

# **STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C**

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

**For reporting on  
FFY 2020**

**Northern Mariana Islands**



**PART C DUE  
February 1, 2022**

**U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202**

## Introduction

### Instructions

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

### Intro - Indicator Data

#### Executive Summary

The CNMI Public School System (PSS) is a unitary educational system responsible for the provision and supervision of early intervention service and support for infants and toddlers with disabilities on three populated islands. PSS is the Lead Agency responsible for the implementation, supervision, and monitoring of the Early Intervention Program (IDEA Part C). The Commissioner of Education (COE) is the PSS Chief State School Officer responsible for administering the IDEA Part C. This Executive Summary includes a description of CNMI's IDEA Part C State Performance Plan (SPP) and Annual Performance Report (APR) for FFY 2020. A description of the CNMI's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement in the development and review of the SPP and APR, and how the CNMI will report the SPP and APR to the Public are provided separately within this Introduction section of CNMI's FFY 2020 APR. In FFY 2020, the CNMI stakeholders determined targets, for the State Performance Plan for Results Indicators through FFY 2025. The Early Intervention program facilitated a process for ensuring broad stakeholder involvement in the development of the CNMI IDEA Part C FFY 2020-2021 Annual Performance Report (APR). Stakeholders included the Interagency Coordinating Council (ICC), early intervention staff, parents, and the Board of Education. The review process included a discussion of OSEP's CNMI Part C determination letter issued on June 22, 2021 the RDA Matrix, HTDMD document, the 2021 Data Rubric Part C, the Dispute Resolution 2019-2020, and a Compliance Matrix. With technical assistance provided by the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS), the stakeholders reviewed the performance data, national data for each indicator, and engaged in a discussion of each indicator's progress to determine performance and future targets. This FFY 2020 APR includes current performance data on 9 of the 11 Indicator measures: Indicators 1, 2, 3, 4, 5, 6, 7, 8, and 11. For each applicable SPP Indicator measure, CNMI reports FFY 2020 data to determine the CNMI's FFY20 performance and target.

Indicator 11, The CNMI's Part C State Systemic Improvement Plan (SSIP), has scaled up to meet the low performance area of expressive language. Stakeholders met to review baseline data, identify a low performance area, and develop a new SiMR, CNMI performance and targets were identified and set. A new Theory of Action and Logic Model was developed to align with the SiMR. An Implementation and Evaluation Plan was also developed to ensure that the implementation of targeted activities are performed in efforts to meet the SiMR.

Specific Conditions imposed on all grants awarded to the CNMI for FFY 2020. The CNMI must report with its FFY 2020 SPP/APR submission, due February 1, 2022, on:

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

1. Technical assistance received: CNMI continues to work with the Department's Risk Management Service (RMS) to address CNMI's Public School System Special Conditions through onsite and other technical assistance. As a result of the technical assistance the CNMI PSS is no longer required to maintain and report on a CAP but is required to submit a biannual report.

2. Actions taken as a result of the RMS technical assistance: CNMI submits a biannual report with updates on its administration of Department grant funds, with an emphasis on areas of repeat audit finding's. In addition, the CNMI PSS has:

- Increased communication and dialogue with Federal Fiscal Office;
- Improved information sharing regarding CNMI's longstanding non-compliance Special Conditions;
- Completed and submitted timely audit reports over the past five years;
- Conducted the required activities and continues to demonstrate progress towards addressing the Specific Conditions;
- Completed and submitted timely audit reports over the past five years; and
- Conducted the required activities and continues to demonstrate progress towards addressing the Special Conditions

#### Additional information related to data collection and reporting

#### General Supervision System

**The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.**

The CNMI is a unitary system that is both state and local program (there are no other programs that provide early intervention services in the CNMI. As part of the general supervision responsibility, Public School System (PSS) has mechanisms in place to identify and correct IDEA noncompliance and deficiencies within the Early Intervention (EI) system. The mechanism in place used to identify and correct non-compliances is an internal monitoring process that involves peer reviews, self-assessments, file reviews, data tracking, and child record reviews. Findings are analyzed to determine if the non-compliances is a system issue or individual EI Provider issue (failure to follow procedures or lack of documentation). Corrective measures are put in place to address any systemic issues and individual findings. The CNMI monitoring system is a continuous and ongoing process that encompasses several components that serves a different function. The monitoring components include the database, file reviews, the annual performance reports, self-assessments, quality assurance reports, parent forums, parent surveys, and a "drill down process." When non-compliance is found, either through the database, file reviews or another component, every effort is made to correct the non-compliance as soon as possible but in no case later than one year. When corrections are made, the correction is verified, and that area is monitored several times during the report year to demonstrate continued correction. For non-compliance in a time sensitive process, the activity is completed immediately and the "root cause" is discussed to determine if there continues to be systemic issues or an individual provider issue. When corrections are made, the correction is verified, and that area is monitored several times during the reporting year to demonstrate continued correction. The Monitoring Procedures, updated in May 2011, includes OSEP's Memorandum 09-02 on timely correction of non-compliance, a definition of a "Finding," a description of sanctions that are in line with PSS Disciplinary Procedures, the timelines and responsible party for the issuance of "Notice of Findings and/or Notice of Failure to Correct" from the Commissioner of Education, the monitoring responsibilities of the external monitor, and revisions to the file review checklist. CNMI PSS also has in place policies and procedures, consistent with IDEA 2004 regulations, to resolve complaints including procedures to resolve complaints through dispute resolution session settlements and mediation agreements.

#### Technical Assistance System:

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

The PSS has a technical assistance system and mechanisms in place to ensure the timely delivery of high quality, evidence-based support that are provided to improve results for all infants and toddlers with disabilities. These evidence-based supports include the use of the Early Learning Guidelines, Case Tool Provider Checklist, CNMI's Early Childhood Coaching Fidelity Checklist, Tiers Of Intervention for Infants and Toddlers, and Early Childhood Family Coaching. The early childhood initiatives include TA provisions from National Centers, Regional Centers, or local support such as University of Guam – Center for Excellence in Developmental Disabilities Education, Research, and Service ( Guam CEDDERS). Due to the geographic location, accessing timely technical assistance support from Guam CEDDERS continues to meet the program's needs, in addition to the collaboration and support from Dr. Laura Vismara, consultant for the Early Start Denver Model (ESDM) Parent Coaching Practices training. The PSS also accesses and benefits from universal technical assistance provided by OSEP and OSEP-funded TA Centers and Resources, either through publications, guidance tools, resource materials, monthly conference calls, and webinars specially on the ESDM Coaching, or in person on site assistance through Pacific Learning Collaborates or other venues. Technical Assistance such as the IDEA Data Center for evaluating the SSIP plans and high-quality data use; the DaSY Center for the collection and analysis of the Early Intervention and Special Education 619 data; the ECTA Center and NCSI for the improvement of Child Outcome Data; and the Center for IDEA Fiscal Reporting assist with fiscal data collection and reporting requirements.

**Professional Development System:**

**The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.**

The CNMI has in place a system for professional development to ensure that service providers have the knowledge and skills to effectively provide Early Intervention (EI) services that will result in improved outcomes for infants and toddlers with disabilities and their families. The PSS mechanism requires that all personnel participate in 10 professional development events. Two of the 10 days are statewide professional development, specific to PSS statewide changes and initiatives. Eight of the 10 days are specific to program level needs. The EI Program Director, with technical assistance from Guam CEDDERS researched evidence-based practices that are culturally and linguistically appropriate in meeting the needs of the diverse island population. The EI program continues to use the Early Intervention Service Provider/Coordinator Self-Assessment adapted from the Early Childhood Competency Checklist. The purpose of this self-assessment is to maintain a systematic approach to assessing the knowledge and skills of all providers in supporting and strengthening parent competencies and confidence. Professional Development is ongoing and continues to focus on providing evidence-based practices in supporting the acquisition and use of knowledge and skills specifically on early literacy, language, and communication for infants and toddlers and their families. Continued professional development on the importance of on-going assessment and coaching skills are also a main focus with monthly online virtual ESDM Coaching sessions. The EI program will continue to embed the Division of Early Childhood's Newly Recommended Practices as a resource and guide for providing effective and efficient EI services to improve the learning outcomes and promote the development of young children. EI providers annually conduct training for primary referral sources such as physicians and child care providers on EI services (referral process, IFSP development, and transition processes). Annually, EI providers conduct presentations within the 3 islands to parents and other Early Childhood providers on overall child development, using the Center for Disease Control and Prevention (CDC) Developmental Milestone Checklists, and in using the CNMI Early Learning Guidelines. The Comprehensive System of Personnel Development (CSPD) as indicated in the Part C Policies and Procedures revised in FFY 2012 includes training of parents, paraprofessionals, and primary referral sources with respect to the basic components of early intervention services available in the CNMI. The CSPD includes professional development to implement innovative strategies and activities to include but not limited to the following topical areas: 1) early literacy, language, and communication of young children; and 2) strategies to support families in participating fully in the development and implementation of their child's IFSP.

**Broad Stakeholder Input:**

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

With Technical Assistance provided by the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS), the PSS Early Intervention Program facilitated a process for ensuring broad stakeholder input and involvement.

Broad Stakeholders: The CNMI is comprised of a variety of stakeholders who play a major role at their own level, to support the development and implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families. All stakeholders play a major role in setting targets, analyzing data, developing improvements strategies and evaluating progress. 1) Parents and Community stakeholders are comprised of parents who have children with current IFSPs, as well as other members of the community. Their role is to share their thoughts on program data, provide feedback and suggestions, share their experiences, and monitor the CNMIs targets and performance levels. 2) The core team is comprised of EI service providers and staff. Their role is to collect and analyze data and work towards progress of the SPP/APR. 3) Interagency Coordinating Council is comprised of required members appointed by the CNMI Governor. Their role is to advise and assist the EI Program by providing strategies, activities, and timelines for actions needed. The ICC provides input on the SPP/APR targets, performance, and program activities. 4) The leadership team is comprised of the State Board of Education 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 support CNMI's SPP/APR activities. The ICC agreed and was informed that they too, would be invited to the Parent Input Sessions. Upon completion of all Parent Input Sessions, the ICC met in January 2022 to review and certify the SPP/APR which included parent input. In addition, the FFY 20 SPP/APR was presented to the Instructional Service and Assessment (ISA) sub committee, the Fiscal, Personnel, and Administration sub committee, provided to the Commissioner of Education and the State Board of Education for endorsement. The State Board of Education reviewed CNMI's performance and targets for each indicator. Questions regarding parent engagement and the number of parents who attended the Virtual Parent Input Sessions was discussed. Board members looked at the total number of parents (43 of 60) who participated in the development of the SPP/APR and expressed the importance of parent input. Board members asked about how the program will go about increasing parent participation so that all families have the opportunity to engage. The Director reported that as a result of parent input gathered during the Virtual Parent Input Sessions, social media, fliers, and incentives will be used to assist with parent participation. The program will continue to track parent participation. The State Board of Education also commended the program for meeting all the targets despite the hardship due to the Pandemic.

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

YES

**Number of Parent Members:**

43

**Parent Members Engagement:**

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

Interagency Coordinating Council: The ICC consists of a total of 18 members, a couple in which have been removed from their post and reappointment will occur by the CNMI Governor in early 2022. Of the 18 required members, 13 or 72% of members actively participate . Of the 13 members who actively attend, 3 or 23% represent parents. The ICC reviewed data related to the SPP/APR. The ICC was informed that baseline data and new targets are required for the next submission.

ICC Concerns and Input:

-How will baseline data be identified?

Response: Parents and ICC members will look at indicator data and provide input on baseline data.

-Who will set the targets for the next 5 years?

Response: Parents and ICC members will set the targets for the next 5 years

-How will you get parents to participate?

Response: The Core Team developed an action plan-Parent Input Dissemination Protocol, through the CQI process to ensure that parents are invited, informed, and participate in the Parent Input Sessions.

-What is your timeline?

Response: The CNMI will collect input from Parents and ICC members from October to December 2021.

The EI Director also addressed the ICC concerns by clarifying dates and agendas of the upcoming Parent Input Sessions, to include information of baseline data and target settings. The ICC was also informed that they would also be invited to the Parent Input Sessions.

In addition, a total of 40 of 60 or 66% of parents also engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress during the 4 Virtual Parent Input Sessions that were scheduled from October to December 2021. An in depth description of parent input is described in each indicator. The number of parent participants were captured through sign ins on the chat and verified by the program. Parent input and concerns are addressed in each Indicator.

#### **Activities to Improve Outcomes for Children with Disabilities:**

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

The Core Team looked at previous Parent Sessions to identify a baseline to determine parent participation and engagement. As a result, the core team learned that on average, there is about a 28% participation rate. A PDSA was conducted and the team developed an AIM to increase parent participation up to 50%, by June 2022. In efforts to increase the capacity of diverse groups of parents, the Core Team identified the plan on how to disseminate fliers and invitations to families.

#### **Soliciting Public Input:**

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

As a result, the Core Team and in collaboration with the ICC, agreed to the following Parent Input Dissemination Protocol.

- Flier is distributed through social media/electronically and hard copy to families, by direct service providers, 2 weeks prior to Input Session.
- Phone calls are made, 3 days prior to Input Session, by the Family Partnership Advocate and Service Coordinator to confirm receipt of the flier. Staff are provided with a script to discuss the importance of parent attendance and parent role during the Input Session.
- Phone calls are made, 1 day prior to Input Session, by the Family Partnership Advocate and Service Coordinator to confirm parent attendance.
- The Core Team identified the need for incentives for parent participation. The incentive is identified on the flier and service providers are responsible to provide families with the incentive.
- The Core Team also addressed the need for parents to provide feedback on convenient days and times. As a result, a Poll will be provided at the end of the Parent Input Session and the results will be considered.

The Parent Input Sessions were conducted on the following dates:

On October 4, 2021, a Parent Input Session was conducted to focus specifically on Indicators 1, 5, and 6.

On October 25, 2021, a Parent Input Session was conducted to focus specifically on Indicators 2, and 3.

On November 9, 2021, a Parent Input Session was conducted to focus specifically on Indicators 4, 7, 8, 9, and 10.

On December 3, 2021, a Parent Input Session was conducted to focus specifically on Indicator 11.

Parent input was collected, documented, and considered. In January, parent input for each indicator was provided to the ICC.

#### **Making Results Available to the Public:**

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

The Core Team identified that stakeholders will have 4 months (from October to January 2022) to solicit public input, to include target setting, analyzing data, developing improvement strategies, and evaluating progress to ensure information is made available to the public by mid January 2022.

#### **Reporting to the Public:**

**How and where the State reported to the public on the FFY 2019 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.**

The FFY 2020 SPP/APR will be uploaded to the official PSS website, <https://www.cnmipss.org/early-intervention-program> and available to the public no later than 120 days after submission in February 2022. Hard copies of the SPP/APR will also be available at the Early Intervention Program office.

## **Intro - Prior FFY Required Actions**

The Commonwealth of the Northern Mariana Islands IDEA Part C determination for both 2020 and 2021 is Needs Assistance. In the Entity's 2021 determination letter, the Department advised the Commonwealth of the Northern Mariana Islands of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the Commonwealth of the Northern Mariana Islands to work with appropriate entities. The Department directed the Commonwealth of the Northern Mariana Islands to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The Commonwealth of the Northern Mariana Islands must report, with its FFY 2020 SPP/APR submission, due February 1, 2022, on: (1) the technical assistance sources from which the Commonwealth of the Northern Mariana Islands received assistance; and (2) the actions the Commonwealth of the Northern Mariana Islands took as a result of that technical assistance.

### **Response to actions required in FFY 2019 SPP/APR**

Specific Conditions imposed on all grants awarded to the CNMI for FFY 2020. The CNMI must report with its FFY 2020 SPP/APR submission, due February 1, 2022, on:

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

1. Technical assistance received: CNMI continues to work with the Department's Risk Management Service (RMS) to address CNMI's Public School System Special Conditions through onsite and other technical assistance. As a result of the technical assistance the CNMI PSS is no longer required to maintain and report on a CAP but is required to submit a biannual report.

2. Actions taken as a result of the RMS technical assistance: CNMI submits a biannual report with updates on its administration of Department grant funds, with an emphasis on areas of repeat audit finding's. In addition, the CNMI PSS has:

- Increased communication and dialogue with Federal Fiscal Office;
- Improved information sharing regarding CNMI's longstanding non-compliance Special Conditions;
- Completed and submitted timely audit reports over the past five years;
- Conducted the required activities and continues to demonstrate progress towards addressing the Specific Conditions;
- Completed and submitted timely audit reports over the past five years; and
- Conducted the required activities and continues to demonstrate progress towards addressing the Special Conditions

### **Intro - OSEP Response**

### **Intro - Required Actions**

# Indicator 1: Timely Provision of Services

## Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Compliance indicator:** Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

### Data Source

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

### Measurement

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

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

### Instructions

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

Targets must be 100%.

