

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2021

Northern Mariana Islands



**PART C DUE
February 1, 2023**

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 2021. 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 2021 APR. In FFY 2021, the CNMI stakeholders looked at current data to identify if the CNMI met target or showed slippage from previous year. The Early Intervention program facilitated a process for ensuring broad stakeholder involvement and gathered input for the CNMI IDEA Part C FFY 2021-2022 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, 2022 the RDA Matrix, HTDMD document, the 2022 Data Rubric Part C, the Dispute Resolution 2020-2021, 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 2021 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 2021 data to determine the CNMI's FFY21 performance and target.

For 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 current data, determine if the logic model and implementation plan are aligned with the State Improved Measurable Results (SiMR), and identify if the CNMI met target. The CNMI maintains the Theory of Action and Logic Model that was developed and aligned with the SiMR. An Implementation and Evaluation Plan continues to be used 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 2021. The CNMI must report with its FFY 2021 SPP/APR submission, due February 1, 2023, 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:

A. Increased communication and dialogue with Federal Fiscal Office;

B. 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 reporting 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, evidence-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 communicating and applying the value of engaging families in the conversation about their child's outcomes. Reinforcing the foundational belief that the child is first part of a family unit. This engagement activities include but not limited to-- analyzing data, reviewing, and developing improvements strategies, and evaluating progress in efforts to improve services and supports. The following are the 4 stakeholders that engaged in CNMI's Plan: 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 of how we could improve the services and support, share their experiences, and monitor the CNMIs targets and performance levels. 2) The core team is comprised of Early Intervention (EI) service providers and staff. Their role is to collect and analyze data and work towards using the data and processes such as Continuous Quality Improvement efforts to show improvement of the SPP/APR. 3) Interagency Coordinating Council (ICC) 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 its 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 support such as Technical Assistance from Guam CEDDERS in support CNMI's SPP/APR activities.

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

YES

Number of Parent Members:

17

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 newly elected Governor in 2023. 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.

ICC Concerns and Input:

* How will the CNMI address indicators that did not meet target?

Response: Based on data, the CNMI will continue to provide targeted professional development to address provider needs.

* What specific activities would assist families to help their child develop skills?

Response: The CNMI will continue to implement the Tiers of Intervention and Coaching to meet family needs. In addition, the IFSP team will relook at the frequency needed to meet each family's need.

* How will parents gain the skills they need to help their child?

Response: The Core Team identified that through the use of the Early Start Denver Model modules and Parent Cafes will be helpful for all parents and providers.

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.

On August 17, 2022, the Core Team met to develop a plan with specific activities to engage stakeholders from parents, community partners, EI staff, and the ICC. Based on recommendations from the 10 Core Team members activities that will be targeted to specific groups, such as parents and providers and large groups. After developing the plan, the Core Team reviewed and provided input to the CNMI APR performance for FFY 2021-2022.

The following are specific meeting sessions held based on the CNMI plan for engaging stakeholders:

On October 12, 2022, at the ICC meeting with technical support from Guam CEDDERS, facilitated a presentation of the stakeholder plan to increase parent engagements in the APR process and reviewed CNMI's APR FFY 2021-2022 performance. At the meeting ten (10) ICC members provided input to the activities for engaging stakeholders and were encouraged to attend the input sessions including the Family Sessions. Next, the ICC members reviewed the performance of progress or slippage for indicator 3: Child Outcomes. To provide greater understanding of outcomes, ICC members were asked to watch a video entitled: "How Every Child can Thrive by 5" and were asked to reflect on what we could do to improve outcomes. After the video, ICC members discussed the need to share the importance of early on to every parent and the community as a whole. Reinforce the need in promoting these strategies that would enhance the development of young children. The ICC discussed that they would support more public awareness on the importance of the early years of development. Another recommendation is to open training for not only the parents of the child enrolled in EI but to the extended family that are part of the child's and family's day to day experience.

On November 16, 2022, a Large Stakeholder Input Session was held with 17 parents and 10 EI Providers in attendance. At this session, the Program presented the CNMI's APR Part C APR performance for FFY 2021-2022 using infographic as a strategy for assisting in the understanding of the APR Indicators. The parents worked in small groups to provide input to Indicator 3 that noted slippage. Recommendations are included in the specific indicator.

On, December 12, 2022, nine (9) EI Providers participated in a round table APR session to review the CNMI's performance for this reporting period and provide input on how they could improve services and support that will be included in indicators 3 and 11.

At the APR stakeholders input session, participants were briefed on IDEA Regulations and the State Performance Plan/ Annual Performance Report requirements. In addition, the stakeholders were reminded of the critical role they will undertake specifically reinforcing foundational belief that the Child is first part of a family unit and through the engagement activities they will be tasked to "be in the moment" (focused) by participating in the following – 1) analyzing data, 2) reviewing or revising existing improvement strategies, 3) recommending new improvements strategies, and 4) and evaluating progress of how we could make things better.

The following are targeted input session that were held:

? On March 31, 2022, a Family Session was held with 23 parents and 9 EI Staff. At this session specific focus was to share and gather parent input on strategies (Tuning In) to promote their child's expressive language. At this meeting, parent suggested more sessions be held and indicated that they will implement the strategy shared with their child in the next 2 weeks.

* On Sept. 9, 2022, the Part C Core Team Session was held with 6 Service Providers giving input in the review and processes of how the program embeds and monitors the Child Outcomes in the IFSP process. As a result of this session, 2 revisions were made in the procedures and process to support this effort.

* On October 11, 2022, a Family Session in Saipan with 26 parents out of 68 or 25% of parents, 3 EC Community Partners, and 9 EI Staff were in attendance. On October 17, 2022, a Family Session on the island of Rota with 5 parents in attendance. At these 2 meetings the specific focus was to share and gather parent input on strategies (Pause and Wait) to promote their child's expressive language. At these meetings, parents indicated that they will implement the strategy shared with their child in the next 2 weeks.

* On January 2023, the ICC met to review and certify the SPP/APR which included stakeholder input inclusive of parents. In addition, the FFY 2021 SPP/APR was presented to the State Board of Education for endorsement. The State Board of Education reviewed CNMI's performance and targets for each indicator.

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 March 31, 2022, a Parent Cafe was conducted on the Evidence Based Practice on "Tuning In."
On October 11, 2022, a Parent Cafe was conducted on the Evidence Based Practice on "Pause/Wait."
On October 19, 2022, a Parent Cafe was conducted on Rota on the Evidence Based Practice on "Pause/Wait."
On November 16, 2022, a Parent Input Session was conducted on all the APR Indicators.

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 2023) to solicit public input, to include, analyzing data, developing improvement strategies, and evaluating progress to ensure information is made available to the public by mid January 2023.

Reporting to the Public:

How and where the State reported to the public on the FFY 2020 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 2020 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 2020 APR in 2022, is available.

The FFY 2021 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. In addition, the FFY 2020, 2019, and 2018 SPP/APR are also on the website.

Intro - Prior FFY Required Actions

The CNMI's IDEA Part C determination for both 2021 and 2022 is Needs Assistance. In the CNMI's 2022 determination letter, the Department advised the CNMI of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the CNMI to work with appropriate entities. The Department directed the CNMI 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 CNMI must report, with its FFY 2021 SPP/APR submission, due February 1, 2023, 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.

Response to actions required in FFY 2020 SPP/APR

The Commonwealth of the Northern Mariana Islands IDEA Part C determination for both 2021 and 2022 is Needs Assistance. In the Entity's 2022 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 2021 SPP/APR submission, due February 1, 2023, 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.

Specific Conditions imposed on all grants awarded to the CNMI for FFY 2021. The CNMI must report with its FFY 2021 SPP/APR submission, due February 1, 2023, 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

The Commonwealth of the Northern Mariana Islands attached its 2022 Annual Report Certification of the State Interagency Coordinating Council (SICC) Form. The State must submit its 2023 SICC form to confirm that the SICC is supporting the State's submission of the FFY 2021 SPP/APR.

The Commonwealth of the Northern Mariana Islands' determinations for both 2021 and 2022 were Needs Assistance. Pursuant to sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 22, 2022 determination letter informed the Commonwealth of the Northern Mariana Islands that it must report with its FFY 2021 SPP/APR submission, due February 1, 2023, 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. The Commonwealth of the Northern Mariana Islands provided the required information.

The Department imposed Specific Conditions on the Commonwealth of the Northern Mariana Islands' IDEA Part C grant awards for the last three or more years.

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 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

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

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
84	84	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.

