEA. (4/4) b. October 23, 2019: Building Relationships with Families. (4/4) c. November 13, 2019: Collaboration, Communication, and Culture: The Cornerstones of Building Relationships with Families (4/4) d. December 6, 2019: Understanding Child Development (4/4)	2= 80% - 89% 3= 90% - 100%	

PROFESSIONAL DEVELOPMENT (PD)						
PD Intended Outcome 2: Early Intervention providers will provide EBPs when working with families.						
SSIP Activity 1. Identify, align, and train EI/EC providers on evidenced based practices (EBPs) to enhance the overall development of young children including SH skills						
Activity to Evaluate		**Data Collection Plan**		**Evaluation of Activity Implementation**		
Evaluation Question Implemented activity from logic model or action plan	**Performance Indicator** How we will know the outcome is achieved	**Evaluation Design and Timeline**	**Data Collection Method & Tools**	**Measurement** ***Evidence/ Program Update***	**Rating for Performance Indicator**	**ARE**
Evaluation Question # 6 **PD3.** To what extent do EI providers integrate EBPs when developing and implementing IFSP goals?	(1) 100% of random selection of IFSP strategies reflect EBPs?	Formative: on-going discussion with providers on developing strategies Summative: Upon completion of IFSP process	**Method:** IFSP monitoring **Tools:** IFSP/EBP Checklist	# of IFSP reflecting EBPs strategies sheet / # of IFSP = % **92/92 = 100%** • *For this reporting period, 92 IFSP strategies reflect EBPs.*	☐ 0 ☐ 1 ☐ 2 ☒ 3 0= 0 - 69% 1= 70% - 79% 2= 80% - 89% 3= 90% - 100%	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No

Table 3. CNMI SSIP Evaluation Worksheet Matrix

	(2) 100% of EI providers will demonstrate at least 5 EBPs identified in the case tools during the observations.	Formative: Upon completion of observation, provide data results to staff and discuss modifications if needed. Summative: Upon end of SY, compile, share results	**Method:** Provider observations **Tools:** Provider Case Tool	# of targeted observations with 5 or more EBPs practices observed / total # of observations = % **8/9 = 89%** • *For this reporting period, 9 observations were completed using the Everyday Child Learning Opportunities Checklist. Of the 9, 8 or 88% observations displayed five or more EBPs demonstrated.*	☐0 ☐ 1 ☒ 2 ☐ 3 0= 0 - 69% 1= 70% - 79% 2= 80% - 89% 3= 90% - 100%	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No
Evaluation Question # 7 **PD4.** To what extent do EI providers have the knowledge and skills to implement EBPs that support a child's growth and increased skill development?	(1) 90% of EI providers are confident in their skills in implementing EBPs in efforts to enhance a child's growth and increased development.	Summative: Annual the EI providers complete the CNMI EI Training Self-Assessment survey	**Method:** Annual EI provider Self-Assessment **Tools:** CNMI EI Provider Self-Assessment Survey (On-line)	# of EI providers that are confident in implementing EBPs in efforts to enhance a child's skills / total number of EI Providers = % **7/9 = 77.78%** • *Nine (9) EI providers completed the CNMI EI Training Self-Assessment survey. This survey includes 19 items that are aligned with the EBPs. Each EI provider were asked to rate their level of confidence for each EBPs from 1= None to 5 – Very Confident.*	☒ 0 ☐ 1 ☐ 2 ☐ 3 0= 0 - 69% 1= 70% - 79% 2= 80% - 89% 3= 90% - 100%	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No

Table 3. CNMI SSIP Evaluation Worksheet Matrix

PROFESSIONAL DEVELOPMENT (PD)						
PD Intended Outcome 3: Early Intervention providers will incorporate family concerns and provide targeted intervention.						
SSIP Activity 1. Identify, align, and train EI/EC providers on evidenced based practices (EBPs) to enhance the overall development of young children including SH skills						
Activity to Evaluate		**Data Collection Plan**		**Evaluation of Activity Implementation**		
Evaluation Question Implemented activity from logic model or action plan	**Performance Indicator** How we will know the outcome is achieved	**Evaluation Design and Timeline**	**Data Collection Method & Tools**	**Measurement** ***Evidence/ Program Update***	**Rating for Performance Indicator**	**ARE**
Evaluation Question # 8 **PD5.** To what extent do EI providers identify and address IFSP goals and strategies to meet the family's concerns. *Note: Based on Stakeholder Input, the evaluation tool was revised to align with the EI Policy and Procedures. The IFSP/EBP Checklist was replaced with the Tiers of Intervention (TOI) Form as of August 2019.*	(1) 100% of random selection of IFSPs that align concerns with goals	Formative: Monthly staff meeting on alignment. Provide clarifications Summative: child progress data	**Method:** IFSP Monitoring **Tools:** TOI Form	# of IFSP that align concerns with goals / # of IFSP = % **92/92 = 100%** • *For this reporting period, 92 IFSPs indicate concerns aligned with goals.*	☐ 0 ☐ 1 ☐ 2 ☒ 3 0= 0 - 69% 1= 70% - 79% 2= 80% - 89% 3= 90% - 100%	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No
	(2) 100% of random selection of IFSP strategies that support goal implementation	Formative: Monthly staff meeting on alignment. Provide clarifications Summative: child progress data	**Method:** IFSP Monitoring **Tools:** TOI Form	# of IFSP reflecting strategies that support goal implementation / # of IFSP = % **92/92 = 100%** • *For this reporting period, 92 IFSPs reflect strategies that support goal implementation*	☐ 0 ☐ 1 ☐ 2 ☒ 3 0= 0 - 69% 1= 70% - 79% 2= 80% - 89% 3= 90% - 100%	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No
	(3) 100% of random selection of IFSPs that reflect the use of the TOI	Formative: Monthly staff meeting on alignment. Provide clarifications Summative: child progress data	**Method:** IFSP Monitoring **Tools:** TOI Form	# of IFSP that reflect the use of the TOI / # of IFSP = % **138/138 = 100%** • *For this reporting period, 138 IFSPs reflect the use of the TOI.*	☐ 0 ☐ 1 ☐ 2 ☒ 3 0= 0 - 69% 1= 70% - 79% 2= 80% - 89% 3= 90% - 100%	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No

Table 3. CNMI SSIP Evaluation Worksheet Matrix

PROFESSIONAL DEVELOPMENT (PD)						
PD Intended Outcome 4: Families will acquire the information needed to set higher expectations to support their child's development						
SSIP Activity 1. Provide training for parents and EI/EC providers on coaching and mentoring strategies in implementing EBP to support child and family interactions						
Activity to Evaluate		**Data Collection Plan**		**Evaluation of Activity Implementation**		
Evaluation Question Implemented activity from logic model or action plan	**Performance Indicator** How we will know the outcome is achieved	**Evaluation Design and Timeline**	**Data Collection Method & Tools**	**Measurement** ***Evidence/ Program Update***	**Rating for Performance Indicator**	**ARE**
Evaluation Question # 9 **PD6.** To what extent do families feel that the trainings they received contributed to a better understanding about their child's development and have the skills sets to support their child's development	(1) At least 2 Family trainings provided	Summative: Parent Engagement during trainings	**Method:** Family training attendance sheets **Tools:** Presentation, Forums, or Parent Cafés	# of parent trainings **3/3 = 100%** 1. *April 11, 2019 - Early Childhood Coaching Parent Night - Saipan (Tinian & Rota present)* 2. *May 14, 2019 - Village Play Time - Rota* 3. *October 15, 2019 - Village Play Time - Tinian*	☐ 0 ☐ 1 ☒ 2 0= No trainings 1= 1 training 2= 2 or more trainings	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No
	(2) 90% of families in attendance feel that the training has enhanced their skills to support their child's development	Formative: Trainings modified to meet family needs Summative: Parent Responses	**Method:** Pre and Post evaluation survey results **Tools:** Training Evaluation Forms	# of families that feel the training has enhanced their skills / # of families that attended the training = % **92/92 x 100 = 100%** 1. *ECC Parent Night* 49/49 = 100% 2. *Rota Village Play Time* 17/17 = 100% 3. *Tinian Village Play Time* 26/26 = 100%	☐ 0 ☐ 1 ☐ 2 ☒ 3 0= 0 - 69% 1= 70% - 79% 2= 80% - 89% 3= 90% - 100%	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No
	(3) 90% of families in attendance that completed the parent feedback survey	Summative: Parent Responses	**Method:** Parent Feedback Survey Results **Tools:**	# of families that rated "some" to "understand" or "confident" in the Levels of Understanding and Confidence / # of families that completed the survey **49/49 x 100 = 100%**	☐ 0 ☐ 1 ☐ 2 ☒ 3	Did the CNMI Team Meet the scoring criteria?

	indicated their Levels of Understanding and Confidence in skills to support their child's development. The survey ratings are as follows: Don't Understand or Not Confident to Understand or Confident.		Parent Feedback Survey	• *The Levels of Understanding and Confidence averages for the 49 families that attended the ECC Parent Night indicated that parents understand and are confident with their skills*	0= 0 - 69% 1= 70% - 79% 2= 80% - 89% 3= 90% - 100%	☐ Yes ☐ No

ACCOUNTABILITY, MONITORING, and TECHNICAL ASSISTANCE (AMTA)						
AMTA Intended Outcome 1: Develop, train, and implement a Continuous Quality Improvement (CQI) process to support program improvement						
SSIP Activity 1. Develop, train, and implement on a Continuous Quality Improvement (CQI) process to support program improvement						
Activity to Evaluate		**Data Collection Plan**		**Evaluation of Activity Implementation**		
Evaluation Question Implemented activity from logic model or action plan	**Performance Indicator** How we will know the outcome is achieved	**Evaluation Design and Timeline**	**Data Collection Method & Tools**	**Measurement** ***Evidence/ Program Update***	**Rating for Performance Indicator**	**ARE**
Evaluation Question # 10 **AMTA 1.** To what extent do EI providers implement the PDSA CQI process?	(1) At least 10 CQI meetings each year	Formative: Monthly meetings on the CQI Process	**Method:** Dates of CQI meetings, Sign In sheets **Tools:** CQI Reports	# of CQI Meetings / 10 = % **11/11 = 100%** *CQI Meeting dates:* 1. April 11, 2019 2. May 14, 2019 3. August 27, 2019 4. August 28, 2019 5. August 29, 2019 6. September 6, 2019 7. September 27, 2019 8. October 15, 2019 9. November 13, 2019 10. November 14, 2019 11. December 6, 2019	☐ 0 ☐ 1 ☐ 2 ☒ 3 0= 1 to 3 meetings 1= 4 to 6 meetings 2= 7 to 9 meetings 3= 10 or more meetings	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No

Table 3. CNMI SSIP Evaluation Worksheet Matrix

	(2) At least two PDSA worksheets are developed per year.	Summative: Quarterly reports on the CQI process.	**Method:** PDSA **Tools:** CQI Reports	# of PDSA worksheets **4/4 = 100%** *PDSA Worksheets:* *1. Parent Survey* *2. Self-Help Checklist* 3. *Frequency of EI Visits* 4. *TOI Monitoring*	☐ 0 ☐ 1 ☒ 2 0= No Worksheet 1= 1 Worksheet 2= 2 or more worksheets	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No
	(3) At least two CQI Action Plan Updates document the progress of the aim.	Formative: Monthly meetings on the CQI Process Summative: Quarterly reports on the CQI process	**Method:** CQI Action Plan **Tools:** CQI Reports	# of CQI Action Plan updates document the progress of the aim. **4/4 = 100%** *1. Parent Feedback Survey Action Plan* *2. Self-Help Checklist Action Plan: Toileting Coaching Plan* *3. Frequency of EI Visits Action Plan* *4. TOI Monitoring*	☐ 0 ☐ 1 ☒ 2 0= No CQI Action Plan updates 1= 1 CQI Action Plan updates 2= 2 or more CQI Action Plan updates	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No

Table 3. CNMI SSIP Evaluation Worksheet Matrix

ACCOUNTABILITY, MONITORING, and TECHNICAL ASSISTANCE (AMTA)						
AMTA Intended Outcome 2: Develop and implement data tracking to monitor progress for child, family, and providers						
SSIP Activity 1. To develop and implement data tracking to monitor progress for child, family, and providers						
Activity to Evaluate		**Data Collection Plan**		**Evaluation of Activity Implementation**		
Evaluation Question Implemented activity from logic model or action plan	**Performance Indicator** How we will know the outcome is achieved	**Evaluation Design and Timeline**	**Data Collection Method & Tools**	**Measurement** ***Evidence/ Program Update***	**Rating for Performance Indicator**	**ARE**
Evaluation Question # 11 **AMTA 2.** To what extend do EI providers use data to make changes in the PDSA process?	(1) 100% data reports for each PDSA worksheet supporting the Aim Statement.	Formative: Monthly meetings on the CQI Process Summative: Quarterly reports on the CQI process	**Method:** CQI Action Plan **Tools:** CQI Report	# of CQI reports that reflect data / total of CQI reports = % **4/4 = 100%** • *The 4 PDSA worksheets support the AIM statement.* 1. *Parent Survey* 2. *Self-Help Checklist* 3. *Frequency of EI Visits* 4. *TOI Monitoring*	☐ 0 ☐ 1 ☐ 2 ☒ 3 0= 0 - 69% 1= 70% - 79% 2= 80% - 89% 3= 90% - 100%	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No
Evaluation Question # 12 **AMTA 3.** To what extent does the EI Program provide data reports on the Self-Help Monitoring Checklist?	(1) 100% monthly data reports on the progress of children's Self –Help Outcome Checklist submitted within 2 weeks of exiting the program.	Formative: Monthly meetings and data reports Summative: Quarterly progress data reports	**Method:** Specific Data Reports **Tools:** Self Help Child Monitoring Checklist Monthly Reports	# of Self Help Checklist Submitted / # of children exiting the program **56/56=100%** • *From July 2018 to June 2019, there were 56 Self-help Checklist received of the 56 children, exiting the program within 2 weeks.*	☐ 0 ☐ 1 ☐ 2 ☒ 3 0= 0 - 69% 1= 70% - 79% 2= 80% - 89% 3= 90% - 100%	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No

Table 3. CNMI SSIP Evaluation Worksheet Matrix

COLLABORATION						
Collaboration Intended Outcome 1: The Public School System will reestablish their collaboration with the Commonwealth HealthCare Corporation to include roles and responsibilities for each agency.						
SSIP Activity 1. To update the Interagency agreement and PSS EC Directive on EI/EC services and support to support for young children with disabilities and their families. To include joint training, child Find/ Public Awareness, outreach activities, etc. of						
Activity to Evaluate		**Data Collection Plan**		**Evaluation of Activity Implementation**		
Evaluation Question Implemented activity from logic model or action plan	**Performance Indicator** How we will know the outcome is achieved	**Evaluation Design and Timeline**	**Data Collection Method & Tools**	**Measurement** *Evidence/ Program Update*	**Rating for Performance Indicator**	**ARE**
Evaluation Question # 13 **C1.** To what extent did the Public School System use as a mechanism to define the partnership between the PSS and the Commonwealth Health Care Corporation	Updated Interagency Agreement as needed	Formative: monthly meetings to get process started Summative: finalize Agreement for signing	**Method:** Signed Agreement **Tools:** Interagency Agreement	Is there an Updated Interagency Agreement? **Yes**	☐ 0 = No ☒ 1 = Yes	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No