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

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

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

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

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

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	98.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

### Targets

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

### FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
65	65	100.00%	100%	100.00%	Met target	No Slippage

**Number of documented delays attributable to exceptional family circumstances**

*This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.*

Provide reasons for delay, if applicable.

**Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).**

The process used to collect the timely service start dates and monthly services dates is the Initial Start Date Form that is prepared by Early Intervention (EI) providers, signed by parents and submitted to the data manager. The form indicates the service, the agreed upon start date as is written on the IFSP, a revised start date if necessary, with an explanation based on the family's request, and the parent signature.

CNMI Definition of Timely Services: The CNMI's definition of "Timely Services" is the "initial start-date" of each service listed on the IFSP which is consented to by parents. There are no other allowable time periods such as 30 days from when the parent consent to each service. Parents and EI providers decide the start date of each service. The discussion typically involves taking into consideration parents work schedules or events the child and family may be involved in or child care schedules. The process used to verify the timely service start dates and monthly services dates is the Initial Service Documentation Form that is prepared by EI providers. The Initial Service Documentation Form includes the EI service, the expected start date, the actual start date and the parent signature. It also includes a Revised Start Date section, if applicable. This section is filled out when a family cancels a visit due to a valid family circumstance. A new revised start date is then identified by both the parent and the service provider. An explanation for the revised date and the parent signature is also required. Initial Service Documentation Forms are then submitted to the data manager on a monthly basis and information is inputted into the database. The data manager prints monthly reports that are submitted to the program coordinator for verification. Revised Initial Start Date's are also documented in the child's IFSP to reflect changes.

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

State database

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

Timely Service Data reported for the period of July 1, 2020 to June 30, 2021 is taken from the database of the total count. Services include initial and any other services added to the IFSP during the report period.

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

The process used to verify the timely service start dates and monthly services dates is the Initial Service Documentation Form that is prepared by EI providers. The Initial Service Documentation Form includes the EI service, the expected start date, the actual start date and the parent signature. It also includes a Revised Start Date section, if applicable. This section is filled out when a family cancels a visit due to a valid family circumstance. A new revised start date is then identified by both the parent and the service provider. An explanation for the revised date and the parent signature is also required. Initial Service Documentation Forms are then submitted to the data manager on a monthly basis and information is inputted into the database. The data manager prints monthly reports that are submitted to the program coordinator for verification. Revised Initial Start Date's are also documented in the child's IFSP to reflect changes.

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

Twenty (20) of 60 parents of infants and toddlers enrolled in the EI Program, or 33% of parents/guardians attended the virtual Input Session held on October 5, 2021, from 4pm to 6pm. Parents signed in on the CHAT as a way to collect attendance. The stakeholders were briefed on IDEA Regulations and the State Performance Plan/Annual Performance Report requirements. Stakeholders were informed about the importance of stakeholder engagement, their role and commitment in the Input Session, and the activities that will be addressed to improve program outcomes. Stakeholders were asked to think about the IFSP process and recall their role with the identification of services and service start dates. A discussion on the importance of the Initial Start Date documentation was reviewed. Furthermore, Family Exceptional Circumstance documentation was discussed, and stakeholders were informed that the Program maintains this through a Standard Operating Procedure. Stakeholders were provided with trend data and were informed that this was a compliance indicator and requires 100% performance. The program has maintained 100% compliance since 2013. A discussion on National data was also presented and stakeholders were able to compare it with CNMI performance.

Target Setting: Because it is a compliance indicator, participants did not set any new targets.

Improvement Strategies and Measuring Progress: Participants commended the team for maintaining compliance in this area and encouraged the team to continue their good work.

**Correction of Findings of Noncompliance Identified in FFY 2019**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

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

**1 - Prior FFY Required Actions**

None

**1 - OSEP Response**

**1 - Required Actions**

## Indicator 2: Services in Natural Environments

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	95.00%

FFY	2015	2016	2017	2018	2019
Target>=	96.00%	96.00%	96.00%	96.50%	95.00%
Data	96.23%	100.00%	97.10%	98.84%	98.67%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	95.00%	95.00%	96.00%	96.00%	97.00%	97.00%

### Targets: Description of Stakeholder Input

With Technical Assistance provided by the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS), the PSS Early Intervention Program facilitated a process for ensuring broad stakeholder input and involvement.

Broad Stakeholders: The CNMI is comprised of a variety of stakeholders who play a major role at their own level, to support the development and implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families. All stakeholders play a major role in setting targets, analyzing data, developing improvements strategies and evaluating progress. 1) Parents and Community stakeholders are comprised of parents who have children with current IFSPs, as well as other members of the community. Their role is to share their thoughts on program data, provide feedback and suggestions, share their experiences, and monitor the CNMIs targets and performance levels. 2) The core team is comprised of EI service providers and staff. Their role is to collect and analyze data and work towards progress of the SPP/APR. 3) Interagency Coordinating Council is comprised of required members appointed by the CNMI Governor. Their role is to advise and assist the EI Program by providing strategies, activities, and timelines for actions needed. The ICC provides input on the SPP/APR targets, performance, and program activities. 4) The leadership team is comprised of the State Board of Education 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 support CNMI's SPP/APR activities. The ICC agreed and was informed that they too, would be invited to the Parent Input Sessions. Upon completion of all Parent Input Sessions, the ICC met In January 2022 to review and certify the SPP/APR which included parent input. In addition, the FFY 20 SPP/APR was presented to the Instructional Service and Assessment (ISA) sub committee, the Fiscal, Personnel, and Administration sub committee, provided to the Commissioner of Education and the State Board of Education for endorsement. The State Board of Education reviewed CNMI's performance and targets for each indicator. Questions regarding parent engagement and the number of parents who attended the Virtual Parent Input Sessions was discussed. Board members looked at the total number of parents (43 of 60) who participated in the development of the SPP/APR and expressed the importance of parent input. Board members asked about how the program will go about increasing parent participation so that all families have the opportunity to engage. The Director reported that as a result of parent input gathered during the Virtual Parent Input Sessions, social media, fliers, and incentives will be used to assist with parent participation. The program will continue to track parent participation. The State Board of Education also commended the program for meeting all the targets despite the hardship due to the Pandemic.

Sixteen (16) of 60 parents of infants and toddlers enrolled in the EI Program, or 27% of parents/guardians attended the virtual Input Session held on October 25, 2021, from 4pm to 6pm. Parents signed in on the CHAT as a way to collect attendance. The stakeholders were briefed on IDEA Regulations and the State Performance Plan/ Annual Performance Report requirements. In addition, describing what are "natural environments" and why it is important to support infants and toddlers in settings and situations that they are familiar within their daily routines. Stakeholders were informed about the importance of stakeholder engagement, their role and commitment in the Input Session, and the activities that will be addressed to improve program

outcomes.

1. What does the data tell us? Stakeholders discussed the term “natural environment” to get a full understanding of how the setting plays an important role with children performing and meeting developmental milestones. Stakeholders agreed that the CNMI performance is moving in a steady trend, meeting targets, and performing above the national average.

2. Why do you think the data is like this? Stakeholders agreed that families need supports and services and are appreciative that services are provided where the child is at during the day (at home, at grandma’s house, etc.) Families do not have to drive to and from services, instead services are delivered to them, at the convenience of each family. Stakeholders also commented on this year’s performance of 100% and directly related this to the pandemic and the transition to virtual services.

Target Setting: Stakeholders suggested to maintain baseline data at 95% and have similar targets as previous years since the CNMI did well in this area. Stakeholders appreciated the flexibility of targets and reiterated not to have 100% as a target to accommodate family circumstances should a family decide a non-natural environment setting.

Upon completion of the discussion, the stakeholders were informed that the different options discussed would be presented to the Core Team for consideration and finalization.

Improvement Strategies and Measuring Progress: Stakeholders provided a couple of positive remarks regarding the CNMI’s performance and praised the team for being consistent and diligent when discussing services with families.

**Prepopulated Data**

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/07/2021	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	65
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/07/2021	Total number of infants and toddlers with IFSPs	65

**FFY 2020 SPP/APR Data**

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
65	65	98.67%	95.00%	100.00%	Met target	No Slippage

Provide additional information about this indicator (optional).

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

**2 - Required Actions**

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

#### Summary Statements for Each of the Three Outcomes:

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

#### Measurement for Summary Statement 1:

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

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

#### Measurement for Summary Statement 2:

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

#### Instructions

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

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

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

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

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

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

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

If the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

### 3 - Indicator Data

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

NO

#### Targets: Description of Stakeholder Input

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Broad Stakeholders: The CNMI is comprised of a variety of stakeholders who play a major role at their own level, to support the development and implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families. All stakeholders play a major role in setting targets, analyzing data, developing improvements strategies and evaluating progress. 1) Parents and Community stakeholders are comprised of parents who have children with current IFSPs, as well as other members of the community. Their role is to share their thoughts on program data, provide feedback and suggestions, share their experiences, and monitor the CNMIs targets and performance levels. 2) The core team is comprised of EI service providers and staff. Their role is to collect and analyze data and work towards progress of the SPP/APR. 3) Interagency Coordinating Council is comprised of required members appointed by the CNMI Governor. Their role is to advise and assist the EI Program by providing strategies, activities, and timelines for actions needed. The ICC provides input on the SPP/APR targets, performance, and program activities. 4) The leadership team is comprised of the State Board of Education 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 support CNMI's SPP/APR activities. The ICC agreed and was informed that they too, would be invited to the Parent Input Sessions. Upon completion of all Parent Input Sessions, the ICC met In January 2022 to review and certify the SPP/APR which included parent input. In addition, the FFY 20 SPP/APR was presented to the Instructional Service and Assessment (ISA) sub committee, the Fiscal, Personnel, and Administration sub committee, provided to the Commissioner of Education and the State Board of Education for endorsement. The State Board of Education reviewed CNMI's performance and targets for each indicator. Questions regarding parent engagement and the number of parents who attended the Virtual Parent Input Sessions was discussed. Board members looked at the total number of parents (43 of 60) who participated in the development of the SPP/APR and expressed the importance of parent input. Board members asked about how the program will go about increasing parent participation so that all families have the opportunity to engage. The Director reported that as a result of parent input gathered during the Virtual Parent Input Sessions, social media, fliers, and incentives will be used to assist with parent participation. The program will continue to track parent participation. The State Board of Education also commended the program for meeting all the targets despite the hardship due to the Pandemic.

Sixteen (16) of 60 or 27% of parents/guardians of infants and toddlers enrolled in the EI Program attended the virtual Input Session held on October 25, 2021, from 4pm to 6pm. Parents signed in on the CHAT as a way to collect attendance. The stakeholders were briefed on IDEA Regulations and the State Performance Plan/Annual Performance Report requirements. Stakeholders were informed about the importance of stakeholder engagement, their role and commitment in the Input Session, and the activities that will be addressed to improve program outcomes.

Stakeholders were sent into small breakout sessions in which providers facilitated and documented input. In addition, stakeholders also had the opportunity to type responses in the CHAT. Stakeholders were asked the respond to the following questions:

1. What does the data tell us? Stakeholders all agreed that data indicates an up and down performance with some years meeting targets and others not meeting targets. Stakeholders discussed the importance of an upward trend performance and correlated it with each child's progress being made.
2. Why do you think the data is like this? Stakeholders strongly felt that the pandemic played a major role with last year's performance in that social limitations and limited family interactions hindered many child/family relationships. Stakeholders shared that the change of routines and daily activities were a factor in how children had limited opportunities to interact with extended family members, resulting in slower progress towards meeting developmental milestones.

Target Setting: Stakeholders looked at the trend data for all 6 target areas. Stakeholders discussed performance and considered different options to assist with setting new targets. They considered using the average of previous performance, keeping the same targets as previous years, or setting a whole new set of targets. Stakeholders agreed that baseline data should be determined by this reporting period performance. Upon completion of the discussion, the stakeholders were informed that the different options discussed would be presented to the Core Team for consideration and finalization.

Stakeholders provided numerous strategies that could assist the program to meet the targets and increase the number of children served. The following input was gathered and will be taken into consideration.

- Frequency: Stakeholders discussed the number of monthly services provided to families and encouraged the team to relook at family needs and increase services if families need more support.
- Parent Competencies: Stakeholders felt the importance to determine parent knowledge and comfort levels when discussing the use and implementation of strategies. Stakeholders further shared that parent may not feel as comfortable to interact with their child and use the strategies discussed and prefer to wait for the next visit with their provider, resulting in limited opportunities to work towards child outcomes.
- Resources: Stakeholders shared that more online resources would provide families with the supports needed while waiting for the next visit with their service provider.

#### Historical Data

Outcome	Baseline	FFY	2015	2016	2017	2018	2019
A1	2008	Target>=	60.00%	65.00%	70.00%	75.10%	75.10%
A1	75.00%	Data	40.00%	56.25%	78.57%	89.13%	79.55%
A2	2008	Target>=	66.00%	66.00%	66.00%	66.00%	65.00%
A2	64.00%	Data	67.31%	72.73%	59.38%	45.45%	60.00%
B1	2008	Target>=	67.00%	68.00%	69.00%	70.00%	70.00%
B1	54.20%	Data	46.34%	60.00%	81.25%	86.79%	79.25%
B2	2008	Target>=	52.00%	53.00%	54.00%	55.00%	50.00%

<b>B2</b>	32.00%	Data	38.46%	38.64%	34.38%	30.36%	49.09%
<b>C1</b>	2008	Target>=	82.50%	82.50%	83.00%	83.00%	82.00%
<b>C1</b>	81.80%	Data	68.75%	78.26%	86.21%	72.34%	76.09%
<b>C2</b>	2008	Target>=	69.00%	73.00%	75.00%	77.00%	77.00%
<b>C2</b>	76.00%	Data	71.15%	72.73%	62.50%	39.29%	54.55%

**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target A1>=	78.38%	78.40%	79.00%	79.00%	79.50%	79.50%
Target A2>=	59.09%	60.00%	61.00%	62.00%	63.00%	64.50%
Target B1>=	82.50%	83.00%	83.00%	83.50%	83.50%	83.50%
Target B2>=	38.60%	39.00%	39.00%	39.50%	39.50%	39.50%
Target C1>=	72.50%	73.00%	74.00%	76.00%	78.00%	81.90%
Target C2>=	54.50%	56.00%	60.00%	65.00%	70.00%	76.50%

**FFY 2020 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

44

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	8	18.18%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	10	22.73%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	19	43.18%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	7	15.91%

Outcome A	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	29	37	79.55%	78.38%	78.38%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	26	44	60.00%	59.09%	59.09%	Met target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	0	0.00%

<b>Outcome B Progress Category</b>	<b>Number of Children</b>	<b>Percentage of Total</b>
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	7	15.91%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	20	45.45%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	13	29.55%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	4	9.09%

<b>Outcome B</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2019 Data</b>	<b>FFY 2020 Target</b>	<b>FFY 2020 Data</b>	<b>Status</b>	<b>Slippage</b>
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	33	40	79.25%	82.50%	82.50%	Met target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	17	44	49.09%	38.60%	38.64%	Met target	No Slippage

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

<b>Outcome C Progress Category</b>	<b>Number of Children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	11	25.00%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	9	20.45%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	20	45.45%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	4	9.09%

<b>Outcome C</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2019 Data</b>	<b>FFY 2020 Target</b>	<b>FFY 2020 Data</b>	<b>Status</b>	<b>Slippage</b>
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	29	40	76.09%	72.50%	72.50%	Met target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	24	44	54.55%	54.50%	54.55%	Met target	No Slippage

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

<b>Question</b>	<b>Number</b>
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	57

Question	Number
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	13

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

CNMI Early Childhood Outcome Procedures:

All children, age 6 months or older, that receive at least 6 months of early intervention services, participate in Early Childhood Outcomes.

The Child Outcome Summary (COS) process consist of four key features of a quality. These features include ---

1. Uses information from multiple sources. The process produces a description of the child's functioning at a single point in time by synthesizing multiple sources of information. Multiple source of information is used to determine the status of the COS. Most of the information needed is already collected as part of the development of the child's IFSP and therefore, collecting child assessment information is currently part of the IFSP development process and is not an added step. Multiple sources of information are used to make decisions regarding the child's performance related to the three child outcomes.