0

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, 2021 to June 30, 2022 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)

Seventeen (17) or 25% of parents attended the November 16, 2022 Stakeholder Virtual Input Session. The purpose of this session was to gather input from parents and providers on how we could improve early intervention services for infants and toddlers with disabilities and their families. Stakeholders were provided a brief orientation on the Individuals with Disabilities Education Act (IDEA) Statutory requirement for the SPP/APR; and the requirements for gathering stakeholder input and a description of activities of how the Program will engage stakeholders. The Program intentionally discussed the value of input from stakeholders to include the following: 1) the importance of engaging families in the conversation about their child's outcomes; 2) support staff comfort with talking about data and process for how they are using it; 3) support parents' understanding of child outcome data in aggregate; 4) address staff concerns about how stakeholders input informs actions; and 5) the integration of families and broader stakeholders in using the data for continuous quality improvement and planning

The session was engaging and displayed infographics of each APR indicator as a strategy for providing a visual context of the purpose for the indicator and CNMI's performance for this reporting period. More importantly, stakeholders shared their recommendations of how EI and as a Team (Parents and Providers) could make things better.

Correction of Findings of Noncompliance Identified in FFY 2020

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

Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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	2016	2017	2018	2019	2020
Target>=	96.00%	96.00%	96.50%	95.00%	95.00%
Data	100.00%	97.10%	98.84%	98.67%	100.00%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	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 communicating and applying the value of engaging families in the conversation about their child's outcomes. Reinforcing the foundational belief that the child is first part of a family unit. This engagement activities include but not limited to-- analyzing data, reviewing, and developing improvements strategies, and evaluating progress in efforts to improve services and supports. The following are the 4 stakeholders that engaged in CNMI's Plan: 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 of how we could improve the services and support, share their experiences, and monitor the CNMIs targets and performance levels. 2) The core team is comprised of Early Intervention (EI) service providers and staff. Their role is to collect and analyze data and work towards using the data and processes such as Continuous Quality Improvement efforts to show improvement of the SPP/APR. 3) Interagency Coordinating Council (ICC) 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 its 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 support such as Technical Assistance from Guam CEDDERS in support CNMI's SPP/APR activities.

On August 17, 2022, the Core Team met to develop a plan with specific activities to engage stakeholders from parents, community partners, EI staff, and the ICC. Based on recommendations from the 10 Core Team members activities that will be targeted to specific groups, such as parents and providers and large groups. After developing the plan, the Core Team reviewed and provided input to the CNMI APR performance for FFY 2021-2022.

The following are specific meeting sessions held based on the CNMI plan for engaging stakeholders:

On October 12, 2022, at the ICC meeting with technical support from Guam CEDDERS, facilitated a presentation of the stakeholder plan to increase parent engagements in the APR process and reviewed CNMI's APR FFY 2021-2022 performance. At the meeting ten (10) ICC members provided input to the activities for engaging stakeholders and were encouraged to attend the input sessions including the Family Sessions. Next, the ICC members reviewed the performance of progress or slippage for indicator 3: Child Outcomes. To provide greater understanding of outcomes, ICC members were asked to watch a video entitled: "How Every Child can Thrive by 5" and were asked to reflect on what we could do to improve outcomes. After the video, ICC members discussed the need to share the importance of early on to every parent and the community as a whole. Reinforce the need in promoting these strategies that would enhance the development of young children. The ICC discussed that they would support more public awareness on the

importance of the early years of development. Another recommendation is to open training for not only the parents of the child enrolled in EI but to the extended family that are part of the child's and family's day to day experience.

On November 16, 2022, a Large Stakeholder Input Session was held with 17 parents and 10 EI Providers in attendance. At this session, the Program presented the CNMI's APR Part C APR performance for FFY 2021-2022 using infographic as a strategy for assisting in the understanding of the APR Indicators. The parents worked in small groups to provide input to Indicator 3 that noted slippage. Recommendations are included in the specific indicator.

At the APR stakeholders input sessions, participants were briefed on IDEA Regulations and the State Performance Plan/ Annual Performance Report requirements. In addition, the stakeholders were reminded of the critical role they will undertake specifically reinforcing foundational belief that the Child is first part of a family unit and through the engagement activities they will be tasked to "be in the moment" (focused) by participating in the following – 1) analyzing data, 2) reviewing or revising existing improvement strategies, 3) recommending new improvements strategies, and 4) and evaluating progress of how we could make things better.

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	73
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Total number of infants and toddlers with IFSPs	73

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
73	73	100.00%	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

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 communicating and applying the value of engaging families in the conversation about their child's outcomes. Reinforcing the foundational belief that the child is first part of a family unit. This engagement activities include but not limited to-- analyzing data, reviewing, and developing improvements strategies, and evaluating progress in efforts to improve services and supports. The following are the 4 stakeholders that engaged in CNMI's Plan: 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 of how we could improve the services and support, share their experiences, and monitor the CNMIs targets and performance levels. 2) The core team is comprised of Early Intervention (EI) service providers and staff. Their role is to collect and analyze data and work towards using the data and processes such as Continuous Quality Improvement efforts to show improvement of the SPP/APR. 3) Interagency Coordinating Council (ICC) 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 its 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 support such as Technical Assistance from Guam CEDDERS in support CNMI's SPP/APR activities.

On August 17, 2022, the Core Team met to develop a plan with specific activities to engage stakeholders from parents, community partners, EI staff, and the ICC. Based on recommendations from the 10 Core Team members activities that will be targeted to specific groups, such as parents and providers and large groups. After developing the plan, the Core Team reviewed and provided input to the CNMI APR performance for FFY 2021-2022.

The following are specific meeting sessions held based on the CNMI plan for engaging stakeholders:

On October 12, 2022, at the ICC meeting with technical support from Guam CEDDERS, facilitated a presentation of the stakeholder plan to increase parent engagements in the APR process and reviewed CNMI's APR FFY 2021-2022 performance. At the meeting ten (10) ICC members provided input to the activities for engaging stakeholders and were encouraged to attend the input sessions including the Family Sessions. Next, the ICC members reviewed the performance of progress or slippage for indicator 3: Child Outcomes. To provide greater understanding of outcomes, ICC members were asked to watch a video entitled: "How Every Child can Thrive by 5" and were asked to reflect on what we could do to improve outcomes. After the video, ICC members discussed the need to share the importance of early on to every parent and the community as a whole. Reinforce the need in promoting these strategies that would enhance the development of young children. The ICC discussed that they would support more public awareness on the importance of the early years of development. Another recommendation is to open training for not only the parents of the child enrolled in EI but to the extended family that are part of the child's and family's day to day experience.

On November 16, 2022, a Large Stakeholder Input Session was held with 17 parents and 10 EI Providers in attendance. At this session, the Program presented the CNMI's APR Part C APR performance for FFY 2021-2022 using infographic as a strategy for assisting in the understanding of the APR Indicators. The parents worked in small groups to provide input to Indicator 3 that noted slippage. Recommendations are included in the specific indicator.

On, December 12, 2022, nine (9) EI Providers participated in a roundtable APR session to review the CNMI's performance for this reporting period and provide input on how they could improve services and support.

At the APR stakeholders input sessions, participants were briefed on IDEA Regulations and the State Performance Plan/ Annual Performance Report requirements. In addition, the stakeholders were reminded of the critical role they will undertake specifically reinforcing foundational belief that the Child is first part of a family unit and through the engagement activities they will be tasked to "be in the moment" (focused) by participating in the following – 1) analyzing data, 2) reviewing or revising existing improvement strategies, 3) recommending new improvements strategies, and 4) and evaluating progress of how we could make things better.

The following are targeted input session that were held:

On August 2022, Guam CEDDERS facilitated the professional development session and presented the results of indicator 3, discussed the key practices for embedding the COS process, and worked through a case study applied practice activity, if the practices were present and if not, using authentic assessment as a method of getting the information. A follow-up booster session was held in September 2022, with the Core team to discuss the process for embedding the COS in the IFSP. The Team agreed and updated the process to ensure that the bundle skills for each outcome reflect on the child age anchored skills and skills that are age expected skills in determining the child rating. In addition, Guam CEDDERS Consultant shared the resource from the National Early Childhood Technical Assistance Center entitled: Aligning a Child's Functional Skills with the Breadth of the Three Child Outcomes. As a result of the discussion, the Program made further revisions to the COS process and procedures. Next, the EI providers reviewed the Tier of Intervention and aligned the levels of support based on the child's needs in updated this process and form.

Historical Data

Outcome	Baseline	FFY	2016	2017	2018	2019	2020
A1	2008	Target>=	65.00%	70.00%	75.10%	75.10%	78.38%
A1	75.00%	Data	56.25%	78.57%	89.13%	79.55%	78.38%
A2	2008	Target>=	66.00%	66.00%	66.00%	65.00%	59.09%
A2	64.00%	Data	72.73%	59.38%	45.45%	60.00%	59.09%

B1	2008	Target>=	68.00%	69.00%	70.00%	70.00%	82.50%
B1	54.20%	Data	60.00%	81.25%	86.79%	79.25%	82.50%
B2	2008	Target>=	53.00%	54.00%	55.00%	50.00%	38.60%
B2	32.00%	Data	38.64%	34.38%	30.36%	49.09%	38.64%
C1	2008	Target>=	82.50%	83.00%	83.00%	82.00%	72.50%
C1	81.80%	Data	78.26%	86.21%	72.34%	76.09%	72.50%
C2	2008	Target>=	73.00%	75.00%	77.00%	77.00%	54.50%
C2	76.00%	Data	72.73%	62.50%	39.29%	54.55%	54.55%

Targets

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

FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

50

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	14	28.00%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	13	26.00%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	10	20.00%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	13	26.00%

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 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	23	37	78.38%	78.40%	62.16%	Did not meet target	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	23	50	59.09%	60.00%	46.00%	Did not meet target	Slippage

Provide reasons for A1 slippage, if applicable

Of children who entered the program below age expectation in positive social-emotional skills (including social relationship), 62.2% or 23 out of 37 substantially increased their rate of growth in positive social-emotional skills. This is a decrease in performance from 78.38% reported in FFY 2020-2021 by 16.2%.