COLLABORATION						
Collaboration Intended Outcome 2. The Public School System will develop collaboration efforts among other agencies/programs						
SSIP Activity 1. To update the Interagency agreement and PSS EC Directive on EI/EC services and support to support for young children with disabilities and their families. To include joint training, child Find/ Public Awareness, outreach activities, etc.						
Activity to Evaluate		**Data Collection Plan**		**Evaluation of Activity Implementation**		
Evaluation Question Implemented activity from logic model or action plan	**Performance Indicator** How we will know the outcome is achieved	**Evaluation Design and Timeline**	**Data Collection Method & Tools**	**Measurement** ***Evidence/ Program Update***	**Rating for Performance Indicator**	**ARE**
Evaluation Question # 14 **C2.** To what extent did the Public School System use as a mechanism to identify the relationship between the PSS and Child Care, WIC, HOME Visiting or other programs	Partnership Agreement as needed	Formative: monthly meetings to get process started Summative: finalize the Partnership Agreement for signing	**Method:** Signed Partnership Agreement **Tools:** Partnership Agreement	Is there a Partnership Agreement in place? **Yes**	☐ 0 = No ☒ 1 = Yes	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No
Evaluation Question # 15 **C3.** To what extent did the EI program collaborate with other agencies	(1) At least 2 planned collaborative activities conducted	Formative: monthly meetings to set up activities discussion of roles and responsibilities of programs. Summative: discuss activity results	**Method:** Sign-in Sheets, agenda **Tools:** List of anticipated, completed, and future activities	# of planned activities conducted **2 activities conducted** **1. May 2019 – Rota Village Play Time** **a.** DYS – 4/1, 4/2 **b.** HOME Visiting Program – 4/2, 5/8 **c.** CNMI-PSS Head Start/ Early Head Start – 4/2, 5/8 **d.** WIC – 4/2, 4/15 **e.** MCHB – 4/2,5/6 **f.** Rota Health Center – 4/2 **g.** Rota Mayor's Office – 4/3 **h.** Rota Liaison – 4/4, 4/23, 5/1 **2. October 2019 – Tinian Village Play Time**	☐ 0 ☐ 1 ☒ 2 0= No Activities 1= 1 Activity 2= 2 or more Activities	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No

Table 3. CNMI SSIP Evaluation Worksheet Matrix

				a. Tinian Health Center/Immunization – 10/15/2019 (CDAC Team Meeting) **b.** Tinian Youth Center – 10/15/2019 (CDAC Team Meeting) **c.** Tinian Mayor's Office – 10/15/2019 (CDAC Team Meeting) **d.** (CNMI WIC) – 9/4/2019 **e.** (CNMI – HOME Visiting) – 9/3/2019		
	(2) Four scheduled meetings conducted	Formative: Quarterly discussion on activities Summative: finalize activity for implementation	**Method:** Sign-in Sheets, agenda **Tools:** List of anticipated, completed, and future activities	# of scheduled meetings conducted **6 meetings conducted** **1. UCEDD** – 5/17/2019 – Child Find Process **2. UCEDD** – 8/21/2019 – Program Overview Referral Process (CDAC Team) **3. MCHB – Children With Special Healthcare Needs** – 8/27/2019 – Program Overview (CDAC Team) **4. MCHB – Children With Special Healthcare Needs** – 10/10/2019 – Family to Family **5. Tinian Mayor's Office/Tinian Health Center/Tinian Youth Center** - 10/15/2019 @Tinian **6. DPH/MCHB** - Referral Process 11/22/2019 2pm @ CDAC **7. MCHB – HOME** – Referral Process - 11/27/2019 1pm @ CDAC ***8.*** **CHCC – Pediatrics** – Referral Process - 2/12/2020 @ Children's Clinic	☐ 0 ☐ 1 ☐ 2 ☒ 3 0= No meeting 1= 1 meeting 2= 2 to3 meetings 3= 4 or more meetings	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No

Table 3. CNMI SSIP Evaluation Worksheet Matrix

COLLABORATION						
Collaboration Intended Outcome 3: The Early Intervention Program will develop collaboration efforts with Early Head Start						
SSIP Activity 1. Present updates to the CNMI ICC						
Activity to Evaluate		**Data Collection Plan**		**Evaluation of Activity Implementation**		
Evaluation Question Implemented activity from logic model or action plan	**Performance Indicator** How we will know the outcome is achieved	**Evaluation Design and Timeline**	**Data Collection Method & Tools**	**Measurement** *Evidence/ Program Update*	**Rating for Performance Indicator**	**ARE**
Evaluation Question # 16 **C4.** To what extent does the EI Program collaborate with the Early Head Start Program?	(1) Directive signed by the COE as needed	Formative: Programs meet with COE to discuss directive components. Summative: Finalize documents for implementation	**Method:** Signed Directive **Tools:** Directive signed by the COE	Is a signed Directive by the COE in place? **Yes**	☐ 0 = No ☒ 1 = Yes	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No
	(2) At least 6 infants and toddlers being served in EHS (based on EHS 10%)	Formative: establish relationship with EHS Summative: monthly follow up child roster	**Method:** Data Report on Setting/Location at EHS **Tools:** List of children being served in the beginning of SY	# of infants and toddlers being served in EHS **8 children were served** • *The EI Program, in coordination with Early Head Start, verified the number of children with IFSPs enrolled on August 1, 2019 was 8 children.*	☐ 0 ☐ 1 ☒ 2 ☐ 3 0= No infants & toddlers 1= 1 to 3 infants & toddlers 2= 4 to 5 infants & toddlers 3= 6 or more infants & toddlers	Did the CNMI Team Meet the scoring criteria? ☐ Yes ☐ No

Section C: Data on Implementation and Outcomes Phase III, Year 3

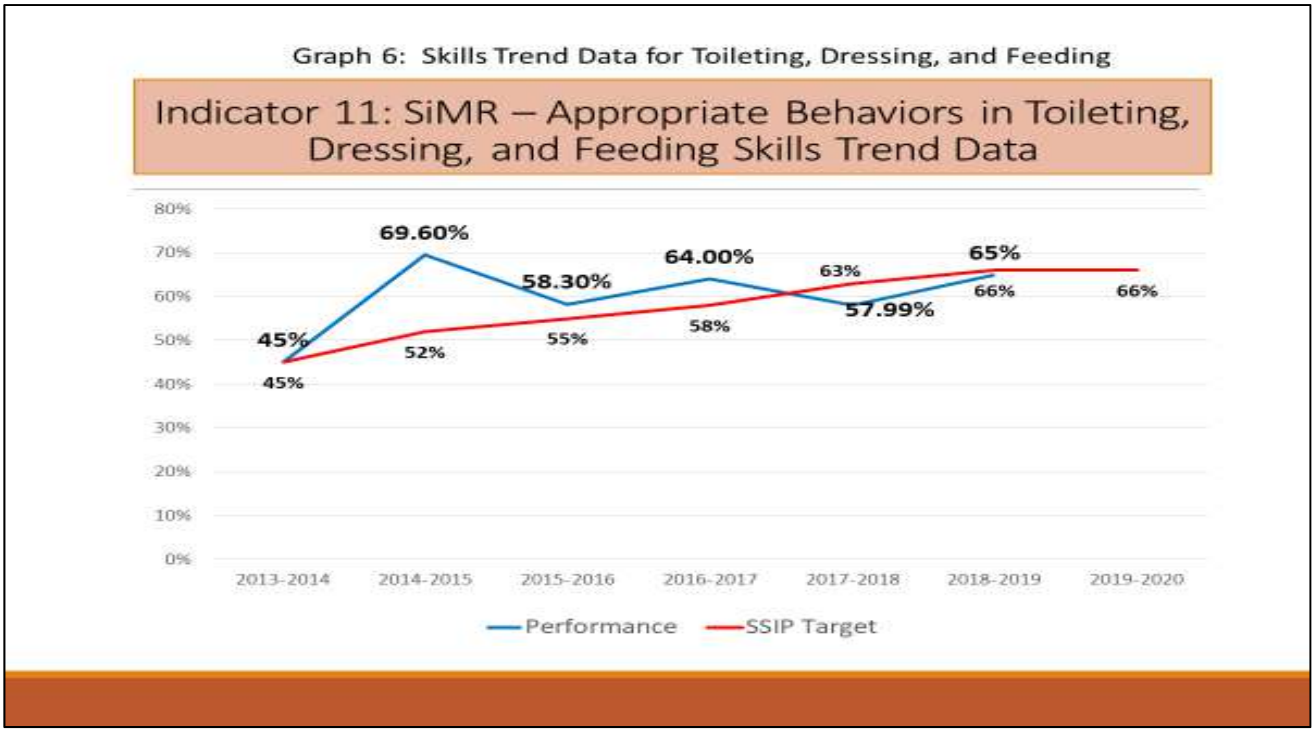
c. Baseline Data for Key Measures

The CNMI target for this reporting period is 66%. The CNMI performance is 65%. The CNMI did not meet its target for this Indicator, however, it is an improvement in performance from 57.99% for FFY 2017-2018. During the ICC meeting, stakeholders reviewed this data and compared the CNMIs performance from last year. There were a total of 56 infants and toddlers that exited the EI program for this reporting period that participated in the SiMR data.

At the ICC Quarterly Meeting held on November 14, 2019, the stakeholder set the following target for 2019-2020.

By June 2020, at least 66% of infants and toddlers who exit the early intervention program will have at least 80% of toileting, dressing, and feeding skills that are closer to their same age peers, as measured by the Child Self-Help Checklist.

Graph 6: Skills Trend Data for Toileting, Dressing, and Feeding



Child Self Help Skills Data: For this reporting period, there were 56 children measured for the SiMR data. The measurement tool used was the Child Self Help Checklist. It was developed to track and monitor skills in the Self Help Domain in the areas of toileting, dressing and feeding. Based on this checklist, there are a total of 14 skills in dressing, 27 skills in independent feeding, and 10 skills for toileting. All children continue to get assessed upon entry (when the child is at least 6 months old) and upon exit (or have at least 6 months of EI services.)

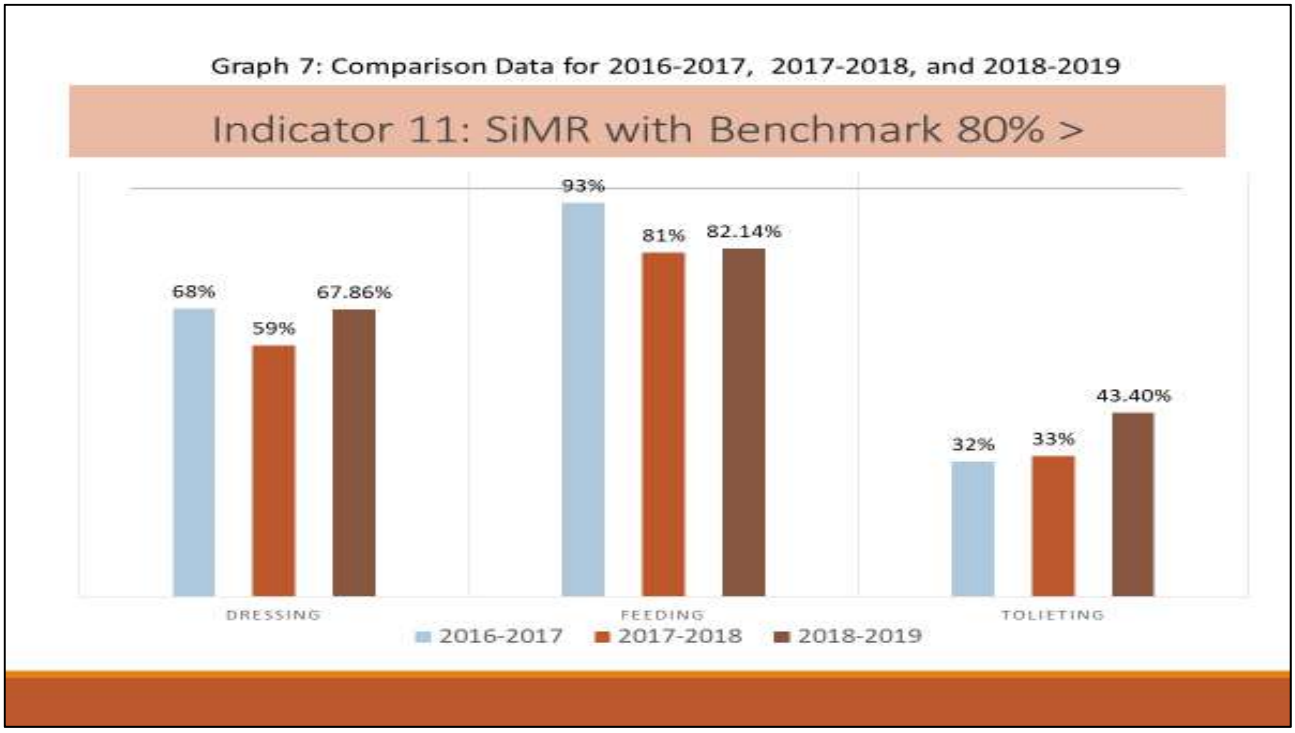
Data Analysis: SiMR data describes skills in the targeted areas that are based on an 80% benchmark of skills gained. Children that demonstrate skills, closer to their same age peers, or display skills above the 80% benchmark are identified as being "age appropriate." Graph 6 displays the following areas in Dressing, Feeding and Toileting.

Section C: Data on Implementation and Outcomes Phase III, Year 3

Dressing: Of the 56 children measured, 38 children or 67.86% demonstrated age appropriate skills in this target area. Data was further analyzed to show the percentage of children based on the percentage of gains made. There was 23% or 13 of the 56 children who made an 80-89% developmental gain, 13% or 7 out of the 56 children who made a 90-99% developmental gain, and 32% or 18 out of the 56 who made a 100% developmental gain. The total number of children that did not make at least 80% or more progress is 18 children or 32%.

Feeding: Of the 56 children measured, 46 children or 82.14% demonstrated age appropriate skills in this target area. Data was further analyzed to show the percentage of children based on the percentage of gains made. There was 14% of 8 of children who made an 80-89% developmental gains, 27% or 15 children made a 90-99% developmental gain, and 41% of 23 children who made a 100% developmental gain. The total number of children that did not make at least 80% or more progress is ten children or 18%.

Toileting: Of the 53 children measured, 23 children or 43.40% demonstrated age appropriate skills in this target area. There were 3 children of the 26 that existed for this reporting period that were not included in this measure because they exited the program under 18 months of age. Data was further analyzed to show the percentage of children based on the percentage of gains made. There was 9% or 5 of the 53 children who made an 80-89% developmental gain, 4% or 2 children who made a 90-99% developmental gain, and 28% or 15 of the 53 children who made a 100% developmental gain.



The total number of children that did not make at least 80% or more progress is 31 children or 58%.

As noted in Graph 7, there were an increase in performance in all area:

- For dressing, performance was at 67.86 an increase of 8.86% from last year's performance of 59%.
- For feeding, performance was at 82.14% a slight increase of 1.14 from last year at 81%.
- For dressing, performance was at 43.4% an increase of performance of 10.40% from last reporting period of 33%.