Data sources include:

- \* The Hawaii Early Learning Profile
- \* Other assessment results if appropriate
- \* Parent and other caregiver information
- \* Child observations
- \* Service provider observations and input

2. Relies on team-based discussion and team decision making. This approach is a team process, involving professionals and family members contributing to decision-making. The COS process is designed to be a team consensus process where each individual member contributes information about the child's functioning across a variety of setting and situations. The members of the team participates collectively in a discussion to determine the child's rating. The child's family is an important member of the COS team. The family provides critical information about the child. The family may not be familiar with the COS process but they are experts on what their child is doing across settings and situations. The team shall include family members, professionals who work with the child, and others familiar with the child's functioning such as child care providers. Teams can range in size from two people to as many the parent and team feels is needed.

3. Uses a 7-point rating scale to describe the child's function across settings and situations. The process involves team members using the information gathered about a child to rate his or her functioning in each of the three outcome areas on a 7-point scale. Using the 7-point rating scale requires the team to compare the child's skills and behaviors with those expected for his or her age. The purpose of the rating is to document current functioning. The Early Childhood Outcome (ECO) Center recommends not correcting for prematurity. At a later age, the child's functioning may show a higher rating, reflecting that the child has now caught up with age expectations. The COS process results in a rating for each of the three child outcomes. The rating is based on child's functioning across settings and situations. A child's functioning is compared with what is expected for a child at that age. The rating reflects the child's functioning at each of the time points and should be determined as close to the actual entry and exit as possible. The comparison of entry to exit ratings provides information about the child's progress. Ratings on all three outcomes must be reported for every child enrolled. Ratings are needed in all areas even if: 1) No one has concerns about a child's development, and 2) A child has delays in one or two outcome areas, but not in all three outcome areas. The ECO Decision Tree is a helpful tool for facilitating the rating process and guides the team through the process for each outcome.

4. Completes the COS forms upon program entry and exit. The COS process is completed at two points in time, at a minimum--when the child enters the program and when the child exits the program.

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

**3 - Prior FFY Required Actions**

None

**3 - OSEP Response**

**3 - Required Actions**

## Indicator 4: Family Involvement

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2015	2016	2017	2018	2019
A	2006	Target>=	93.00%	93.00%	94.00%	94.10%	95.00%
A	94.00%	Data	96.46%	97.56%	97.76%	98.15%	99.15%
B	2006	Target>=	93.00%	93.00%	94.00%	94.00%	94.00%
B	93.00%	Data	97.35%	98.78%	99.25%	96.30%	98.31%
C	2006	Target>=	92.00%	92.00%	93.00%	94.10%	94.10%

C	94.00 %	Data	97.35%	92.68%	97.76%	98.15%	98.31%
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**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target A>=	96.60%	97.00%	97.00%	97.25%	97.50%	97.50%
Target B>=	98.70%	98.00%	98.00%	98.30%	98.50%	99.00%
Target C>=	95.50%	96.00%	96.00%	96.25%	96.50%	96.50%

**Targets: Description of Stakeholder Input**

With Technical Assistance provided by the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS), the PSS Early Intervention Program facilitated a process for ensuring broad stakeholder input and involvement.

Broad Stakeholders: The CNMI is comprised of a variety of stakeholders who play a major role at their own level, to support the development and implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families. All stakeholders play a major role in setting targets, analyzing data, developing improvements strategies and evaluating progress. 1) Parents and Community stakeholders are comprised of parents who have children with current IFSPs, as well as other members of the community. Their role is to share their thoughts on program data, provide feedback and suggestions, share their experiences, and monitor the CNMIs targets and performance levels. 2) The core team is comprised of EI service providers and staff. Their role is to collect and analyze data and work towards progress of the SPP/APR. 3) Interagency Coordinating Council is comprised of required members appointed by the CNMI Governor. Their role is to advise and assist the EI Program by providing strategies, activities, and timelines for actions needed. The ICC provides input on the SPP/APR targets, performance, and program activities. 4) The leadership team is comprised of the State Board of Education 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 support CNMI's SPP/APR activities. The ICC agreed and was informed that they too, would be invited to the Parent Input Sessions. Upon completion of all Parent Input Sessions, the ICC met in January 2022 to review and certify the SPP/APR which included parent input. In addition, the FFY 20 SPP/APR was presented to the Instructional Service and Assessment (ISA) sub committee, the Fiscal, Personnel, and Administration sub committee, provided to the Commissioner of Education and the State Board of Education for endorsement. The State Board of Education reviewed CNMI's performance and targets for each indicator. Questions regarding parent engagement and the number of parents who attended the Virtual Parent Input Sessions was discussed. Board members looked at the total number of parents (43 of 60) who participated in the development of the SPP/APR and expressed the importance of parent input. Board members asked about how the program will go about increasing parent participation so that all families have the opportunity to engage. The Director reported that as a result of parent input gathered during the Virtual Parent Input Sessions, social media, fliers, and incentives will be used to assist with parent participation. The program will continue to track parent participation. The State Board of Education also commended the program for meeting all the targets despite the hardship due to the Pandemic.

Fifteen (15) of 60 or 25% of parents/guardians with infants and toddlers enrolled in the EI Program attended the virtual Input Session held on November 9, 2021, from 4pm to 6pm. Parents signed in on the CHAT as a way to collect attendance. The stakeholders were briefed on IDEA Regulations and the State Performance Plan/ Annual Performance Report requirements. Stakeholders were informed about the importance of stakeholder engagement, their role and commitment in the Input Session, and the activities that will be addressed to improve program outcomes.

Stakeholders were sent into small breakout sessions in which providers facilitated and documented input. Stakeholders also had the opportunity to type responses in the CHAT. Stakeholders were asked the respond to the following questions:

1. What is the data telling us? Stakeholders reviewed at the 3 target areas and praised the team for trend data that reflected CNMIs high performance. Family responses indicated that the program continues to do a great job with communicating with families. The data proves that families understand their rights, can effectively communicate their child's needs, and that services supported them to help their child grow and learn. Stakeholders also commented how the program surpassed the national averages.

2. Why do you think the data is like this? Stakeholders felt that the constant communication between providers and families helped families feel comfortable and provided family supports to assist them throughout their journey in early intervention. Stakeholders also commented that the "language" used in the surveys is very parent friendly, so parents are able to understand and complete the surveys.

Target Setting: Stakeholders looked at the data for all three target areas. They recommended keeping the baseline data similar to the performance for this reporting period and move up targets slowly. Because the CNMI performance has been consistent in the high 90s, stakeholders felt that target should continue to be set "high" yet be rigorous.

Improvement Strategies and Measuring Progress: Stakeholders were provided with the response rates for the 3 survey distributions (new, on-going, exiting.) Stakeholders analyzed this data and concluded that response rates over the years were consistent, however, there was a dip for this reporting period. Compared to last year's response rate of 96%, this reporting period performance is 71.93% , a decrease from last year. Stakeholders further looked at the response rates for the "new" and "exiting" families and determined that the low turn-out rate were from these distributions, only a 51% response rate from new families and a 63% response rate from exiting families. Stakeholders attributed the low response rates to the pandemic, the transition to online survey submissions, and access to technology. The following strategies were provided to help increase the number of family survey responses.

- Provide families with more information about the survey (survey importance, survey due dates, how surveys will be collected) before dissemination;
- Provide options (hard copy or electronic) for surveys;
- Use phone calls to follow up with families;
- During visits, remind parents to complete survey (at least 1 page at a time); and
- Provide families with incentives upon submission of surveys.

The EI Program will take note of the input and consider the strategies made to ensure that the dissemination and collection of surveys reflect all families being served in the program.

In preparation for OSEPs new reporting requirement due in 2024, stakeholders were provided with preliminary data on the representativeness of

respondents. Data on race/ethnicity and geographic location, which includes villages of all three islands on Saipan, Tinian, and Rota. Based on the 145 respondents for this reporting period, 50% of respondents were of indigenous Chamorro decent, 28% were of Filipino decent, and 12% were indigenous Carolinian decent. The Caucasian, Chinese, Japanese, Pohnpeian, and Chuukese respondents made up 10%. When looking at geographic location data, 21% of respondents represented the largest homestead village on Saipan. 2% of respondents represented the island of Tinian and 1% of respondents represented the island of Rota.

Stakeholders were informed that the new OSEP requirement will require the program to further investigate this data to identify discrepancies in respondents and describe program strategies to ensure that future response data are representative of all discrepancies.

**FFY 2020 SPP/APR Data**

The number of families to whom surveys were distributed	145
Number of respondent families participating in Part C	89
Survey Response Rate	61.38%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	369
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	381
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	389
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	394
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	435
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	452

Measure	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	99.15%	96.60%	96.85%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	98.31%	98.70%	98.73%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	98.31%	95.50%	96.24%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

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

**Survey Response Rate**

FFY	2019	2020
Survey Response Rate	94.40%	61.38%

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

The Core Team will consider parent input and incorporate strategies to increase the response rate year over year, particularly for those groups that are underrepresented. The following strategies were provided to help increase the number family survey responses.

- Provide families with more information about the survey (survey importance, survey due dates, how surveys will be collected) before dissemination
- Provide options (hard copy or electronic) for surveys
- Use phone calls to follow up with families
- During visits, remind parents to complete survey (at least 1 page at a time)
- Provide families with incentives upon submission of surveys

The Early Intervention Program will take note of the input and consider the strategies made to ensure that the dissemination and collection of surveys reflect all families being served in the program.

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

Of the 145 surveys disseminated, 56 or 38.6% of families did not respond to the survey. Of the 56 non respondents, the 56 represent the local indigenous Chamorro and Carolinian, Filipino, Chuukeese, Pohnpeian, and Chinese population. The 56 non respondents are of the same race/ethnicity as of the 89 families who successfully responded for this reporting period. Based on the high turn out and performance of the CNMI from previous years, the CNMI believes that non response bias is not evident for this reporting period. As the Core Team conducted research on the 56 non respondents, the ultimate reasons for families not responding was directly related to the pandemic. Families were consumed with the life changing situations and their lives revolved around keeping their families safe and healthy.

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

In preparation for OSEPs new reporting requirement due in 2024, stakeholders were provided with preliminary data on the representativeness of respondents. Data on race/ethnicity and geographic location, which includes villages of all three islands on Saipan, Tinian, and Rota. Based on the 145 respondents for this reporting period, 50% of respondents were of indigenous Chamorro decent, 28% were of Filipino decent, and 12% were indigenous Carolinian decent. The Caucasian, Chinese, Japanese, Pohnpeian, and Chuukese respondents made up 10%. When looking at geographic location data, 21% of respondents represented the largest homestead village on Saipan. 2% of respondents represented the island of Tinian and 1% of respondents represented the island of Rota.

Stakeholders were informed that the new OSEP requirement will require the program to further investigate this data to identify discrepancies in respondents and describe program strategies to ensure that future response data are representative of all discrepancies.

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

All families who receive early intervention services are provided with an annual Family Engagement survey. Surveys are distributed throughout the year and collected (electronically or paper based) upon completion or within a period. Therefore, all families are represented, based on their length of service with early intervention. The CNMI does not use a metric to determine representativeness, instead all families are represented and data on race/ethnicity, age, and geographic location is captured to ensure the participation of all families

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

#### 4 - Prior FFY Required Actions

None

#### 4 - OSEP Response

#### 4 - Required Actions

## Indicator 5: Child Find (Birth to One)

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	0.85%

FFY	2015	2016	2017	2018	2019
Target >=	0.93%	0.93%	0.94%	0.95%	1.00%
Data	0.56%	1.03%	1.77%	1.12%	1.40%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	0.75%	0.75%	0.80%	0.80%	0.85%	0.90%

### Targets: Description of Stakeholder Input

With Technical Assistance provided by the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS), the PSS Early Intervention Program facilitated a process for ensuring broad stakeholder input and involvement.

Broad Stakeholders: The CNMI is comprised of a variety of stakeholders who play a major role at their own level, to support the development and implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families. All stakeholders play a major role in setting targets, analyzing data, developing improvements strategies and evaluating progress. 1) Parents and Community stakeholders are comprised of parents who have children with current IFSPs, as well as other members of the community. Their role is to share their thoughts on program data, provide feedback and suggestions, share their experiences, and monitor the CNMIs targets and performance levels. 2) The core team is comprised of EI service providers and staff. Their role is to collect and analyze data and work towards progress of the SPP/APR. 3) Interagency Coordinating Council is comprised of required members appointed by the CNMI Governor. Their role is to advise and assist the EI Program by providing strategies, activities, and timelines for actions needed. The ICC provides input on the SPP/APR targets, performance, and program activities. 4) The leadership team is comprised of the State Board of Education 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 support CNMI's SPP/APR activities. The ICC agreed and was informed that they too, would be invited to the Parent Input Sessions. Upon completion of all Parent Input Sessions, the ICC met in January 2022 to review and certify the SPP/APR which included parent input. In addition, the FFY 20 SPP/APR was presented to the Instructional Service and Assessment (ISA) sub committee, the Fiscal, Personnel, and Administration sub committee, provided to the Commissioner of Education and the State Board of Education for endorsement. The State Board of Education reviewed CNMI's performance and targets for each indicator. Questions regarding parent engagement and the number of parents who attended the Virtual Parent Input Sessions was discussed. Board members looked at the total number of parents (43 of 60) who participated in the development of the SPP/APR and expressed the importance of parent input. Board members asked about how the program will go about increasing parent participation so that all families have the opportunity to engage. The Director reported that as a result of parent input gathered during the Virtual Parent Input Sessions, social media, fliers, and incentives will be used to assist with parent participation. The program will continue to track parent participation. The State Board of Education also commended the program for meeting all the targets despite the hardship due to the Pandemic.

Twenty (20) of 60 parents of infants and toddlers enrolled in the EI Program, or 33% of parents/guardians attended the virtual Input Session held on October 5, 2021, from 4pm to 6pm. Parents signed in on the CHAT as a way to collect attendance. The stakeholders were briefed on IDEA Regulations and the State Performance Plan/ Annual Performance Report requirements. Stakeholders were informed about the importance of stakeholder engagement, their role and commitment in the Input Session, and the activities that will be addressed to improve program outcomes.

In order for stakeholders to fully understand Child Count data, they were provided with background data on referral sources, reasons for referrals, and the average age of referrals. Stakeholders analyzed data from referral sources and were able to identify the 12 sources that play a major role with referring children. The Children's Clinic, the NICU, and Parents were the top 3 referral sources. The number of referrals were identified along with the number of parents who denied services for their child. Stakeholders reviewed data on the reasons of referrals and identified that children are mainly

referred for communication concerns. A discussion on the benefits of services and the short amount of time spent in early intervention opened the doors to data on the average age of referrals. Current data indicates that the average age of referral is about 20 months old.

With this in mind, the stakeholders looked at Birth to 1 trend data, and discussed the change in the measurement of this indicator noting that the Program will no longer need to compare CNMI's performance for this indicator National data. The CNMI's performance for this reporting year is 8 infants under the age of 1 or .075 (8/1072). The CNMI through advisement of OSEP was unable access as of this reporting period the 2020 Census Population Data and therefore will continue to use the 2010 Census Population Data (1072). Stakeholders were sent into small breakout sessions in which providers facilitated and documented input. Stakeholders also had the opportunity to type responses in the chat room. Stakeholders were asked the following questions:

1. What does the data tell us? Stakeholders shared that 8 infants were a small number of children being served. They talked about the difficulties of getting parents to commit to services.
2. Why do you think the data is like this? Stakeholders shared their own experiences and alluded to parents being unaware of the referral process to the program, that parents are hopeful that their child's development will catch up, and that maybe some parents are not aware of developmental milestones and expectations for their child. Stakeholders also shared that parent are unaware of what early intervention is and are afraid of the stigma that comes with receiving services.

**Target Setting:** A lengthy discussion on the measurement (denominator) that is used to measure progress was shared. Parents signed in on the CHAT as a way to collect attendance. Stakeholders questioned the use of Census data and inquired the use of live birth data. As a result, the stakeholders were informed that the Program awaits the 2020 Census results, as per OSEP directions, but moved forward with identifying targets.

Stakeholders reviewed the performance for this reporting period. All stakeholders agreed that the baseline will begin at .75% and move forward, ensuring that the 5th year will show progress above baseline data. With this in mind, stakeholders provided 3 options beginning at .75%, moving forward rigorously. Stakeholders looked at trend data to identify the percent increase that was used in the past. In efforts to fully understand percent and targets, stakeholders were informed on the number of children under age 1 that will be required to meet the target.

Upon completion of the discussion, the stakeholders were informed that the different options discussed would be presented to the Core Team for consideration and finalization.

**Improvement Strategies and Measuring Progress:** Stakeholders provided numerous strategies that could assist the program to meet the targets and increase the number of children served. The following input was gathered and will be taken into consideration.