Based on the data review, there were 14 children that were in category “b” of children who improved functioning but not sufficient to move nearer to function comparable to same age peers. The stakeholders requested to look at data using the following: 1) at age at entry; 2) the length of early intervention services provided; 3) the percentage of services actually provided; and 4) types of disability.

Age at Entry:

Nine out of 14 or 64% were greater than 2 years of age when they were enrolled in EI; 3 out 14 or 21% were between 12 to 23 months of age; and 14% or 2 out of 14 were under 11 months of age.

Length of Services:

29% or 4 out 14 children had less than 11 months of EI Services; 64% or 9 out the 14 had a range of 12 to 23 months of EI service; and 1 out of the 14 had greater than 24 months of service.

Percent of EI Services received as per the child's IFSP:

Of the 14 children in category b, there were a total of 18 EI services that these children received as per their IFSP. EI services may include Special Instruction, Speech & Language Therapy, Physical Therapy, or Occupational Therapy. Based on the analysis, 6 of the 18 services were provided at 100% as indicated in the IFSP; 7 out the 18 EI services received 99 to 90% of their EI Services, 3 out of the 18 received 79 to 70%; and 2 received 59 – 50% of the services .

Types of Disabilities:

The were 8 children with developmental delays and 6 children with established conditions. Of the 6 children with established condition 4 have autism spectrum disorder.

Based on the stakeholder discussion, the average length of time that children are enrolled in EI is about 18 months indicating that infants and toddlers are not accessing EI service early on. In addition, data also breaks down the early interventions services children and families are receiving versus how many are indicated in the child's IFSP. This continues to be a focus of the EI Program's Continuous Quality Improvement (CQI) Team in looking at the data of why parents have either called to cancel or forget and are not home during scheduled home visiting sessions. The stakeholders shared this may be attributed to the concerns or fears families are still experiencing due to the COVID pandemic. In Fall 2022, the EI Program began providing in person services and will closely monitor the services and reasons parents provide when cancelling or do not show for home visiting services. Furthermore, virtual EI services may be an option that families may choose or a combination of some virtual and some in person visits.

The following are recommended activities from the large input session:

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. The Program will continue to work through a CQI process of Why families cancel or do not show for the home visiting session. The CQI process allows the Team to determine a strategy and implement for a short period of time to determine if this strategy reaps positive outcomes.

Parent Competencies: Stakeholders felt the importance to determine parent knowledge and comfort levels when discussing the use and implementation of strategies. Furthermore, parents shared that having available more interactive parent sessions would allow families to use these EBPS skills within their daily routines.

•Stakeholders recommended training parents on strategies to promote the child's overall development across different settings and with parents and other family members that provide daily support to the child and family. This will ensure continuity and increase opportunities to practice the EBPs strategies that encourages positive outcomes.

Resources: Stakeholders shared that more online or hard copies of resources and tools would provide families with the support needed to support their child's development. For example, using the Early Start Denver Model (ESDM) Help Is In Your Hands (HIIYH) Parent modules.

•Stakeholders recommended to work in collaboration with the ICC on supporting outreach activities in community setting that reinforces the importance of the early years and strategies that support children's' growth and development and to work more closely with pediatricians to share the importance of early development

Provide reasons for A2 slippage, if applicable

Of the 50 children exiting the program, 46% or 23 out of 50 children were functioning within age expectations in positive social-emotional skills, by the time they existed. This is a decrease of performance of 13.1% from FFY 2020-2021 at 59.09%.

Based on the data review, there were 13 children that were in category “c” of children who improved functioning to a level nearer to same-aged peers but did not reach it. The stakeholders requested to look at data using the following: 1) at age at entry; 2) the length of early intervention services provided; 3) the percentage of services actually provided; and 4) types of disability.

Age at Entry:

Seven (7) out of 13 or 54% children were greater than 2 years of age when they were enrolled in EI; 4 out 13 or 31% were between 12 to 23 months of age; and 15% or 2 out of 13 were under 11 months of age.

Length of Services:

23% or 3 of the 13 children had less than 11 months of EI Services; 69% or 9 out the 13 had a range of 12 to 23 months of EI service; and 1 out of the 13 had greater than 24 months of service.

Percent of EI Services received as per the child's IFSP:

Of the 13 children in category “c”, there were a total of 15 EI services that these children received as per their IFSP. EI services may include Special Instruction, Speech & Language Therapy, Physical Therapy, or Occupational Therapy. Based on the analysis, 10 of the 15 services were provided at 100% as indicated in the IFSP; 3 out the 15 EI services received 99 to 90% of their EI Services, and 2 out of the 15 received 89 to 80%.

Types of Disabilities:

The were 6 children with developmental delays and 8 children with established conditions. Of the 8 children with established condition, 7 have autism spectrum disorder.

Based on the stakeholder discussion, the average length of time that children are enrolled in EI is about 18 months indicating that infants and toddlers

are not accessing EI service early on. In addition, data also breaks down the early interventions services children and families are receiving versus how many are indicated in the child's IFSP. This continues to be a focus of the EI Program's Continuous Quality Improvement (CQI) Team in looking at the data of why parents have either called to cancel or forget and are not home during scheduled home visiting sessions. The stakeholders shared this may be attributed to the concerns or fears families are still experiencing due to the COVID pandemic. In Fall 2022, the EI Program began providing in person services and will closely monitor the services and reasons parents provide when cancelling or do not show for home visiting services. Furthermore, virtual EI services may be an option that families may choose or a combination of some virtual and some in person visits.

The following are recommended activities from the large input session:

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. The Program will continue to work through a CQI process of Why families cancel or do not show for the home visiting session. The CQI process allows the Team to determine a strategy and implement for a short period of time to determine if this strategy reaps positive outcomes.

Parent Competencies: Stakeholders felt the importance to determine parent knowledge and comfort levels when discussing the use and implementation of strategies. Furthermore, parents shared that having available more interactive parent sessions would allow families to use these EBPS skills within their daily routines.

- Stakeholders recommended training parents on strategies to promote the child's overall development across different settings and with parents and other family members that provide daily support to the child and family. This will ensure continuity and increase opportunities to practice the EBPS strategies that encourages positive outcomes.

Resources: Stakeholders shared that more online or hard copies of resources and tools would provide families with the support needed to support their child's development. For example, using the Early Start Denver Model (ESDM) Help Is In Your Hands (HIYH) Parent modules.

- Stakeholders recommended to work in collaboration with the ICC on supporting outreach activities in community setting that reinforces the importance of the early years and strategies that support children's' growth and development and to work more closely with pediatricians to share the importance of early development

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. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	16	32.00%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	22	44.00%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	11	22.00%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1	2.00%

Outcome B	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
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	49	82.50%	83.00%	67.35%	Did not meet target	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	12	50	38.64%	39.00%	24.00%	Did not meet target	Slippage

Provide reasons for B1 slippage, if applicable

Of children who entered the program below age expectation in acquisition and use of knowledge and skills (including early language/ communication), 67.3% or 33/49 substantially increased their rate of growth in acquisition and use of knowledge and skill. This is a slippage of 15.2% based on the 82.5% reported FFY 2020-2021 for this indicator.

Based on the data review, there were 16 children that were in category "b" of children who improved functioning but not sufficient to move nearer to function comparable to same age peers. The stakeholders requested to look at data using the following: 1) at age at entry; 2) the length of early intervention services provided; 3) the percentage of services actually provided; and 4) types of disability.

Age at Entry:

Nine out of 16 or 56% children were greater than 2 years of age when they were enrolled in EI, 3 out 16 or 19% were between 12 to 23 months of age and 25% or 4 out of 16 were under 11 months of age.

Length of Services:

31% or 5 out of the 16 children had less than 11 months of EI Services; 50% or 8 out the 16 children had a range of 12 to 23 months of EI service; and 3 out of the 16 or 19% had greater than 24 months of service.