Section C: Data on Implementation and Outcomes Phase III, Year 3

Annual Family Surveys Data: With support from Guam CEDDERS, the SSIP Core team compared the past five years of the annual family survey data that is disseminated to families that are new, ongoing, and exiting. The surveys were disseminated to families on all 3 islands: Saipan, Tinian, and Rota. The CNMI has consistently met its targets for the past 5 reporting periods for Indicators:

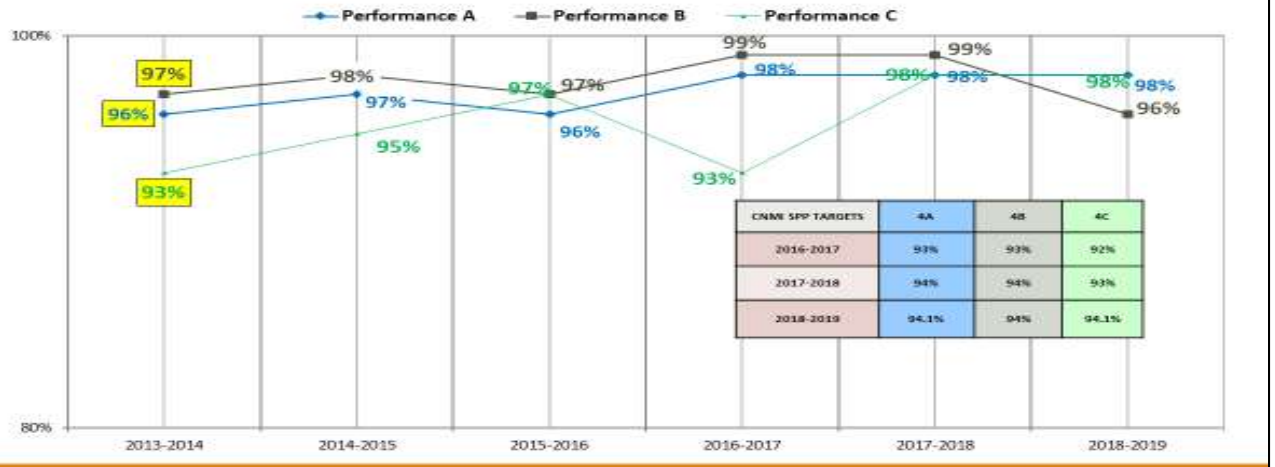
- 4a - families know their rights;
- 4b - families can effectively communicate their children's needs; and
- 4c - early intervention helps their children learn and grow.

The CNMI used a rating of Disagree, Not Sure, and Agree on the parent survey that was disseminated. Based on this survey, the EI program, with input from stakeholders, decided to focus on 4c; early intervention helps their children learn and grow, since this directly impacts progress towards achieving the SiMR as noted in the Graph 8.

The Annual Family Survey was distributed to 162 families. Of the 162 surveys distributed, 156 or 96% of families responded. Based on the survey results, 98% of families indicated that early intervention helps their child develop and learn.

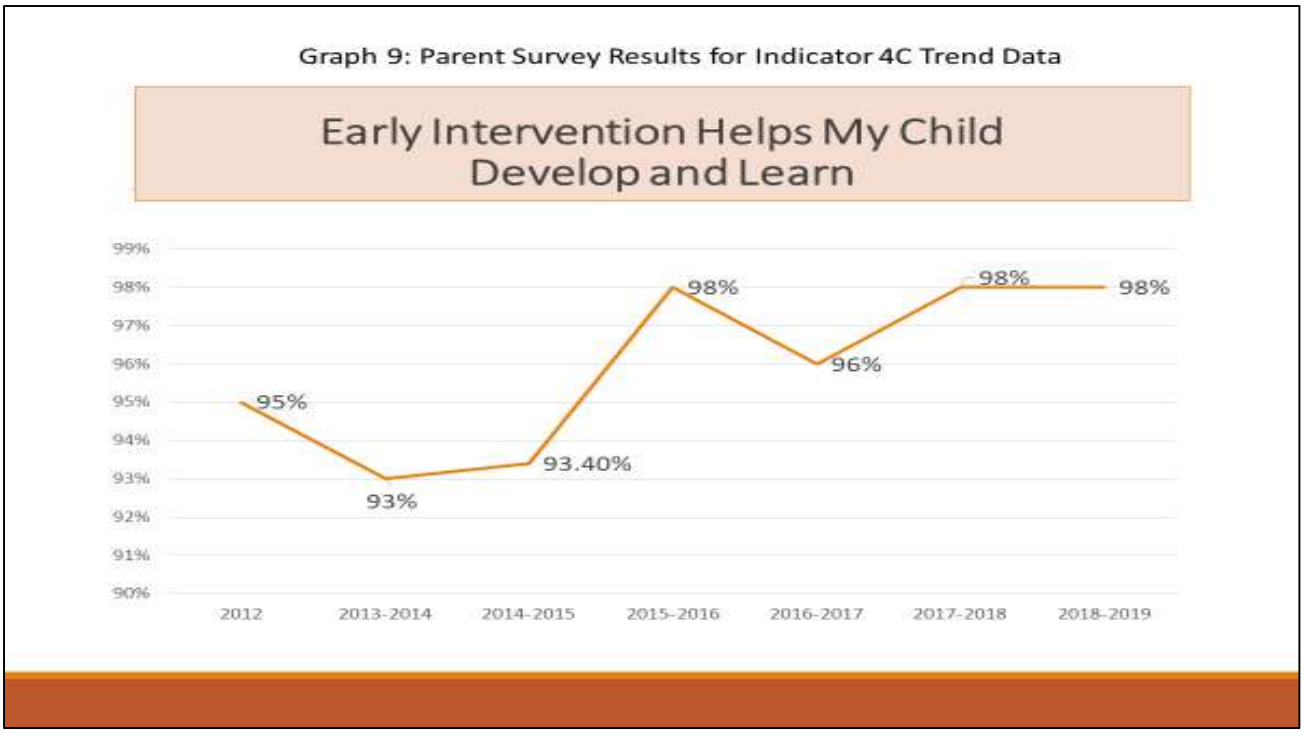
Graph 8: Trend Data for Indicator 4

Indicator 4: Family Outcomes: Percent of families participating in Part C who report that early intervention services have helped the family: A) Know their rights; b) Effectively communicate their need; and c) Help their children develop and learn.



Section C: Data on Implementation and Outcomes Phase III, Year 3

As indicated in the Graph 9, the Program continues to perform in the high 90s for the past six years. The FFY 2018-2019 data indicate that 98% of family's state that early intervention helps my child develop and learn. Providers continue to implement EBPs that are intentional and can enhance the parent's knowledge and skills. The EI program understands the correlation between providing positive supports through evidence based practices, in efforts to build family capacities.

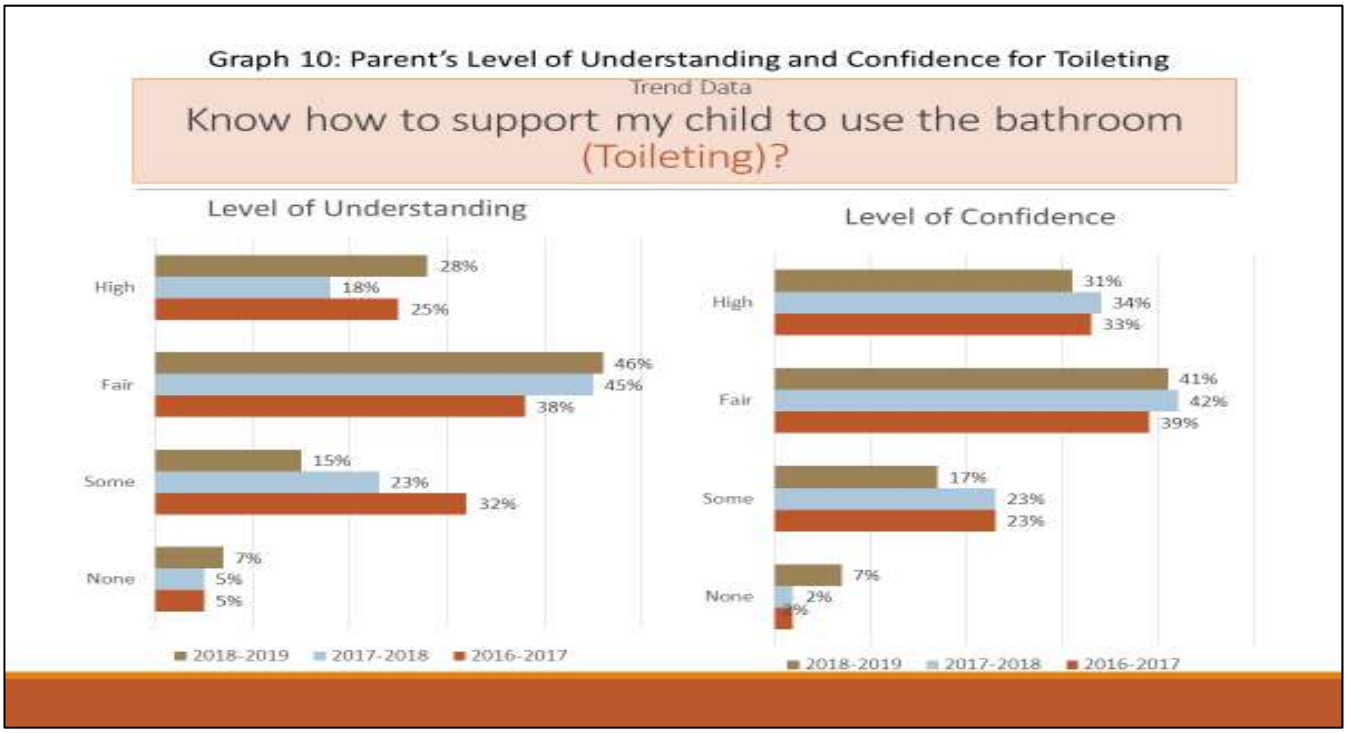


Parent Feedback Survey: In efforts to gain insight on family perception on self- help skills, specifically in the areas of toileting, dressing, and feeding, a Self-Help Family Survey was disseminated in November 2019. The purpose of the Self-Help Family Survey is to capture how families embed child independence and participation in their daily routine. The survey reflects statements in which parents may respond with Never, Sometimes, or Always. The survey asks questions that reflect parent perceptions regarding the targeted skills. The survey also provides the opportunity for families to rate their understanding and confidence with supporting their child's growth and independence. A rating of none, some, fair, and high were possible responses.

Section C: Data on Implementation and Outcomes Phase III, Year 4

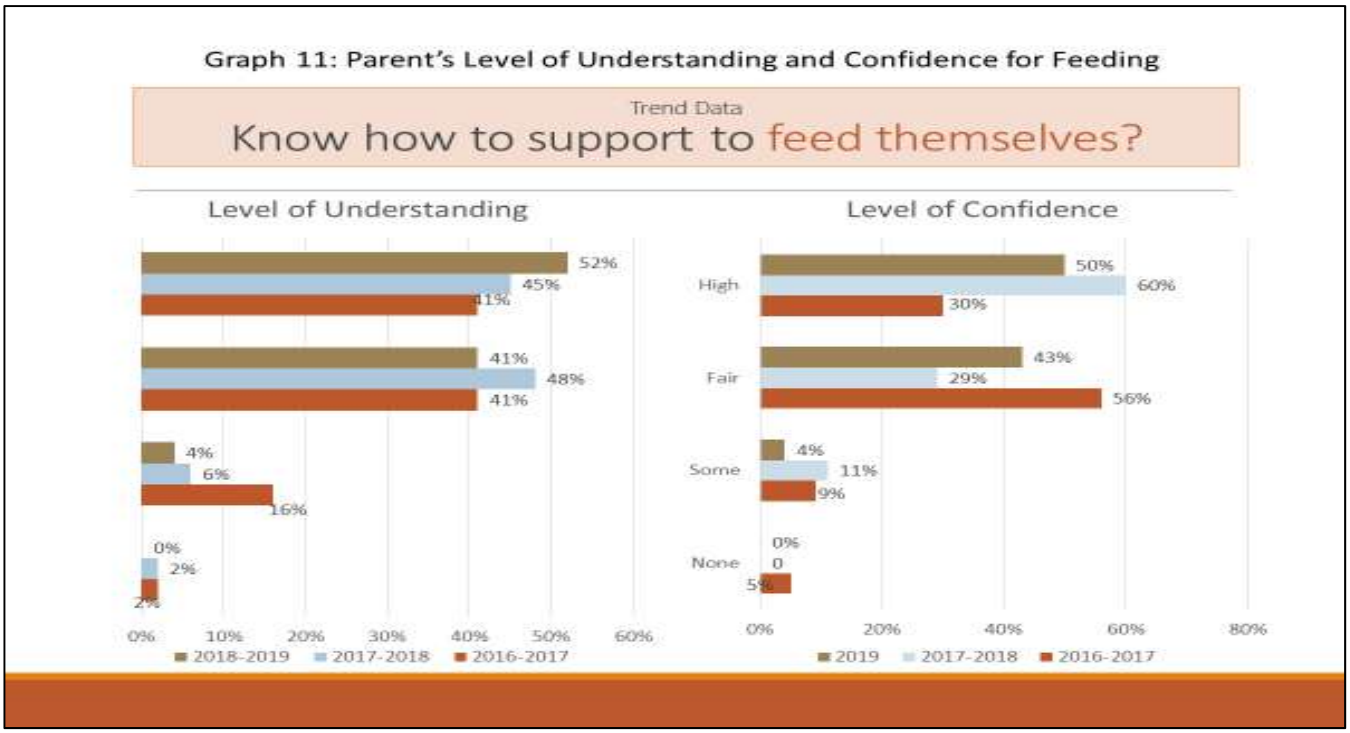
The survey was disseminated to 65 families. The EI Program received 65, a return rate of 100%. The following are survey results that identify families understanding and confidence levels in the three areas.

Toileting: For 2018-2019, when rating families "understanding" level on how to support their child to use the bathroom, 46% of families rated "fair" and 28% rated "high". This is higher performance of understanding compared to previous years. When rating families "confidence" level of how to support their child to us the bathroom, 41% of families rated "fair", and 31% rated "high" as shown on Graph 10. Overall, there was an increase in parent's confidence in how to support their child to use the bathroom of 72% (high and fair) compared to 2017 at 76%.



Section C: Data on Implementation and Outcomes Phase III, Year 4

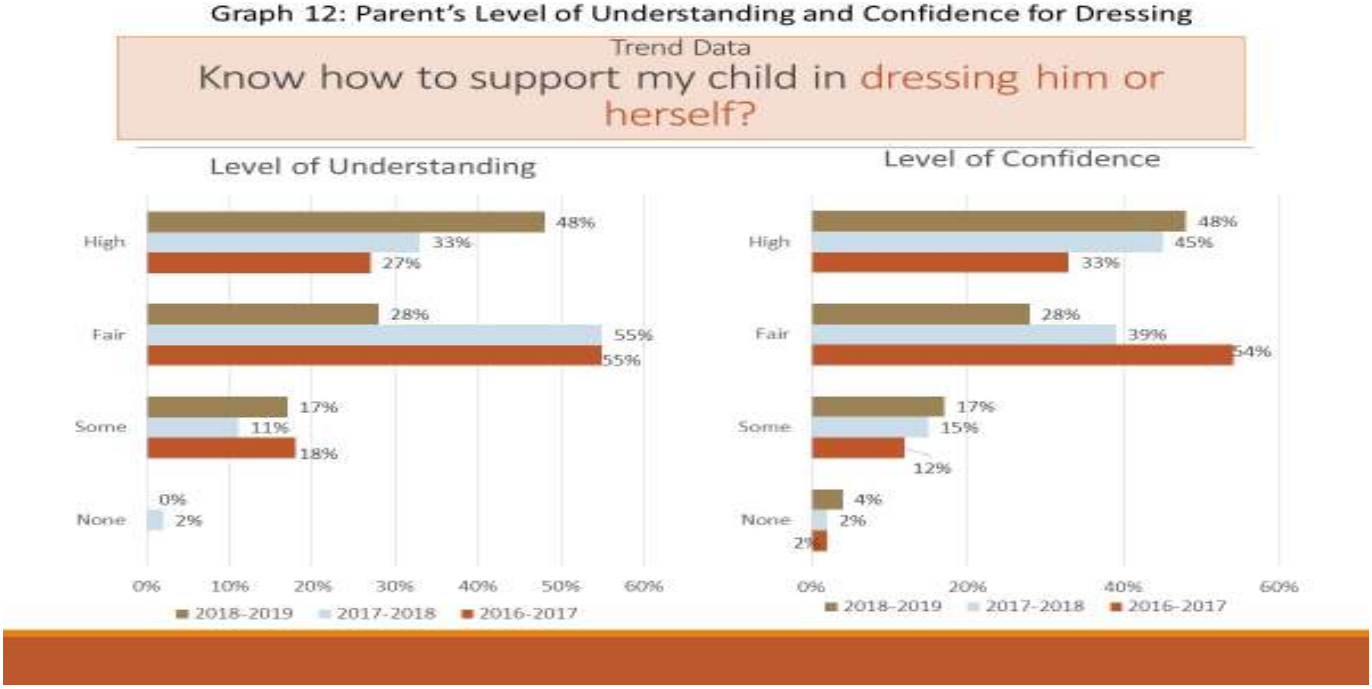
Feeding: For 2018-2019, when rating families "understanding" level on how to support their child to feed themselves, 41% of families rated "fair" and 52% rated "high." When rating families "confidence" level, 43% rated "fair" and 50% rated "high" as noted in Graph 11. Overall the parents' levels of understanding was at 93% (Fair and High) and levels of confidence was at 93% compared to 2017-2018 which was at 93% for level of understanding and 89% for level of confidence at fair or high.