- **Advertisements:** Stakeholders expressed their thoughts of the use of advertising on a variety of social media platforms such as YouTube, TikTok, and Facebook since parents typically search for assistance on line. These platforms will be able to share program information so that parents know who to turn to for assistance. Stakeholders also expressed the importance of parent testimonials and that the powerful messages that other parents share can ease concerned parents. Stakeholders expressed the importance to "change up" the existing posters that are currently available and want to see things that stand out. "I only read the poster because I'm bored," a parent stated. Collaborating with other community agencies such as the Northern Marianas College, Women Infant Children, and Pre Natal-Care Clinic will promote the program and help parents understand the importance of child development, milestones, and skills. Lastly, stakeholders shared that the type of information on the advertisement should include information about how children can be referred. Stakeholders expressed that they were unaware that "anyone" could make a referral, instead they believed that only health care professionals can make referrals.
- **Follow Up:** One parent indicated the importance of following up with families by giving them a tangible item such as a teddy bear or a pacifier with a note that states, "When you are ready, we will be here!" This allows families to process the information and know that services are available. After hearing this, the Core Team decided to implement this strategy with the families who were referred and contacted but denied services at that time. To date, there were a total of 60 families referred. Of the 60 families, 19 were contacted but made the decision to deny services. The Core Team will consider this recommendation in order to reconnect with families and encourage them to avail of services.

**Prepopulated Data**

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/07/2021	Number of infants and toddlers birth to 1 with IFSPs	8
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/01/2020	Population of infants and toddlers birth to 1	8

**FFY 2020 SPP/APR Data**

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
8	8	1.40%	0.75%	100.00%	Met target	No Slippage

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

Based on OSEP's guidance, CNMI was directed to use the 2010 US Census Population Data of 1072 infants birth to one.

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

## 5 - Required Actions

## Indicator 6: Child Find (Birth to Three)

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

## 6 - Indicator Data

Baseline Year	Baseline Data
2005	1.58%

FFY	2015	2016	2017	2018	2019
Target >=	2.10%	2.10%	2.20%	2.20%	2.20%
Data	1.65%	1.87%	2.15%	2.67%	2.33%

#### Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	2.02%	2.02%	2.10%	2.10%	2.20%	2.20%

#### Targets: Description of Stakeholder Input

With Technical Assistance provided by the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS), the PSS Early Intervention Program facilitated a process for ensuring broad stakeholder input and involvement.

Broad Stakeholders: The CNMI is comprised of a variety of stakeholders who play a major role at their own level, to support the development and implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families. All stakeholders play a major role in setting targets, analyzing data, developing improvements strategies and evaluating progress. 1) Parents and Community stakeholders are comprised of parents who have children with current IFSPs, as well as other members of the community. Their role is to share their thoughts on program data, provide feedback and suggestions, share their experiences, and monitor the CNMIs targets and performance levels. 2) The core team is comprised of EI service providers and staff. Their role is to collect and analyze data and work towards progress of the SPP/APR. 3) Interagency Coordinating Council is comprised of required members appointed by the CNMI Governor. Their role is to advise and assist the EI Program by providing strategies, activities, and timelines for actions needed. The ICC provides input on the SPP/APR targets, performance, and program activities. 4) The leadership team is comprised of the State Board of Education 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 support CNMI's SPP/APR activities. The ICC agreed and was informed that they too, would be invited to the Parent Input Sessions. Upon completion of all Parent Input Sessions, the ICC met In January 2022 to review and certify the SPP/APR which included parent input. In addition, the FFY 20 SPP/APR was presented to the Instructional Service and Assessment (ISA) sub committee, the Fiscal, Personnel, and Administration sub committee, provided to the Commissioner of Education and the State Board of Education for endorsement. The State Board of Education reviewed CNMI's performance and targets for each indicator. Questions regarding parent engagement and the number of parents who attended the Virtual Parent Input Sessions was discussed. Board members looked at the total number of parents (43 of 60) who participated in the development of the SPP/APR and expressed the importance of parent input. Board members asked about how the program will go about increasing parent participation so that all families have the opportunity to engage. The Director reported that as a result of parent input gathered during the Virtual Parent Input Sessions, social media, fliers, and incentives will be used to assist with parent participation. The program will continue to track parent participation. The State Board of Education also commended the program for meeting all the targets despite the hardship due to the Pandemic.

Twenty (20) of 60 parents of infants and toddlers enrolled in the EI Program, or 33% of parents/guardians attended the virtual Input Session held on October 5, 2021, from 4pm to 6pm. Parents signed in on the CHAT as a way to collect attendance. The stakeholders were briefed on IDEA Regulations and the State Performance Plan/ Annual Performance Report requirements. Stakeholders were informed about the importance of stakeholder engagement, their role and commitment in the Input Session, and the activities that will be addressed to improve program outcomes.

In order for stakeholders to fully understand Child Count data, they were provided with background data on referral sources, reasons for referrals, and the average age of referrals. Stakeholders analyzed data from referral sources and were able to identify the 12 sources that play a major role with referring children. The Children's Clinic, the NICU, and Parents were the top 3 referral sources. The number of referrals were identified along with the number of parents who denied services for their child. Stakeholders reviewed data on the reasons of referrals and identified that children are mainly referred for communication concerns. A discussion on the benefits of services and the short amount of time spent in early intervention opened the doors to data on the average age of referrals. Current data indicates that the average age of referral is about 20 months old.

With this in mind, the stakeholders looked at Birth to 3 trend data and discussed that the EI Program will no longer need to compare to National data. The CNMI's performance for this reporting year is 65/3216 or 2.02% using the 2010 Census Population Data (3216). The CNMI through advisement of OSEP was unable access as of this reporting period the 2020 Census Population Data and therefore will continue to use the 2010 Census Population Data. Stakeholders were sent into small breakout sessions in which EI providers facilitated and documented input. Stakeholders also had the opportunity to type responses in the CHAT. Stakeholders were asked to provide input to the following questions:

1. What does the data tell us? Stakeholders shared that 65 infants and toddlers was a small number of children being served. They talked about the difficulties of getting parents to commit to services.
2. Why do you think the data is like this? Stakeholders shared their own experiences and alluded to parents being unaware of the referral process to the program, that parents are hopeful that their child's development will catch up, and that maybe some parents are not aware of developmental milestones and expectations for their child. Stakeholders also shared that parent are unaware of what early intervention is and are afraid of the stigma that comes with receiving services.

**Target Setting:** A lengthy discussion on the measurement (denominator) that is used to measure progress was shared. Parents signed in on the CHAT as a way to collect attendance. Stakeholders questioned the use of Census data and inquired the use of live birth data. As a result, the stakeholders were informed that the Program awaits the 2020 Census results, as per OSEP directions, but moved forward with identifying targets.

Stakeholders reviewed the performance for this reporting period. All stakeholders agreed that the baseline will begin at 2.20% and move forward, ensuring that the 5th year will show progress above baseline data. With this in mind, stakeholders provided 2 options beginning at 2.20%, moving forward rigorously. Stakeholders looked at trend data to identify the percent increase that was used in the past. In efforts to fully understand percent and targets, stakeholders were informed on the number of children, birth to 3 that will be required to meet the target. Upon completion of the discussion, the stakeholders were informed that the different options discussed would be presented to the Core Team for consideration and finalization.

**Improvement Strategies and Measuring Progress:** Stakeholders provided input on numerous of strategies that could assist the program to meet the targets and increase the number of children served. The following input was gathered and will be taken into consideration.

- **Advertisements:** Stakeholders expressed the use of advertising on a variety of social media platforms such as YouTube, TikTok, and Facebook since Parents typically search for assistance on line. These platforms will be able to share program information so that parents know who to turn to for assistance. Stakeholders also expressed the importance of parent testimonials and that the powerful messages that other parents share can ease concerned parents. Stakeholders expressed the importance to "change up" the existing posters that are currently available and want to see things that stand out. "I only read the poster because I'm bored," a parent stated. Collaborating with other community agencies such as the Northern Marianas College, Women Infant Children, and Pre Natal-Care Clinic will promote the program and help parents understand the importance of child development, milestones, and skills. Lastly, stakeholders shared that the type of information on the advertisement should include information about how children are referred. Stakeholders expressed that they were unaware that "anyone" could make a referral, instead they believed that only health care professionals can make referrals.
- **Follow Up:** One stakeholder indicated the importance of following up with families by giving them a tangible item such as a teddy bear or a pacifier with a note that states, "When you are ready, we will be here!" This allows families to process the information and know that services are available. After hearing this, the Core Team decided to implement this strategy with the families who were referred and contacted but denied services at that time. To date, there were a total of 60 families referred. Of the 60 families, 19 were contacted but made the decision to deny services. The Core Team will consider this recommendation in order to reconnect with families and encourage them to avail of services

**Prepopulated Data**

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/07/2021	Number of infants and toddlers birth to 3 with IFSPs	65
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/01/2020	Population of infants and toddlers birth to 3	65

**FFY 2020 SPP/APR Data**

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
65	65	2.33%	2.02%	100.00%	Met target	No Slippage

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

Based on OSEP's guidance, CNMI was directed to use the CNMI's 2010 US Census Population Data of 3216 population of infants and toddlers birth to 3.

**6 - Prior FFY Required Actions**

None

**6 - OSEP Response**

**6 - Required Actions**

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Compliance indicator:** Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

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

#### Measurement

Percent = [(# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

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

#### Instructions

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

Targets must be 100%.

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

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

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

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

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	98.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

### Targets

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

### FFY 2020 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
66	68	100.00%	100%	100.00%	Met target	No Slippage

### Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.

**Provide reasons for delay, if applicable.**

Both families were unable to meet due to Exceptional Family Circumstances. A Reason for Delay Form is indicated in each child's IFSP. The untimely days range from 12 to 15 days late. Although late, both families did complete the initial IFSP process.

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

State database

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

The reporting period is from July 1, 2020 to June 30, 2021

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

The Early Intervention Program is the entry point for all referrals. When referrals are received from any referral source, the Data Manager posts the referral date and referral source into the database. The database automatically generates the 45-day timeline that the evaluation and initial IFSP meeting must occur. The Data Manager disseminates the "referral" information to Service Coordinators on a rotating basis. The Service Coordinators make initial contact with the family and schedule Initial evaluation and IFSP dates and locations. Upon completion of the evaluation and initial IFSP meetings, these documents are submitted to the Data Manager for verification and posting in the database. The database is formatted to "red flag" dates that fall outside the 45-day timeline. For any "delays" in the process, or red flags, a Reason for Delay form is also submitted to the Data Manager. The Data Manager "determines" if the reason is due to an exceptional family circumstance, or a systemic issue. The "valid" or "invalid" reason is also logged into the database. At the end of the reporting year, the Data Manager draws down the data for inclusion in the APR

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

Fifteen (15) of 60 or 25% of parents/guardians with infants and toddlers enrolled in the EI Program attended the virtual Input Session held on November 9, 2021, from 4pm to 6pm. Parents signed in on the CHAT as a way to collect attendance. The stakeholders were briefed on IDEA Regulations and the State Performance Plan/ Annual Performance Report requirements. Stakeholders were informed about the importance of stakeholder engagement, their role and commitment in the Input Session, and the activities that will be addressed to improve program outcomes.

Stakeholders were informed about the referral process and how the program must act on referrals (contacting parents, setting up meetings, and developing the IFSP) given the 45-day timeline. Stakeholders were provided with trend data and were informed that this was a compliance indicator. The program has maintained 100% compliance since 2013.

Target Setting: Because it is a compliance indicator, stakeholders did not set any new targets.

Improvement Strategies and Measuring Progress: Stakeholders commended the team for maintaining compliance in this area and encouraged the team to continue their good work.

**Correction of Findings of Noncompliance Identified in FFY 2019**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

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

**7 - Prior FFY Required Actions**

None

**7 - OSEP Response**

**7 - Required Actions**

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

A. Percent =  $\left[ \frac{\text{(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(# of toddlers with disabilities exiting Part C)}} \right] \times 100$ .

B. Percent =  $\left[ \frac{\text{(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$ .

C. Percent =  $\left[ \frac{\text{(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$ .

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

#### Instructions

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

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

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

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

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

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

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

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

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

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	100.00%	100.00%	100.00%	100.00%	100.00%
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**Targets**

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

**FFY 2020 SPP/APR Data**

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
32	32	100.00%	100%	100.00%	Met target	No Slippage

**Number of documented delays attributable to exceptional family circumstances**

This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

Provide reasons for delay, if applicable.

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

State database

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

The reporting period is from July 1, 2020 to June 30, 2021.

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

In the CNMI, children eligible for Part B services are defined as those children who, based on current evaluation, assessment and IFSP information, continue to demonstrate a 25% delay in one or more areas of development or have an established condition that has a high probability resulting in a disability that aligns with the Part B eligibility definitions or categories and because of that condition or disability, the child may need special education and related services. The determination of whether the child is potentially eligible for Part B is made by that toddler's IFSP team. Part B eligibility is determined by the Part B providers. Individual "referral notice" is sent to the Special Education Program which triggers the Part B child find process. Upon parental consent to release information, pertinent information such as evaluation reports, current IFSPs, Outcome Measurement information, and other information is sent to the Special Education Program team to prepare for the transition conference. Upon approval of the parent, a Transition Conference is scheduled and meeting invitations are sent to receiving special education teams and the preschool providers. The CNMI does not have an "opt out" policy for parents to opt out of the referral. Service Coordinators are required to submit all documentation related to the transition requirements to the Data Manager. This includes copies of the referral to special education, copies of the invitation of the Transition Conference meeting, copies of the Prior Written Notices, the IFSP Transition Steps and Service Plan, and the Transition Conference notes. The Data Manager verifies the information contained in the IFSP and "dates" before posting the data in the database. The database includes the date of the LEA (Special Education Program) notification, the date steps and services were discussed with the family, the date of the Transition Conference with Early Childhood Special Education providers, and the age of the child on the conference date. The database is formatted to red flag less than 90 days from the Transition Conference date and third birthday. The database now includes timeline requirements for LEA notification and Steps and Services in the Transition Plan. For any Transition Conferences held less than 90 days from the third birthday, a Reason or Delay form is attached and submitted to the Data Manager. The Data Manager is responsible to verify the reasons and makes a determination of valid (exceptional family circumstance) or invalid (system issue).

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

Fifteen (15) of 60 or 25% of parents/guardians with infants and toddlers enrolled in the EI Program attended the virtual Input Session held on November 9, 202, from 4pm to 6pm. Parents signed in on the CHAT as a way to collect attendance. The stakeholders were briefed on IDEA Regulations and the State Performance Plan/ Annual Performance Report requirements. Stakeholders were informed about the importance of stakeholder engagement, their role and commitment in the Input Session, and the activities that will be addressed to improve program outcomes.

Stakeholders were sent into small breakout sessions in which providers facilitated and documented input. Stakeholders also had the opportunity to type responses in the chat room. Stakeholders were asked the following questions:

1. What is the data telling us? With detailed discussion on the process for transitions, stakeholders agreed that the CNMI has been in compliance for many years. Stakeholders agreed that staff and providers are aware of their roles in setting up the meetings in a timely manner.
2. Why do you think the data is like this? Stakeholders agreed that the team is fully aware of compliance and therefore work towards meeting the targets. Stakeholders also shared that the communication between families and providers helps with scheduling meeting times that are convenient to families and at the same time, meeting the required program deadlines.

Target Setting: Because it is a compliance indicator, stakeholders did not set any new targets.

Improvement Strategies and Measuring Progress: Stakeholders commended the team for maintaining compliance in this area and encouraged the team to continue their good work.

**Correction of Findings of Noncompliance Identified in FFY 2019**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

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

**8A - Prior FFY Required Actions**

None

**8A - OSEP Response**

**8A - Required Actions**

## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

A. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C)}} \right] \times 100$ .

B. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$ .

C. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$ .

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

#### Instructions

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

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

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

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

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

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

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

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

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

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	100.00%	100.00%	100.00%	100.00%	100.00%
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**Targets**

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

**FFY 2020 SPP/APR Data**

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
32	32	100.00%	100%	100.00%	Met target	No Slippage

**Number of parents who opted out**

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

Provide reasons for delay, if applicable.

**Describe the method used to collect these data.**

Service Coordinators are required to submit all documentation related to the transition requirements to the Data Manager. This includes copies of the referral to special education, copies of the invitation of the Transition Conference meeting, copies of the Prior Written Notices, the IFSP Transition Steps and Service Plan, and the Transition Conference notes. The Data Manager verifies the information contained in the IFSP and "dates" before posting the data in the database. The database includes the date of the LEA (Special Education Program) notification, the date the steps and services were discussed with the family, the date of the Transition Conference with EC SPED providers, and the age of the child on the conference date. The database is formatted to red flag less than 90 days from the Transition Conference date and third birthday. The Database now includes timeline requirements for LEA notification and Steps and Services in the Transition Plan. For any Transition Conferences held less than 90 days from the third birthday, a Reason or Delay form is attached and submitted to the Data Manager. The Data Manager is responsible to verify the reasons and makes a determination of valid (exceptional family circumstance) or invalid (system issue).