Percent of EI Services received as per the child's IFSP:

Of the 16 children in category b, there were a total of 20 EI services that these children received as per their IFSP. EI services may include Special Instruction, Speech & Language Therapy, Physical Therapy, or Occupational Therapy. Based on the analysis, 6 of the 20 services were provided at 100% as indicated in the IFSP; 8 out the 20 EI services were completed 99 to 90%, 1 out of the 20 received 89 to 80% of the EI services; 4 out of the 20 received 79 to 70% of the services ; and 1 received 50 – 50% of the services .

Types of Disabilities:

The were 8 children with developmental delays and 8 children with established conditions. Of the 8 children with established condition 5 have autism spectrum disorder.

Based on the stakeholder discussion, the average length of time that children are enrolled in EI is about 18 months indicating that infants and toddlers are not accessing EI service early on. In addition, data also breaks down the early interventions services children and families are receiving versus how many are indicated in the child's IFSP. This continues to be a focus of the EI Program's Continuous Quality Improvement (CQI) Team in looking at the data of why parents have either called to cancel or forget and are not home during scheduled home visiting sessions. The stakeholders shared this may be attributed to the concerns or fears families are still experiencing due to the COVID pandemic. In Fall 2022, the EI Program began providing in person services and will closely monitor the services and reasons parents provide when cancelling or do not show for home visiting services. Furthermore, virtual EI services may be an option that families may choose or a combination of some virtual and some in person visits.

The following are recommended activities from the large input session:

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. The Program will continue to work through a CQI process of Why families cancel or do not show for the home visiting session. The CQI process allows the Team to determine a strategy and implement for a short period of time to determine if this strategy reaps positive outcomes.

Parent Competencies: Stakeholders felt the importance to determine parent knowledge and comfort levels when discussing the use and implementation of strategies. Furthermore, parents shared that having available more interactive parent sessions would allow families to use these EBPS skills within their daily routines.

- Stakeholders recommended training parents on strategies to promote the child's overall development across different settings and with parents and other family members that provide daily support to the child and family. This will ensure continuity and increase opportunities to practice the EBPs strategies that encourages positive outcomes.

Resources: Stakeholders shared that more online or hard copies of resources and tools would provide families with the support needed to support their child's development. For example, using the Early Start Denver Model (ESDM) Help Is In Your Hands (HIIYH) Parent modules.

- Stakeholders recommended to work in collaboration with the ICC on supporting outreach activities in community setting that reinforces the importance of the early years and strategies that support children's' growth and development and to work more closely with pediatricians to share the importance of early development

Provide reasons for B2 slippage, if applicable

Twenty- four (24%) or 12 out 50 of children were functioning within age expectations in acquisition and use of knowledge and skills by the time they existed. This is a slippage in performance by 14.6% from the performance of 38.64% reported for FFY 2020-2021

Based on the data review, there were 22 children that were in category "c" of children who improved functioning to a level nearer to same-aged peers but did not reach it. The stakeholders requested to look at data using the following: 1) at age at entry; 2) the length of early intervention services provided; 3) the percentage of services actually provided; and 4) types of disability.

Age at Entry:

Nine (9) out of 22 or 41% of the children were greater than 2 years of age when they were enrolled in EI; 10 out 22 or 45% were between 12 to 23 months of age; and 14% or 3 out of 22 were under 11 months of age.

Length of Services:

36% or 8 of the 22 children had less than 11 months of EI Services; 50% or 11 out the 22 had a range of 12 to 23 months of EI service; and 3 out of the 22 or 14% had greater than 24 months of service.

Percent of EI Services received as per the child's IFSP:

Of the 22 children in category "c", there were a total of 26 EI services that these children received as per their IFSP. EI services may include Special Instruction, Speech & Language Therapy, Physical Therapy, or Occupational Therapy. Based on the analysis, 11 of the 26 services were provided at 100% as indicated in the IFSP; 6 out the 26 EI services received 99 to 90% of their EI Services, 5 out of the 26 received 89 to 80%., 1 out of the 26 received 79 to 70%, 2 out of the 26 received 69 to 60%, and 1 out of the 26 received 59 to 50%.

Types of Disabilities:

The were 12 children with developmental delays and 10 children with established conditions. Of the 10 children with established condition 6 have autism spectrum disorder.

Based on the stakeholder discussion, the average length of time that children are enrolled in EI is about 18 months indicating that infants and toddlers are not accessing EI service early on. In addition, data also breaks down the early interventions services children and families are receiving versus how many are indicated in the child's IFSP. This continues to be a focus of the EI Program's Continuous Quality Improvement (CQI) Team in looking at the data of why parents have either called to cancel or forget and are not home during scheduled home visiting sessions. The stakeholders shared this may be attributed to the concerns or fears families are still experiencing due to the COVID pandemic. In Fall 2022, the EI Program began providing in person services and will closely monitor the services and reasons parents provide when cancelling or do not show for home visiting services. Furthermore, virtual EI services may be an option that families may choose or a combination of some virtual and some in person visits.

The following are recommended activities from the large input session:

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. The Program will continue to work through a CQI process of Why families cancel or do not show for the home visiting session. The CQI process allows the Team to determine a strategy and implement for a short period of time to determine if this strategy reaps positive outcomes.

Parent Competencies: Stakeholders felt the importance to determine parent knowledge and comfort levels when discussing the use and implementation of strategies. Furthermore, parents shared that having available more interactive parent sessions would allow families to use these EBPS skills within their daily routines.

- Stakeholders recommended training parents on strategies to promote the child’s overall development across different settings and with parents and other family members that provide daily support to the child and family. This will ensure continuity and increase opportunities to practice the EBPs strategies that encourages positive outcomes.

Resources: Stakeholders shared that more online or hard copies of resources and tools would provide families with the support needed to support their child’s development. For example, using the Early Start Denver Model (ESDM) Help Is In Your Hands (HIYH) Parent modules.

- Stakeholders recommended to work in collaboration with the ICC on supporting outreach activities in community setting that reinforces the importance of the early years and strategies that support children’s growth and development and to work more closely with pediatricians to share the importance of early development

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C 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	14	28.00%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	14	28.00%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	12	24.00%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	10	20.00%

Outcome C	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
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	26	40	72.50%	73.00%	65.00%	Did not meet target	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	22	50	54.55%	56.00%	44.00%	Did not meet target	Slippage

Provide reasons for C1 slippage, if applicable

Of children who entered the program below age expectation in the use of appropriate behaviors to meet their needs, 65% or 26 out of 40 children substantially increased their rate of growth in the use of appropriate behaviors to meet their needs. This is a slippage in performance by 7.5% based on the FFY 2020-2021 performance of 72.5%.

Based on the data review, there were 14 children that were in category “b” of children who improved functioning but not sufficient to move nearer to function comparable to same age peers. The stakeholders requested to look at data using the following: 1) at age at entry; 2) the length of early intervention services provided; 3) the percentage of services actually provided; and 4) types of disability.

Age at Entry:

Seven (7) out of 14 or 50% were greater than 2 years of age when they were enrolled in EI; 5 out of 14 or 36% were between 12 to 23 months of age; and 2 out of 14 or 14% were under 11 months of age.

Length of Services:

36% or 5 out of 14 had less than 11 months of EI Services; 57% or 8 out the 14 children had a range of 12 to 23 months of EI service; and 1 out of the 14 or 7% had greater than 24 months of service.

Percent of EI Services received as per the child’s IFSP:

Of the 14 children in category “b”, there were a total of 17 EI services that these children received as per their IFSP. EI services may include Special Instruction, Speech & Language Therapy, Physical Therapy, or Occupational Therapy. Based on the analysis, 10 of the 17 services were provided at 100% as indicated in the IFSP; 1 out the 17 EI services were completed 99 to 90%, 4 out of the 17 received 79 to 70% of the services; 1 received 69 – 60% of the service; and 1 received 50 – 50% of the services.

Types of Disabilities:

There were 8 children with developmental delays and 6 children with established conditions. Of the 6 children with established conditions 5 have autism spectrum disorder.

Based on the stakeholder discussion, the average length of time that children are enrolled in EI is about 18 months indicating that infants and toddlers are not accessing EI service early on. In addition, data also breaks down the early interventions services children and families are receiving versus how many are indicated in the child's IFSP. This continues to be a focus of the EI Program's Continuous Quality Improvement (CQI) Team in looking at the data of why parents have either called to cancel or forget and are not home during scheduled home visiting sessions. The stakeholders shared this may be attributed to the concerns or fears families are still experiencing due to the COVID pandemic. In Fall 2022, the EI Program began providing in person services and will closely monitor the services and reasons parents provide when cancelling or do not show for home visiting services. Furthermore, virtual EI services may be an option that families may choose or a combination of some virtual and some in person visits.

The following are recommended activities from the large input session:

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. The Program will continue to work through a CQI process of Why families cancel or do not show for the home visiting session. The CQI process allows the Team to determine a strategy and implement for a short period of time to determine if this strategy reaps positive outcomes.

Parent Competencies: Stakeholders felt the importance to determine parent knowledge and comfort levels when discussing the use and implementation of strategies. Furthermore, parents shared that having available more interactive parent sessions would allow families to use these EBPS skills within their daily routines.