Section C: Data on Implementation and Outcomes Phase III, Year 4

Dressing: When rating families "understanding" level on how to support their child to dress themselves, 28% of families rated "fair" and 48% rated "high." When rating families "confidence" level, 28% of families rated "fair" and 48% rated "high" as indicated in Graph 12. In comparison for 2017-2018, there was in increase in the level of understanding on how more parents can support their child in dressing with an 76% (Fair and High) from 76%. This is a decrease in levels of confidence in dressing from 88% (Fair and High) in 2017 to 76% in 2018.

Graph 12: Parent's Level of Understanding and Confidence for Dressing



EI Provider Training Needs Data:

Based on the 2019 EI "Self-Assessment" survey that was conducted in February 2019 to identify provider's strengths and needs. Similar to last reporting period, the self-assessment allows the providers to rank their competency levels in the nine following areas: 1) Applying the foundations of EI, 2) Understanding Child Development Progression and the Three Outcome Areas, 3) Evaluations and Authentic Assessment, 4) Conducting Routines Based Interviews, 5) Developing Functional Child and Family Outcomes, 6) Engaging Family and Caregivers in Ongoing Intervention, 7) Using a Primary Provider Approach, 8) Accomplishing the COS Process with Families, and 9) Evidenced-Based Practices (EBPs).

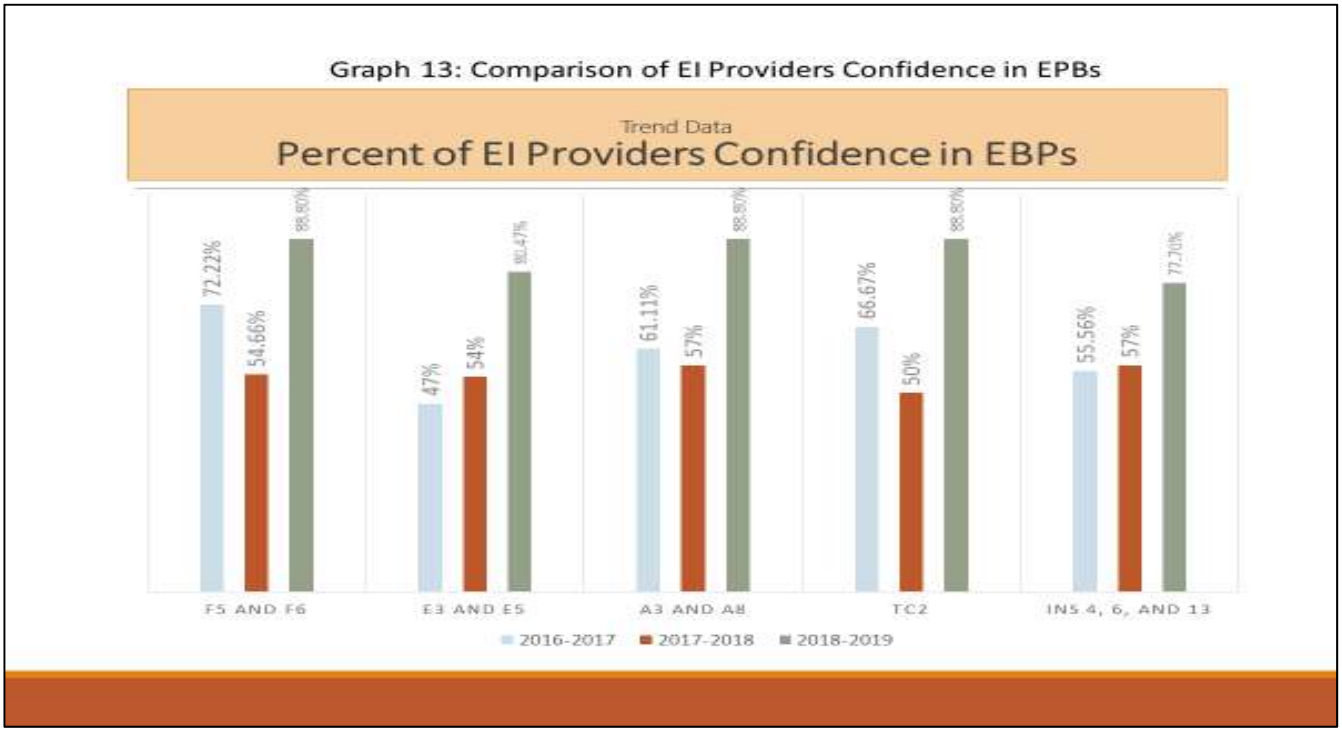
Furthermore, the EBPs identified in the survey includes strategies based on the Division of Early Childhood (DEC) recommended practices that are aligned with CNMI's Coherent Improvement Strategies discussed in Section A. With stakeholder input, CNMI identified 12 coherent strategies and identified 19 EBPs that aligns with the coherent strategies. As noted in Graph 14, the results from the Self-Assessment Survey were reviewed by the stakeholders and recommended that the program target Section 3 of the survey that identifies the level of Confidence have in implementing the evidenced based practices.

Section C: Data on Implementation and Outcomes Phase III, Year 4

The top three priority areas of need are as follows:

- Priority 1: Instructional Strategies (INS) 4, 6, & 13
- Priority 2: Environment Strategies (E) 3 & 5
- Priority 3: Assessment Strategies (A) 3 & 8

The confidence levels of providers were higher in 2018- 2019 in all 5 EBP components. Stakeholders correlate that the increase in provider confidence levels is a direct result of the professional development opportunities that were made available. From the onset of SSIP, the CNMI Early Intervention providers and staff have played a major role in identifying program strengths and needs. Their input led to the development of the Theory of Action, the Implementation Plan, the SiMR, the development of the Coherent Improvement Strategies, the Evaluation Matrix, and all the activities required to address toileting, dressing, and feeding in young children. The CNMI EI providers and staff are the key components to why progress is being made. Because of their active participation with the SSIP, many changes had to occur; professionally and programmatic wise, to reflect best practice. Providers and staff identified their strengths and needs and continue to undergo targeted professional development to better their skills by incorporating EBPs. They are better equipped when interacting with families. They are knowledgeable with overall child development. They are committed. They share the same goal as the Early Intervention program and as a result, continue to put families first so that when children turn 3 years old, they are ready for the next steps in life!



Section C: Data on Implementation and Outcomes Phase III, Year 4

d. Data Collection Procedures

The EI program continues to implement the Self-Help Data System (SHDS). The mechanism in place provides the program with a systematic approach to collect, track and monitor self- help skills of infants and toddlers enrolled in the EI Program. The EI program continues to work closely with Guam CEDDERS to ensure that this process provides accurate child data. The data collected is used for program improvement for child outcome on self-help skills and help support CNMI's State Identified Measurable Result (SiMR).

The data sources are the Self-Help Monitoring Checklist and the Hawaii Early Learning Profiles (HELP) Chart conducted for all infants and toddlers enrolled in EI Program who fall under Early Child Outcomes (ECO) A, B, C and D.

The Self-Help Checklist process includes the EI providers and the Data Manager. Upon completion of the Self-Help Checklist, the providers submit it to the Data Manager who then reviews the Checklist prior to inputting the data into the SHDS. The Data Manager inputs data into the SHDS that is located at the EI Office. The Data Manager summarizes and reports data to EI Providers. The SHDS is maintained and updated by the Data Manager.

e. Data Management and Analysis Procedures

The SHDS has procedures for EI providers to track and monitor progress of individual children towards improvement in toileting dressing and feeding. Should a child not show progress, based on the procedures in the TOI framework, the IFSP Team will review and, if needed, make changes to increase the levels of support to help child and family engage in strategies that will increase the child's performance in self-help skills. Progress monitoring will be reviewed at two levels. The first level, is child specific progress based on the achieved goals on the IFSP during periodic reviews of data collection using the Self-Help Checklist. The second level is part of CNMI's Continuous Quality Improvement Process and at the Provider Level through data reports that will be monitored monthly.

2 CNMI's Progress and Modifications to the SSIP

The CNMI continues to implement SSIP activities and with stakeholder input includes a status update in Section B and on the SSIP Implementation Action Plan as of December 2019. Besides the status update, there were no changes to the implementation plan.

The SSIP Evaluation Plan is aligned to the Performance Indicators identified in the Evaluation Worksheet Matrix. Stakeholders expressed positive feedback towards all the hard work that has been done within the last year in efforts to address the SiMR. Stakeholders recommended that 5 additional activities be added to the implementation action plan as noted in Section B and adjusted the timelines as appropriate.

a. CNMI's review of Key Data and Progress Towards the SiMR

The SSIP Core Team reviewed the intent of Part C as per the IDEA regulation that recognized "an urgent and substantial need" to enhance the development of infants and toddlers with disabilities and to enhance the capacity of families to meet their child's needs. Discussion centered on the belief that the family is the child's first and best teacher and it is through the supports provided to the family that enriches their capacity to meet the needs of their child.

Section C: Data on Implementation and Outcomes Phase III, Year 4

The stakeholders recognize the need to ensure early childhood coaching practices are used to fidelity. With the CaseTool being implemented in conjunction with the Coaching Fidelity Checklist, stakeholders are confident that families are receiving appropriate services. The EI program will continue to provide the additional supports and resources needed to assist providers to continue to use the EBPs in early childhood coaching to sustain good practices. The program will continue to provide peer-to-peer support and reflective coaching sessions to assist providers as needed. In addition, stakeholders support the implementation of the LATTE Coaching Plan, on Section B. The LATTE Coaching Plan infographic depicts how the service providers will intentionally use the early childhood coaching strategies.

With support from Guam CEDDERS, the SSIP Core Team continues to review key data that reflect child progress, family understanding and confidences, and provider competencies. The Core team felt that key data from the child, parents, and providers will support progress towards achieving intended improvements to infrastructure and the SiMR.

Quantitative and Qualitative Key Data:

Child Progress:

- Child Self Help Data
- ECO 3C SS1

Family Progress:

- Parent Self Help Feed Back Survey
- Indicator 4c: Early Intervention helps their children learn and grow
- Parent Night Surveys

Provider Progress:

- CaseTool Observations
- Early Intervention Needs Assessment
- Coaching Fidelity Checklist

As indicated in Figure 4, the EI Implementation Science Framework is focused on the SiMR. Depicted in the center is the impact of the **CHILD** that is supported and nurtured by the **FAMILY.** The family is then coached on EBPs by the **EI PROVIDERS** in assisting families to support their child's self- help skills in toileting, dressing, and feeding independently. The EI Program utilizes the Implementation Science drivers as a mechanism to implement EBPs to the fidelity of the model and monitor progress toward the SiMR.

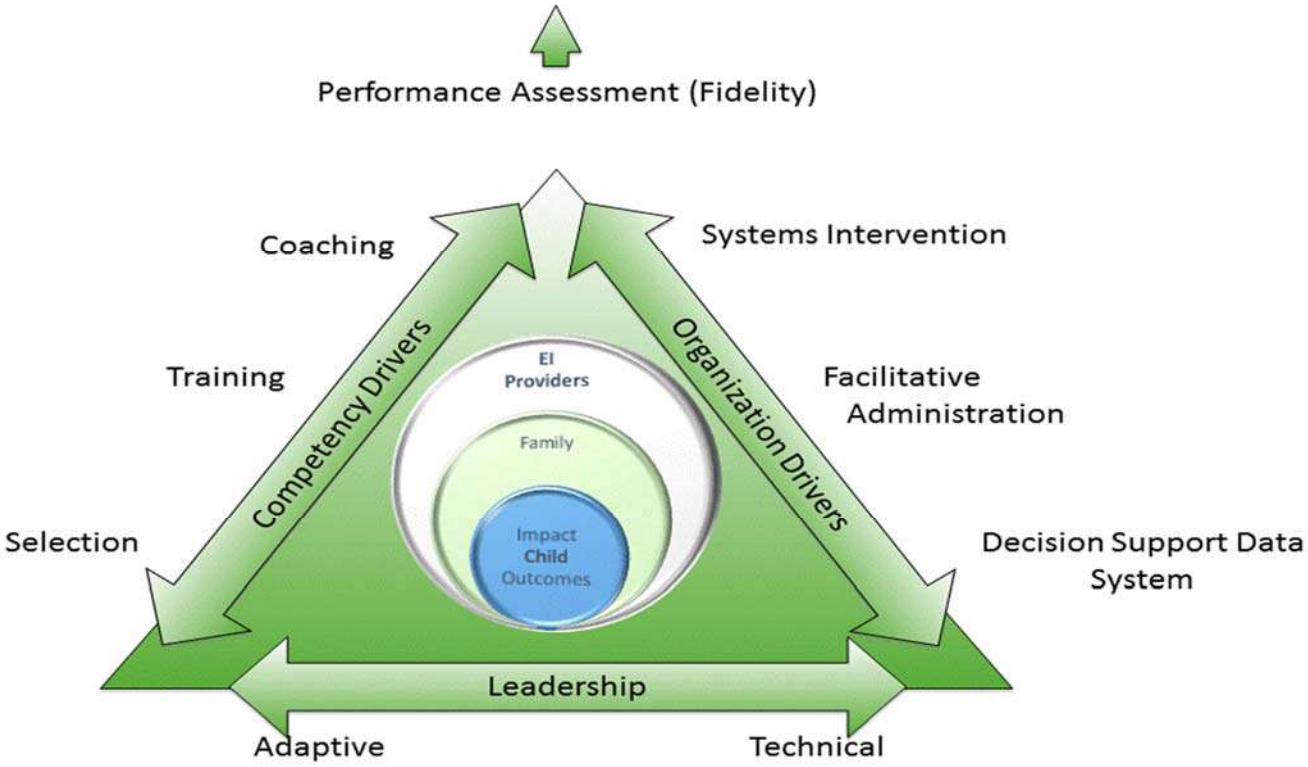
As shown in the research specifically with implementation science, EI program continues to fully implement Coaching during home visits with parents and child care providers. Providers are observed to ensure EBPs are implemented to fidelity. In December 2019, with the support from Guam CEDDERS, peer-to-peer coaching opportunities between providers from the CNMI and Guam occurred. CNMI early intervention providers had the opportunity to share concerns with coaching in a childcare setting. Both Team agreed to have further webinars to discuss a process for doing coaching within a childcare setting. Because of the geographic location, both the CNMI and Guam agree to use the resources available to enhance provider competencies. This opportunity ensures that the early childhood coaching model is being implemented to fidelity with the support provided by Guam CEDDERS.