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

NO

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

State database

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

The data reporting period is from July 1, 2020 to June 30, 2021.

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

In the CNMI, children potentially eligible for Part B services are defined as those children who, based on current evaluation, assessment and IFSP information, continue to demonstrate a 25% delay in one or more areas of development or have an established condition that has a high probability of resulting in a disability that aligns with the Part B eligibility definitions or categories and because of that condition or disability, the child may need special education and related services. The determination of whether the child is potentially eligible for Part B is made by that toddler's IFSP team. Part B eligibility is determined by the Part B providers. Individual "referral notice" is sent to the Special Education Program which triggers the Part B child find process. Upon parental consent to release information, pertinent information such as evaluation reports, current IFSPs, Outcome Measurement information, and other information is sent to the Special Education Program team to prepare for the transition conference. Upon approval of the parent, a Transition Conference is scheduled and meeting invitations are sent to receiving special education teams and the preschool providers. The CNMI does not have an "opt out" policy for parents to opt out of the referral. Service Coordinators are required to submit all documentation related to the transition requirements to the Data Manager. This includes copies of the referral to special education, copies of the invitation of the Transition Conference meeting, copies of the Prior Written Notices, the IFSP Transition Steps and Service Plan, and the Transition Conference notes. The Data Manager verifies the information contained in the IFSP and "dates" before posting the data in the database. The database includes the date of the LEA (Special Education Program) notification, the date steps and services were discussed with the family, the date of the Transition Conference with EC SPED providers, and the age of the child on the conference date. The database is formatted red flag less than 90 days from the Transition Conference date and third birthday. The database now includes timeline requirements for LEA notification and Steps and Services in the Transition Plan. For any Transition Conferences held less than 90 days from the third birthday, a Reason or Delay form is attached and submitted to the Data Manager. The Data Manager is responsible to verify the reasons and makes a determination of valid (exceptional family circumstance) or invalid (system issue)

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

Fifteen (15) of 60 or 25% of parents/guardians with infants and toddlers enrolled in the EI Program attended the virtual Input Session held on November 9, 202, from 4pm to 6pm. Parents signed in on the CHAT as a way to collect attendance. The stakeholders were briefed on IDEA Regulations and the State Performance Plan/ Annual Performance Report requirements. Stakeholders were informed about the importance of stakeholder engagement, their role and commitment in the Input Session, and the activities that will be addressed to improve program outcomes. Stakeholders were sent into small breakout sessions in which providers facilitated and documented input. Stakeholders also had the opportunity to type

responses in the chat room. Stakeholders were asked the following questions:

1. What is the data telling us? With detailed discussion on the process for transitions, stakeholders agreed that the CNMI has been in compliance for many years. Stakeholders agreed that staff and providers are aware of their roles in setting up the meetings in a timely manner.
2. Why do you think the data is like this? Stakeholders agreed that the team is fully aware of compliance and therefore work towards meeting the targets. Stakeholders also shared that the communication between families and providers helps with scheduling meeting times that are convenient to families and at the same time, meeting the required program deadlines.

Target Setting: Because it is a compliance indicator, stakeholders did not set any new targets.

Improvement Strategies and Measuring Progress: Stakeholders commended the team for maintaining compliance in this area and encouraged the team to continue their good work.

**Correction of Findings of Noncompliance Identified in FFY 2019**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

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

**8B - Prior FFY Required Actions**

None

**8B - OSEP Response**

**8B - Required Actions**

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

A. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C)}} \right] \times 100$ .

B. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$ .

C. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$ .

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

#### Instructions

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

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

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

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

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

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

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

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

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

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	100.00%	100.00%	100.00%	100.00%	100.00%
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**Targets**

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

**FFY 2020 SPP/APR Data**

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
31	32	100.00%	100%	100.00%	Met target	No Slippage

Number of toddlers for whom the parent did not provide approval for the transition conference

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

1

Provide reasons for delay, if applicable.

One family was unable to meet on the scheduled Transition Conference date due to Exceptional Family Circumstance. A Reason for Delay form is documented in the child's IFSP. Although 4 days late, the Transition Conference did occur.

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

State database

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

The reporting period is from July 1, 2020 to June 30, 2021.

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

In the CNMI, children potentially eligible for Part B services are defined as those children who, based on current evaluation, assessment and IFSP information, continue to demonstrate a 25% delay in one or more areas of development or have an established condition that has a high probability of resulting in a disability that aligns with the Part B eligibility definitions or categories and because of that condition or disability, the child may need special education and related services. The determination of whether the child is potentially eligible for Part B is made by that toddler's IFSP team. Part B eligibility is determined by the Part B providers. Individual "referral notice" is sent to the Special Education Program which triggers the Part B child find process. Upon parental consent to release information, pertinent information such as evaluation reports, current IFSPs, Outcome Measurement information, and other information is sent to the Special Education Program team to prepare for the transition conference. Upon approval of the parent, a Transition Conference is scheduled and meeting invitations are sent to receiving special education teams and the preschool providers. The CNMI does not have an "opt out" policy for parents to opt out of the referral. Service Coordinators are required to submit all documentation related to the transition requirements to the Data Manager. This includes copies of the referral to special education, copies of the invitation of the Transition Conference meeting, copies of the Prior Written Notices, the IFSP Transition Steps and Service Plan, and the Transition Conference notes. The Data Manager verifies the information contained in the IFSP and "dates" before posting the data in the database. The database includes the date of the LEA (Special Education Program) notification, the date steps and services were discussed with the family, the date of the Transition Conference with EC SPED providers, and the age of the child on the conference date. The database is formatted to red flag less than 90 days from the Transition Conference date and third birthday. The database now includes timeline requirements for LEA notification and Steps and Services in the Transition Plan. For any Transition Conferences held less than 90 days from the third birthday, a Reason or Delay form is attached and submitted to the Data Manager. The Data Manager is responsible to verify the reasons and makes a determination of valid (exceptional family circumstance) or invalid (system issue).

Provide additional information about this indicator (optional).

Fifteen (15) of 60 or 25% of parents/guardians with infants and toddlers enrolled in the EI Program attended the virtual Input Session held on November 9, 202, from 4pm to 6pm. Parents signed in on the CHAT as a way to collect attendance. The stakeholders were briefed on IDEA Regulations and the State Performance Plan/ Annual Performance Report requirements. Stakeholders were informed about the importance of stakeholder engagement, their role and commitment in the Input Session, and the activities that will be addressed to improve program outcomes.

Stakeholders were sent into small breakout sessions in which providers facilitated and documented input. Stakeholders also had the opportunity to type responses in the chat room. Stakeholders were asked the following questions:

1. What is the data telling us? With detailed discussion on the process for transitions, stakeholders agreed that the CNMI has been in compliance for many years. Stakeholders agreed that staff and providers are aware of their roles in setting up the meetings in a timely manner.
2. Why do you think the data is like this? Stakeholders agreed that the team is fully aware of compliance and therefore work towards meeting the

targets. Stakeholders also shared that the communication between families and providers helps with scheduling meeting times that are convenient to families and at the same time, meeting the required program deadlines.

Target Setting: Because it is a compliance indicator, stakeholders did not set any new targets.

Improvement Strategies and Measuring Progress: : Stakeholders commended the team for maintaining compliance in this area and encouraged the team to continue their good work.

**Correction of Findings of Noncompliance Identified in FFY 2019**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

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

**8C - Prior FFY Required Actions**

None

**8C - OSEP Response**

**8C - Required Actions**

## Indicator 9: Resolution Sessions

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

**Results indicator:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

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

### 9 - Indicator Data

#### Not Applicable

**Select yes if this indicator is not applicable.**

NO

**Select yes to use target ranges.**

Target Range not used

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

NO

#### Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/03/2021	3.1 Number of resolution sessions	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/03/2021	3.1(a) Number resolution sessions resolved through settlement agreements	0

#### Targets: Description of Stakeholder Input

With Technical Assistance provided by the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS), the PSS Early Intervention Program facilitated a process for ensuring broad stakeholder input and involvement.

**Broad Stakeholders:** The CNMI is comprised of a variety of stakeholders who play a major role at their own level, to support the development and implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families. All stakeholders play a major role in setting targets, analyzing data, developing improvements strategies and evaluating progress. 1) Parents and Community stakeholders are comprised of parents who have children with current IFSPs, as well as other members of the community. Their role is to share their thoughts on program data, provide feedback and suggestions, share their experiences, and monitor the CNMIs targets and performance levels. 2) The core team is comprised of EI service providers and staff. Their role is to collect and analyze data and work towards progress of the SPP/APR. 3) Interagency Coordinating Council is comprised of required members appointed by the CNMI Governor. Their role is to advise and assist the EI Program by providing strategies, activities, and timelines for actions needed. The ICC provides input on the SPP/APR targets, performance, and program activities. 4) The leadership team is comprised of the State Board of Education 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 support CNMI's SPP/APR activities. The ICC agreed and was informed that they too, would be invited to the Parent Input Sessions. Upon completion of all Parent Input Sessions, the ICC met In January 2022 to review and certify the SPP/APR which included parent input. In addition, the FFY 20 SPP/APR was presented to the Instructional Service and Assessment (ISA) sub committee, the Fiscal, Personnel, and Administration sub committee, provided to the Commissioner of Education and the State Board of Education for endorsement. The State Board of Education reviewed CNMI's performance and targets for each indicator. Questions regarding parent engagement and the number of parents who attended the Virtual Parent Input Sessions was discussed. Board members looked at the total number of parents (43 of 60) who participated in the development of the SPP/APR and expressed the importance of parent input. Board members asked about how the program will go about increasing parent participation so that all families have the opportunity to engage. The Director reported that as a result of parent input gathered during the Virtual Parent Input Sessions, social media, fliers, and incentives will be used to assist with parent participation. The program will continue to track parent participation. The State Board of Education also commended the program for meeting all the targets despite the hardship due to the Pandemic.

The CNMI reported no resolution sessions during this reporting period. The CNMI reported fewer than 10 resolution session held FY 2020. The CNMI is not required to provide targets or improvement activities until any fiscal year in which 10 or more resolutions are held.

#### Historical Data

Baseline Year	Baseline Data

FFY	2015	2016	2017	2018	2019
Target>=					
Data					

**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target>=						

**FFY 2020 SPP/APR Data**

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
0	0				N/A	N/A

Provide additional information about this indicator (optional)

**9 - Prior FFY Required Actions**

None

**9 - OSEP Response**

**9 - Required Actions**

## Indicator 10: Mediation

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

**Results indicator:** Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

### 10 - Indicator Data

#### Select yes to use target ranges

Target Range not used

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

NO

#### Prepopulated Data

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

#### Targets: Description of Stakeholder Input

With Technical Assistance provided by the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS), the PSS Early Intervention Program facilitated a process for ensuring broad stakeholder input and involvement.

Broad Stakeholders: The CNMI is comprised of a variety of stakeholders who play a major role at their own level, to support the development and implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families. All stakeholders play a major role in setting targets, analyzing data, developing improvements strategies and evaluating progress. 1) Parents and Community stakeholders are comprised of parents who have children with current IFSPs, as well as other members of the community. Their role is to share their thoughts on program data, provide feedback and suggestions, share their experiences, and monitor the CNMIs targets and performance levels. 2) The core team is comprised of EI service providers and staff. Their role is to collect and analyze data and work towards progress of the SPP/APR. 3) Interagency Coordinating Council is comprised of required members appointed by the CNMI Governor. Their role is to advise and assist the EI Program by providing strategies, activities, and timelines for actions needed. The ICC provides input on the SPP/APR targets, performance, and program activities. 4) The leadership team is comprised of the State Board of Education 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 support CNMI's SPP/APR activities. The ICC agreed and was informed that they too, would be invited to the Parent Input Sessions. Upon completion of all Parent Input Sessions, the ICC met in January 2022 to review and certify the SPP/APR which included parent input. In addition, the FFY 20 SPP/APR was presented to the Instructional Service and Assessment (ISA) sub committee, the Fiscal, Personnel, and Administration sub committee, provided to the Commissioner of Education and the State Board of Education for endorsement. The State Board of Education reviewed CNMI's performance and targets for each indicator. Questions regarding parent engagement and the number of parents who attended the Virtual Parent Input Sessions was discussed. Board members looked at the total number of parents (43 of 60) who participated in the development of the SPP/APR and expressed the importance of parent input. Board members asked about how the program will go about increasing parent participation so that all families have the opportunity to engage. The Director reported that as a result of parent input gathered during the Virtual Parent Input Sessions, social media, fliers, and incentives will be used to assist with parent participation. The program will continue to track parent participation. The State Board of Education also commended the program for meeting all the targets despite the hardship due to the Pandemic.

The CNMI reported no mediations were held during this reporting period. The CNMI reported fewer than 10 mediations held FY 2020. The CNMI is not required to provide targets or improvement activities until any fiscal year in which 10 or more mediations are held.

#### Historical Data

Baseline Year	Baseline Data
2005	

FFY	2015	2016	2017	2018	2019
Target>=					
Data					

**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target>=						

**FFY 2020 SPP/APR Data**

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

Provide additional information about this indicator (optional)

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

**10 - Required Actions**

## Indicator 11: State Systemic Improvement Plan

### Instructions and Measurement

**Monitoring Priority:** General Supervision

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

#### Measurement

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

#### Instructions

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

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

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

#### Overview of the Three Phases of the SSIP

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

##### **Phase I: Analysis:**

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

#### Specific Content of Each Phase of the SSIP

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

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

##### **Phase III: Implementation and Evaluation**

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

###### A. Data Analysis

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

###### B. Phase III Implementation, Analysis and Evaluation

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

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

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

### C. Stakeholder Engagement

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

#### Additional Implementation Activities

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

## 11 - Indicator Data

### Section A: Data Analysis

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

By June 2025, all children who exit the program will have 80% or greater skills in the area of expressive language to include verbal, non-verbal, or augmentative alternative communication to support the child's functional communication plan based on the Early Literacy and Language Child Profile.

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

YES

#### Provide a description of the system analysis activities conducted to support changing the SiMR.

The Core Team began the scale up conversation in December 2019. The team discussed child progress in all areas of development and concerns about specific skills that some children have difficulties learning. The team agreed that children struggle to learn skills in the area of communication. Furthermore, children typically understood what was being said, but did not have the verbal skills to communicate their wants and needs. The team expressed that parents have the same concerns during evaluation meetings.

In FFY 2019, the Core Team reviewed and presented findings of child trend data to the Interagency Coordinating Council in the area of expressive language and the reasons parents were referring to the EI Program. Based on this information and input shared by the stakeholders, the team began to drill down on data that captured low child performance, specifically in the area of communication. Discussions included what qualitative and quantitative data were going to be reviewed, what process the stakeholders were going to use to analyze and sort the data, who needed to be involved in the analysis, how the data would be disaggregated (by ethnicity, disability, eligibility conditions, etc.), were there areas of high performance, were there areas of low performance, what questions needed to be answered, and what was the desired outcomes of reviewing quantitative and qualitative data sources.

#### Please list the data source(s) used to support the change of the SiMR.

In conducting the broad data analysis, the team identified all available data sources to determine the State-Identified Measurable Results (SiMR) and the root causes contributing to low child performance. Below is a list of the quantitative and qualitative key data sources identified and analyzed including trend data from the past 3 to 5 years were part of the broad data analysis of child and family outcome data:

- Indicator 3, Child Outcome 3B
- Referral data
- Hawaii Early Learning Profile
- Indicator 4, Family Engagement Survey
- Service Provider/ Coordinator Self-Assessment Survey
- Tele Intervention Parent Results
- Early Literacy and Language (ELL) Parent Survey
- Early Literacy and Language (ELL) Child Profile

The Core Team looked at Indicator 3, Child Outcome Measurement 3B, for the purpose of identifying areas of low performance and to subsequently identify a primary area of concern. The first step was to look at summary statement 1 over the past 5 years. Trend data reflected that there was improvement in the last 3 years and the CNMI has been meeting its targets. In addition, the CNMI also performed above the National average in this area. The team found that summary statement 2 told a different story. Trend data reflected an up and down trend, performing below the targets for most of the years and not meeting National average.

#### Provide a description of how the State analyzed data to reach the decision to change the SiMR.

##### Focus Area:

Based on the findings of the broad data analysis, and stakeholder input determined that child outcome indicator 3B, Acquisition and Use of Knowledge and Skills, summary statement 2 is the area of low performance thus will be the area of focus due to the inconsistency of children's performance for the past 4 years.