- Stakeholders recommended training parents on strategies to promote the child's overall development across different settings and with parents and other family members that provide daily support to the child and family. This will ensure continuity and increase opportunities to practice the EBPs strategies that encourages positive outcomes.

- **Resources:** Stakeholders shared that more online or hard copies of resources and tools would provide families with the support needed to support their child's development. For example, using the Early Start Denver Model (ESDM) Help Is In Your Hands (HIYH) Parent modules.

- Stakeholders recommended to work in collaboration with the ICC on supporting outreach activities in community setting that reinforces the importance of the early years and strategies that support children's growth and development and to work more closely with pediatricians to share the importance of early development

Provide reasons for C2 slippage, if applicable

Forty-four (44%) percent or 22 out of 50 of children were functioning within age expectations in use of appropriate behaviors to meet their needs by the time they existed. This is a decrease in performance from 10.44% from the FFY 2020-2021 performance of 54.44% for this indicator.

Based on the data review, there were 14 children that were in category "c" of children who improved functioning to a level nearer to same-aged peers but did not reach it. The stakeholders requested to look at data using the following: 1) at age at entry; 2) the length of early intervention services provided; 3) the percentage of services actually provided; and 4) types of disability.

Age at Entry:

Five (5) out of 14 or 36% were greater than 2 years of age when they were enrolled in EI; 6 out of 14 or 43% were between 12 to 23 months of age; and 21% or 3 out of 14 were under 11 months of age.

Length of Services:

29% or 4 of the 14 children had less than 11 months of EI Services; 50% or 7 out of the 14 had a range of 12 to 23 months of EI service; and 3 out of the 14 or 21% had greater than 24 months of service.

Percent of EI Services received as per the child's IFSP:

Of the 14 children in category "c", there were a total of 16 EI services that these children received as per their IFSP. EI services may include Special Instruction, Speech & Language Therapy, Physical Therapy, or Occupational Therapy. Based on the analysis, 9 of the 15 services were provided at 100% as indicated in the IFSP; 4 out of the 15 EI services received 99 to 90% of their EI Services, and 3 out of the 15 received 89 to 80%.

Types of Disabilities:

There were 5 children with developmental delays and 9 children with established conditions. Of the 9 children with established conditions 5 have autism spectrum disorder.

Based on the stakeholder discussion, the average length of time that children are enrolled in EI is about 18 months indicating that infants and toddlers are not accessing EI service early on. In addition, data also breaks down the early interventions services children and families are receiving versus how many are indicated in the child's IFSP. This continues to be a focus of the EI Program's CQI Team in looking at the data of why parents have either called to cancel or forget and are not home during scheduled home visiting sessions. The stakeholders shared this may be attributed to the concerns or fears families are still experiencing due to the COVID pandemic. In Fall 2022, the EI Program began providing in person services and will closely monitor the services and reasons parents provide when cancelling or do not show for home visiting services. Furthermore, virtual EI services may be an option that families may choose or a combination of some virtual and some in person visits.

The following are recommended activities from the large input session:

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. The Program will continue to work through a CQI process of Why families cancel or do not show for the home visiting session. The CQI process allows the Team to determine a strategy and implement for a short period of time to determine if this strategy reaps positive outcomes.

Parent Competencies: Stakeholders felt the importance to determine parent knowledge and comfort levels when discussing the use and implementation of strategies. Furthermore, parents shared that having available more interactive parent sessions would allow families to use these EBPS skills within their daily routines.

- Stakeholders recommended training parents on strategies to promote the child's overall development across different settings and with parents and other family members that provide daily support to the child and family. This will ensure continuity and increase opportunities to practice the EBPs strategies that encourages positive outcomes.

Resources: Stakeholders shared that more online or hard copies of resources and tools would provide families with the support needed to support their child's development. For example, using the Early Start Denver Model (ESDM) Help Is In Your Hands (HIIYH) Parent modules.

• Stakeholders recommended to work in collaboration with the ICC on supporting outreach activities in community setting that reinforces the importance of the early years and strategies that support children's' growth and development and to work more closely with pediatricians to share the importance of early development

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

Question	Number
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	64
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.	14

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. Embedding the child outcome summary (COS) key practices into the IFSP process continues to be a practice and is part of the IFSP standard operating procedures. This ensures progress monitoring of the child and families priorities and functional outcomes are reviewed every six months.

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	2016	2017	2018	2019	2020
A	2006	Target>=	93.00%	94.00%	94.10%	95.00%	96.60%
A	94.00%	Data	97.56%	97.76%	98.15%	99.15%	96.63%
B	2006	Target>=	93.00%	94.00%	94.00%	94.00%	98.70%
B	93.00%	Data	98.78%	99.25%	96.30%	98.31%	98.88%
C	2006	Target>=	92.00%	93.00%	94.10%	94.10%	95.50%
C	94.00%	Data	92.68%	97.76%	98.15%	98.31%	95.51%

Targets

FFY	2021	2022	2023	2024	2025
Target A>=	97.00%	97.00%	97.25%	97.50%	97.50%
Target B>=	98.00%	98.00%	98.30%	98.50%	99.00%
Target C>=	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 communicating and applying the value of engaging families in the conversation about their child's outcomes. Reinforcing the foundational belief that the child is first part of a family unit. This engagement activities include but not limited to-- analyzing data, reviewing, and developing improvements strategies, and evaluating progress in efforts to improve services and supports. The following are the 4 stakeholders that engaged in CNMI's Plan: 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 of how we could improve the services and support, share their experiences, and monitor the CNMIs targets and performance levels. 2) The core team is comprised of Early Intervention (EI) service providers and staff. Their role is to collect and analyze data and work towards using the data and processes such as Continuous Quality Improvement efforts to show improvement of the SPP/APR. 3) Interagency Coordinating Council (ICC) 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 its 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 support such as Technical Assistance from Guam CEDDERS in support CNMI's SPP/APR activities.

On August 17, 2022, the Core Team met to develop a plan with specific activities to engage stakeholders from parents, community partners, EI staff, and the ICC. Based on recommendations from the 10 Core Team members activities that will be targeted to specific groups, such as parents and providers and large groups. After developing the plan, the Core Team reviewed and provided input to the CNMI APR performance for FFY 2021-2022.

The following are specific meeting sessions held based on the CNMI plan for engaging stakeholders:

On October 12, 2022, at the ICC meeting with technical support from Guam CEDDERS, facilitated a presentation of the stakeholder plan to increase parent engagements in the APR process and reviewed CNMI's APR FFY 2021-2022 performance. At the meeting ten (10) ICC members provided input to the activities for engaging stakeholders and were encouraged to attend the input sessions including the Family Sessions. Next, the ICC members reviewed the performance of progress or slippage for indicator 3: Child Outcomes. To provide greater understanding of outcomes, ICC members were asked to watch a video entitled: "How Every Child can Thrive by 5" and were asked to reflect on what we could do to improve outcomes. After the video, ICC members discussed the need to share the importance of early on to every parent and the community as a whole. Reinforce the need in promoting these strategies that would enhance the development of young children. The ICC discussed that they would support more public awareness on the importance of the early years of development. Another recommendation is to open training for not only the parents of the child enrolled in EI but to the extended family that are part of the child's and family's day to day experience.

On November 16, 2022, a Large Stakeholder Input Session was held with 17 parents and 10 EI Providers in attendance. At this session, the Program presented the CNMI's APR Part C APR performance for FFY 2021-2022 using infographic as a strategy for assisting in the understanding of the APR Indicators. The parents worked in small groups to provide input to Indicator 3 that noted slippage. Recommendations are included in the specific indicator.

At the APR stakeholders input sessions, participants were briefed on IDEA Regulations and the State Performance Plan/ Annual Performance Report requirements. In addition, the stakeholders were reminded of the critical role they will undertake specifically reinforcing foundational belief that the Child is first part of a family unit and through the engagement activities they will be tasked to "be in the moment" (focused) by participating in the following – 1) analyzing data, 2) reviewing or revising existing improvement strategies, 3) recommending new improvements strategies, and 4) and evaluating progress of how we could make things better.

The following are targeted input sessions that were held:

* On March 31, 2022, a Family Session was held with 23 parents and 9 EI Staff. At this session specific focus was to share and gather parent input on strategies (Tuning In) to promote their child's expressive language. At this meeting, parent suggested more sessions be held and indicated that they will implement the strategy shared with their child in the next 2 weeks.

* On Sept. 9, 2022, the Part C Core Team Session was held with 6 Service Providers giving input in the review and processes of how the program embeds and monitors the Child Outcomes in the IFSP process. As a result of this session, 2 revisions were made in the procedures and process to support this effort.

* On October 11, 2022, a Family Session in Saipan with 26 parents out of 68 or 25% of parents, 3 EC Community Partners, and 9 EI Staff were in attendance. On October 17, 2022, a Family Session on the island of Rota with 5 parents in attendance. At these 2 meetings the specific focus was to share and gather parent input on strategies (Pause and Wait) to promote their child's expressive language. At these meetings, parents indicated that they will implement the strategy shared with their child in the next 2 weeks.