Section C: Data on Implementation and Outcomes Phase III, Year 4

Promoting Collaboration within the Islands

Throughout the implementation of the Early Childhood Coaching model, the organizational drivers are essential in making sure the resources and supports are readily available. The focus of the Program is to ensure the alignment of the policies, practices, and processes are in place to support the coaching model.

Figure 4: EI Implementation Science Framework



The Program is at full implementation and is working diligently to ensure the effectiveness and sustainability of the model. In the organizational driver, the Program continues to use and values the CQI process as critical supports in the SSIP and the SiMR. Part of the CQI process provides intentional changes of behavior that is driven by ongoing data collection to make changes toward achieving the Aim Statement identified by the CQI Team. These monthly CQI meetings monitor the SiMR at the Provider Level using data and making adjustment to the EBPs and/or procedures as needed and decisions are based on data to support it. The changes in behaviors are evident in the data that is collected as part of the CQI Action Plans. In addition, stakeholders have indicated how impressed they are at how the Program uses CQI Process. At the Program level, with quarterly reports on progress to date and making any administrative adjustment to support the SSIP or SiMR is done. At the State Level in which the PSS Leadership Team continues to monitor bi- annually the progress to date using the

Section C: Data on Implementation and Outcomes Phase III, Year 4

Evaluation Worksheet Matrix: The Office of Accountability, Research, and Monitoring reviewed the 2018-2019 Evaluation Worksheet Matrix in Table 3 and evidence binders to verify the rating for each performance indicator. CNMI continues monitor the progress and to ensure the program is moving toward achieving the long-term outcomes. But most importantly, are the leadership's vision, passion, and commitment in using both adaptive and technical processes to keep focus on achieving positive child outcomes.

b. Evidence of Change to Baseline Data for Key Measures

After review of key baseline data, stakeholders agreed that there were no major changes needed. The Program is striving to ensure all providers are confident in implementing early childhood coaching and EBPs. In order to fully understand how to assist families to gain the skills needed to help their child progress in toileting, dressing, and feeding, it is important to gather and analyze data that reflect a family's present levels of understanding and competencies. The Core Team felt that families would benefit if providers knew how to support families. Starting off with the child's interest and reinforcing their skills throughout the day will enhance the child's learning especially in the area of toileting, dressing, and feeding.

c. CNMI's Data Support Changes Made to Implementation and Improvement Strategies

Based on stakeholder discussion, it was agreed upon that 5 additional activities be added to the implementation and Improvement Plan Strategies.

d. CNMI's Data Informs Next Steps in the SSIP Implementation

Key data that is collected, as indicated in Progress to Date, provides the EI Program with substantial information that addresses possible solutions to barriers that may arise. Some of the anticipated barriers and possible solutions will be identified and explained in greater detail in section E.

e. CNMI's Data Supports Planned Modifications

Data continues to be collected and monitored in the three areas (child progress, family understanding and confidence, and provider competencies) that are crucial to supporting the implementation of the SSIP and progress towards the SiMR. Data continues to be the lead source that drives stakeholders to making the necessary modifications so that EI providers are provided with the targeted professional development to gain the competencies needed to coach families. When providers implement EBPs, families will gain understanding and confidence to provide optimal natural learning opportunities for their child to make gains.

Section C: Data on Implementation and Outcomes Phase III, Year 4

3 Stakeholder involvement in the SSIP evaluation

a. CNMI's Stakeholders are Informed, Have a Voice, and are Involved in the Ongoing Evaluation of the SSIP

The Core team has been involved from the initial stages of SSIP. The Core team has been and continues to collect, analyze, and make informed decisions so that the SiMR is addressed. The Core team stays informed about the SSIP through scheduled meetings, specifically to discuss progress of the activities from the Coherent Improvement Strategies. It is important to note that the Core team not only is informed of the ongoing evaluation of the SSIP, the Core team is an active participant in all the anticipated activities. The Core Team's role in the implementation of the SSIP is evident from the development of all Standard Operating Procedures, participation of targeted professional development opportunities, their role in the CQI process, and the development of mechanisms that address program collaboration.

The Core team continues to work with Guam CEDDERS to review, prepare, and disseminate updates for the Interagency Coordinating Council (ICC) and the Board of Education.

The ICC continues to meet quarterly to discuss progress on the ongoing evaluation of the SSIP. In the November 2019, the ICC was provided with the latest SSIP progress. The ICC was informed about the progress to the implementation plan. The ICC reiterated the importance of collaboration among all child serving agencies. Members of the ICC also made clear that professional development opportunities be offered to all child serving agencies, in order to bring awareness on the SiMR. The ICC also reviewed the evaluation plan and provided input on its progress. The ICC commended the Core Team for working diligently towards the implementation of the SSIP activities

Section D: Data Quality Issues Phase III, Year 4

1. Data limitations that Affected Reports of Progress in Implementing the SSIP

a. CNMI's Concerns or Limitations and Implications on Data Quality or Quantity

The CNMI Early Intervention Program is on Year 4 of implementation. The SSIP Core Team is committed to aligning policies, practices, and activities to support the CHILD, FAMILY, and PROVIDERS so that progress is made to the SiMR. The program continues to ensure that standard operating procedures are in place to ensure child growth, family competencies, and provider accountability. The Toileting Coaching Plan being implemented focuses on the child's present skills levels. It provides a plan of action with evidence based strategies for families to clearly know what to expect and how to provide daily opportunities to maximize their child's abilities. The Toileting Coaching Plan is the tool used for providers to asses, monitor, and track progress. The Tier of Intervention directly impacts the services that the child and family receive. It is based on child data and on family priorities. It is the pathway used by all providers so that toileting, dressing, and feeding skills are addressed to meet the unique need of each child. The program is at full implementation of the LATTE Coaching Plan that is embedded within home visits. It is the mechanism in place so that the child receives targeted home visit activities that are purposeful and intentional. The LATTE Coaching Plan is the communication tool between the family and provider to document progress and skills on functional goals. In addition, the program continues ensure that EBPs are being implemented though provider observations using the CaseTool and Coaching Fidelity Checklist. In efforts to ensure that home visits are purposeful and EBPs are implemented to fidelity, the program has a system in place to track, monitor, and assess peer to peer coaching in action. The fidelity tools are the programs validation that supports sustainability and accountability. Data is collected and monitored electronically in Self Help and TOI Data Systems. Revisions to the system are updated as needed. In order to ensure program accountability and sustainability, the Continuous Quality Improvement Team meets on a regular basis to relook data and make the necessary changes to support the implementation of all activities.

Stakeholders agree that the CNMI Early Intervention Program is in full implementation with all SSIP activities. The program will continue to align policies and procedures to ensure accountability and sustainability.

Stakeholders continue to focus on the three critical areas:

Child

Limitations: In efforts to show child progress, stakeholders agreed that the frequency of services, based on the child's IFSP should be provided in a timely manner. Consistency is key to ensuring that targeted skills are addressed and met.

Section D: Data Quality Issues Phase III, Year 4

Implications: EI Providers are tasked to meet each child's needs, analyze the child progress, and make the necessary adjustments to the child's TOI, when necessary. EI providers, along with families, will have the opportunity to re-determine the level of support needed, assess whether assistive technology devices are needed, and address specific EBPs so that child progress is achieved.

Progress on Data Quality: The CQI Team has developed an AIM to decrease the number of missed visits that will result in maximizing the number of home visits identified in the IFSP. The CQI Team clearly defined a "Waived Visit" is when the child is not physically in the CNMI. After having a clear and consistent definition of a Waived Visit, the CQI Team discussed strategies to increase the frequency of timely services. The EI program has in place a Policy and Procedure for the Child Self Help Skills Data System. As part of the IFSP periodic review process, child progress in the target areas, are continuously being tracked and monitored. The IFSP team are able to make the necessary changes, if needed, to the TOI. Upon the child's 3rd birthday, the data system provides a systematic approach to produce the SiMR results.

Family

Limitations: Stakeholders agreed that families play an important role with helping their child grow and develop. Typically, families seek for services and supports due to valid concerns about their child's communication or motor skills. Upon the initial developmental evaluation, families are encouraged to look at other areas of development. It is at this time when family's realize their child's expectations in other areas of development; toileting, dressing, and feeding, Based on family perception data that is collected, many times parents are not aware of or feel that their child is not ready to become more independent in these areas. Therefore, families do not prioritize these skills. The TCP and TOI provide families with the support needed to help their child gain independence in these areas. EI providers are then tasked to communicate with families during home visits to identify their levels of understanding and confidence in addressing their child's needs.

Implications: The Core Team continues to collect family perception data, along with the TCP and TOI so that families are provided the supports needed. EI Providers continue to use early childhood coaching techniques strategies to support families in building awareness and addressing the importance of self-help skills, specifically in the area of toileting.

The CQI Team met and added an additional AIM to address the TOI. Based on stakeholder input, the TOI needed clarification and as a result, the additional AIM is to identify, monitor, and track the Types of Support of the TOI. The CQI Team felt that it was necessary to further identify the types of supports that are provided to families to ensure that the TOI accurately meets the family's needs. After a thorough discussion, the CQI Team identified types of supports to include:

1. Routines Based Intervention
2. Visual Aides with Steps
3. Assistive Technology
4. Specialized Therapeutic Techniques
5. Medical Supports

Section D: Data Quality Issues Phase III, Year 4

Progress on Data Quality: By collecting, monitoring, and tracking the additional TOI data, the EI program continues to work towards building family competencies, specifically in the area of toileting. Service providers continue to implement EBPs successfully so that children and families are gaining the intended skills.

EI Provider:
Limitations: The EI program currently has the mechanisms in place to collect, track, and analyze provider CaseTool and Coaching Fidelity Checklist through provider observations to ensure the implementation of EBPs. Peer to peer coaching is used to provide support to service providers after each observation. Service providers are given the opportunity to review and discuss data results. The EI Program uses this data to develop professional development opportunities to enhance provider competency levels.

Implications: The data gathered and tracked will allow providers to identify their area of need and make the necessary changes that reflect positive learning experiences for both the child and the caregiver during home visits. In addition, this will support monitoring the implementation of the Early Childhood Coaching model to fidelity.

Progress on Data Quality: The EI program has identified the areas of need to address provider competencies and the implementation of EBPs to fidelity. CaseTool and Coaching data was analyzed by provider to depict the individual areas of need and targeted professional development to address the concerns. Upon completing the CaseTool observation checklist, the data gathered by the Program Director are inputted into an Excel CaseTool data report. This information is aggregated and analyzed with support from Guam CEDDERS and reported to the Stakeholders.

b. CNMI's Plans for Improving Data Quality

Based on the Self -Help Data System, the Data Manager provides monthly data reports on the number of Self-Help Checklist completed for children existing the program.

Every 1st week of the month (*5th day of the month*), the Data Manager provides the Primary Service Provider (PSP) and Service Coordinators a Monthly Roster of children they are required to serve for the month. The Monthly Roster consists of the following: child's id #; name of Service Coordinator; # of required visits for the month; # of actual visits performed (*compiled when all contact notes are submitted and collected, contact notes are due every 4th day of the month*); due dates of upcoming periodic and annual reviews; due date reminders for Early Childhood Outcomes (ECO) measurements (*entry and exit*); reminders for self-help entry/exit data (*when needed*); other notes and reminders; parent names and contact information; PSP total # of children served for the month, and performance percentage for the month. PSP Monthly Rosters are entered into database and saved electronically, copied and filed into staff binders for the Director's review.

Consideration #1: Providing monthly communication and training to ensure data quality

Strategies to Implement Consideration #1: The Data Manager facilitates and provides monthly Data Reports to EI providers and if needed, will discuss any data anomalies or data issues. The Data Manager will then develop a plan to address the issues identified. In addition, the Data

Section D: Data Quality Issues Phase III, Year 4

Manager will update the standard operating procedures reflecting agreed upon changes. Every 1st week of the month, the Data Manager provides the monthly IFSP roster to each EI Staff with a listing of their cases that will be exiting the program and that need a Self Help Checklist and ECO measurement to be completed. The Data Manager also provides immediate feedback to each staff if data is missing or any data anomalies are present.

Considerations #2: Ensuring that individuals that handle the data understand and protect confidentiality.

Strategies to Implement Consideration #2: Individuals handling the data on the computer or any hard copy files with the child's information will sign a "Confidentiality Statement" that explains that by signing the statement, the individual has an obligation to protect the confidentiality of the child's information and any other information acquired through meetings. Individual may not disclose information without the written consent of both the EI Program and the child's legal guardian. As part of the Professional Development on the Standard Operating Procedures that occurred in August 2018, all staff were required to sign the CNMI Public School System (PSS) Confidentiality Agreement. The signed confidentiality agreement forms are then kept in a locked file cabinet. New staff, employees, interns or anyone that has access to the files of the children enrolled in the CNMI Early Intervention are required to read, sign, and date the CNMI PSS Confidentiality Agreement.

Section E: Progress Towards Achieving Intended Improvement Phase III, Year 4

1. Assessment of progress toward achieving intended improvements

a. CNMI's Infrastructure Changes to Support SSIP Initiatives,

The PSS continues to implement the current initiatives and other early childhood initiatives to provide support for young children, including infants and toddlers with disabilities and their families. The EI Implementation Science Framework is focused on the SiMR as shown in Section C – Figure 4. The center of this framework focuses on the impact of the **Child** and the supports by the **Family**. The family is then coached on Evidence-Based Practices (EBPs) by the **Early Intervention (EI) Providers** in assisting families to supporting their child's self-help skills in toileting, dressing, and feeding independently. The EI Program utilizes the Implementation Science drivers as a mechanism to implement EBPs to fidelity of the model and monitor progress toward the SiMR. How the Program has been working towards ensuring fidelity was by reviewing trend data from the last 3 years using the results of the CaseTools implemented during home visit observations. The EI Director also began implementation of the Coaching Fidelity Checklist to ensure quality practices are being provided. The EI Director, through Peer to Peer coaching, shared what types of supports are needed for service providers to implement all EBPs identified during provider observations. During this discussion, stakeholders agreed to continue the monthly peer-to-peer mentoring with each provider and continue to provide reflective coaching sessions to reinforce applied practice of coaching through case reviews. The EI Program is committed to provide additional supports to service providers and monitor, more intentionally, the use of EBPs during home visits that will result in increased of positive child outcomes.

The CNMI is at full implementation and will abandon if needed, modify, and/or adapt strategies that document small steps to change based on progress made toward moving closer to achieving our SiMR. The EI Program continues to use the Tiers of Intervention (TOI), EBPs, and the Continuous Quality Improvement (CQI) process to ensure that supports and resources are available for the next steps. Based on the CQI Meetings that have occurred over the past year, providers will continue to implement the Toileting Coaching Plan (TCP) with families. The TCP reflects the TOI and is designed to provide direct intervention and active dissemination of information and strategies, allowing the child to be ready for their next setting.

b. CNMI's Evidence that SSIP's EBPs are Implemented

As shown in the research, specifically with Implementation Science, the EI Program continues to diligently work in partnership with stakeholders to implement the Early Childhood Coaching evidenced-based model. The CNMI has adopted the Coaching Model from Dr. M'Lisa Shelden and Dr. Dathan Rush, experts in the area of Early Childhood Coaching. To ensure the EI Program is implementing the Early Childhood Coaching Model to fidelity, on-going professional development training continues. Coaches and Coachees implement coaching during home visitation services with families and child care providers.

Throughout 2019, the Program continues the training on "*Ongoing Support for Coaching & Natural Learning Environment Practices*". These training sessions are intentionally designed for service providers, including Service Coordinators, to expand and increase their levels of competencies in providing early childhood coaching.