##### In Depth Data Analysis:

The Core Team dug further into the data to identify the specific areas of low performance. The team turned to the Hawaii Early Learning Profile (HELP) to investigate the actual skills that were measured. The team broke the skill sets down into two areas; receptive and expressive. As a result, the team looked at 3 receptive HELP strands (Understanding the meaning of words-objects, events, and relationships; Understanding the meaning of words-body parts; and Understanding and Following Directions). The team further reviewed the 5 expressive HELP strands (Expressive vocabulary; communicating with others gesturally; communicating with others verbally; learning grammar and sentence structure; and development of sounds and intelligibility.) A total of 8 HELP language strands were reviewed. Trend data on the 8 language strands were examined to identify if the specific area of low performance was in the area of expressive or receptive language.

##### In Depth Data Analysis Results:

For the area of receptive skills, the overall percentage for FFY 2017-2018 was 44.67%; 2018-2019 was at 50%; 2019-2020 was at 53.33% and for 2020-2021 was at 50.66%. The average across the 4 years for receptive skills was at 50%. For expressive skills, the overall percentage for FFY 2017-2018 was at 33.5%; 2018-2019 was at 50.3%; 2019-2020 was at 50.6% and for 2020-2021 was at 43.6%. The average across the 4 years for expressive

skills was at 45%.

As a result, the team found that on average, 50% of children served exited the program with receptive skills, closer to their same age peers. On the other hand, an average of 45% of children served, exited the program with expressive skills, closer to their same age peers.

**Please describe the role of stakeholders in the decision to change the SiMR.**

Core Team members began the conversation of scaling up and changing the SiMR as the previous SSIP was coming to an end. Providers understood the importance of being data driven and as a result, decided to take a closer look at child communication skills in general. It is because of their first-hand experience during evaluations and communication with families that they found that communication is an area of concern for 43% of children that were referred to the program. With this in mind, providers felt the need to further analyze the data based on the referrals to further compare the areas of deficiencies identified in the IFSP indicating the low performance area. As a result of analyzing a collection of data, the Core Team presented the initial findings to the ICC and gathered their input and further recommendations in efforts to identify the areas of low performance. The Core Team continued to review trend data and analyzed the areas of parents concerns and was confident with their decision to change the SiMR. Once the new SiMR was developed and the discussion of infrastructure systems were identified, the Core Team was ready to present the SiMR changes to the ICC and parent members to gather their input. During stakeholder meetings, both groups were presented with data, low performance data that justified the need to change the SiMR. Stakeholders were also provided with program processes and mechanisms in place that would support the change of the SiMR. Stakeholders agreed to new the SiMR.

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

NO

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

YES

**Please provide a description of the changes and updates to the theory of action.**

The CNMI Public School System's theory of action articulates how PSS will improve infants and toddlers' communication skills, in the specific area of expressive language. By doing this, it will increase overall communication skills which will ultimately improve the Child Outcome Area of Acquisition and Use of Knowledge and Skills or Indicator 3B which is reported annually. The strands of action are based on the in-depth analysis of data and infrastructure's strengths and areas that need improvement, evidence and researched based family practices, home visiting principles and practices, service provider / service coordinator competencies, and is aligned with the current PSS system initiatives.

The theory of action graphic incorporates the coherent improvement strategies and how the improvement strategies will lead to the achievement of improved results for infants and toddlers with disabilities. Based on the findings of the broad and in-depth data analysis, the developmental domain of communication; specifically expressive language, had the lowest performance. As a result, this was identified as the area of focus. The Core Team and in collaboration with the ICC reviewed the six infrastructure systems to include –Governance; Professional Development; Monitoring, Accountability, and Technical Assistance, and Collaboration and agreed to use these 6 key strands of action in development of the new Theory of Action that supports the new SiMR.

With the technical assistance from Guam CEDDERS, the Core Team met to analyze the infrastructure needed to support improvement and build capacity. The team conducted a broad analysis on the four infrastructure systems of PSS, which closely align to the new SiMR to determine current practices, infrastructure strengths and the relationship to support the SiMR. Noting that the Core Team agreed to embed Accountability, Monitoring and Technical Assistance (AMTA) into one area of focus.

1) Governance Overview: The PSS has the vision, mission, and clear commitment to "Students First," inclusive of all students with disabilities. The establishment of the SSIP Core Team is evidence that the Commissioner of Education understands that the SSIP must be developed and implemented as a system and not a separate program.

Current Practices: The Early Intervention Program has in place, Standard Operating Procedures for the Tier of Intervention, the Latte Coaching Plan, and the Early Childhood Coaching Model to ensure that processes are being implemented to fidelity. The development of the ELL Manual and the ELL Child Profile ensure that all children who exit the program will be measured.

Relation to the SiMR: The Core Team determined that the governance infrastructure system is a strength and provides an opportunity to support the SiMR, especially with the focus on expressive language development and functional communication skills.

2) Professional Development Overview: The PSS has policies and procedures in place to provide the support needed to implement quality standards across the system. A system of professional development is in place and is directed to employment contracts of certified personal contracts. The system includes 10 days of State-and School level Professional Development (PD) scheduled throughout the year.

Current Practices: The Early Intervention Program continues to assess and identify training needs for service providers and families using Evidence Based Practices in the natural environment. Overall child development remains the focus to ensure that families benefit from the primary service provider model that is being implemented using the early childhood coaching model.

Relation to the SiMR: The Core Team determined that the professional development infrastructure system is a strength and provides an opportunity for support of the SiMR. Professional development activities will especially focus on the early childhood coaching model to support and apply adult learning strategies that promotes the parent's abilities to support their child's expressive language development and functional communication skills.

3) Accountability, Monitoring, & Technical Assistance Overview: The PSS BOE, through the COE is the state agency responsible for the provision of Early Intervention Services. The PSS has in place, a general supervision system that allows for the identification and timely correction of IDEA Part C non-compliances. In addition, PSS has the technical assistance system in place to ensure the timely delivery of high quality, support to the early intervention program. Initiatives include technical assistance (TA) provisions from National Centers, Regional Centers, or local support.

Current Practices: The Early Intervention Program continues to implement the Continuous Quality Improvement (CQI) Process. The CQI Process is the mechanism for intentionally monitoring progress and making any changes using the Model for Improvement process. Progress monitoring is essential and therefore the implementation and support of the CQI process is critical to ensure that each level addresses any barriers immediately and provide the necessary resources needed. This process has assisted the program in the past, by identifying reasons for "missed" visits. The CQI team developed

AIM Statements and specific activities to address this concern and has since decreased the number of missed visits. As a result, children are receiving the appropriate number of visits based on their IFSP so that child progress can be made.

Relation to the SiMR: The Core Team determined that the AMTA infrastructure system is a strength and provides an opportunity to support the SiMR, especially with the focus on expressive language development. Furthermore, the CQI process allows the Program to review current practices and if needed, based on data reported, develop a plan for making small changes, monitoring, and studying the changes, and determine if the practices are working or not.

4) Collaboration Overview: The PSS, has in place, the leadership and support to partner with Early Childhood programs and work towards initiatives with other program agencies that provide services and support for young children and their families.

Current Practices: The Early Intervention Program continues to collaborate with program partners and share data on target populations so that families benefit from a variety of resources. Monthly virtual meetings are set up to bring program leaders together and discuss referrals, program accomplishments, or other concerns that may arise.

Relation to the SiMR: The Core Team determined that the collaboration infrastructure system is a strength and provides an opportunity to support the SiMR, especially with the focus on expressive language development.

**Please provide a link to the current theory of action.**

[https://cnmipss.org/sites/default/files/mp-\\_partc\\_spp\\_ffy\\_2020\\_theoryofaction\\_logicmodel.pdf](https://cnmipss.org/sites/default/files/mp-_partc_spp_ffy_2020_theoryofaction_logicmodel.pdf)

**Progress toward the SiMR**

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

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

NO

**Historical Data**

Baseline Year	Baseline Data
2020	47.73%

**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target>=	47.73%	50.00%	51.00%	52.00%	53.00%	54.00%

**FFY 2020 SPP/APR Data**

		FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
21	44					
21	44		47.73%	47.73%	N/A	N/A

**Provide the data source for the FFY 2020 data.**

The Core Team worked towards the development and completion of the Early Literacy and Language (ELL) Child Profile in order to measure progress for each child. The team looked at specific expressive language and functional communication skills from the Hawaii Early Learning Profile (HELP) and the Early Functional Communication Profile (EFCP) to provide guidance on what children are measured on and what support is needed to address the SiMR. An ELL Child Profile Manual was developed to ensure the smooth process for the monitoring and collection of child data. The team agreed that all children requiring an Outcome Measurement will also be measured with an ELL Child Profile. Implementation of the ELL Child Profile is in progress.

The Core Team further researched expressive language and functional communication strategies that were found to be effective and created a crosswalk document of the skills that parents should know and be able to do to support their child's development. These strategies will be used to support professional development activities and will be embedded into the child's LATTE Coaching plan.

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

After completing the Theory of Action, the Core Team developed the Logic Model with the focus of achieving the long-term outcome of the SiMR and determined the reasons why there is a need to focus on expressive skills. The situation or the problem statement identified is that "Children exiting the Early Intervention Program lack the expressive language skills they need to be independent as expected." After identifying the situation, the team identified what is needed to achieve the long-term outcome of CNM's SiMR. After working through the input, activities, and outcomes, the team ensured the alignment of the activities and outcomes to the Theory of Action.

PRINCIPLE ACTIVITIES IMPLEMENTED: The Core Team identified the following activities that have been implemented since April 2021 outlining the activities, measures and outcomes are clustered into the following coherent improvement strategies.

GOVERNANCE: The Core Team has begun expanding, implementing, and training parents and providers on the Standard Operating Procedures to support the TOI. This activity is measured by the number of trainings that occurred. The short-term outcome will be that parents and providers will acquire the knowledge and skill sets for implementing the TOI. Providers participate in annual TOI training that is offered at the beginning of every

school year (August 2021). Parents are introduced to the TOI process at the initial evaluation and during periodic reviews. The TOI is embedded into each child's IFSP. The team has begun expansion of monitoring functional communication skills. This activity is measured by the number of trainings that occurred. The short-term outcome is that providers acquire the skills to assess and monitor the child's progress in expressive language. Providers have participated in the development of the ELL Child Profile and received training on the Standard Operating Procedures for this activity.

**PROFESSIONAL DEVELOPMENT:** The Core Team completed the updates to the Service Provider / Service Coordinator Self-Assessment Survey in August 2021 to identify confidence and competence levels on implementing EBPs. This activity is measured by the Self-Assessment Report. The short-term outcome is for providers to prioritize the needs of families and be able to provide EBPs that enhance child progress. In September 2021, providers received training on EBPs and Coaching to enhance expressive language abilities and functional communication skills. On-going training is provided by Dr. Laurie Vismara, ESDM Consultant. This activity is measured by the number of trainings provided, specifically in these areas. The short-term outcome is that providers will have increased knowledge on the delivery of EBPs, through coaching.

**ACCOUNTABILITY, MONITORING, and TECHNICAL ASSISTANCE:** The Continuous Quality Improvement (CQI) team continues to implement the CQI process to support program improvement. This activity is measured by the ongoing CQI Plan, the number of scheduled meetings, and by Plan, Do Study, Act (PDSA) reports. The short-term outcome is for providers to have knowledge about the CQI process and implement on-going program improvements. In Summer 2021, the team met and worked on a PDSA on parent participation, developed an AIM, and identified activities to meet the AIM. The program continues to expand on the battery of assessment tools to monitor and track data. This activity is measured by the Standard Operating Procedures required to capture and store data systematically. The short-term outcome is for providers and administrators to be knowledgeable and have the skills sets to monitor child progress. In Fall 2021, the providers and administrators attended an on-going training facilitated by Guam CEDDERS on the capturing and maintaining data on each child's expressive language skills.

**COLLABORATION:** The Early Intervention Program continues to follow the current Interagency Agreement between the CNMI Public School System and the Commonwealth HealthCare Corporation, along with the Memorandum of Agreements/Directives with other community partners. This activity is measured by the signed Interagency Agreement and Memorandum of Agreements/Directives. The short-term goal is that Early Childhood service agencies have the knowledge and follow the agreements. In September 2021, the Interagency Coordinating Council met and continues to advise and assist the Early Intervention Program.

In addition, data is collected by providers during the IFSP process. Upon entry, the team, including the parent, completes the ELL Child Profile. The profile indicates each child's performance level, specific to expressive language. The TOI provides families with the levels of supports needed to address their child's expressive communication skills. Throughout the delivery of services, providers implement the Coaching model to interact and communicate with families. Specific strategies are embedded into each child's daily routine. The rich conversation is documented through the LATTE Coaching form which is provided to parents after each visit is completed. It is also kept in each child's IFSP file. During periodic reviews, the ELL Child Profile and the TOI is updated. Upon the child's 3rd birthday, the team, including the parent conduct the ELL Child Profile to indicate child progress towards the SiMR. ELL Child Profile is collected upon entry and exit and maintained in program data base. The reporting year begins on July 1 through June 30. SiMR data is then analyzed and reported.

**LONG TERM GOAL OF THE LOGIC MODEL:** All children that exit the program will have 80% or greater skills in the area of expressive language to include verbal, non-verbal, or augmentative alternative communication to support the child's functional communication plan based on the Early Literacy Language Child Profile.

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

YES

**Describe any additional data collected by the State to assess progress toward the SiMR.**

Describe any additional data collected by the State to assess progress toward the SiMR. 6548

**REFERRAL DATA ANALYSIS:**

In efforts to further understand the reasons why children were performing the way they were, the team found that for this reporting period, a total of 159 children were referred to the program for concerns with developmental delay. The team further identified that of the 159, 68 or about 43% of children were referred for communication concerns. When looking at referral sources, the Children's Clinic continues to be the number 1 referral source referring 75 children this reporting period followed by parents at 22, and NICU at 21. The average age of referral is about 20 months old.

The Core Team discussed 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. With support from Guam CEDDERS, the Core Team reviewed specific drill down data around 2 questions:

1. How does the EI Program enhance the family's capacity to meet their child's needs; and
2. Do EI providers have the necessary skill sets and competencies to support the family in supporting their child?

**INDICATOR 4C DATA ANALYSIS:**

The Core Team decided to continue the use of Indicator 4C, Annual Family Engagement Surveys, to capture parent feedback. The team focused on 4c; early intervention helps their children learn and grow, since this directly impacts progress towards the SiMR. The annual family survey data is disseminated to families that are new, ongoing, and exiting. The survey was disseminated to families on all 3 islands: Saipan, Tinian, and Rota. The Annual Family Engagement Survey was distributed to 145 families on Saipan, Tinian, and Rota. Of the 145, 89 surveys were returned, yielding a 61% return rate. Based on the survey results, 97% of "new" families, 99% of "ongoing" families, and 96% of "exiting" families indicated that early intervention helps their child grow and learn.

Further data analysis indicated that the overall (new, ongoing, exiting) survey represent:

- 35 of 68 new surveys received
- 22 of 26 on going surveys received
- 32 of 51 exiting surveys received

**EI PROVIDER / COORDINATOR SELF-ASSESSMENT ANALYSIS:**

In August 2021, the EI Program conducted a "Self-Assessment" to identify provider's strengths and needs when implementing EBPs. The Self-Assessment allowed providers to rank their areas of competency levels with regards to various areas in EI. The Needs Assessment for service providers and service coordinators focused on 11 crucial elements of early intervention based on the identified 12 DEC Recommended Practices: Family 5 & 6;

Environment 3 & 5; Assessment 3 & 8; Team Collaboration 2; Instruction 4, 6, & 13; Interaction 1; and Transition 1.

Based on the summary from the self-assessment for service providers level of confidences in implementing the following EBPs – 1) Family 5 and 6 was at 96%; Environment 3 and 5 was at 94%; Assessment 3 and 8 was at 100%; Team and Collaboration 2 was at 100%; Instruction 4, 6, and 13 was at 100%; Transition 1 at 100%; and Interaction 1 at 100%.

The Service Coordinator's (SC) self-assessment included 26 EBP items that are used by the SC when working with families. Results for the Service Coordinator's level of confidences in implementing the following EBPs are as follows: 1) Family 5 and 6 was at 100%; Environment 3 and 5 was at 25%; Assessment 3 and 8 was at 100%; Team and Collaboration 2 was at 83%; Instruction 4, 6, and 13 was at 100%; Transition 1 at 100%; and Interaction 1 at 50%.

Based on the overall results, service providers are 99% confident in implementing the EBPs. For Service Coordinators, 76% are confident with their skills in implementing EBPs.