FFY 2021 SPP/APR Data

The number of families to whom surveys were distributed	147
Number of respondent families participating in Part C	147

Survey Response Rate	100.00%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	142
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	147
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	144
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	147
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	146
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	147

Measure	FFY 2020 Data	FFY 2021 Target	FFY 2021 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)	96.63%	97.00%	96.60%	Did not meet 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)	98.88%	98.00%	97.96%	Did not meet 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)	95.51%	96.00%	99.32%	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	2020	2021
Survey Response Rate	61.38%	100.00%

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 EI staff will 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.

For this reporting period, CNMI took an aggressive approach to gather parent's input by completing the annual parent survey. 147 parents were contacted to complete the survey and all 147 completed the survey. The Program thanked the parents for their time and explained the purpose of the survey and that the program will use the information in making program improvements. Based on the data, 31 were returned digitally and 116 were hard copies. Of the hard copies 72 were received by their Primary Service Providers. The Program closely monitored those families that had not completed the survey and offered an incentive to them. Based on the data, 44 incentives were provided to parents to either drop off the survey or that the Program staff would pick the survey up from the family. There were 141 parents' surveys completed from the island of Saipan, 2 from Tinian, and 4 from Rota. The strategies used by the Program such as sharing how important it is to get their surveys completed and submitted; the follow up with the

Primary Service Providers with the families during home visits; the follow-up reminder calls; and incentives were a SUCCESS. The Programs received 100% response rate for this reporting period.

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.

Stakeholders reviewed and provided input to the data reported on the representativeness of respondents. Data on the race/ethnicity and geographic location includes villages of all three island on Saipan, Tinian, and Rota. For this reporting period, of the 147 parents that responded to the survey, 64 or 44% are Indigenous Chamorro and/or Carolinian; 34 or 23% are Filipinos; 2 or 1% Asian; 1 or .1 is Caucasian; 43 or 29% are 2 or more ethnicities; and 3 or 2% are Micronesian. Stakeholders provided positive comments to the Program on receiving 100% or 147 out of the 147 families that completed the family survey.

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 hard copies) upon completion or within a period. Therefore, all families are represented, based on their length of service with early intervention. Based on CNMI's Ethnicity Representativeness Report for FFY 2021-2022 of the 147 out of 147 families or 100% families respondent to the family survey. Forty-four (44) percent are Indigenous Chamorro and/or Carolinian; 23% are Filipinos; 1% Asian (Chinese/Japanese); 1 or 1% is Caucasian; 29% are 2 or more ethnicities; and 2% are Micronesian (Pohnpeian/Chuukeese). The report indicates that yes, these ethnicities are representative of the number of families who receive services.

The CNMI's metric includes all families who receives services are represented and data on race/ethnicity, age, and geographic location.

If CNMI would identify discrepancies in the disproportion of responders based on a targeted group, CNMI will use the -1/+1 metric based on input from the CNMI stakeholders.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

In the FFY 2021 SPP/APR, the CNMI must describe the metric used to determine representativeness, as required by the Measurement Table.

Response to actions required in FFY 2020 SPP/APR

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 *EDFacts* 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	2016	2017	2018	2019	2020
Target >=	0.93%	0.94%	0.95%	1.00%	0.75%
Data	1.03%	1.77%	1.12%	1.40%	0.75%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	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 communicating and applying the value of engaging families in the conversation about their child's outcomes. Reinforcing the foundational belief that the child is first part of a family unit. This engagement activities include but not limited to-- analyzing data, reviewing, and developing improvements strategies, and evaluating progress in efforts to improve services and supports. The following are the 4 stakeholders that engaged in CNMI's Plan: 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 of how we could improve the services and support, share their experiences, and monitor the CNMIs targets and performance levels. 2) The core team is comprised of Early Intervention (EI) service providers and staff. Their role is to collect and analyze data and work towards using the data and processes such as Continuous Quality Improvement efforts to show improvement of the SPP/APR. 3) Interagency Coordinating Council (ICC) 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 its 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 support such as Technical Assistance from Guam CEDDERS in support CNMI's SPP/APR activities.

On August 17, 2022, the Core Team met to develop a plan with specific activities to engage stakeholders from parents, community partners, EI staff, and the ICC. Based on recommendations from the 10 Core Team members activities that will be targeted to specific groups, such as parents and providers and large groups. After developing the plan, the Core Team reviewed and provided input to the CNMI APR performance for FFY 2021-2022.

The following are specific meeting sessions held based on the CNMI plan for engaging stakeholders:

On October 12, 2022, at the ICC meeting with technical support from Guam CEDDERS, facilitated a presentation of the stakeholder plan to increase parent engagements in the APR process and reviewed CNMI's APR FFY 2021-2022 performance. At the meeting ten (10) ICC members provided input to the activities for engaging stakeholders and were encouraged to attend the input sessions including the Family Sessions. Next, the ICC members reviewed the performance of progress or slippage for indicator 3: Child Outcomes. To provide greater understanding of outcomes, ICC members were asked to watch a video entitled: "How Every Child can Thrive by 5" and were asked to reflect on what we could do to improve outcomes. After the video, ICC members discussed the need to share the importance of early on to every parent and the community as a whole. Reinforce the need in promoting these strategies that would enhance the development of young children. The ICC discussed that they would support more public awareness on the importance of the early years of development. Another recommendation is to open training for not only the parents of the child enrolled in EI but to the extended family that are part of the child's and family's day to day experience.

On November 16, 2022, a Large Stakeholder Input Session was held with 17 parents and 10 EI Providers in attendance. At this session, the Program presented the CNMI's APR Part C APR performance for FFY 2021-2022 using infographic as a strategy for assisting in the understanding of the APR Indicators. The parents worked in small groups to provide input to Indicator 3 that noted slippage. Recommendations are included in the specific indicator.

At the APR stakeholders input sessions, participants were briefed on IDEA Regulations and the State Performance Plan/ Annual Performance Report requirements. In addition, the stakeholders were reminded of the critical role they will undertake specifically reinforcing foundational belief that the Child is first part of a family unit and through the engagement activities they will be tasked to "be in the moment" (focused) by participating in the following – 1) analyzing data, 2) reviewing or revising existing improvement strategies, 3) recommending new improvements strategies, and 4) and evaluating progress of how we could make things better.

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 1 with IFSPs	12
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, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 1	1,072

FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
12	1,072	0.75%	0.75%	1.12%	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	2016	2017	2018	2019	2020
Target >=	2.10%	2.20%	2.20%	2.20%	2.02%
Data	1.87%	2.15%	2.67%	2.33%	2.02%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	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 communicating and applying the value of engaging families in the conversation about their child's outcomes. Reinforcing the foundational belief that the child is first part of a family unit. This engagement activities include but not limited to-- analyzing data, reviewing, and developing improvements strategies, and evaluating progress in efforts to improve services and supports. The following are the 4 stakeholders that engaged in CNMI's Plan: 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 of how we could improve the services and support, share their experiences, and monitor the CNMIs targets and performance levels. 2) The core team is comprised of Early Intervention (EI) service providers and staff. Their role is to collect and analyze data and work towards using the data and processes such as Continuous Quality Improvement efforts to show improvement of the SPP/APR. 3) Interagency Coordinating Council (ICC) 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 its 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 support such as Technical Assistance from Guam CEDDERS in support CNMI's SPP/APR activities.

On August 17, 2022, the Core Team met to develop a plan with specific activities to engage stakeholders from parents, community partners, EI staff, and the ICC. Based on recommendations from the 10 Core Team members activities that will be targeted to specific groups, such as parents and providers and large groups. After developing the plan, the Core Team reviewed and provided input to the CNMI APR performance for FFY 2021-2022.

The following are specific meeting sessions held based on the CNMI plan for engaging stakeholders:

On October 12, 2022, at the ICC meeting with technical support from Guam CEDDERS, facilitated a presentation of the stakeholder plan to increase parent engagements in the APR process and reviewed CNMI's APR FFY 2021-2022 performance. At the meeting ten (10) ICC members provided input to the activities for engaging stakeholders and were encouraged to attend the input sessions including the Family Sessions. Next, the ICC members reviewed the performance of progress or slippage for indicator 3: Child Outcomes. To provide greater understanding of outcomes, ICC members were asked to watch a video entitled: "How Every Child can Thrive by 5" and were asked to reflect on what we could do to improve outcomes. After the video, ICC members discussed the need to share the importance of early on to every parent and the community as a whole. Reinforce the need in promoting these strategies that would enhance the development of young children. The ICC discussed that they would support more public awareness on the importance of the early years of development. Another recommendation is to open training for not only the parents of the child enrolled in EI but to the extended family that are part of the child's and family's day to day experience.