Section E: Progress Towards Achieving Intended Improvement Phase III, Year 4

The CNMI EI Program is working in collaboration with the Guam Early Intervention System, with support from Guam CEDDERS, to build provider competencies on coaching practices. As a result, providers from both programs will be able to observe each other coaching families in action. This opportunity will allow providers to learn about new coaching strategies and techniques, discuss challenges, and identify solutions to barriers that may arise. In addition, both groups of providers felt that it is important to access and build on local resources as a way to improve the quality of early intervention services in the islands. The Early Intervention program stakeholders agree to continue the use of the LATTE Coaching Plan so that all families will be provided EBPs that is consistent with all providers and families.

In 2019, the Early Intervention program trained all providers on training on peer-to-peer coaching sessions among providers. With support from Guam CEDDERS, providers will continue to reflect and develop specific coaching plans based on observations with a peer and in using the CaseTool: *Everyday Learning Opportunity Checklist*, in conjunction with the *Coaching Fidelity Checklist*. The intent is to implement early childhood coaching to the fidelity by aligning the coaching practices identified in the CaseTool and the Fidelity Checklist during home visits. These applied practice sessions will provide individual supports for each provider to continue to enhance their coaching skills.

c. CNMI's Outcomes Toward Short-Term and Long-Term Objectives

Stakeholders participated in a process for reviewing the short and long term outcomes (that are listed in the logic model). The Core team discussed and listed the progress to date for each outcome, and the necessary steps toward achieving the SiMR. Table 4 highlights the progress to date and proposed next steps.

Table 4: Progress to Date on Short and Long Term objectives

Coherent Improvement Strategy: Governance **G.1:** To develop, implement, and train EI/ EC providers and parents on standard operating procedures (SOP) to support Tiers of Intervention *(TOI)* **G.2:** Develop and implement policies and standard operating procedures for monitoring and assessing child and family progress including providing technical assistance, if needed.		
Outcomes	Progress To Date	Next Steps
<u>Short Term Outcomes</u>: • EI/EC providers will acquire the knowledge and skills sets for implementing the TOI. • EI/EC administrators and providers will acquire knowledge of the Standard Operating Procedures (SOP) for monitoring and assessing children's progress in all developmental domains including self-help skills in toileting, dressing, and feeding.	• Trained on the TOI and identified types of level of support available and is embedded into the IFSP Process and captured in the CNMI Monthly Self-Help Outcome Checklist Data Summary Report • On-going PD on Standard Operating Procedures to new and	• Focus on the quality of home visitation services • Ensure that EBPs are being delivered using data collected from the CaseTool and the *CNMI Coaching Fidelity Checklist*

Section E: Progress Towards Achieving Intended Improvement Phase III, Year 4

	on-going staff to ensure continuity and is inclusive of the LATTE and TOI.	
Long Term Outcomes: • EI/EC providers will implement the TOI with fidelity. • EI/EC providers will demonstrate and document the SOP progress monitoring effectively.	• Monitor the types of services provided through the IFSP periodic review and document if any changes are needed based on the child's progress.	• Continue to track and monitor self-help skills • Providers will use child data to implement specific EBPs to fidelity

Coherent Improvement Strategy: Professional Development (PD)
PD. 2.1. Conduct needs assessment to identify training needs inclusive of self-help (SH) development.
PD. 2.2. Identify, align, and train EI/EC providers on evidenced based practices (EBPs) to enhance the overall development of young children including SH skills.
PD. 2.3. Provide training for parents and EI/EC providers on coaching and mentoring strategies in implementing EBP to support child and family interactions.

Outcomes	Progress to Date	Next Steps
Short Term Outcomes: • EI/EC administrators and providers will know and prioritize the needs of families that will support and assist in improving their child's overall development including self-help skills. • EI/EC providers will have increased knowledge and skills on EBPs. • Parents and EI/EC providers will have increased knowledge and skills on child development including self-help skills development at each TOI.	• Coaching is implemented during the IFSP process & during home visits • Coaching is implemented during the delivery of services • Implementation of Peer to Peer Coaching Observation • Development & implementation of LATTE Coaching Plan • Conducted PD on o Age anchoring o Early childhood outcomes o Child Self Help Skills o TOI o LATTE	• Continue peer to peer feedback to identify provider areas of strength and needs. • Train EI providers to be Café Hosts

Section E: Progress Towards Achieving Intended Improvement Phase III, Year 4

Long Term Outcomes: • EI/EC providers and families will demonstrate skills and competencies in implementing EBPs that enhances their child's overall development including self- help skills with fidelity. • Families will have higher expectations and skills sets to support their child's development. • Families with support of the EI/EC providers will implement focused and targeted interventions to maximize performance in self-help skills.	• IFSP goals reflect family concerns and are developed based on the child's interests and routines • Families are provided with CDC's developmental milestone resources • Parent Night and Village Playtime opportunities that promote parent confidence and competence levels.	• Continue the use of provider observations • Focus on the quality of home visitation services • Ensure that the 5 components of coaching are being implemented • Conduct first Parent Café

Section E: Progress Towards Achieving Intended Improvement Phase III, Year 4

Coherent Improvement Strategy: Accountability and Monitoring/Technical Assistance (INS4, INS6, INS13, A3, A8)
AM. 3.1 Develop, train, and implement a Continuous Quality Improvement (CQI) process to support program improvement.
AM. 3.2 Develop and implement data tracking to monitor progress for child, family, and providers.

Outcomes	Progress to Date	Next Steps
<u>Short Term Outcomes:</u> • EI/EC administrators, providers and families will have the knowledge and skills to implement a CQI process. • EI/EC administrators and providers will have the skills sets to implement ongoing program improvements. • EI staff and administrators will have knowledge and skills sets on the data collection process to monitor the child, family, and providers' progress.	• Added two PDSA worksheets that reflect Waived Visits and monitor/track types of level of support on the TOI • Collected and reported on Self Help Skills Checklist on a monthly basis	• Collect and track data on TOI-types of supports • Make necessary changes, as needed, to TOI • Booster training on CQI process
<u>Long Term Outcomes</u>: • EI/EC will implement CQI recommendations that will result in improved program practices that help promote independent skills for children inclusive of self help and their families. • EI Director will report on the progress of the child, family, and providers annually. • EI Program will use data reports to monitor program improvements.	• Implement CQI plan (based on data/PDSA) to measure progress monitoring and identify additional areas of improvement	• Continue to report to stakeholders on PDSA updates

Section E: Progress Towards Achieving Intended Improvement Phase III, Year 4

Coherent Improvement Strategy: Collaboration

C 4.1: Update the Interagency agreement and PSS EC Directive on EI/EC services and support to support for young children with disabilities and their families. To include joint training, child Find/ Public Awareness, outreach activities, etc.

C 4.2: Present updates to the CNMI ICC

Outcomes	Progress to Date	Next Steps
Short Term Outcomes: • Early Childhood partners will have the knowledge of the agreements to support the EI program.	• Conducted Meet and Greet with: o University Centers for Excellence in Developmental Disabilities (UCEDD) o Tinian Mayors Office o Tinian Health Center o Rota Health Center o Children's Clinic o Pediatric Unit o Children with Special Health Care Needs o HOME Visiting • Conducted meetings with: o Children with Special Health Care Needs Program o Rota Health Center o Rota H.O.M.E. Visiting o Tinian Health Center	• Participate in other program activities to support Child Find/Public Awareness • Continue to be referral source for collaborating partners
Long Term Outcomes: • EC partners will follow and implement the MOA/Directives agreements.	• Children and families in the CNMI will benefit from early childhood serving agencies	• If needed, reassess partnership agreement for expansion

Section E: Progress Towards Achieving Intended Improvement Phase III, Year 4

d. CNMI's Measurable improvements in the SiMR

For FFY 2018, CNMI did not met the target for this reporting period with a performance of 65%. However, showed increased performance of 8% from last reporting at 57.99%.

In drilling down the data of how children are performing in toileting, dressing, and feeding for FFY 2018, children made the most gains in feeding at 82.14%, dressing at 67.86%, and toileting at 43.40%. The average skills gained is 65% which represents the CNMI performance for the SiMR as indicated in Graph 6. (Refer to Section C Page 67)

The following is the CNMI State Systemic Improvement Plan over the past 5 years.

Average of 3 Areas of Focus	Baseline	Year 1 Target	Year 2 Target	Year 3 Target	Year 4 Target	Year 5 Target	Year 6 Target
	2013-2014 45%	2014-2015 52%	2015-2016 55%	2016-2017 58%	2017-2018 63%	2018-2019 66%	2019-2020 66%
	CNMI Performance	**69.6%** Met Target	**58.3%** Met Target	**64.3%** Met Target	**57.99%** Target Not Met	**65%** Target Not Met	

Compared to 2017-2018, the CNMI's increased its performance by 7% for 2018-2019. Although there was an increase in performance, the CNMI did not meet its target by 1%.

Section F: Plans for Next Year Phase III, Year 4

1. Additional Activities to Be Implemented Next Year

As per stakeholder discussion, the following are additional activities that will continue to be implemented:

Table 5: Evaluation Activities Updates

Coherent Improvement Strategy: Professional Development PD. 2.1. Conduct needs assessment to identify training needs inclusive of self-help (SH) development. PD. 2.2. Identify, align, and train EI/EC providers on evidenced based practices (EBPs) to enhance the overall development of young children including SH skills. PD. 2.3. Provide training for parents and EI/EC providers on coaching and mentoring strategies in implementing EBP to support child and family interactions.		
Additional Activities	Evaluation Activities	Update as of March 2020
PD 2.4 To build local capacity in participating in Train the Trainer Coaching / Master Coaching institute. Timeline: By April 2020	Data Collection: • Listing of Training the Trainer Institutes • Number of participants in the trainers training. • Completion of Training Measure: • Sign In • Certificate of Participation Expected Outcomes: • Early Childhood Masters Coach will train other EI/EC Providers on the Early Childhood Coaching model.	• In 2019 coaches implemented coaching practices with other EI providers. • Ongoing reflective coaching sessions using applied practices. • Ongoing peer-to-peer coaching during home visits. • Service Coordinator Coaching Training Modules (currently 4 of 10 modules completed) • First round of coaching opportunities between CNMI and Guam service providers Next Steps: • Continue with training institute • Continue the Reflective Coaching sessions with Service Providers • Continue with Coaching modules for Service Coordinators
PDs on Feeding Strategies for children with difficulty eating.	Data Collection: • Number of participants in trainings	• On-going collaboration with EI providers and pediatricians from the hospital and nutritionists

Section F: Plans for Next Year Phase III, Year 4

Timeline: By Summer 2020	Measure: • Sign In • Certificate of Participation Expected Outcomes: • Increase understanding and confidence of service providers in assessing feeding challenges and developing and implementing appropriate feeding strategies to support families.	from WIC on an individual bases • Consultations between Occupational and Speech Therapist and other EI providers regarding specific feeding concerns Next Steps: • Provide training on feeding, specifically on motor, sensory and behaviors.
PDs on assessing, demonstrating, and implementing effective types of Assistive Technology devices to increase independence in toileting, dressing, and feeding. Timeline: April 2020	Data Collection: • Number of participants in trainings Measure: • Sign In • Certificate of Participation Expected Outcomes: • Increase understanding and confidence of service providers in including AT services if needed, in the child's IFSP.	• Participated in AT training and visited Guam System for Assistive Technology Next Steps: • Continue follow-up sessions on how to include AT in the IFSP. • Continue assessing the kinds of AT for children that may need.

Section F: Plans for Next Year Phase III, Year 4

Coherent Improvement Strategy: Accountability and Monitoring/Technical Assistance (INS4, INS6, INS13, A3, A8) AMTA. 3.1 Develop, train, and implement a Continuous Quality Improvement (CQI) process to support program improvement. AM.TA3.2 Develop and implement data tracking to monitor progress for child, family, and providers.		
Additional Activities	Evaluation Activities	Update as of March 2020
AMTA 3.2 The Data Manager facilitates and provides monthly Data Reports to EI providers and if needed, will discuss any data anomalies or data issues. The Data Manager will then develop a plan to address the issues identified. Timeline: April 2020	Data Collection: • Monthly Meeting Agenda and Notes • Sign In Measure: • Updates to the standard operating procedures • New/ revised data reports Expected Outcomes: • EI Program will have accurate and reliable child progress data.	• Data reports are disseminated to each provider in the beginning of every month • Developed 2 additional AIMs Next Steps: • Continue using data to make program improvements

2. CNMI's Scaling Up Plans:

Based on stakeholder's input in December 2019, the Program will be transitioning the SiMR and expanding to pre literacy skills. Stakeholders agreed to look at Early Childhood Outcomes Data and address "Acquisition and Use of Knowledge and Skills (including early language, communication, and literacy. Stakeholders further identified the area of need and based on a lengthy discussion, the team decided to focus on increasing "pre literacy" skills in children. In addition, the team felt the importance of targeting this area to align with the Part B SiMR which is to increase reading proficiency skills in young children. The Program will be using the HELP Checklist for Outcome 3b: Acquisition and Use of Knowledge and Skills including early literacy, language and communication that is aligned with the Child Outcomes measures to determine a specific area in Outcome 3b that will be the focus of CNMI's SiMR.

As noted in Section D, CNMI has the policies and procedures in place and is sustained through the implementation of the LATTE Coaching Plan, the implementation of EBPs, Peer to Peer reflective coaching, the TOI, provider observation tools, and the electronic data system used to capture such data. The EI program understands the importance of child progress and will take all measures to ensure that all children are provided the individualized supports needed to grow and develop.

Section F: Plans for Next Year Phase III, Year 4

3. CNMI's Identified Barrier and Steps to Address Barriers

The EI Program continues to face two barriers:

a. Recruitment, Hiring, and Retention of EI Staff. The EI Program is faced with lack of on-island expertise, in hard to fill positions, such as speech language pathology, occupational therapy, early childhood special education teachers, and physical therapy. Currently, the CNMI Public School System participates in job fairs and recruitment fairs in the US mainland.

b. Availability of new staff to attend trainings on EBPs to include Early Childhood Coaching Model. The EI Program schedules professional development with off and on-island experts annually and when new staff enters the program; these trainings either have begun or are near completion. The EI Program intends to record training events as a strategy to allow new staff to review the information and/or complete online training modules specified in the EI Professional Development Plan.

3. CNMI's Need for Additional Support and / or Technical Assistance

The development of Phase I, II, and III of the SSIP was made possible due to the dedication and hard work of the CNMI SSIP Core Team and expert technical assistance from the University of Guam CEDDERS, the OSEP-funded National Technical Assistance Centers, (IDC, DaSy, ECTA Center, WestEd, NCSI), and participation in the Family Outcomes Collaborative meetings sponsored by NCSI.

The CNMI accessed and benefitted from participating in Early Childhood Coaching held in Honolulu, Hawaii and in partnership with Hawaii and Guam's Part C Program in addition to numerous resources made available on TA center websites, face-to-face meetings, and conference calls and facilitated work sessions. During the SSIP Phase III activities, the CNMI will continue to access and request TA in the areas needed to ensure the improvement activities are effective and will lead to achieving the SiMR. Technical Assistance is currently provided to the early intervention staff on EBPs on toileting, feeding, and dressing and on coaching for early childhood intervention. The CNMI is also in the process of securing PD and TA specific to the essential components of coaching and mentoring strategies in partnership with Hawaii and Guam Part C Program.

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Section G: Conclusion Phase III, Year 4

G: CONCLUSION: YEAR 4 HIGHLIGHTS

G.1. What is different about PSS as a result of the SSIP compared to Phase I when the system analysis was completed?

The following provides a brief description of CNMI' infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the CNMI and stakeholders to assess and communicate achievement. CNMI's systems framework as indicated in the Theory of Action in Section A describes – 1) Governance, 2) Professional Development, 3) Accountability, Monitoring, and Technical Assistance, and 4) Collaboration. These coherent strategies support system change was necessary for CNMI's to – a) demonstrate progress towards the SiMR, b) sustain CNMI's systems improvement efforts; and c) scale-up.