#### PARENT TELE-INTERVENTION SURVEY RESULTS:

In April 2021, the EI Program sent out a follow-up Tele-Intervention Survey to identify family needs and strengths while living through the Pandemic. The survey yielded a 67% return rate.

Of the families that completed the survey, 32% indicated the need for family crisis support; 54% for health and wellness support; 30% indicated concerns with food security and 44% in needing financial assistance. The Team compared the following results from the 2020 Tele-Intervention survey summary with the 2021: 10 Family Crises Support increased as a need by 4%; Food Security increased by 6%; and Financial Assistance by 2%. The specific area that showed a decrease in the need was Health and wellness from 70% in 2020 to 54% in 2021. The Team discussed the aggressive approach that was taken to ensure families can access health services during the pandemic. When asked, "What would be helpful to your family?", 56% responded the use of tele health or technology to access their child's doctor; 51% of parents responded the sharing examples of resources for parents to support their child's development at home; and 44% responded the sharing of free online resources to use during this time.

In addition, 33% of families would like more information on Early Head Start, 15% on Family-to-Family Program and 13% on Medicaid.

#### EARLY LITERACY AND LANGUAGE PARENT SURVEY RESULTS:

In efforts to gather feedback from parents specifically in the area of expressive language and functional communication skills, the EI Program with technical assistance from Guam CEDDERS drafted an Early Literacy and Language (ELL) Parent Feedback Survey. This survey was sent out to 73 parents that have infants and toddlers enrolled in the EI Program. The ELL Survey was disseminated in November 2021 with 60 out of the 73 parents or 82% response rate. There are 20 items that parents were asked to respond. To gather baseline of parent level of understanding and confidence, parents were asked to 1) Rate their understanding and 2) Rate ability or confidence to the following questions: 1) I know how to support my child by recognizing his/her cues when he/she tells me what he/she wants.; 2) I know how to engage my change in playing and following his/her lead; and 3) I know how to support my child in expanding communication in words and labelling. Based on the survey summary, 23/ 60 or 43% of the respondents rated "YES, I understand" and 39/60 or 65% indicated "I am confident ...".

The additional data collected is crucial to assess progress to the SiMR.

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

NO

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

NO

#### **Section B: Implementation, Analysis and Evaluation**

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

YES

**If yes, please provide the following information: a description of the changes and updates to the evaluation plan; a rationale or justification for the changes; and, a link to the State's current evaluation plan.**

The Core Team engaged in a lengthy discussion in regard to the updating of the evaluation plan to align with the implementation plan that support CNMI's new SiMR. The team decided to continue with the evaluation process that was implemented with the previous SSIP. Team members revised the Implementation Plan as well as the Evaluation Plan. The CNMI Public School System, Office of Assessment, Research and Evaluation (ARE) is the district office responsible for managing the evaluation plan of the Part C SSIP. In support of this effort, an SSIP Evaluation Team will comprise of the Senior Director of ARE, ARE Specialist, Part C Data Manager, and the EI Director.

The Evaluation Plan includes an evaluation matrix that describe the methods the EI Program will use to collect and analyze data to evaluate the implementation and outcomes of the SSIP and to evaluate the progress towards achieving the intended improvements and the SiMR. The evaluation data collection, described on worksheets, indicate how the PSS will measure changes in the infrastructure, what data is collected, the frequency and the instruments to be used to collect the data.

The Evaluation Plan includes following evaluation questions: 1) To what extent do EI providers implement the Tier of Intervention to include early learning functional communication system; 2) To what extent will EI providers collect, track, and document child progress and monitoring; 3) To what extent do EI providers receive relevant and useful professional development regarding expressive language and functional communication skills, coaching, and child development, to increase provider competencies; 4) To what extent do EI providers feel that they have gained the skills needed to implement EBPs; 5) To what extent do EI providers integrate EBPs when developing and implementing IFSP goals; 6) To what extent do EI providers have the knowledge and skills to implement EBPs that support a child's growth and increased expressive language and functional communication skills; 7) To what extent do families feel that the training they have received contributed a better understanding and have skills sets to support and enhance their child's development in expressive language and functional communication skills; 8) To what extent do EI providers implement the PDSA CQI process to support program improvement; 9) To what extent do EI providers use data to make changes in the PDSA process; 10) To what extent does the EI Program provide data reports on the ELL Child Profile; 11) 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; 12) 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; and 13) To what extent did the EI program report

to the ICC or presentation with Community Partners on collaboration activities with other agencies and findings that need to be addressed.

For this reporting period, ARE conducted a review of the EI Program's performance outcomes based and completed the EI Rating of each performance indicator. The overall findings were positive and indicated that the "CNMI Team met the scoring criteria for each indicator. Furthermore, the ARE Program Evaluator commended the EI Program for such a Steller work in providing services to our community and for proactively seeking out measures to continuously improve the EI Program".

The evaluation plan also describes how and when stakeholders will be informed of the progress to achieving the SiMR.

The following link provides detail information of the CNMI SiMR Evaluation Plan:  
[https://cnmipss.org/sites/default/files/mp.part\\_c.2020-2025.spp\\_evaluation\\_plan.pdf](https://cnmipss.org/sites/default/files/mp.part_c.2020-2025.spp_evaluation_plan.pdf)

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

**GOVERNANCE:** The Core Team has begun expanding, implementing, and training parents and providers on the Standard Operating Procedures to support the TOI. This activity is measured by the number of trainings that occurred. The short-term outcome will be that parents and providers will acquire the knowledge and skill sets for implementing the TOI. Providers participate in annual TOI training that is offered at the beginning of every school year (August 2021). Parents are introduced to the TOI process at the initial evaluation and during periodic reviews. The TOI is embedded into each child's IFSP. The team has begun expansion of monitoring functional communication skills. This activity is measured by the number of trainings that occurred. The short-term outcome is that providers acquire the skills to assess and monitor the child's progress in expressive language. Providers have participated in the development of the ELL Profile and received training on the Standard Operating Procedures for this activity.

The Core Team worked towards the development and completion of the ELL Child Profile in order to measure progress for each child. The team looked at specific expressive language and functional communication skills from the Hawaii Early Learning Profile (HELP) and the Early Functional Communication Profile (EFCP) to provide guidance on what children are measured on and what support is needed to address the SiMR. An ELL Manual was developed to ensure the smooth process for the monitoring and collection of child data.

**PROFESSIONAL DEVELOPMENT:** The Core Team completed the Needs Assessment Survey in August 2021 to identify confidence and competence levels on implementing EBPs. This activity is measured by the Needs Assessment Report. The short-term outcome is for providers to prioritize the needs of families and be able to provide EBPs that enhance child progress. In September 2021, providers received training on EBPs and Coaching to enhance expressive language abilities and functional communication skills. On-going training is provided by Dr. Laurie Vismara, ESDM Consultant. This activity is measured by the number of trainings provided, specifically in these areas. The short-term outcome is that providers will have increased knowledge on the delivery of EBPs, through coaching.

The CNMI continues to implement early childhood coaching to fidelity. The LATTE Coaching Framework and the Tier of Intervention (TOI) assists providers and families with the individualized supports needed for progress. Discussion on reflective coaching and on-going support for coaching and natural environment practices were a big topic. As a result, the CNMI has set in place professional development opportunities with Dr. Laurie Vismara, Consultant with the Early Start Denver Model (ESDM). The anticipated 8 virtual sessions geared towards coaches will provide ESDM strategies research-tested for young children with social-communication vulnerabilities indicative or at-risk of ASD. In addition, further discussion, and implementation of Help Is In Your Hands (HIIYH), research on effective practices, will help coaches deliver strategies to families based on each child's Individualized Family Service Plan (IFSP). In October 2021, the team participated in a training session on the ELL Profile, facilitated by Ms. Keokia Mendiola, CCC-SLP, to fully understand the child and provider expectations while collecting data. Test runs were performed by each team member, on a number of students, to clarify any discrepancies before actual implementation.

**AMTA:** The CQI team continues to implement the CQI process to support program improvement. This activity is measured by the ongoing CQI Plan, the number of scheduled meetings, and by PDSA reports. The short-term outcome is for providers to have knowledge about the CQI process and implement on-going program improvements. In September 2021, the team met and worked on a PDSA on parent participation, developed an AIM, and identified activities to meet the AIM. The program continues to expand on the battery of assessment tools to monitor and track data. This activity is measured by the Standard Operating Procedures required to capture and store data systematically. The short-term outcome is for providers and administrators to be knowledgeable and have the skills sets to monitor child progress. In October 2021, the providers and administrators attended an on-going training facilitated by Guam CEDDERS on the capturing and maintaining data on each child's expressive language skills.

The CNMI continues to access expert technical assistance from University of Guam CEDDERS who provide the support needed and connects the program with National technical Assistance Centers or other professionals in the areas of early childhood development. Based on OSEP's new requirement on stakeholder engagement, the CQI Team met to discuss parent participation during input sessions. A total of 2 virtual meetings were conducted last reporting period, resulting in 22% of parent participation. The team used 22% as baseline data. A PDSA was conducted in which the team discussed reasons that may be a barrier to parent participation and came up with different strategies to entice parents. An AIM was developed to increase parent participation by 50% by the end of June 2022. To date, the program held 1 Virtual Parent Input Session using the strategies identified in the AIM. 33% or 20 out of 60 parents participated. The team anticipates an increase in parent participation in future Virtual Parent Input Sessions. The EI program developed a process for tracking dissemination and collection process in efforts to increase parent participation in all activities.

**COLLABORATION:** The EI Program continues to follow the current Interagency Agreement between the CNMI Public School System and the Commonwealth HealthCare Corporation, along with the Memorandum of Agreements/Directives with other community partners. This activity is measured by the signed Interagency Agreement and Memorandum of Agreements/Directives. The short-term goal is that Early Childhood service agencies have the knowledge and follow the agreements. In September 2021, the Interagency Coordinating Council met and continues to advise and assist the Early Intervention Program.

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

**COHERENT IMPROVEMENT STRATEGY: GOVERNANCE (G)**

G.1: Expand, implement, and train EI/EC providers and parents on standard operating procedures (SOP) to support Tier of Intervention (TOI)

G.2: Expand 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 assessing and monitoring children's progress in expressive language abilities and functional communication skills

Support System Change:

The TOI process has been in full implementation for the past 3 years. The system change includes the EXPANSION of the TOI to support the target area of expressive language with the identification of the types and levels of support needed to meet the SiMR.

Sustainability of Improvement Efforts:

Governance provides the stability for the development of standard operating procedures to ensure data reliability and program/provider accountability.

COHERENT IMPROVEMENT STRATEGY: Professional Development (PD):

PD. 2.1. Conduct needs assessment to identify enhanced evidenced based strategies to support expressive language abilities and functional communication skills.

PD. 2.2. Identify, align, and train EI/EC providers on evidenced based practices (EBPs) to enhance the expressive language abilities and functional communication 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 expressive language abilities and functional communication skills.

EI/EC providers, and families will have increased knowledge and skills on EBPs.

Parents and EI/EC providers will have increased knowledge and skills on child development including expressive language abilities and functional communication skills.

Support System Change:

LATTE Coaching Plan and implementation of EBPs have been in full implementation. The system change includes the ELL Child Profile to support the target area of functional communication skills to meet the SiMR.

Sustainability of Improvement Efforts:

Professional Development provides the program with a systematic approach for targeted PD opportunities so that providers are equipped with specific tools needed to increase competency and confidence levels.

COHERENT IMPROVEMENT STRATEGY: Accountability and Monitoring/Technical Assistance (AM):

AM. 3.1 Provide on-going training on the implementation and monitoring of a continuous quality improvement process to support program improvement.

AM. 3.2 Expand on the battery of assessments tools and enhance child, family, provider levels of confidence and competence as well as capturing data to track and monitor progress.

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.

Support System Change:

The CQI Process provides program support that may arise due to the program shift in capturing child data on expressive language skills. This process will assist in achieving progress to meet the SiMR.

Sustainability of Improvement Efforts:

AM is the mechanism in place that provides the systemic support to ensure that program barriers are identified and addressed in a timely manner

COHERENT IMPROVEMENT STRATEGY: Collaboration (C):

C 4.1: Update the Interagency agreement and PSS EC Directive on EI/EC services and 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 and report findings on any barriers that need to be addressed.

Short Term Outcomes:

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

Support System Change:

Program collaboration directly impacts program child find and public awareness activities. The system change is to identify and address barriers will support the progress that is made towards achieving the SiMR.

Sustainability of Improvement Efforts:

Collaboration encourages on-going dialogue and planned activities with partners to ensure the safety and wellness of children and their families

The CNMI did not implement any new infrastructure improvement strategies, instead EXPANDED on the existing improvement strategies. Based on the results from the infrastructure analysis, the SIMR, theory of action, and the Logic Model, the Early Intervention Program looked at the coherent strategies and set timelines for implementation. The State assessed the readiness and capacity for implementation by developing timelines for each coherent improvement strategy. The conversation included the identification of specific actions that need to occur in order to fulfill each activity. The team discussed some of the barriers and as a result, put a plan in place to identify the specific actions needed and the persons responsible for these actions.

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

NO

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

The following is a summary of next steps for the following improvement strategies:

**GOVERNANCE:**

Continue to provide TOI booster trainings and in reinforcing the levels of support needed to enhance the child and family's confidence and competence in the area of expressive language and functional communication skills.

Anticipated Outcomes:

EI/EC providers will implement the SOP TOI with fidelity.

EI/EC providers will demonstrate and document the SOP for assessing and monitoring progress effectively.

**PROFESSIONAL DEVELOPMENT:**

Conduct Provider Evaluation upon completion of ESDM training and plan for next steps based on results.

Conduct professional development activities such as the parent interactive sessions, in promoting expressive language and functional communication strategies identified in the crosswalk document in the application of these strategies with a child and family's daily routine.

Continue to promote the peer-to-peer coaching supports in the application of the ESDM strategies.

Anticipated Outcomes:

EI/EC providers and families will demonstrate skills and competencies in implementing EBPs that enhances their child's expressive language abilities and functional communication skills.

Families will demonstrate their confidence and competence and skill sets to support their child's expressive language abilities and functional communication skills.

**AMTA:**

Monitor Parent Participation and identify in AIM goal has been met

Anticipated Outcomes:

EI/EC will implement CQI recommendation that will result in program improvement to promote expressive language abilities and functional communication skills of children in the program.

EI providers will conduct the assessment tools.

EI Director will report progress annually on the progress of the child, family, and providers.

**COLLABORATION:**

Update Agreement and Directives if necessary

Focus meetings on program data and incorporate results to assist programs

Anticipated Outcomes:

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

The PSS recognizes the importance of results driven accountability and child outcomes. The Core Team discussed 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.

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

Governance, Professional Development, AMTA, and Collaboration. The team re-visited the Division of Early Childhood (DEC) Recommended Practices to ensure the alignment with the new SiMR. As a result, the team identified 12 practices that are beneficial to supporting family and provider needs.

- Assessment #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.
- Assessment #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.
- Family #5- Practitioner's 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
- Family #6- 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.
- Instruction #4- 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
- Instruction #6- Practitioners use systematic instructional strategies with fidelity to teach skills and to promote child engagement and learning.
- Instruction #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.
- Interaction #1- Practitioners promote the child's social-emotional development by observing, interpreting, and responding contingently to the range of the child's emotional expressions.
- Team & Collaboration #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.
- Environment #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
- Environment # 6- Practitioners create environments that provide opportunities for movement and regular physical activity to maintain or improve fitness, wellness, and development across domains.
- Transition #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.

The EBPs are captured from the following: 1) During home visits when the EI Director conducts an observation and uses the CASE Tool checklist and the Coaching Fidelity checklist; 2) At the Service Provider and Coordinator self-assessments that are disseminated and analyze yearly; and 3) reviewed in the IFSP process through the implementation of the Tiers of Intervention (TOI).

The EI Program continues to implement the following evidenced-based models to support the in SiMR – 1) LATTE Coaching and Tiers of Intervention (TOI); 2) Early Childhood Coaching Model; 3) Parental Resilience from Strengthening Families, a Protective Factors Framework; and 4) DEC Recommended Practices.

**Provide a summary of each evidence-based practice.**

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. 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:

- Learning using functional IFSP outcomes to guide the intervention\
- Action and trying different strategies
- Teaching, Learning, and deepening the understanding
- Tracking and reflecting and providing feedback
- Everyday routines in home or community settings

#### TIERS OF INTERVENTION (TOI):

The 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. 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. In the addition are 5 Level of Supports that children and families may benefit from. The Levels of Supports is embedded into the IFSP process and includes: 1) Routines Based Intervention; 2) Visual Aides with Steps; 3) Assistive Technology; 4) Specialized Therapeutic Techniques; and Medical Supports.