On November 16, 2022, a Large Stakeholder Input Session was held with 17 parents and 10 EI Providers in attendance. At this session, the Program presented the CNMI's APR Part C APR performance for FFY 2021-2022 using infographic as a strategy for assisting in the understanding of the APR

Indicators. The parents worked in small groups to provide input to Indicator 3 that noted slippage. Recommendations are included in the specific indicator.

At the APR stakeholders input sessions, participants were briefed on IDEA Regulations and the State Performance Plan/ Annual Performance Report requirements. In addition, the stakeholders were reminded of the critical role they will undertake specifically reinforcing foundational belief that the Child is first part of a family unit and through the engagement activities they will be tasked to "be in the moment" (focused) by participating in the following – 1) analyzing data, 2) reviewing or revising existing improvement strategies, 3) recommending new improvements strategies, and 4) and evaluating progress of how we could make things better.

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 3 with IFSPs	73
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, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 3	3,216

FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
73	3,216	2.02%	2.02%	2.27%	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 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

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

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
70	73	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.

3

Provide reasons for delay, if applicable.

The 3 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 were 2, 3, and 9 days late. Although late, all 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, 2021 to June 30, 2022.

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).

Correction of Findings of Noncompliance Identified in FFY 2020

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

Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 = [(# 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) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] 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 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

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

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
39	39	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.

0

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, 2021 to June 30, 2022.

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 for 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)

Correction of Findings of Noncompliance Identified in FFY 2020

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

Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 = [(# 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) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] 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 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

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

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
39	39	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 for 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, 2021 to June 30, 2022

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 for 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).

Correction of Findings of Noncompliance Identified in FFY 2020

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

Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 = [(# 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) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] 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 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

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

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
39	39	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.

0

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, 2021 to June 30, 2022.

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 for 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).

Correction of Findings of Noncompliance Identified in FFY 2020

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

Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/02/2022	3.1 Number of resolution sessions	0
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/02/2022	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 communicating and applying the value of engaging families in the conversation about their child's outcomes. Reinforcing the foundational belief that the child is first part of a family unit. This engagement activities include but not limited to-- analyzing data, reviewing, and developing improvements strategies, and evaluating progress in efforts to improve services and supports. The following are the 4 stakeholders that engaged in CNMI's Plan: 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 of how we could improve the services and support, share their experiences, and monitor the CNMIs targets and performance levels. 2) The core team is comprised of Early Intervention (EI) service providers and staff. Their role is to collect and analyze data and work towards using the data and processes such as Continuous Quality Improvement efforts to show improvement of the SPP/APR. 3) Interagency Coordinating Council (ICC) 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 its 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 support such as Technical Assistance from Guam CEDDERS in support CNMI's SPP/APR activities.

Historical Data

Baseline Year	Baseline Data

FFY	2016	2017	2018	2019	2020

Target>=					
Data					

Targets

FFY	2021	2022	2023	2024	2025
Target>=					

FFY 2021 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2020 Data	FFY 2021 Target	FFY 2021 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

The Commonwealth of the Northern Mariana Islands reported fewer than ten resolution sessions held in FFY 2021. The Commonwealth of the Northern Mariana Islands is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

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 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1 Mediations held	0
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.a.i Mediations agreements related to due process complaints	0

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	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 communicating and applying the value of engaging families in the conversation about their child's outcomes. Reinforcing the foundational belief that the child is first part of a family unit. This engagement activities include but not limited to-- analyzing data, reviewing, and developing improvements strategies, and evaluating progress in efforts to improve services and supports. The following are the 4 stakeholders that engaged in CNMI's Plan: 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 of how we could improve the services and support, share their experiences, and monitor the CNMIs targets and performance levels. 2) The core team is comprised of Early Intervention (EI) service providers and staff. Their role is to collect and analyze data and work towards using the data and processes such as Continuous Quality Improvement efforts to show improvement of the SPP/APR. 3) Interagency Coordinating Council (ICC) 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 its 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 support such as Technical Assistance from Guam CEDDERS in support CNMI's SPP/APR activities.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2016	2017	2018	2019	2020
Target>=					
Data					

Targets

FFY	2021	2022	2023	2024	2025
Target>=					

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

The CNMI reported fewer than ten mediations held in FFY 2021. The CNMI is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Prior FFY Required Actions

None

10 - OSEP Response

The Commonwealth of the Northern Mariana Islands reported fewer than ten mediations held in FFY 2021. The Commonwealth of the Northern Mariana Islands is not required to provide targets until any fiscal year in which ten or more mediations were held.

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 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 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 2021 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 2021 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., February 1, 2022). 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 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

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 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) 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)

NO

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)

NO

Please provide a link to the current theory of action.

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

FFY 2021 SPP/APR Data

Numerator: # of children who exited with 80% or > skills	Denominator: # of children who exited	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
25	50	47.73%	50.00%	50.00%	Met target	No Slippage

Provide the data source for the FFY 2021 data.

In FFY 2019, when 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.

In FFY 2020, the Core Team successfully identified baseline data and performance targets to address the SiMR. Specific professional development opportunities were provided based on the quantitative data analysis from provider and parent assessment results. The Core Team met to plan out specific technical assistance needed and worked together to roll out the ELL Child Profile.

In FFY 2021, with the ELL Child Profile in place, the Core Team agreed to use the following data sources as a way to capture qualitative and quantitative data to meet the SiMR.

- Service Provider/ Coordinator Self-Assessment Survey
- Early Literacy and Language (ELL) Parent Survey
- Early Literacy and Language (ELL) Child Profile

The Core Team felt that it was important to address provider/parent input, and child data to best meet the needs of all stakeholders so that there is progress towards the SiMR.

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 CNMI'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 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. As a result, providers had the opportunity to facilitate Parent Café's on specific EBPs on to all parents on Saipan, Tinian, and Rota. Parents and child care providers were the target audiences for the Parent Engagement input sessions. Providers continue to receive training on EBPs and Coaching to enhance expressive language abilities and functional communication skills. In addition, the team completed the 8-month training series provided by Dr. Laurie Vismara, ESDM Consultant. This activity is measured by the number of training sessions 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. The team continues to implement the activities of the PDSA on parent participation and work towards meeting 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 2022, 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 August 2022, 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 support 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 the child's 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.

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 200 children were referred to the program. Of the 200, 104 families either declined services or were unable to locate, leaving 96 children potentially eligible for services. Of the 96 children, 73 children qualified for early intervention services, 51 children for developmental delay and 22 children came in with an established condition. There are 23 children that remain on the active screening roster for monitoring. When looking at referral sources, the Children's Clinic continues to be the number 1 referral source referring 107 children this reporting period followed by NICU at 28, and Nursery at 24. The average age of referral is about 20 months old. Has been updated.

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 support 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 program. The survey was disseminated to families on all 3 islands: Saipan, Tinian, and Rota.

The Annual Family Engagement Survey was distributed to 147 families in Saipan, Tinian, and Rota. Of the 147, 147 surveys were returned, yielding a 100% return rate. Based on the survey results, 99.3% of all families indicated that early intervention helps their child grow and learn.

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

- 63 of 63 new surveys received
- 47 of 47 on going surveys received
- 37 of 37 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 Core Team felt that it was important to continue to use this data since it is recent and reflects the new SiMR. 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.

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 67 parents that have infants and toddlers enrolled in the EI Program. The ELL Survey was disseminated in October 2022 with 61 out of the 67 parents or 91% 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. Overall parents 49% of parents indicated they know how to support their child by recognizing his cues; 46% of the parents have an understanding of how to engage in playing and following their child's lead; and 36% understand how to support their child in expanding communication in words and labelling.

Furthermore, parents were also asked to rate their level of confidence which displayed a decrease in percentage from level of understanding in the following: 28% indicated yes, I know how to support my child by recognizing his cues and how to engage their child in playing and following their child's lead; and 25% indicated they feel confident in how to support their child in expanding communication in words and labelling.

In comparing to the performance from last year, there has been an overall increase in parent's understanding by an average of parent's understanding "YES, I understand from 29% in FFY 2020-2021 to 44% for this reporting period. Also noted is an increase of the overall average that indicated "I am confident from 19% in last reporting period to 27% for FFY 2021-2022.

As noted earlier, the EI Program has been intentional about providing training for parents on the 8 evidence based strategies that promote expressive language. Based on the data, parents indicated a much higher percentage in the following strategies from what was reported last year. When asked what are some ways that you assist your child in communication; 75% noted imitating and narrating or commenting; 70% indicated pause and waiting; 82% noted singing, songs, nursery rhymes; and 55% indicated reading book. All 5 areas improved between a range of 40 to 57%.

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

Please provide a link to the State's current evaluation plan.