Since the inception of the SSIP, the CNMI with stakeholder input developed the Theory of Action in efforts to meet CNMI's SiMR:

By June 2020, at least 66% of infants and toddlers who exit the early intervention program will have at least 80% of toileting, dressing, and feeding skills that are closer to their age peers, as measured by the Child Self-Help Checklist.

With the implementation of the four coherent strategies, CNMI have seen the infrastructure improvements in the following areas:

- Governance: CNMI's improvement is evident in the development, implementation, and professional development for parents and providers and coupled with policies and procedures that has resulted in improved performance of infants and toddlers in toileting, dressing, and feeding. There are two major system integrated frameworks that were developed, implemented, monitored, and evaluated. These include the Tiers of Intervention (TOI) and the LATTE Coaching. For each of these system frameworks the Program with input from broad stakeholders inclusive of the Interagency Coordinating Council (ICC), SSIP Core Team, and parents have provided input in: 1) the development, 2) providing feedback and 3) recommendations on how to improve the process. The TOI and the LATTE Coaching framework work in tangent and have in place policies and practices that are embedded in the child's IFSP in partnership with parents.

- Professional Development: CNMI's continues to be fixated with ensuring training is provided at all levels. First by assessing the child's functional outcomes/goals and family's outcomes and priorities. Second, by working in partnership with the parents in supporting the families by pulling from their strengths and experience on strategies to enhance their infant or toddler development within their daily routines. And lastly, supporting the providers that support the parent in using evidence-based practices within the context of the LATTE Coaching strategies. All three components are critical in supporting the family on ideas they could use to reinforce skills that will impact their child's growth and development. In this effort, CNMI has done an extraordinary job in ensuring all 3 components are supported.

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- Accountability, Monitoring, and Technical Assistance: These coherent strategies are coupled together and aligned to monitor the progress made of the goals identified in the child's IFSP. When the Program has identified a barrier or challenge based on the data that stifles ongoing progress, than the Program will use the Continuous Quality Improvement (CQI) process. The CQI process is a mechanism for addressing areas that the Program will target to support better results for the child and family. The following are examples of how the Program have initiated a CQI process: 1) To increase parent awareness and understanding of toileting skills. The strategies identified were incorporated into a Toileting Coaching Plan (TCP) that was intentionally shared with each parent. 2) To increase the percent of children with toileting skills closer to same age peers. The strategies used provided step to step ideas of how to teach their child to use the bathroom. 3) Decreasing the percent of waived home visits. The strategies identified by the CQI Team are selling or marketing the program. Working with families to communicate how important each visit is for the child and to provide resources to families should there be any conflict with their employer to attend visits. The Program has found the CQI process to be an excellent tool to look at small steps in practices or procedures that will lead to positive changes and outcomes.

Lastly, CNMI continues to access technical assistance within the Public School System such as the Office of Accountability, Research, and Evaluation that evaluates the SSIP Plan, the University of Guam CEDDERS, Family Collaborative by NCSI (CNMI is waiting for response from OSEP on where this TA will come from); and the National Early Childhood Technical Assistance Center. As noted earlier, having the opportunity to readily access the expertise from UOG CEDDERS to provide ongoing on-site and off-site technical assistance has been remarkable for the CNMI.

Although CNMI did not meet the target of 66% for the SiMR, the Program had demonstrated as noted in Section C, progress monitoring data that resulted with an increase of performance by 7% from last reporting year of 57.99%. CNMI's performance for this reporting period was 65%. The key message of the SiMR is that at least 80% of the children will have toileting, dressing and feeding skills that are closer to their same age peer. This is indeed an improvement and resulted in more children exiting Part C with skills that leads to independence as they transition to the next stage in their life.

CNMI has policies and procedures that support the sustainability and scaling up of CNMI's SSIP. As noted in the figure below, the Early Intervention Program has the Tiers of Intervention (TOI) for the beginning of the SSIP and with stakeholder input revised the TOI to ensure this process in embedded into the IFSP by documenting the Levels and Types of Supports that child and family will need to meet their outcomes / goals. Likewise, with the LATTE Coaching procedures, providers have the skills sets and will be monitored to ensure they implement the coaching model to fidelity.

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The CNMI identified, the Early Childhood Coaching, an evidenced-based practice, as the model to provide the program with the necessary tools to support, nurture and empower families. As depicted in the info-graph below, the CNMI journey started in 2016, when four individuals were identified to undergo Early Childhood Coaching training in collaboration with the State of Hawaii. CNMI's early intervention providers had the opportunity to participate in the coaching interaction style with families' model, under the mentorship of Ms. M'Lisa Shelden and Mr. Dayton Rush. To date, the CNMI has 4 early childhood service providers that have received their certification.

With stakeholder input, the Program created the CNMI *LATTE Coaching Plan* that provides a structure for planning and conducting home visits using the Five Key Characteristic of Coaching as documented on the *Early Childhood Coaching Handbook* by Dathan D. Rush and M'Lisa L. Sheldon.

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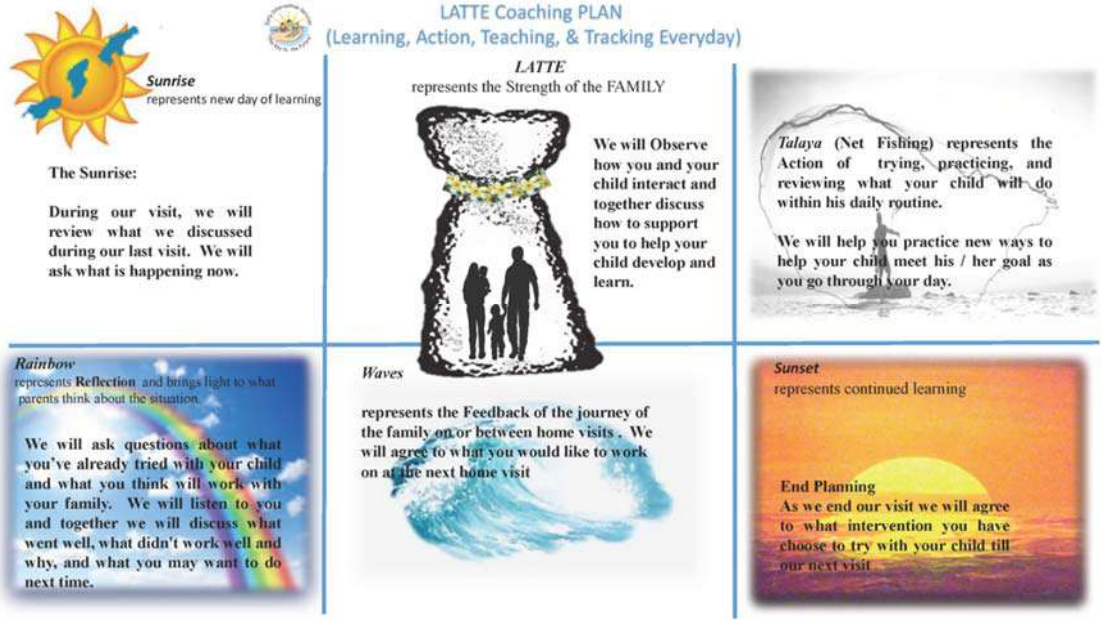
The CNMI LATTE Coaching Plan provides a guide for parents and service providers to use during each home visits and provides support to ensure the coaching model is implemented to the fidelity of the model.

The LATTE Coaching Plan stands for:

- **L**earning using functional IFSP outcomes to guide the intervention
- **A**ction and trying different Strategies
- **T**eaching, Learning, and deepening the understanding
- **T**racking and reflecting and providing feedback
- **E**veryday routines in home or community settings



Fifty-two (52) parents from the islands of Rota, Tinian, and Saipan were empowered during a parent training on the LATTE. Parents were presented on what the expectation were when the Service Providers visit their home to provide early intervention services. The LATTE process orchestrates the work in partnership with the parents to maximize opportunities for the child to learn, grow, and play in settings that are they frequent within their daily routine. With these system frameworks (TOI and LATTE Coaching), CNMI will be scaling up the SSIP by identifying a specific area in the Acquisition and Use of Knowledge in FFY 2019-2020 SSIP.

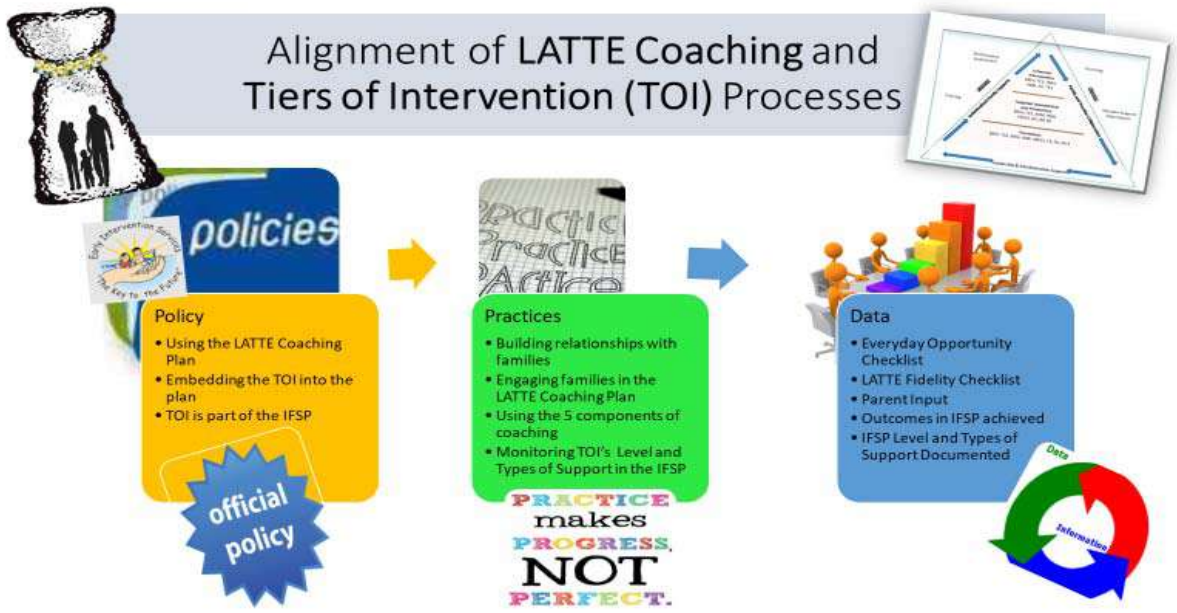
As noted in Section A, CNMI has 12 Evidence-Based Practices (EBP) that are embedded in the TOI and the LATTE. Annually, stakeholders revisit the EBPs to discuss where within the implementation plan activities are the EBPs reinforced. Such examples from the stakeholders are:

Section G: Conclusion Phase III, Year 4

- The techniques are explained to the family, demonstrated with the child, and then practiced by the family to ensure correct delivery and to problem solve ways to be more effective.
- Assistive technology has been used with some families as well as in the form of adaptive utensils and cups. Service providers work with the families to find which utensil works best with the child and they primarily offer the variety of spoons while the family determines which is best, with the service providers' guidance, as needed.

As indicated in the in the Figure 5, it is critical to align the policies to the practice and procedures such as the TOI and LATTE that will impact the child and family outcomes. Efforts of the Program to ensure that this is done is noted in each child's IFSP. The IFSP with the use of the TOI procedures embeds Levels of services and types of supports, is the "WHAT" is needed to support the child and through the LATTE Coaching procedures is the "HOW". How the providers will engage families and, of use the EBPs with the parents. These processes actively engages the parents in strategies to support the child's functional outcomes, and through the family's strengths and prior knowledge engages with their child in daily routines and activities that may be child directed and are embedded in the LATTE.

Figure 5: Alignment of System Processes

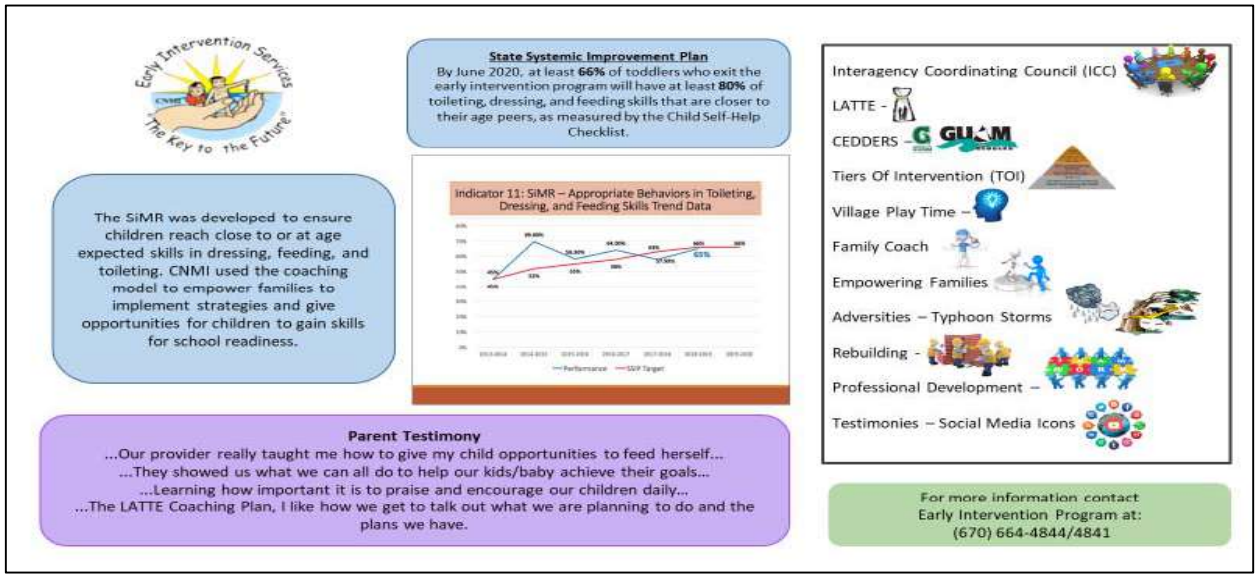


CNMI engaged broad stakeholder involvement in the development, implementation, and monitoring of the SiMR. Stakeholders were involved in providing input to the activities identified in the Theory of Action and in the development of the logic model. Furthermore, throughout the years, the ICC members have provided input to the progress made in the SSIP and have provided feedback and/or recommendation to any barriers and/or challenges the program may have experience. For example, a barrier identified was how to present the information to all families on the importance of dressing, feeding, and toileting in all three islands as reflected in the TOI Tier 1. To address this, during the ICC meeting, members discussed how the early childhood programs

could work together to share information about child development and the importance of parents tracking and monitoring their child's overall development. As per this meeting, the Program worked in collaboration with H.O.M.E and Early Head Start Programs to plan for the Village Play Time activities. This effort was primary facilitated with the leadership of the EI program, in addition, other programs provided the information to their parents to attend.

The stakeholder also provided input on ideas in the development of materials that are disseminated to the community such as the info graphs on the CNMI SSIP. For example, stakeholders provided input on ideas that would display the journey of the program and the kind of information that would be included. Lastly, at every parent meeting, information is provided on the CNMI SSIP and SiMR in efforts to increase the understanding of the parents of why the program is implementing the LATTE. Most recently, was the development of a flyer (front and back) on

CNMI's SSIP Results 2018-2019



Section G: Conclusion Phase III, Year 4

G.2. Why do these changes matter for infants and toddlers with or at risk for disabilities and their families?

The changes that CNMI Early Intervention Program has made as a result of implementing the SSIP process has been beneficial to the child, family, program, and community. The child and family outcomes have been positive and have impacted the quality of life and success for each child and family that have experienced the support, love, and commitment from their involvement in the EI Program.