In June 2021, as the program prepared for the end of the school year, The Core Team met to discuss future program plans with regards to SSIP and the development of a new SiMR. Based on the team meeting and the detailed planning that occurred in September 2021, the team felt that the LATTE Coaching Plan and the TOI provided them with the supports to provide targeted intervention. Guam CEDDERS facilitated the discussion to review child progress and reasons why children were making gains. The team felt strongly about the LATTE Coaching Plan and the TOI based on their experiences they had while implementing them during the IFSP processes. Due to their firsthand experience, their conversations with parents, and looking at the CNMI's SiMR performance, the team agreed to continue implementing these EBPs. The team is confident that if used to fidelity, these EBPs will impact child growth, ultimately achieving progress towards the SiMR.

#### EARLY CHILDHOOD COACHING MODEL:

In preparation for the scale up SiMR that had been in discussion since December 2019, the Core Team expressed their need for targeted professional development and focus on expressive language development and functional communication skills. The team identified their needs based on their firsthand experience from working on IFSP child goals geared towards language development. The team felt strongly about getting intense training on Help is in Your Hands, since this is a family resource that is currently being used. With technical assistance from Guam CEDDERS, the CNMI was able to procure training sessions with Dr. Laurie Vismara, ESDM Consultant. The training sessions include specific EBPs that are used in Help is in Your Hands and will address the need to support language development. The team has participated in monthly trainings since September 2021. As a result, the team is confident that if used to fidelity, these EBPs will impact family confidence and child growth, ultimately achieving progress towards the SiMR.

#### PARENT RESILIENCE FOR STRENGTHENING FAMILIES:

The Parental Resilience from Strengthening Families, a Protective Factors Framework:

The Core Team will continue to access this evidence-based model to provide families with the supports to build family strengths, promote optimal development, and reduce child abuse and neglect. In addition, the program will continue with producing Parent Snippets (on-line videos), which promotes positive social and emotional development in young children, taken from the CSEFEL: Positive Solutions Modules. The team believes that the additional supports will provide families the opportunity to build relationships with their child, ultimately achieving progress towards the SiMR.

#### DEC RECOMMENDED PRACTICES:

In September 2021, Guam CEDDERS facilitated the discussion on the 4 Coherent Improvement Strategies and the Logic Model. The Core Team was responsible to re-evaluate DEC Recommended Practices and identify practices that would meet the needs of the SiMR. The Core Team created a crosswalk document identifying specific strategies that enhances expressive language development and functional communication skills. Upon completion of the review, the team identified 8 specific strategies that reinforces expressive language development and functional communication skills. These 8 strategies are aligned with the 12 coherent improvement strategy that is aligned with the Theory of Action. The team discussed that these EBPs would provide the support needed for providers and families during the IFSP process. As a result, team is confident that when used to fidelity, the 12 recommended practices will impact provider and family communication and child growth, yielding progress towards the SiMR. Furthermore, the team discussed that parent interactive trainings will share, disseminate, and engage parents in using these 8 strategies and will be reinforced at home visiting sessions. These intentional efforts will increase parents' levels of understanding and confidence in how they could reinforce their child's expressive language development and functional communication skills.

The Early Intervention Program is certain that if families, providers, and program leaders implement the EBPs to the fidelity of the model, positive outcomes for the child and family will be evident. By building a strong support system for families, providers, and leaders will result in more children exiting EI services with the skills sets to be as independent learners and ready for school.

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

LATTE Coaching and TOI: The Core Team believes that these EBPs provides the support needed for both the families and providers to identify specific levels of supports and activities within daily routines so that children can be provided the opportunities for skill practice. Working on specific activities that address expressive communication will provide families with targeted intervention. Ultimately, child progress will be tracked and documented and will impact the SiMR.

The Early Intervention Program is certain that if families, providers, and program leaders implement the identified 4 EBPs to the fidelity of the model, positive outcomes for the child and family will be evident and will impact the SiMR. By building a strong support system for families, providers, and leaders will result in more children exiting EI services with the skills sets to be as independent learners and ready for school.

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

The program collected and evaluated 6 data points; 1) Early Childhood Outcomes-Acquisition of Knowledge and Skills, 2) Referral data, 3) Parent Survey Data, 4) Provider Self-Assessment Survey, 5) Tele Intervention Survey, and 6) ELL Parent Feedback Survey. Data collected allowed for the development of a new SiMR, Based on Outcome Measurement B data, specifically SS2. Data indicated a low child performance in this area. Based on this information, the newly developed ELL Child Profile was used to measure 44 children who were exiting the program for this reporting period. Current data indicates that 21 of the 44 children or 48% of children exited the program with 80% of expressive language skills, closer to their same age peers. In addition, the data was compared with the reasons each child was referred compared to skills gained. With the focus on expressive language skills, data revealed that families continue to report that Early Intervention services helps their child grow and develop yet continue to need the assistance of other community resources to ensure that each family's needs are being met. Provider and Parent survey results assist with the identification of program needs available to monitor the fidelity of implementation and assess practice change. Overall, the TOI and LATTE process will continue to serve as the mechanism to capture child progress towards the new SiMR.

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

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

1. LATTE Coaching and TOI- Next Steps: Families and providers will begin tracking and monitoring targeted skills and specific activities that address each child's communication plan. Child progress will be collected and documented to ensure that the delivery of services are individualized and beneficial for all families. The anticipated outcomes is the development of a communication plan, in efforts to prepare each child for their next steps in life.
2. Coaching Model: Next Steps: Families and providers will have the opportunity to discuss, share, and model specific strategies that impact child development that encourage expressive skills. Team members will be able to observe child performance, family confidence levels, introduce targeted activities, and observe responses. The anticipated outcomes is that families gain the confidence and competence skills so that children are provided daily opportunities to work on expressive language.
3. Parental Resilience from Strengthening Families: Next Steps: The families will have more opportunities to address their social emotional needs as well as learn more about the supports that may be available within the community. The anticipated outcomes is that families will have the emotional and social supports so that they can have more positive experiences when interacting with their children.
4. DEC Recommended Practices- Next Steps: The program will continue to implement the identified practices to ensure that the IFSP process, from initial referrals to the transition process, goes smoothly and encourages the positive interactions from families and providers. The anticipated outcomes will provide a healthy relationship among IFSP team members with one goal; to ensure progress of all children, specifically in the area of communication.
5. Parent Interactive Sessions that promote application of EBP practices that support expressive language and functional communication skills. These interactive sessions will focus on a specific strategy that are presented during home visits and provides opportunities for parents to share their experience with other families.

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

The CNMI did not make any changes to the activities, strategies, or timelines described in the previous submission. Instead, the CNMI EXPANDED on the activities, strategies, and timelines to reflect child progress in expressive language to address the SiMR. Based on the broad data and in-depth data analysis, the CNMI is confident that the mechanisms in place will provide the supports needed to capture child progress in the area of expressive language.

**Section C: Stakeholder Engagement**

**Description of Stakeholder Input**

With Technical Assistance provided by the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS), the PSS Early Intervention Program facilitated a process for ensuring broad stakeholder input and involvement.

Broad Stakeholders: The CNMI is comprised of a variety of stakeholders who play a major role at their own level, to support the development and implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families. All stakeholders play a major role in setting targets, analyzing data, developing improvements strategies and evaluating progress. 1) Parents and Community stakeholders are comprised of parents who have children with current IFSPs, as well as other members of the community. Their role is to share their thoughts on program data, provide feedback and suggestions, share their experiences, and monitor the CNMIs targets and performance levels. 2) The core team is comprised of EI service providers and staff. Their role is to collect and analyze data and work towards progress of the SPP/APR. 3) Interagency Coordinating Council is comprised of required members appointed by the CNMI Governor. Their role is to advise and assist the EI Program by providing strategies, activities, and timelines for actions needed. The ICC provides input on the SPP/APR targets, performance, and program activities. 4) The leadership team is comprised of the State Board of Education 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 support CNMI's SPP/APR activities. The ICC agreed and was informed that they too, would be invited to the Parent Input Sessions. Upon completion of all Parent Input Sessions, the ICC met In January 2022 to review and certify the SPP/APR which included parent input. In addition, the FFY 20 SPP/APR was presented to the Instructional Service and Assessment (ISA) sub committee, the Fiscal, Personnel, and Administration sub committee, provided to the Commissioner of Education and the State Board of Education for endorsement. The State Board of Education reviewed CNMI's performance and targets for each indicator. Questions regarding parent engagement and the number of parents who attended the Virtual Parent Input Sessions was discussed. Board members looked at the total number of parents (43 of 60) who participated in the development of the SPP/APR and expressed the importance of parent input. Board members asked about how the program will go about increasing parent participation so that all families have the opportunity to engage. The Director reported that as a result of parent input gathered during the Virtual Parent Input Sessions, social

media, fliers, and incentives will be used to assist with parent participation. The program will continue to track parent participation. The State Board of Education also commended the program for meeting all the targets despite the hardship due to the Pandemic.

**STAKEHOLDERS INPUT:** Twenty-three (23) of 60 or 38.3% of parents/guardians attended the virtual Input Session held on December 3, 2021, from 4pm to 6pm. Parents signed in on the CHAT as a way to collect attendance. The Stakeholders were briefed on IDEA Regulations and the State Performance Plan/ Annual Performance Report requirements. Stakeholders were informed about the importance of stakeholder engagement, their role and commitment in the Input Session, and the activities that will be addressed to improve program outcomes.

Stakeholders were provided with the State Systemic Improvement Plan. A quick review was shared on the previous SSIP and the discussion on the new SSIP process was provided. Participants reviewed the Core Team's data analysis on the identification on the area of low performance. Indicator 3, Child Outcome 3B and referral data was reviewed. Participants were then informed that based on this data, the area of communication was identified as a low performance area.

Stakeholders were then informed that the Core Team conducted an in-depth analysis on the low performance area and were presented with the data based on the 44 children who were assessed using the newly developed ELL Child Profile. In addition, participants were also presented with the State improvement Measurable Result. Participants were in full agreement with the new SiMR. Stakeholders reviewed the baseline data of 47.73%

Stakeholders were sent into small breakout sessions in which providers facilitated and documented input. Participants also had the opportunity to type responses in the chat room. Participants were asked the following questions:

1. What is the data telling us? Participants agreed to the baseline data and encouraged providers to continue to support parents as the focus now shifts to expressive language and functional communication.
2. Why do you think the data is like this? Participants felt that parents should continue to receive resources and supports so that families are aware of skills that their child should be doing. Participants felt that parents may not always know what or how to teach their child new skills.

**TARGET SETTING:** Participants agreed that targets should be rigorous with a slow increase to progress. Participants also stressed the importance of having the 2025 target be above the 2020 baseline data. They felt that although this SSIP is new, they want all children to gain expressive language skills by the time they leave the program. They also reiterated the importance of children making progress.

**IMPROVEMENT STRATEGIES AND MEASURING PROGRESS:** To better equip participants, a description of the CNMI's current infrastructure system, including the identified EBPs, were discussed to support the SiMR. Participants were provided with the Logic Model and Theory of Action which describes the coherent improvement strategies and activities and outcomes for the program. For more information, please refer to the link provided. Participants also reviewed the Evaluation Matrix that will be used to measure progress towards the SiMR.

**PARENTS INPUT:**

- Your team has put a lot of work into gathering this data
- Continue to provide resources to families
- Talk to parents to make sure they know about how to help their child
- Continue the great work
- Providers are helpful

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

Specific Strategies implemented for Parents and Community Stakeholders, including the ICC: In efforts to increase parent participation, the CNMI, with the technical assistance with Guam CEDDERS, invited all families from Saipan, Tinian, and Rota using social media. The Core Team devised a plan on how and when invitations would be distributed.

- Two weeks prior to Virtual Parent Input Session, send out invite via Messenger, WhatsApp, email
- One week prior to Virtual Parent Input Session, place flier on CNMI EI Facebook page and call parents to confirm receipt of invite
- Three days prior to Virtual Parent Input Session call parents, use script to explain their importance of participating and confirm attendance.

In December 2021, a Parent Virtual Meeting was conducted to specifically discuss Indicator 11. 13 of 73 or 18% of parents participated. In order to prepare participants for the 2-hour meeting, the participants were asked, "Are you committed to engage, participate and provide feedback so that the program can better its services to support you and your family?" Participants accessed the chat and emoji settings and indicated a "yes" or "thumbs up."

Specific Strategies implemented for the Core Team: Since August 2021, the Core Team participated in numerous meetings facilitated by Guam CEDDERS. The meetings were specific to the review of CNMI performance, data analysis, the development and identification of the SiMR, Theory of Action, Coherent Improvement Strategies, EBPs, Logic Model, and the Evaluation Plan for the SSIP. As a result, the team was ready to present their findings to the ICC for further stakeholder input.

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

YES

#### **Describe how the State addressed the concerns expressed by stakeholders.**

At the input session held on December 3, 2021, the following the Family Concerns and Input were shared:

- Yes, the short-term outcomes are aligned with the long-term outcomes
- There are a lot of activities identified in the Logic Model
- The Logic Model and the Theory of Action are aligned
- When provided with data and the idea behind establishing the baseline, participants were all in agreement that the baseline data will be set at 47.73%.

In addition, participants also provided input on setting the targets to include:

- Targets should be rigorous
- Targets should be attainable
- Targets are set low, but continue to aim for a higher performance
- Participants commended the EI team for their work in identifying the low performance area, identifying a SiMR, developing a Theory of Action and Logic Model, and developing an Implementation and Evaluation Plan. Participants indicated that they look forward to the upcoming ELL Parent Survey that is set to be distributed to further collect parent input, specifically in the area of expressive language communication.

The EI Director addressed the stakeholder concerns by acknowledging all comments and suggestions. The Director reminded the parent stakeholder group that the mechanisms being implemented to address the new SiMR are already in place. The foundations of the Theory of Action, Logic Model, and Evaluation Plan are in existence and are key components to meeting the new SiMR. In addition, the Director indicated that the team will work towards meeting the targets as well as aim for a higher performance.

### **Additional Implementation Activities**

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

Based on stakeholder input, the following are additional activities for the next fiscal year, FFY 2020 APR and activities intended to be implemented in FFY 2021. The activities are divided into 2 Coherent Improvement Strategies.

Governance:

- 1) (Expansion) Develop and implement the Evaluation Plan to monitor and assess SSIP progress.
- 2) (Expansion): Implement ELL Child Profile

Professional Development:

- 1) Build provider's capacity on implementing EBPs that support functional language development by completing the ESDM Training Sessions.
- 2) Build parents level of confidence through applied practice during Parent Interactive Sessions that promote strategies on expressive language and functional communication skills.

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

Governance Timeline:

Implementation of Evaluation Plan: June 30, 2022, for the next 5 fiscal years

Data Collection

- Description of Artifacts to answer the Evaluation questions

Measure:

- Plan provided to the Office of ARE

Expected Outcomes: The EI program will have a mechanism in place to track, monitor, and report on SSIP

Implementation of ELL Child Profile: November 2021, for the next 5 fiscal years

Data Collection:

- ELL Child Profile conducted on children exiting

Measure:

- All children exiting will have an ELL Child Profile in their file

Expected Outcome:

- CNMI will capture data to reflect progress towards the SiMR

Professional Development Timeline:

Build provider capacity on implementing EBPs that support expressive language and functional communication skills and development by completing the ESDM Training Sessions by April 2022

Data Collection

- List of Training dates
- Participants in training sessions
- Completion of Training

Measure

- Sign in sheets

Expected Outcomes: EI Providers will have the skills needed to implement EBPs to fidelity

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

There are two barriers that the EI Program anticipates in the next year:

- 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 pathology, occupational therapy, early childhood special education teachers, and physical therapy. Currently, PSS continues Job Vacancy Announcements, until filled, which is posted on the official PSS website.
- 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.

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

For further information on CNMI's Implementation Plan please refer to the following link: [https://cnmipss.org/sites/default/files/mp.part\\_c.2020-2025.spp\\_implementation\\_plan.pdf](https://cnmipss.org/sites/default/files/mp.part_c.2020-2025.spp_implementation_plan.pdf)

The CNMI looks forward to the upcoming activities and timelines to address the SSIP and make progress towards the SiMR. It is the CNMI's goal that through Coaching, EBPs will be provided to fidelity and children will have the opportunities to work towards building their expressive language skills.

## **11 - Prior FFY Required Actions**

None

**11 - OSEP Response**

**11 - Required Actions**

## **Certification**

### **Instructions**

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

### **Certify**

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

### **Select the certifier's role**

Lead Agency Director

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

**Name:**

Robin L. Palacios

**Title:**

Director, Early Intervention Program

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**Submitted on:**

01/30/22 7:55:37 PM