The following link provides detail information of the CNMI SiMR Evaluation Plan
https://cnmipss.org/sites/default/files/mp.partc_2020-2025.spp_evaluation_plan_2023_1.pdf

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

NO

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 2022). 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 continues to implement 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. Providers continue to receive training on EBPs and Coaching to enhance expressive language abilities and functional communication skills. In addition, the team completed the 8-month training series provided by Dr. Laurie Vismara, ESDM Consultant. The sessions geared towards coaches will provide ESDM strategies research-tested for young children with social-communication vulnerabilities indicative or at-risk of ASD. This activity is measured by the number of training sessions 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 support 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). As a result, providers had the opportunity to facilitate Parent Café's on specific EBPs on to all parents on Saipan, Tinian, and Rota. Parents and child care providers were the target audiences for the Parent Engagement input sessions. To date, participants have had the opportunity to engage in 2 EBP sessions; Pause and Wait, and Tuning In. In addition, further discussion, and implementation of Help Is In Your Hands (HIYH), 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 in the 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. For this reporting period, the program held 3 Parent Input Session using the strategies identified in the AIM. As a result, the first session yielded 24 participants of 60 or 40%, the second session yielded 30 participants of 68 or 44% and the last session yielded 5 participants of 12 or 41%. On average for this reporting period, 42% of families participated in the scheduled input session. The CNMI did not meet the AIM target of 50%, however there was an increase to the baseline. The CNMI will continue to implement the activities identified in the AIM to address stakeholder engagement.

In addition, the Core Team continues to address stakeholder engagement and has included Parent Engagement and ELL survey response rates as a measure to ensure parent participation. For this reporting period, 147 of 147 or 100% of parents participated in the indicator 4 survey, while 61 of 67 or 91% of parents responded to the ELL survey.

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 August 2022, 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.

In December 2022, the Core Team reviewed and updated the implementation plan to ensure it is aligned with the outcomes identified in the Logic Model. Furthermore, the Core Team made modifications to the adjustments to the steps of implementation with an asterisk (*) based on review and agreements from the Team.

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. (*) This further includes data collection procedures for progress monitoring using the TOI. In addition, the system will implement, monitor, and if needed, revise the ELL Child Profile procedures.

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. (*) Since each family are provided information on the early childhood coaching model and are provided with an updated LATTE Coaching Plan at each home visit, the Core Team agreed to delete a training activity for new parents on the coaching model since this is a standard operating procedure and sustained in the process.

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 and 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.

In December 2022, the Core Team reviewed and updated the implementation plan to ensure it is aligned with the outcomes identified in the Logic Model. Furthermore, the Core Team made modifications to the adjustments to the steps of implementation with an asterisk (*) based on review and agreements from the Team. 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. Update the data collection procedures for progress monitoring and tracking of the TOI. (*) Furthermore, if needed revise the ELL Child Profile procedures.

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

(*) The Team discussed and agreed to delete the training for new parents on the coaching model since this training and orientation on early childhood coaching model is embedded during home visiting sessions and is a standard operating procedure and sustained in the process.

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 work towards meeting the AIM goal.

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:

In December 2022, the Core Team once again reviewed the evidence-based practices and the alignment in the following 4 areas of focus: Governance, Professional Development, AMTA, and Collaboration. The team re-visited the Division of Early Childhood (DEC) Recommended Practices to ensure 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 analyzed 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 visit 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 an 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 5) Medical Supports.

The Core Team continues to feel strongly that the LATTE Coaching Plan and the TOI provided them with the supports to provide targeted intervention. Guam CEDDERS continues to facilitate 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 completed all 8 virtual trainings. 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 promote positive social and emotional development in young children, taken from the CSEFEL: Positive Solutions Modules. The team believes that the additional support will provide families the opportunity to build relationships with their child, ultimately achieving progress towards the SiMR.

DEC RECOMMENDED PRACTICES:

With the DEC Recommended Practices reevaluated, the Core Team continues to work towards the practices that would meet the needs of the SiMR.

The identified 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.

In efforts to set the foundation for the stage for the new SiMR and to assess practice change, the following data points were collected in FFY 2021. The program collected and evaluated 4 data points; 1) Referral data, 2) Indicator 4 Parent Engagement Survey, 3) Provider/Service Coordinator Self-Assessment Survey, and 4) ELL Parent Feedback Survey. Data collected allowed for the team to get a better understanding of who the actual children were, parent perceptions and confidence levels, and provider competencies. Based on this information, the program was able to interpret data about the SiMR. The ELL Child Profile was used to measure 50 children who were exiting the program for this reporting period. This data indicated that 23 of the 50 children or 46% of children exited the program with 80% of expressive language skills, closer to their same age peers. The Core Team reviewed the 27 children who did not meet the target and relooked at EBPs to address this concern. 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 is individualized and beneficial for all families. The anticipated outcomes are 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 are 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 support that may be available within the community. The anticipated outcomes are 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 Parent Café's will focus on a specific strategy that is presented during home visits and provides opportunities for parents to share their experience with other families.

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

YES

If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.

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 communicating and applying the value of engaging families in the conversation about their child's outcomes. Reinforcing the foundational belief that the child is first part of a family unit. This engagement activities include but not limited to-- analyzing data, reviewing, and developing improvements strategies, and evaluating progress in efforts to improve services and supports. The following are the 4 stakeholders that engaged in CNMI's Plan: 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 of how we could improve the services and support, share their experiences, and monitor the CNMIs targets and performance levels. 2) The core team is comprised of Early Intervention (EI) service providers and staff. Their role is to collect and analyze data and work towards using the data and processes such as Continuous Quality Improvement efforts to show improvement of the SPP/APR. 3) Interagency Coordinating Council (ICC) 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 its 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 support such as Technical Assistance from Guam CEDDERS in support CNMI's SPP/APR activities.

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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 its 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 support 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 2023 to review and certify the SPP/APR which included parent input. In addition, the FFY 2021 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 and applauded the program for their efforts.

PARENT AND COMMUNITY INPUT: Seventeen (17) of 68 or 25% of parents/guardians attended the virtual Input Session held on November 16, 2022, from 3pm to 4:45pm. 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 and SIMR was addressed. The stakeholders had the opportunity to review CNMI targets, performance, and slippage.

During the breakout session, participants were randomly broken into small groups that were facilitated by Core Team members. As team members facilitated the data discussions, parent input was documented and shared with the whole group. Participants also had the opportunity to type responses in the chat room.

Participants were asked the following question: What are some strategies to make things better? The following are some comments made by participants.

- EI is really good; introduce Help is in your hands; it helped me to learn more on how to communicate with my son because he was lacking speech; now he sings songs, counts numbers, EI and the website helped us to push more to get him to communicate.
- Having other family members around to watch and participate in the child's session is helpful to everyone in the household who is involved and aware of what actions steps to take next.
- Emphasize their (parent) important roles in the development of their child.

The Core Team was pleased to hear such positive feedback from their families.

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

The Core Team continues to access social media, electronic communication, and phone calls to keep all parents and community stakeholders, including the ICC, involved with program activities.

A specific strategy that is implemented to increase parent participation to the input sessions is using social media. All families from Saipan, Tinian, and Rota were invited to the scheduled meetings. The Core Team devised a plan on how and when invitations would be distributed.

- Two weeks prior to , 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.

Participants who make the time to attend parent sessions, virtual or face to face, are given an incentive for their participation.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

The Core Team also captured concerns expressed by parents regarding services and child find and public awareness activities. The following are some suggestions made by participants.

- I think everything is going great; I only wish we were in the program sooner; I wish they had EI representative at all the doc visits; since birth they only have posters; definitely need more outreach
- I wish for visitations to have activity books, etc. which helps their mental learning.

- I think working more with the pediatricians to encourage them to share available services to families.

The EI Director addressed the stakeholder concerns by acknowledging all comments and suggestions and ensured all participants that their concerns will be taken seriously.

Upon completion of the input session, the Core Team had the opportunity to debrief and discuss, specifically parent concerns. The Core Team takes pride in their jobs and understands the struggle that some families encounter when learning about the different types of services that could assist with the development of their children. Providers felt that Child Find and Public Awareness efforts should remain a top priority. The Core Team agreed to continue with program activities such as "Welcome Baby Packets" for new mothers, "walking the streets" on Tinian and Rota, conducting ASQ Screenings at scheduled community events, and scheduled Meet and Greets with pediatricians and nurses.

The Director asked the Core Team to think about other opportunities that would be an effective method in reaching all families in the CNMI. As a result, the Core Team agreed to participate in the Public School System's Parent Teacher Student Association (PTSA) meetings. PTSA meetings are held quarterly with school administration, parents, and community members. PTSA meetings are a great way to share program services and activities so all families will be aware of early intervention services. The team agreed to begin participating in PTSA meetings beginning in the Spring of 2023.

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.

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

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 training 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

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

The Commonwealth of the Northern Mariana Islands did not provide the numerator and denominator descriptions in the FFY 2021 SPP/APR Data table. The Commonwealth of the Northern Mariana Islands must provide the description of the numerator and denominator used to calculate its FFY 2021 data.

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

Designated 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.

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Robin Lizama Palacios

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Submitted on:

04/17/23 5:26:25 PM