We believe that the key to success begins at infancy with a strong foundation, beginning with the family. The first three years of life sets the academic pathway for all children. It is critical for early identification so that children can successfully participate in early intervention services and meet academic expectations. Consequently, all children grow up to be confident individuals who contribute to society.

G.3. What mechanisms or resources are in place to sustain improvement efforts?

The LATTE and the TOI are resources that the Program utilizes with input for the ICC on how to make both culturally appropriate and competent for our diverse population. Both resources are sustained and will be used in the scaling up of the upcoming SSIP.

Other resources that are used is the "*Everyday Child Learning Opportunities Checklist*" that was taken from the CASE Tools: Instruments and Procedures for Implementing Early Childhood and Family Support Practices and in conjunction with the Coaching Fidelity Checklist created by Drs. Rush and Sheldon. With intentionality, the Program will continue to reinforce the strategies and practices of implementing the early childhood coaching model to the fidelity and in continuing to use these resources to measure changes in the practices.

G.4. What is CNMI's plan for scale-up?

Based on stakeholder's input in December 2019, the Program will be transitioning the SiMR and expanding to pre-literacy skills. Stakeholders agreed to look at Early Childhood Outcomes Data and address "Acquisition and use of Knowledge and Skills (including early language, communication, and literacy. Stakeholders further identified the area of need and based on a lengthy discussion; the team decided to focus on increasing "pre-literacy" skills in children. In addition, the team felt the importance of targeting this area to align with the Part B SiMR which is to increase reading proficiency skills in young children. The Program will be using the HELP Checklist for Outcome 3b: Acquisition and Use of Knowledge and Skills including early literacy, language and communication that is aligned with the Child Outcomes measures to determine a specific area in Outcome 3b that will be the focus of CNMI's SiMR.

As noted in Section D, CNMI has the policies and procedures in place and is sustained through the implementation of the LATTE Coaching Plan, the implementation of EBPs, Peer-to-Peer reflective coaching, the TOI, provider observation tools, and the electronic data system used to capture such data. The EI program understands the importance of child progress and will take all measures to ensure that all children are provided the individualized supports needed to grow and develop.

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G.5. What infrastructure improvements can be leveraged to impact a different results outcome for infants and toddlers with or at risk for disabilities and their families?

The CNMI has in place, the policies and procedures to implement and monitor the EBPs to fidelity. The CNMI will continue to implement the LATTE Coaching Plan and the TOI as the scale up process begins. The CNMI is confident that the different result outcomes for infants will provide families with new tools to better meet their needs. Providers will continue to monitor, track, and collect child data to ensure that services are functional and intentional. Furthermore, the program has updated the data system and continue to collect provider and child data to ensure progress continues.

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Coherent Improvement Strategy: Governance (TC2, F5, INS13, A3, A8, E5, E6) **G.1:** To develop, implement, and train EI/ EC providers and parents on standard operating procedures (SOP) to support Tier of Intervention *(TOI)* **G.2:** Develop and implement policies and standard operating procedures for monitoring and assessing child and family progress including providing technical assistance, if needed.
Short Term Outcomes: • EI/EC providers will acquire the knowledge of and skills sets for implementing the TOI. • EI/EC administrators and providers will acquire knowledge of the SOP for monitoring and assessing children's progress in all developmental domains including self-help skills in dressing, feeding, and toileting.
Long Term Outcomes: • EI/EC providers will implement the SOP TOI with fidelity. • EI/EC providers will demonstrate and document the SOP progress monitoring effectively.
Intended Outcome: • Infants and toddlers with disabilities will maximize their independence in toileting, dressing, and feeding by age 3.

Activities to Meet Outcomes	System Level			Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline
	Central	Program	Provider				
G.1.1 Develop the TOI		X		1. Research Tier/CSEFEL and the pyramid	TA	Core Team	FALL 2016
				2. Discussed and gather input from CORE Team	TA	EI Director, Core Team	FALL 2016
				3. Develop framework and merge coherent strategies	TA	Core Team	FALL 2016
				4. Present and come to an agreement of the TOI	TA	Core Team	FALL 2016
				5. Develop procedures for TOI	TA	EI Director, Core Team	FALL 2016
				6. Report/present TOI to ICC	TA	EI Director	FALL 2016
				7. Updated TOI to show levels of support	TA	EI Director, Core Team	FALL 2019
				8. Progress Monitoring (Data collection)	TA	Core Team	FALL 2019
Status: ONGOING							
G.1.2 Train on the TOI		X		1. Train EI/EC providers, include child care centers and parents on the TOI	TA	TA, EI Director	Spring 2017
				2. Implement and monitor the TOI	TA	TA	FALL 2017- 2019
				3. Mid-year gather data using focus group on the TOI and revise the TOI procedures if needed.	TA	Core Team	Spring 2018- 2019
Status: ONGOING							

G.2.1 Develop a SOP for monitoring and assessing child and family progress		X		1. Revised Self Help Assessment Tool	TA	Data Clerk, TA	April – October 2016
				2. Updated and expanded the Data Fields		TA, EI Director	April – October 2016
				3. Developed the CNMI Self Help Data System		Core Team	April – October 2016
				4. Developed the Self Help Data System SOP		TA	April 2016 – February 2017
				5. Train, implement, and monitor the usage of the Self Help Data System		TA	March 2017 - Spring 2019
				6. A focus group will conduct a mid-year progress monitoring and if needed will make changes to the Self-Help data system and/or SOP			Spring 2018
				7. Develop, train, and implement Standard Operating Procedures on LATTE - Early Childhood Coaching		EI Director, Core Team	Fall 2019
Status: **COMPLETED**							
G.2.2 Progress monitoring report to include input data for each child after each periodic review			X	1. Expand the SH Data System to include progress monitoring procedures		EI Providers, Service Coordinators	SPR 2017
				2. Provider collects data at the 6-month and annual reviews		EI Providers	SPR 2017
				3. Data Manager input into the database			
				4. Expand the data collection to reflect the changes in the updated TOI Form.		EI Director, Data Clerk	August 2019
Status: COMPLETED							

Coherent Improvement Strategy: Professional Development (F5, F6, INS4, INS6, INS13, INT2) PD. 2.1. Conduct needs assessment to identify training needs inclusive of self-help (SH) development. PD. 2.2 Identify, align, and train EI/EC providers on evidenced based practices (EBPs) to enhance the overall development of young children including SH skills. PD. 2.3 Provide training for parents and EI/EC providers on coaching and mentoring strategies in implementing EBP to support child and family interactions.
Short Term Outcomes: • EI/EC administrators and providers will know and prioritize the needs of families that will support and assist in improving their child's overall development including self-help. • EI/EC providers will have increased knowledge and skills on EBPs. • Parents and EI/EC providers will have increased knowledge and skills on child development including self-help skill development at each TOI.
Long Term Outcomes: • EI/EC providers and families will demonstrate skills and competencies in implementing EBPs that enhances their child's overall development include self-help skills with fidelity. • Families will have higher expectations and skills sets to support for their child's development. • Families with support of the EI/EC providers will implement focused and targeted interventions to maximize performance in self-help skills.
Intended Outcome: • Infants and toddlers with disabilities will maximize their independence in toileting, dressing, and feeding by age 3.

Activities to Meet Outcomes	System Level			Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline
	Central	Program	Provider				
PD 2.1. To conduct needs assessment (NA) to identify training needs inclusive of self-help (SH) development.			X	1. Develop a NA plan and tools	Use Hexagon Tool	EI Coordinator, Core Team	SUM 2017
				2. Conduct interviews or surveys with providers and families to identify areas of needs		EI Coordinator, Core Team	FALL 2017
				3. Prioritize areas of need		EI Coordinator	FALL 2017
				4. Present findings of the NA to staff and ICC of input and recommendation		EI Coordinator	FALL 2017
				5. Identify what EBPs to support the prioritized areas of training needed for each level of the TOI. Specific to Self Help • Reviewed articles and presented • Conduct hexagon on 3 EBPs		EI Coordinator, Core Team	SUM 2017
				6. Update PD Plan to align with TOI		EI Coordinator	FALL 2017
				7. Implement and monitor the PD activities		EI Coordinator	FALL 2017 – SPR 2019
Status: COMPLETED and will continue to monitor PD activities							

PD 2.2 To identify, align, and train EI/EC providers on evidenced based practices (EBPs) to enhance the overall development of young children including SH skills.			X	Identify Competency Levels: 1. Identify a competency based tool for providers		EI Director	SPR 2017
				2. Assess the competency of each provider		EI Director	SPR 2017
				3. Develop in collaboration with the provider an Individual Professional Development Plan.		EI Director, EI Providers	SPR 2017
				Trainer Event 4. Identify trainers to train on EBPs	TA	EI Director	FALL 2016
				5. Schedule training to align with the PD Plan	TA	EI Director	SPR 2017
				6. Conduct the training	TA	EI Director	FALL 2016 – FALL 2018
				7. Summarize findings of the training and next steps	TA	EI Director	SUM 2017
				8. Monitor the implementation of the EBPs with coaching and mentoring supports.		EI Coach, EI Director	SPR 2018
				9. Utilize the Early Childhood (EC) Coaching Fidelity Checklist during the EC Coaching Observations.		EI Coach, EI Director	Spring 2020
Status: ONGOING – Continue to Monitor							
PD. 2.3 To provide training for parents and EI/EC providers on coaching and mentoring strategies in implementing EBP to support child and family interactions. .			X	Coaching Strategies 1. Identify/locate a trainer	TA	EI Director	FALL 2016
				2. Identify individuals who can be coaches (teachers)		EI Director	FALL 2016
				3. Conduct training on coaching skills and mentoring	TA	EI Director, EI Coach	SPR 2017 – FALL 2017
				4. Provide On-going mentoring for providers at each level of the TOI.		EI Coach	SPR 2017
				Parent Training 5. Train parents on basic knowledge on SH skills that are aligned with the TOI and identify milestones in SH so parents are aware of what to expect.	TA	EI Coach, EI Director, Providers	FALL 2017
				6. Train parents on coaching models so that pa rents can benefit from the different coaching strategies.		EI Coach, EI Director, Providers	FALL 2017 – SPR 2019
				7. Provide opportunity for parent using the café's strategies and in using Strengthening Family Protective Factors Framework.	TA Providers on SF	EI Coordinator	SPR 2020
				8. Provide training for providers on Bring the Protective Factors to Life with the emphasis knowledge of parenting and child development.	TA Providers and trainer on SF	EI Coordinator	SPR 2020
Status: ONGOING							

PD. 2.4 To build local capacity in participating in Train the Trainer Coaching/Master Coaching Institute.			X	1. To research Master Coaching Training Models/Modules	TA	EI Director and EC Partners	SPR 2020
				2. Select Master Coaching Training Models/Modules	TA	EI Director and EC Partners	SPR 2020
				3. Identify funding supports through collaboration with other EC Programs or other Part C Regional Programs	TA, EC Programs	EI Director and EC Partners	FALL 2020
				4. Participate in the Training.	TA	EI Director and EC Partners	FALL 2020
Status: Ongoing							

Coherent Improvement Strategy: Accountability and Monitoring/Technical Assistance (INS4, INS6, INS13, A3, A8)
AM. 3.1 Develop, train, and implement a Continuous Quality Improvement (CQI) process to support program improvement.
AM. 3.2 Develop and implement data tracking to monitor progress for child, family, and providers.

Short Term Outcomes:

- EI/EC administrators, providers and families will have the knowledge and skill to implement a CQI process.
- EI/EC administrators and providers will have the skills sets to implement ongoing program improvements.
- EI staff and administrators will have knowledge and skills sets of the data collection process to monitor the child, family, and providers' progress.

Long Term Outcomes:

- EI/EC will implement CQI recommendation that will result in improved program practices that help promote independent skills for children inclusive of SH and their families.
- EI coordinator will report progress annually on the progress annually on the progress of the child, family, and providers.
- EI Program will use data reports to monitor program improvements.

Intended Outcome:

- Infants and toddlers with disabilities will maximize their independence in toileting, dressing, and feeding by age 3.

Activities to Meet Outcomes	System Level			Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline
	Central	Program	Provider				
3.1 To develop, train, and implement on a Continuous Quality Improvement (CQI) process to support program improvement.		X		1. Arrange for a presentation about CQI Plan	TA	EI Director, EI Providers	FALL 2016
				2. Create a workgroup for the CQI Plan.	TA	EI Director	FALL 2016
				3. Develop the Standard Operating Procedures for the CQI Plan.	TA	EI Director r, Workgroup	FALL 2016
				4. Train and implement SOP		TA and EI Director	SPR 2017
				5. Implement and Monitor the CQI Teams		TA and EI Director	SPR 2020
Status: Ongoing and will continue to train, implement, and monitor the CQI activities.							
3.2 To develop and implement data tracking to monitor progress for child, family, and providers		X		1. Review and analyze data • SH Child Monitoring Checklist Data – Bi-Annually • SH Family Survey – Annually • CASE Tools (Observation) – Bi-Annually	TA	EI Director, Data Manager	FALL 2020
				2. Meet with staff as needed to review data and identify the strengths and areas of improvement based on the TOI		EI Director	SPR 2020
				3. Develop an Improvement/Action Plan (Program and Individual)	TA	EI Director	FALL 2020
				4. Reports annually to ICC and parents on the data performance		EI Director	SPR 2020
				5. Develop procedures for New Data Quality Assurance to address data anomalies and data issues.		EI Director, Data Manager	FALL 2020
				6. Submit monthly Data Quality Assurance reports.		EI Director, Data Manager	FALL 2020
Status: Ongoing and will continue to submit data quality reports monthly.							

Coherent Improvement Strategy: Collaboration (TR1, TC2)
C 4.1: Update the Interagency agreement and PSS EC Directive on EI/EC services and support to support for young children with disabilities and their families. To include joint training, child Find/ Public Awareness, outreach activities, etc.
C 4.2: Present updates to the CNMI ICC

Short Term Outcomes:

- Early Childhood partners will have the knowledge of the agreements to support the EI program.

Long Term Outcomes:

- EC partners will follow and implement the MOA/Directives agreements.

Intended Outcome:

- Infants and toddlers with disabilities will maximize their independence in toileting, dressing, and feeding by age 3.

Activities to Meet Outcomes	System Level			Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline
	Central	Program	Provider				
4.1 To update the Interagency agreement and PSS EC Directive on EI/EC services and support to support for young children with disabilities and their families. To include joint training, child Find/ Public Awareness, outreach activities, etc.	X			1. Meet with ICC members to Review Existing Interagency agreement ICC to ensure the Directives, includes joint training, child find/ public awareness, and outreach	Reference old ICC, EHS agreements / or Directive	EI Director, ICC	FALL 2016
				2. Meet with CHCC.		EI Director	FALL 2016
				3. Identify if Partnership Agreements are needed for inter-agencies. If Partnership Agreements are needed, meet with representatives.		EI Director	FALL 2016
				4. Identify roles and responsibilities for PSS-EI Program and other agency.	TA	EI Director	FALL 2016
				5. Draft Partnership Agreement.	TA	EI Director	FALL 2016
				6. Develop Directive between Early Head Start.		EI Director	FALL 2016
				7. Identify roles and responsibilities for both programs.		EI Director	FALL 2016
				8. Present the draft Partnership Agreement to the ICC for input.		EI Director	FALL 2016
				9. Route Partnership Agreement for signatures.		EI Director	FALL 2016
				10. Distributes copies of Partnership Agreement to appropriate agencies.		EI Director	FALL 2016
Status: COMPLETED							
4.2 Present updates to the CNMI ICC				1. Presentation on the Partnership Agreement.		EI Director	March 2017
				2. Update quarterly on the activities that have occurred.		EI Director	Spring 2017 - 2020
Status: COMPLETED and will continue to update the ICC on a quarterly basis.							